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The Role of Palliative Care in Improving the Quality of Life for Patients with Serious Illnesses

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ABSTRACT

This study explores the role and effectiveness of palliative care in improving the quality of life for patients with chronic or life-threatening conditions. Palliative care, a specialized form of medical care that focuses on alleviating suffering and enhancing the quality of life, is increasingly recognized as a vital component of healthcare. Unlike curative treatments, palliative care is provided alongside treatments aimed at curing or managing the disease, addressing not only the physical but also the psychological, social, and spiritual needs of patients and their families. The research aims to assess the impact of palliative care on both physical and psychological symptoms, including pain, anxiety, and depression, and to explore its effects on reducing the emotional burden on patients' families. By reviewing existing studies and conducting interviews with patients and caregivers, the study identifies the challenges faced in providing palliative care and offers recommendations for improving its integration into healthcare systems. The findings highlight the significant benefits of palliative care in enhancing patients' comfort, reducing hospital admissions, and providing holistic support to families. Ultimately, this study underscores the importance of expanding palliative care services to ensure that patients facing serious illnesses receive the comprehensive care they need.

Keywords: Palliative Care, Quality of Life, Chronic Diseases, Terminal Illness, Pain Management, Psychological Support, Family Support, Healthcare Systems, Symptom Relief, Holistic Care.

Introduction:

In today's world, many diseases remain resistant to treatment, and no successful remedies have yet been found that are accessible to patients. In light of this situation, and to alleviate the pain of patients, palliative care emerged. The term "palliative" is derived from the Latin word *palliare*, meaning "to cover," and refers to a branch of medical care focused on alleviating suffering. Unlike hospice care, palliative care is suitable for patients at any stage of illness, including those undergoing treatment for diseases that may be curable.

While the concept of palliative care is not new, most physicians traditionally focus on curative treatments. Over the past two decades, there has been a significant increase in attention to the patient's quality of life, particularly through the expansion of palliative care. Many hospitals, especially in developed countries, now include palliative care programs that address various aspects of patient care, including:

- **Physical care**: This involves pain management.
- **Psychological care**: This includes assistance with depression, grief, and mental health issues.
- **Spiritual care**: This ensures that religious needs are met, with support and guidance from religious figures for both the patient and their family.

Given the increasing interest in palliative care, we aim to explore and introduce it to the reader from its various dimensions: its definition, principles, and methods of

delivery. We hope to contribute to easing the suffering of patients, and we ask for God's guidance and healing for the sick. Amen.

Objectives:

1. To analyze the effectiveness of palliative care in improving the quality of life for patients suffering from chronic diseases or life-threatening conditions.
2. To assess the impact of palliative care on physical and psychological symptoms such as pain, anxiety, and depression.
3. To explore the effect of palliative care on the lives of patients and their families, particularly in terms of reducing stress and emotional burden.
4. To identify the challenges and barriers to providing palliative care, such as organizational, psychological, and economic obstacles.
5. To propose recommendations for improving palliative care programs and integrating them into healthcare systems.

Significance:

1. **Improving Patients' Quality of Life**: Palliative care plays a central role in providing comprehensive care focused on alleviating pain and other symptoms, which contributes to enhancing patients' quality of life.
2. **Supporting Families and Caregivers**: The research aims to provide information that helps reduce the emotional and psychological burden on patients' families and offers the necessary support.
3. **Developing Health Policies**: The findings can assist policymakers in establishing policies that support the inclusion of palliative care as a core component of healthcare.
4. **Raising Awareness about the Importance of Palliative Care**: The research plays a role in increasing awareness within the community and among healthcare professionals about the necessity and importance of palliative care as part of comprehensive medical care.
5. **Reducing Healthcare Costs**: By improving patients' health stability and reducing the frequency of hospital admissions, palliative care can help lower medical costs.

Methodology:

1. **Descriptive Analytical Method**: This method will be used to analyze the collected data and describe the effectiveness of palliative care in improving patients' quality of life by reviewing previous studies and patient experiences.
2. **Sample Design**: The research will gather data from patients receiving palliative care in hospitals or specialized clinics, as well as data from their family members and caregivers.
3. **Data Collection Tools**:

- Personal interviews with patients and their family members.
- Questionnaires to assess quality of life and physical and psychological symptoms.
- Review of medical records to analyze clinical data and determine the medical benefits of palliative care.

