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## THE RATIO OF CANCER PATIENTS TO OTHER PATIENTS IN HOME HEALTH CARE PATIENTS

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### Abstract

Home health care defines all kinds of health services offered by the Ministry of Health's home health units and professional health teams. Regular assessments by healthcare professionals ensure early detection of both the needs of patients and the burden of family members caring for the patient, thereby ensuring a professional approach. Nowadays, with the advances in the diagnosis and treatment of cancer in the early stages, the last period in cancer patients has prolonged and this has revealed the importance of home healthcare services. By examining the demographic data of patients, it is necessary to show the necessity of addressing the problems of patients and their relatives who care for the patients, and to reveal that palliative care is a necessity when evaluated with symptoms in cancer patients by home health services in Amasya city center and its districts. The demographic and clinical information of the patients followed up in 2016 were scanned from the Amasya Home Health Services database, and the demographic data of patients diagnosed with cancer and other patients who were diagnosed with cancer, were diagnosed by the Amasya Home Health Services team. Accordingly, 19 (13.5%) of the 140 patients who received home healthcare services were cancer patients, while 121 (86.5%) patients received home healthcare services due to different diseases. With the trainings that will

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be given to the home healthcare team, our patients, who have a serious place in home healthcare services, should be supported in psychosocial and spiritual support, and the patient and their families will be provided with a role in the treatment of pain, and they will be provided with an improved home health service that meets all the needs of cancer patients; by reducing the effects of the disease and adverse conditions with the most accurate medical approach by ensuring that the patient's living conditions are minimally affected by the cancer; High quality of life for cancer patients will result in low comorbidity, low mortality and positive cost effectiveness. For this reason, providing a comprehensive home healthcare service that can meet the needs of the patient and his family, with a holistic understanding of home care personnel who have a strong knowledge, as well as the caregiver; Cancer patients, who are on the way to be a big part of home healthcare patients, will also be the biggest supporter both in the treatment periods and in their last periods.

**Key words:** Cancer, home health care, palliative care

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## Özet

Evde sağlık hizmeti, Sağlık Bakanlığı'nın evde sağlık birimleri ile profesyonel sağlık ekipleri tarafından sunulan, her türlü sağlık hizmetlerini tanımlamaktadır. Sağlık profesyonellerinin yapacağı düzenli değerlendirmeler hem hastaların ihtiyaçlarının hem de hastaya bakan aile fertlerinin yüklerinin erken tespitini sağlar ve böylelikle profesyonel yaklaşım sağlanır. Günümüzde kanser tanısının erken evrelerde konulması ve tedavisindeki gelişmelerle kanser hastalarında son dönem uzamış ve bu da evde verilecek sağlık hizmetlerinin önemini ortaya çıkarmıştır. Evde sağlık hizmeti verilen hastaların içinde, kanser hastalarının oranına bakarak, hasta ve hastaya bakım veren yakınlarının sorunlarına eğiliminin gerekliliğini göstermek, hastaların demografik verilerini inceleyerek palyatif bakımın, kanser hastalarında semptomlarla değerlendirildiğinde bir zorunluluk olduğunu ortaya koymak amaçlanmaktadır. Amasya il merkezinde ve ilçelerinde Evde Sağlık Hizmetleri tarafından 2016 yılında takip edilen hastaların demografik ve klinik bilgileri Amasya Evde Sağlık Hizmetleri veri tabanından taranarak Amasya Evde Sağlık Hizmetleri ekibi tarafından hastaların kayıt edildiği tanılardan, kanser tanısı alan hastalar ve diğer hastaların demografik verileri incelenmiştir. Buna göre evde sağlık hizmeti alan 140 hastanın, 19 (% 13,5) 'u kanser hastası iken, 121(% 86,5) hasta farklı hastalıklardan dolayı evde sağlık hizmeti almaktadır. Evde sağlık ekibine verilecek eğitimlerle, evde sağlık hizmeti sunulan hastaların içinde ciddi yer tutan kanser hastalarımızın, psikososyal ve manevi olarak desteklenmesiyle, hasta ve ailesinin ağrı tedavisinde birlikte rol almasının önü açılarak, iyileştirilmiş ve kanser hastalarının ihtiyaçlarının tamamını karşılayıcı bir evde sağlık hizmeti verilmesi sağlanmalıdır. Bu şekilde hastanın yaşam koşulları değişmeden, kanserden en az etkilenmesi sağlanarak, en doğru tıbbi yaklaşımla, hastalığın ve ortaya çıkan olumsuz durumların etkileri azaltılacaktır; kanser hastaları için yüksek yaşam kalitesi, düşük komorbidite, düşük mortalite ve olumlu maliyet etkinliği ile sonuçlanacaktır. Bu nedenle güçlü bir bilgi birikimine sahip evde sağlık personelinin yanında hastaya bakım veren kişinin de dâhil olduğu bütüncül bir anlayışla, hasta ve ailesinin ihtiyaçlarını karşılayabilecek kapsamlı bir evde sağlık hizmetinin sunulması; evde sağlık hizmeti verilen hastaların, büyük bir parçası olma yolunda ilerleyen kanser hastalarının da gerek tedavi dönemlerinde, gerekse son dönemlerinde en büyük destekçisi olacaktır.

