

Nutritional care in advanced cancer, the experiences of patients, families, and health care providers

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Abstract:

Anorexia and cachexia are prevalent problems in palliative cancer patients. To date, however, the majority of research related to these issues has been biomedical in nature. While this line of inquiry has produced important information regarding the pathophysiology and clinical management of cancer malnutrition, little is known about the experience of nutritional care from the perspective of patients, families, and health care providers. The minimal literature that exists on this topic suggests that these key stakeholders may hold divergent views about what constitutes appropriate nutritional care in the face of advanced disease, and that this divergence results in conflict among and between these parties. However, the concepts relevant to this dynamic are poorly understood and conceptually underdeveloped. Therefore, the grounded theory approach to data collection and analysis was used to develop a beginning substantive theory aimed at uncovering the social processes inherent in patient, family and health care provider interaction around the issue of nutritional care. Data were collected, by means of the conversational interview, participant observation, and chart review, from 13 cancer patients receiving in-hospital palliative care, 13 family members, 11 health care providers delivering in-hospital palliative care, and 10 bereaved family members. The basic psychosocial problem uncovered in the data was family members' needs to balance the means and goals of nutritional care while simultaneously meeting their own needs and goals related to the provision of this care. The unifying theme of "doing what's best" integrated the major categories into the key analytic model in this study. "Doing what's best" represents a continuum of behaviors and strategies, and includes the sub-processes of "fighting back: it's best to eat"; "pseudo-surrendering: holding on while letting go"; and "letting nature take its course: it's best not to eat." The extent to which family members embrace a particular sub-process and/or might move back and forth among them is a complex process involving many factors related to the patient, family member, health care provider, and the context in which the interaction about nutritional care takes place.

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nutritional problems among health care professionals (8), the lack of structured collaboration between oncologists and

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clinical nutrition specialists and the still limited number of clinical trials aimed at improving our understanding of the nutritional support required in different care settings for cancer patients. Another worrying issue, which may hamper the appropriate nutritional care of cancer patients, is the expanding market of "alternative anti-cancer diets", which are not supported by scientific evidence and may lead to insufficient protein-calorie intake. HAN can improve the prognosis of patients in several acute and chronic diseases, including cancer, and allows patients to integrate into their families and into society, thus improving their quality of life (30). (2014) How much do residential aged care staff members know about the nutritional needs of residents? *Int J Older People Nurs* 9, 54–64. 27. Merrell, JPS, Warring, J, Hobby, D et al. (2012) Addressing the nutritional needs of older people in residential care homes. *Health Soc Care Commun* 20, 208–215. 28. Ross, L, Mudge, A, Young, A et al. (2011) Everyone's problem but nobody's job: staff perceptions and explanations for poor nutritional intake in older medical patients. *Nutr Diet* 68, 41–46. Mealtime assistance for older adults in hospital settings and rehabilitation units from the perspective of patients, families and healthcare professionals. *JBIC Database of Systematic Reviews and Implementation Reports*, Vol. 14, Issue. 9, p. 261. The Cancer Control Palliative Care module was produced under the direction of Catherine Le Galès-Camus (Assistant Director-General, Noncommunicable Diseases and Mental Health), Serge Resnikoff (Coordinator, Chronic Diseases Prevention and Management) and Cecilia Sepúlveda (Chronic Diseases Prevention and Management, coordinator of the overall series of modules). Cancer and palliative care experts worldwide, as well as technical staff in WHO headquarters and in WHO regional and country offices, also provided valuable input by making contributions and reviewing the module, and are listed in the Acknowledgements. Palliative care is particularly needed in places where a high proportion of patients present in advanced stages and there is little chance of cure.