4. **Data Analysis**: Quantitative and qualitative analysis methods will be used to interpret the data and draw conclusions, analyzing the impact of palliative care on patients both psychologically and physically.
5. **Timeframe and Location**: A specific timeframe will be established for data collection, which will take place in hospitals and clinics that provide palliative care services.

What is palliative medicine?

The World Health Organization defines palliative care as medical care aimed at preventing and alleviating suffering, providing aid and support to achieve the highest possible quality of life for patients suffering from incurable diseases, such as cancer, regardless of the stage of the disease or treatment phase. This care is provided in a manner tailored to the specific needs of each patient. Palliative care is a long-standing medical philosophy and an organized, comprehensive approach to treatment that complements traditional medicine. It also addresses the following aspects:

- Achieving a better quality of life based on the meanings that matter to the patients and their families.
- Enhancing the patient's level of activity and helping them live as normally as possible, or as close to normal as possible.
- Assisting patients and their families in making therapeutic decisions. This type of care is provided concurrently with primary treatments for various diseases, or it may be the primary form of treatment itself (Yassin, 2013).

Palliative care is based on several key pillars, including:

- Effective pain management for all types of pain.
- Effective treatment for various symptoms, regardless of their severity.
- Psychological care.
- Providing social and medical support to patients and their families.
- Offering moral, religious, and spiritual support.

Palliative care should be comprehensive and holistic, primarily focusing on the patient, respecting their interests, and involving the family in decision-making as per the patient's wishes.

The Prophet Muhammad (peace be upon him) said: *"A Muslim is a brother to another Muslim; he does not wrong him nor abandon him. Whoever is in need of his brother's help, Allah will be in his need. Whoever relieves a Muslim's distress, Allah will relieve his distress on the Day of Judgment. Whoever covers the faults of a Muslim, Allah will cover his faults on the Day of Judgment."* (Reported by al-Bukhari) (Ibn al-Mundhir, 2004).

The Patients Addressed by Palliative Care

Palliative care primarily focuses on managing conditions that are life-limiting and chronic, with cancer being one of the main areas of care, particularly in advanced and refractory stages. Palliative care begins from the moment a diagnosis is made in the following cases:

- Advanced or metastatic cancer.
- Cases that do not respond to cancer treatments such as chemotherapy, radiotherapy, or other modalities.
- Conditions where cancer cannot be treated using conventional treatments, including surgery or radiation, due to patient-related factors, such as a weakened general health status.
- Cancer treatments aimed at alleviating symptoms and managing the burden of the disease, with the goal of reducing suffering rather than achieving complete tumor eradication.

In addition to cancer, other conditions where palliative care may be beneficial include:

- Advanced heart disease.
- Advanced lung disease.
- Advanced kidney disease.
- Advanced liver disease.
- Refractory neurological conditions, including advanced dementia or Alzheimer's disease (Al-Falki, 2013).

Scope of Palliative Care:

Historically, before the advent of palliative care, and even in some cases today, patients were often neglected after the cessation of curative cancer treatments or other primary disease therapies. This neglect led to patients experiencing acute and chronic pain, resulting in emotional distress, hopelessness, social isolation, and family suffering, in addition to the physical symptoms of their illness. Palliative care plays an important role in providing comprehensive, integrated healthcare for cancer patients and others with incurable or life-threatening diseases. This field addresses not only the physical and psychological needs of the patient but also the needs of their families. Therefore, healthcare institutions must prioritize the development of this field through training and empowering medical and support staff and educating both healthcare providers and patients' families (Al-Falki, 2013).

Principles of Palliative Care:

Palliative care is based on three main principles:

1. **Appropriate Assessment of the Patient's Condition**

   It is essential to focus on the following aspects:

   - Confirm the diagnosis by reviewing previous laboratory, histological, and radiological tests and ensuring they align with the information in the patient's referral records. It is also important to assess the stage of the disease: whether it is localized or metastatic, and if metastatic, to what extent it has spread.
   - Review the treatments previously provided to the patient, whether surgical, chemotherapy, radiotherapy, or other therapies.
   - Provide the patient with a simplified introduction to the concept of palliative care and what it can offer. Take a detailed medical history from the patient and their family members, focusing on the problems and symptoms that most affect the patient.
   - Ensure the assessment is holistic, addressing physical, psychological, spiritual, and social aspects.
   - Perform a clinical examination based on the specific needs of the patient's condition.
   - Estimate the patient's prognosis based on available information. It is important to note that while medical predictions can be made based on current knowledge, only Allah knows the exact duration of a person's life, and any prognostic estimates are speculative. Patients and their families typically find comfort in knowing that the physician acknowledges that life expectancy is ultimately known only by the Creator, and this truth is accepted by all rational individuals (Ibn al-Arabi, 2003).