**Anahtar kelimeler:** Kanser, evde sağlık hizmetleri, palyatif bakım .

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## **1. Introduction**

Home health care defines all kinds of health services offered by the Ministry of Health's home health units and professional health teams. Home health services are not only limited to home services, they also provide a link between the hospital and the home. It emphasizes that the correct and effective implementation and planning of home health services can increase patient satisfaction in home health services and that a cost-effective approach in health can be introduced (Altunkaş et al.,2010).

Widespread integration of palliative care is necessary to demonstrate the non-applicable aspects of standard treatments and the potential gains of early palliative care. Coordination of healthcare professionals, educators, politicians will develop professional awareness in palliative care and will be in the public interest. With the early access of palliative care to patients, expenses will be reduced, and clinical outcomes will be better; this is a result that should be taken into consideration for the public and politicians (Ravi et al.,2013). Regular assessments by health professionals provide early detection of both the needs of patients and the burden of family members who care for the patient, thereby ensuring a professional approach. In palliative cases, while the patients are going to meet their needs at home in the last period, the burden of family members who take care of the patient at home should be handled together. The burden of caregivers should be reduced in the presence of the patient's symptoms, especially pain, shortness of breath, depression, and anxiety (Krug et al.,2016).

Home health services, end-stage cancer patients, those who need postoperative care, newborn mothers and babies who can continue their treatment at home, neurology patients who continue their lives as bedridden, patients who have been deemed appropriate to continue their treatment at home by various clinics; In addition to providing healthcare services such as wound care, injection, infusion, it is also aimed to provide examination, examination, treatment and rehabilitation services in the home environment, by the health teams that they visit at least once a week or every day according to the condition of the patient. After the patient's condition is reported to the center and deemed appropriate, necessary procedures are initiated by obtaining identification and address information. Services such as routine examinations, treatment plans and follow-up of patients, all kinds of medical care (serum insertion, injection, dressing, probe, catheter application), medical device needs, preparation or renewal of medical reports, transfer of patients to the hospital if needed (ailehekimligi.gov.tr).

In addition to the services provided to other patients in home health care, the purpose of palliative care in the last period of cancer patients is to ensure that the level of palliative care that can be given in the hospital is provided in the patient's own home environment and the patient should be able to reach this support continuously (Aydoğan and Uygun,2011). In home care models created for palliative care, the basic need of cancer patients can reach symptom control and terminal care services by working in coordination with hospital-based palliative care units (WHO,2007).

Every year, over 12 million people in the world are diagnosed with cancer, and 7 million of them die in love. (who.int). Nowadays, with the advances in the diagnosis and treatment of cancer in the early stages, the last period in cancer patients has prolonged and this has revealed the importance of home healthcare services. The purpose of providing palliative care to end-stage cancer patients, where medical treatments do not yield results but are palliatively treatable, is to improve the patient's physical, psychological and social quality of life and to control the symptoms associated with the disease (Eng , 1993).

It was aimed to demonstrate the necessity of addressing the problems of patients and their caregivers, by looking at the rate of cancer patients, and to demonstrate that palliative care is a necessity when evaluated with symptoms in cancer patients by examining the demographic data of patients.

