

Opinion

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Physiotherapeutic Assistance to the Patient with Metastatic Cancer: Functionality for Humanization



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Opinion

Throughout the last decades, the treatment of oncological patient with advanced disease has evolved significantly on the control of the symptoms and in the control of metastatic evolution. Such advancement in care of oncological patients has been crucial in increasing the survival in this patient group, resulting in the need for new strategies to increase the functionality and quality of life of this patient profile [1].

Home health care has been a promising option for the oncologic patient due to several factors:

a) The home environment is a setting where the microorganism flora is known as from the community, therefore, infections caused by these microorganisms are almost always less lethal to the patient with immunosuppression and more sensible to antibiotic therapy;

b) The environment familiar to the patient makes it possible to perform daily activities of care with social interaction of the family members at home and in extra domiciliary environments;

c) The humanization of treatment is also unquestionable, once the patient at home is singular, having the guarantee that his treatment respects personal, cultural and religious premises;

d) The motivational factor is another relevant issue, once the patient has the possibility to include devices for therapy and functional activities that are not possible in hospital or outpatient settings [2-5].

For a decade, I have been working with oncological patients without therapeutic perspectives in the hospital environment, which is impersonal and uncomfortable, where the patient loses his identity and makes his functionality and interaction difficult with family and friends. In recent years, home health care has made possible a differentiated approach to oncologic patients with metastasis. Such ideology is sustained by the principles of humanization, dignity, comfort and integration of family

members in each phase of the health care process, sometimes making it possible to take the process of illness and death out of the foreground [6-11].

The use of medications for the control of symptoms such as pain, nausea, emesis, urinary or fecal retention or sleep disorders, in addition to chemotherapy and radiotherapy to control tumor progression or regression of a specific target of metastasis are fundamental for proper conduction of home rehabilitation. These strategies allow the control and improvement in the compromised biological structure, allowing Home Physiotherapy to optimize the patient's motor and respiratory function and, thus, the gain in strength and endurance, as well as independence for the transfers and locomotion of these patients. Within the help of some basic functional components, this group of patient has the opportunity to return to some daily activities, as well as social interaction in controlled environments and with minimal risk of infection [1,12,13].

The fundamental question for the rehabilitation of the oncologic patient is the understanding that gains do not aim at healing or full recovery of the previous functional capacities, but rather that this individual reaches the maximum of prerequisites and adaptations necessary to include him again in some family activities and functional aspects of their daily lives. It is the role of the health professional of the patients with metastasis to understand their risks, respect their limitations imposed by the underlying disease and, above all, use all the tools at their disposal to facilitate the integration and consequent quality of life of this group of patient [14].

The rehabilitation of oncologic patients with metastasis demonstrates the essence of Physical Therapy to transform tasks such as lifting, walking, climbing stairs, breathing with minimal artificial help in functional activities and social participation such as having lunch in the dining room, taking a grandchild in the lap, take a shower, and sleep with better quality and

less shortness of breath. The acquisition of capacity to realize daily activities through an individualized and responsible exercise program will be a potential tool to enable the patient to transfer his conscience from idea of the sick body, similar to the described by Jean-Dominique Bauby at his book "Le Scaphandre et le Papillon", with a personal focus on their target activities and taking full advantage of the acquired social participation [14-16].

Usually, the medium and long term prognosis of this profile of patients is poor, evolving to death by opportunistic infection or vital organs dysfunction by the neoplasia [1,12,13]. It is imperative to understand that the goal never was never to change the prognosis of these patients, which in most cases already limited at the time of their admission to the home environment. The primary objective is to allow the patient-family binomial to take full advantage of the "gift of life" during the period in which it is offered [4,5,15]. The sense of care for this patient profile goes far beyond the amount of realized activities and days lived, but of the quality and pleasure with which each moment is harnessed until the finitude.

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