



## Editorial

## Palliative bundle effectivity in cancer care

Aman Gupta<sup>1\*</sup>, Sachin Agrawal<sup>1</sup><sup>1</sup>Dept. of Medicine, Jawaharlal Nehru Medical College, Datta Meghe Institute of Higher Education and Research (Deemed to be University), Wardha, Maharashtra, India

## ARTICLE INFO

## Article history:

Received 05-12-2024

Accepted 14-12-2024

Available online 14-01-2025

This is an Open Access (OA) journal, and articles are distributed under the terms of the [Creative Commons Attribution-NonCommercial-ShareAlike 4.0 License](#), which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.

For reprints contact: [reprint@ipinnovative.com](mailto:reprint@ipinnovative.com)

A palliative care bundle is defined as an organized compilation of evidence-based mediations curated in order to accentuate the quality of care for patients with advanced illnesses, which primarily also includes cancer. The pivotal role carried out by these bundles is to focus on all-inclusive physical, emotional, social, and spiritual requirements and has a similar approach. Based on clinical practices and evaluations, there are several arenas in which palliative care bundles have proven to be effective.

Comprehensive patient/caregiver assessment, interdisciplinary care planning, and patient/caregiver education were adapted to harmonize with existing workflows, minimize burden to patients, caregivers, and the palliative care team, and maximize chances of sustainability. Implementation facilitators include external competitive pressures, internal readiness, and adaptability of the PCI. Barriers include the changing lung cancer therapeutic landscape and perceived need for PC support by patients and providers, insufficient staffing, and people-dependent processes.<sup>1</sup>

The first and foremost benefit of these bundles is the enhanced management of symptoms. This is achieved by the inclusive protocols for management of nausea, pain, fatigue, dyspnea and other symptoms commonly seen in cancer patients. Some were more triggered in COVID pandemic. This leads to regular diagnosis and treatment which in turn

lessens the suffering and improves the quality of life of the patient.<sup>2</sup>

Improved and informed decision making along with effective communication is another key aspect of palliative bundles as these aim to form a structured system amongst the healthcare providers, patients and their families. It also pays attention to the patients' values and preferences and aligns their treatment goals accordingly. The anxiety and fear related to critical illness releases as soon as they get more information and explanations from palliative care clinical team members, as psychosocial distress was assessed in the form of pain, feelings affected by other symptoms, anxiety about illness, family or friends anxious or worried, information given to patient, sharing feelings with friends or family, depression, and feeling good about themselves.<sup>3</sup>

Palliative bundles are a boon to humankind as they offer effective psychosocial and emotional support. Battling depression, anxiety, existential crises is achieved by offering counselling, spiritual care and an encyclopedic approach to the patients' mental well being, especially those ailing from cancer.

Educating the healthcare providers and offering timely support helps in decreasing their burden and heightens their satisfaction of providing palliative care. This builds an overall supportive environment for both the healthcare beneficiary and their families. Some study highlighted about the need for comprehensive support systems

\* Corresponding author.

E-mail address: [amangupta1907@yahoo.com](mailto:amangupta1907@yahoo.com) (A. Gupta).

for family caregivers of cancer patients. Educational programs, financial assistance, and mental health services should be tailored to caregivers' specific needs. Early identification and intervention strategies can help mitigate the psychological impact of caregiving.<sup>4</sup>

Palliative care bundles fast-track early referrals to healthcare centers which eventually solidify comprehensive care strategies for patients. Another major advantage of these care bundles is the reduction of unwanted invasive procedures and hospital admissions in patients that would benefit more from palliative care.<sup>5</sup>

Furthermore, there are numerous studies that are in favour of these care bundles and prove their superlative efficacy in cancer care. A few important ones are:

1. **Monetary adequacy:** As palliative care bundles focus on comfort-oriented care, they help in cost cutting caused due to hospital admissions.
2. **Enriched life quality:** It has been proven time and again that patients benefiting from bundled palliative care have lesser symptoms and a better quality of life.
3. **Perks of survival:** Early initiation of palliative care bundles into healthcare regimes have an established effect of reduces stress levels and a significant improvement in patient symptoms.<sup>4-6</sup>

In conclusion, the adequacy of palliative care bundles in cancer care is thoroughly researched and well-documented, proving that a patient-centered approach enhances quality of life, minimizes unnecessary interventions, and enriches caregiver satisfaction. Palliative care bundles not only ensure superlative quality of care, but also take into consideration the patients' goals and value systems. However, achieving broader implementation requires overcoming resource and training barriers, fostering a culture of holistic care, and prioritizing early integration into cancer treatment plans. Investing in palliative care bundles is not just a clinical imperative but a moral commitment to

ensuring dignity and quality of life for cancer patients and their families.

### Sources of Funding

None.

### Conflict of Interest

None.

### References

1. Nguyen HQ, Cuyegkeng T, Phung TO. Integration of a palliative care intervention into community practice for lung cancer: A study protocol and lessons learned with implementation. *J Palliat Med*. 2017;20(12):1327–37.
2. Talwar D, Kumar S, Acharya S, Hulkoti V, Annadatha A. Sirolimus in a Renal Transplant Recipient Infected With COVID-19: A Blessing in Disguise? . *Cureus*. 2021;13(8):17102.
3. Dhande N, Kumar S, Bolane A. Assessment of Psychosocial Distress among the Palliative Care Patients in Wardha District of Maharashtra. *Indian J Palliat Care*. 2020;26(3):302–5.
4. Belapurkar P, Acharya S, Shukla S, Kumar S, Khurana K, Acharya N. Prevalence of Anxiety, Depression, and Perceived Stress Among Family Caregivers of Patients Diagnosed With Oral Cancer in a Tertiary Care Hospital in Central India: A Cross-Sectional Study. *Cureus*. 2023;15(10):47100.
5. Ferrell B, Sun V, Hurria A. Interdisciplinary palliative care for patients with lung cancer. *J Pain Symptom Manage*. 2015;5(0):758–67.
6. Haun MW, Estel S, Rücker G. Early palliative care for adults with advanced cancer. *Cochrane Database Syst Rev*. 2017;6(6):11129.

### Author's biography

Aman Gupta, Post Graduate Resident

Sachin Agrawal, Professor

**Cite this article:** Gupta A, Agrawal S. Palliative bundle effectivity in cancer care. *Ann Geriatrics Educ Med Sci* 2024;11(2):32-33.