## **2. Material and Methods**

Demographic and clinical information of patients who were followed up by the Home Health Services in Amasya city center and its districts in 2016 are scanned from the Amasya Home Health Services database and the demographic data of the patients diagnosed with cancer and other patients (gender, age, marital status, educational status, occupation, place of residence, number of children, caregiver, household income). Statistical analysis, numerical data as mean and standard deviation; categorical data are given as frequency and percentage. All data were evaluated with Statistical Package for Social Sciences (SPSS, IL) version 20.0 (SPSS Inc. Chicago, IL) program.

### **3. Results and Discussion**

Frequency and percentage distributions were made to summarize the socio-demographic characteristics of the patients according to the analysis of the data obtained within the scope of the research conducted on 140 patients who received home healthcare services (Table 1).

Accordingly, 19 (13.5%) of the 140 patients who received home healthcare services were cancer patients, while 121 (86.5%) patients received home healthcare services due to different diseases. While 8 (9.5%) of 84 female patients receiving home health care are cancer patients, 76 (90.5%) are female patients receiving services for other reasons. While 11 (19.6%) of 56 male patients receiving home health care are cancer patients, 45 (80.4) are male patients receiving service for other reasons. 4 (15.4%) of 26 patients aged between 18 and 40 years While three of them are cancer patients, 22 (84.6%) of them receive services due to other diseases. While 9 (12.8%) of 70 patients between the ages of 41-60 are cancer patients, 61 (87.2%) receive services due to other diseases. While 6 (13.6%) of 44 patients aged 61 and above are cancer patients, 38 (86.4%) receive service due to other diseases. Of the 88 married patients receiving home health care, 12 (13.6%) were cancer patients, while 76 (86.4%) received services due to other diseases. Out of 10 single patients receiving home health care, 2 (20%) are cancer patients, while 8 (80%) receive services due to other diseases. Of the 42 widowed patients who received home healthcare services, 5 (11.9%) were cancer patients, while 37 (88.1%) received services due to other diseases. While 17 (17.6%) of 17 illiterate patients receiving home health care were cancer patients, 14 (82.4%) were patients who received home health care services for other reasons. Of the 41 primary school graduates who received home health services, 7 (17%) were cancer patients, while 34 (83%) were patients who received home health care services for other reasons. Of the 43 secondary school graduates who received home health care, 5 (11.6%) were cancer patients, while 38 (88.4%) were patients who received home health care services for other reasons. While 33 (90%) of the 33 high school graduates who received home healthcare services were cancer patients, 30 (90.9%) were patients who received home healthcare services for other reasons. While 1 (16.6%) of the 6 university graduates and graduates who received home health care services were cancer patients, 5 (83.4%) were patients who received home health care services for other reasons. While 31 (6.4%) of 31 patients, who are the officers who take home healthcare services, are cancer patients, 29 (93.6%) are patients who receive home healthcare services for other reasons. While 27 (27%) of the 27 patients, who have a profession in the home healthcare service, are cancer patients, 24 (89.9%) are patients who receive home health care

services for other reasons. While 5 (14.2%) of the 35 retired patients who received home health care were cancer patients, 30 (58.8%) were patients who received home health care services for other reasons. The housewife who received home healthcare services consisted of 17 patients, 2 (11.7%) were cancer patients and 15 (83.3%) were patients who received home healthcare services for other reasons. Out of 37 patients who received home healthcare services in the village or town, 6 (16.2%) patients received a diagnosis of cancer, while 31 (83.8%) patients received home healthcare services for other reasons. While 33 (12.1%) patients receive home health care services from 33 patients who receive home health care services, 29 (87.9%) patients receive home health care services for other reasons. Out of 70 patients who received home healthcare services in the city center, (12.8%) patients received a diagnosis of cancer, while 61 (87.2%) patients received home healthcare services for other reasons. While 25 (13.6%) of 25 patients who do not have home health services are diagnosed with cancer, 22 (88%) patients receive treatment from other diagnoses. While 22 (13.6%) of 22 patients who had only one child and received home health care were diagnosed with cancer, 19 (86.4%) patients received treatment from other diagnoses. While 54 (12.9%) of the 54 patients who had 2 children and received home health services were diagnosed with cancer, 47 (87.1%) patients received treatment from other diagnoses. Of the 28 patients with 3 children who received home health care, 4 (14.2%) were diagnosed with cancer, while 24 (85.8%) patients received treatment from other diagnoses. Of the 11 patients who have 4 or more children and receive home health care, 2 (18.1%) of them are diagnosed with cancer, while 9 (81.9%) patients are receiving treatment from other diagnoses. While 39 patients receiving home health care are caring for their spouses, 5 (12.8%) of them are patients with cancer and 34 (87.2%) are patients with other diagnoses. While caring for 47 patients who receive home health care, 6 of them (12.7%) are patients with cancer, 41 (87.3%) are patients with other diagnoses. While caring for 32 patients who receive home health care, 4 of them (12.5%) are patients with cancer and 28 (87.5%) are patients with other diagnoses. While the monthly income of 38 patients who received home health care services was below the minimum wage, 6 (15.7%) of them were patients with cancer and 32 (84.3%) were other patients. While the monthly income of 33 patients receiving home health care services is the minimum wage, 6 of them (15.7%) are patients with cancer and 32 of them (84.3%) are other patients. While the monthly income of 88 patients who received home health care services was above the minimum wage, 8 (9.1%) of them were patients with cancer and 80 (90.9%) were patients with other diagnoses.

