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THE HOLISTIC PATIENT



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## The Holistic Patient

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The word “cancer” has stigmatized individuals in society since the disease’s initial discovery. Attitudes and behaviors regarding cancer have created a subculture of people who live their lives branded with a preconceived notion of how cancer looks and feels. According to Jimmie Holland, MD, society’s attitude toward it has ranged from the 1800s thinking of cancer equaling a death sentence to the present day’s increased public concern for quality of life and symptom control (Holland, 1998).

According to the Commission on Cancer (CoC) 2016 Standards, the establishment of psychosocial care, patient navigation and distress screening is mandatory in the overall treatment of cancer. All along the continuum of psychosocial care, a patient will be assessed for distress; provided psycho-education on his/her illness and side effects; gain support through psychotherapy and groups; experience navigation for seamless transition through modalities; and receive survivorship care plans, coordination, or end of life specialty care. These interventions are intricate parts of what is defined as psycho-oncology, which is considered relatively new among the medical and oncology fields.

Psychosocial care emerged more than two decades ago, when the humanistic and compassionate concern for the comfort of patients was an informal part of care (Holland, 1998). There has been an increase in the number of professionals who address the psychological side of cancer, such as psychologists, counselors, patient navigators, nurse educators, and social workers (Weis et al., 1996). The theory of psycho-oncology is presently defined by Holland (2002) as:

The subspecialty of cancer dealing with two psychological dimensions: 1) the psychological reactions of patients with cancer and their families at all stages of the disease and the stresses on staff; and 2) the psychological, social, and behavioral factors that contribute to cancer cause and survival (p. 218).

The psychological effects of cancer may include fear of recurrence, depression, post-traumatic stress/anxiety, health worries, concerns about death, inability to plan for the future, change in body image, loneliness, sense of loss for what might have been, and uncertainty/vulnerability (Holland, 2003). Newell, Sanson-Fisher, and Girgis (1999) examined the physical and psychological experiences of patients attending an outpatient medical oncology department. The researchers concluded that assessment of the psychosocial issues of cancer would help to detect and reduce their negative implications of their diagnosis on their overall quality of life.

Using the wellness model, psycho-oncology clinicians are able to establish a therapeutic supportive care treatment program with their patients’ individual situation and diagnosis. It personalizes what the patient views as his/her optimal vision of health and well-being, and together the clinician and patient can work toward this goal. The therapeutic approaches, such as person-centered, existential and behavior therapy, all adhere to this notion of wellness. This incorporation is what fuels the basic principles of psycho-oncology and uses the wellness model’s mission in a holistic way of helping people dealing with cancer in their lives. According to Savolaine and Granello (2002), the idea of incorporating a wellness model into psycho-oncology supportive care can influence an individual’s belief system and enhance the sense of meaning, so he/she may feel both guided by values when facing challenging situations and validated when acting in ways that are based on these beliefs. Psycho-oncology supportive care programs echo this sentiment because one of their goals is to help treat the mental

problems concerning cancer and what all its presence in one's life it entails. Using the wellness model is a way to connect with the patient and give him/her an alternative perspective to fighting his/her disease. Over time, psycho-oncology has seen that, along with the medical model, wellness can only add to the ammunition of defense against cancer.

When looking to establish a psycho-oncology supportive care program, a treatment facility must prioritize goals, assess clinicians' skill sets, and establish procedures and protocols that will execute not only the optimal standard of care, but a beneficial and self-sustaining entity. According to Hamann and Kendall (2013), a well-organized supportive care program consists of five key elements:

1. Identification of psychosocial health needs
2. Linkage of identified patients to appropriate professionals
3. Support of cancer patients in managing illness
4. Coordination of psychosocial and biomedical care
5. Follow-up to determine effectiveness of services offered

In order to attain these goals, there needs to be coordination of clinical service, research integration, training, and education (Hamann & Kendall, 2013). Efficacy is rooted in the development, organization and appropriate execution in each stage of program development. Collaboration with academic institutions, physician support and multidisciplinary team integration will allow for program inception, growth and sustainability.

At the time this article was written, Baton Rouge, Louisiana was undergoing one of its most historical and traumatic natural disasters—widespread and vastly destructive flooding. As I watched my community suffer and rebuild, I couldn't help but equate what an individual affected by a weather event—and battling cancer—may be facing as his/her grief was compounded. Think of a newly diagnosed patient entering a cancer center in this devastated area. The cancer facilities may have also been affected, but they are operating to the best of their ability. Just like the patient who lost his/her home, they too must prioritize need, assess the situation, and provide comfort, support and a remedy. This patient will be feeling a multitude of emotions, all while fighting in various ways for his/her life, family and livelihood. But what if this cancer center has a psycho-oncology supportive care program? This patient is not only entering a medical environment, but one of support and empathy for the emotional side of treating his/her disease and, simultaneously, the various factors that have affected his/her quality of life.

A psycho-oncology supportive care program would initially measure distress, identify barriers to care and offer solutions to eliminate those barriers, connect the patient to resources, and create treatment summaries and survivorship care plans vital for emergency situations. Although this may seem like an isolated and unprecedented event, each patient walks into a diagnosis from a situation different than the next patient, and to optimize the best level of care, supportive care is vital and necessary. In holistically treating patients, a psycho-oncology supportive care program will increase patient care and provide a more positive quality of life. A cancer center equipped with such a program not only benefits as an institution, but as an immensely fundamental part of its community unified in the fight against cancer.

Psychosocial care for patients is now mandatory for all programs that are accredited by the CoC. Our consultants are prepared to help your program develop a well-thought-out program that meets the standards of the CoC and the expectations of your patients. And in addition to developing psycho-social programs, we're experts in strategic planning, operations assessments, revenue recovery and patient-

centered programs. We're well-versed in all aspects of oncology, and we're ready to work with you. For more information, please contact The Oncology Group at [info@theoncologygroup.com](mailto:info@theoncologygroup.com) or 512-583-8815.

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