**Table 1.** Socio-Demographic Characteristics of Patients

		Cancer patients		Other patients		Total(n)
		n	%	n	%	
Gender	Female	8	9,5	76	90,5	84
	Male	11	19,6	45	80,4	56
	Total	19	13,5	121	86,5	140
Age	18-40 age	4	15,4	22	84,6	26
	41-60 age	9	12,8	61	87,2	70
	61 years and older	6	13,6	38	86,4	44
	Total	19	13,5	121	86,5	140
Marital status	Married	12	13,6	76	86,4	88
	Single	2	20	8	80	10
	Widow	5	11,9	37	88,1	42
	Total	19	13,5	121	86,5	140
Education status	Illiterate	3	17,6	14	82,4	17
	Primary school	7	17	34	83	41
	Middle School	5	11,6	38	88,4	43
	High school	3	9,1	30	90,9	33
	University and master	1	16,6	5	83,4	6
	Total	19	13,5	121	86,5	140
Profession	Officer	2	6,4	29	93,6	31
	Worker	3	11,1	24	89,9	27
	Retired	5	14,2	30	58,8	35
	Housewife	2	11,7	15	88,3	17
	Other	7	23,3	23	76,7	30
	Total	19	13,5	121	86,5	140
Place of residence	Village / Township	6	16,2	31	83,8	37
	District	4	12,1	29	87,9	33
	Town center	9	12,8	61	87,2	70
	Total	19	13,5	121	86,5	140
Number children of	No children	3	12	22	88	25
	Single child	3	13,6	19	86,4	22
	2 children	7	12,9	47	87,1	54
	3 children	4	14,2	24	85,8	28
	4 kids and above	2	18,1	9	81,9	11
	Total	19	13,5	121	86,5	140
Caregiver	Paid caregiver	2	15,3	11	84,7	13
	Partner	5	12,8	34	87,2	39
	Children	6	12,7	41	87,3	47
	Bride	4	12,5	28	87,5	32
	Other	2	22,2	7	77,8	9
	Total	19	13,5	121	86,5	140
Monthly Income of the Household	Below the Minimum Wage	6	15,7	32	84,3	38
	Minimum wage	5	15,1	28	84,9	33
	Above the Minimum Wage	8	9,1	80	90,9	88
	Total	19	13,5	121	86,5	140

The high incidence of a disease among people, the complications caused by it are difficult and difficult to treat, and the disease is fatal, which determines the importance of human health. Cancer can also be explained as a disease that threatens human health in our country and in the world, causing primary symptoms in patients or metastases and common symptoms. High case fatality rate of patients being watched around the world in many countries and Turkey ranks second after cardiovascular disease. Approximately one in 6 deaths in the world and one in every 5 deaths in our country occurs due to cancer (Kutluk and Kars, 1998; WHO,2018; TUIK, 2015). The number of cancer patients is expected to increase in the future due to the continuous increase in the world population, the longer life of people with technological developments and the increase in the elderly population, more exposure to etiological and environmental causes. This rapid increase will be a major problem for the treatment and care of cancer patients, which may lead to a crisis in health systems for many countries all over the world in the coming years (Boyle and Levin 2008). In developing countries such as our country, and if the per capita national income is low and the health insurance cannot meet, the financial burden will be on individuals. In our study, the household income of the majority of cancer patients is below the minimum wage or the minimum wage level. This reveals the necessity of identifying and taking precautions for cancer patients in the future, who have recently received home health care.

While determining the priorities in the diagnosis and treatment of cancer and the health services provided, the cancer burden and the cancer types frequently seen in the region where cancer patients are located should be taken into consideration . According to cancer statistics of 2015, it is estimated that 97.830 men and 69.633 women have cancer in our country (hsgm.saglik.gov.tr). In the Ministry's reports, it is expected that there will be 22 million new cases in 2030. Cancer patients constitute 13.5% of the patients who are given home health services in our study. In the hospital, in the treatment of end-stage cancer patients, surgery, chemotherapy and radiotherapy are applied, as well as interventional treatments that will reduce the patient's symptoms. Rehabilitation, psychosocial and moral support from effective treatments have been effective in reducing the pain symptom, which is the most common and affecting patients, especially in cancer patients (Cassileth and Keefe ,2010). In the pain palliation of cancer patients, serious success will be achieved with the active participation of the patient's family in pain treatment (Chochinov and Breitbart, 2009). We should also provide psychosocial and spiritual support to our cancer patients, who take a serious place in the home healthcare services, through

trainings to be given to the home healthcare team, and pave the way for patients and their families to play a role in the treatment of pain.

Caring for the cancer patient requires special care. Patients' relatives are eager to have information about the treatment, symptoms and response to cancer. It is important that the personnel providing home health services are at a sufficient level of knowledge and transfer this information to the patient and their relatives. Since the knowledge and desire of the patients and different members of the family are different, these differences should be taken into account while providing information about the cancer patient and also when training on patient care (Kuzeyli, 2006). When we look at the demographic data in our study, the education level of the majority of the patients consisted of primary school or illiterate. In addition, the patients responsible for the patient's care are generally family members, not trained paid carers.

It is a guide in evaluating the nutritional status of cancer patients and revealing their problems, preparing special nutrition programs or producing alternatives for oral nutrition. By making changes in the food of the patients, the patient's complaints of spoiled taste, inability to eat, nausea-vomiting, diarrhea or constipation can be prevented. When dietary changes are not sufficient, nutrition or intravenous nutrition products can be applied by applying nasogastric catheter, opening gastrostomy or jejunostomy to prevent malnutrition (Fadıloğlu, 2006; Ünsar et al., 2007). Parenteral nutrition is generally started under acute care conditions. The patient and his family should learn the applications that are important for parenteral nutrition at home and gain the ability to perform the application. Environmental conditions at home should be safe for parenteral nutrition. There should be appropriate electrical equipment, refrigerator for solutions, telephone access, and ease of transportation in winter conditions (Ertem, 2010). In addition, the manufacturers of the nutritional products given to the patient recently provide nutritional support with the healthcare personnel they work within, but it should be easy to access the patient while providing this support. In our study, the density of residency addresses of cancer patients receiving home health care is in the villages, towns and districts. The ease of accessing the facilities in the city centers decreases as they move away from the city centers. Therefore, if comprehensive home health services cannot be provided in the places where patients live, these opportunities should be offered in palliative care centers in many countries. Although infrastructure works are available in our country, improvements should be made quickly.

Although home health care services are important for the successful home health services provided to cancer patients, it should be evaluated together with factors such as

providing transportation to the patient, nutritional conditions, and improved living standards (Gudas, 2001).

#### 4. Conclusion

Providing home health services in an improved and meeting all the needs of cancer patients; by reducing the effects of the disease and adverse conditions with the most accurate medical approach by ensuring that the patient's living conditions are minimally affected by the cancer; High quality of life for cancer patients will result in low comorbidity, low mortality and positive cost effectiveness. For this reason, providing a comprehensive home healthcare service that can meet the needs of the patient and his family, with a holistic understanding of home healthcare personnel as well as the caregiver with a strong knowledge; Cancer patients, who are on the way to be a big part of home healthcare patients, will also be the biggest supporter in both treatment periods and in their final stages.

#### Conflicts of interest

The authors declare that there are no potential conflicts of interest relevant to this article.

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