Second: The Appropriate Treatment Plan for the Patient

At this stage, the available treatment options for the patient should be presented. These options should be discussed, outlining the positives and negatives of each, which will allow for an informed decision-making process between multiple choices, if they exist. Once an agreement on the treatment plan is reached, the healthcare team should ensure that both the patient and their accompanying family members understand the plan clearly. It is essential to remind the team that what seems clear to the healthcare professionals may not be as apparent to the patient or their family members, as they may not have medical expertise (Ibn al-Arabi, 2003).

Third: Continuous Follow-up

Continuous follow-up is crucial in palliative care. The frequency of follow-ups can range from minutes or hours to several days or weeks, depending on the patient's needs. Regular follow-ups are essential, as the patient's condition may change rapidly, requiring adjustments to the treatment plan. The process of frequent follow-up is essentially a re-assessment of the patient's status, followed by a review and modification of the treatment plan based on these findings (Ibn Najim, 1999).

Initiation of Palliative Care

Palliative care begins in parallel with treatments for cancer or other diseases, providing care from the moment of diagnosis. For cancer patients, palliative care addresses multiple needs, such as pain relief and management of other symptoms from the early stages of the disease and into advanced stages. In cases where curative treatments are no longer viable, palliative care becomes the primary option for pain relief, symptom management, and comprehensive psychological support for the patient and their family, aiming for a better quality of life.

Important decisions should be discussed with patients diagnosed with incurable conditions, and discussions about these decisions should begin early, before the patient’s condition worsens or consciousness is affected. These include decisions such as:

- Cardiopulmonary resuscitation.
- Nutritional support via feeding tubes (nasogastric or gastrostomy tubes).
- Hospitalization.
- Performing medical tests and imaging studies.
- Administering intravenous fluids and nutritional support (Al-Suyuti, 1990).

Forms of Providing Palliative Care

Palliative care can be delivered in various forms depending on the patient's condition and the available resources in each program. Some of the most common forms include:

Consultation for the Treatment Team: In this case, the primary healthcare team manages the patient's care, but seeks guidance from the palliative care team to address specific challenges.

Direct Management by the Palliative Care Team: In this situation, the palliative care team takes primary responsibility for the patient's care but may seek advice from other healthcare specialists as necessary. This typically happens when other modern medical treatments are available for the underlying condition, aiming to either treat the disease or slow its progression.

Hospital Admission: This occurs when the patient needs urgent medical care that can only be provided in a hospital setting. In such cases, the palliative care team will focus

on minimizing the patient's time in the hospital, which can significantly improve the patient's overall comfort and well-being.

Outpatient Clinic Follow-up: The patient is scheduled for regular visits to the outpatient clinic to receive care from the palliative team.

Home-Based Palliative Care Services: In some programs, palliative care is offered at home, with healthcare providers visiting the patient's home to assess their condition and provide care as necessary. This can be especially beneficial for maintaining comfort and addressing any issues promptly in a familiar environment (Abu Zahra, 2007).

Common Symptoms in Palliative Care Patients

Patients in palliative care often experience a variety of symptoms, the most common and significant being: Pain, Fatigue, Nausea and vomiting, Anxiety, Depression, Difficulty breathing, Constipation, Dry mouth, Loss of appetite, Cognitive confusion, Itching, among others. These symptoms can be severe and debilitating if left untreated. Fortunately, effective medications to address these symptoms are well-known and widely available, and most are relatively inexpensive (Ibn al-Qayyim, 1991).

The Importance of Palliative Medicine:

The significance of palliative care lies in improving the quality of life for patients suffering from chronic or life-threatening illnesses, and providing psychological and physical support to both patients and their families. The following are the key aspects that highlight the importance of palliative medicine:

1. **Pain and Suffering Relief**: Palliative care offers comprehensive care aimed at alleviating pain and physical symptoms associated with chronic diseases, such as shortness of breath, nausea, and fatigue. This enhances patient comfort and reduces their suffering.
2. **Psychological and Social Support**: Palliative care focuses on the psychological aspect of the patient by providing emotional and psychological support to both the patient and their family. This support helps reduce anxiety, stress, and depression, thereby improving the patient's mental well-being.
3. **Improving Quality of Life**: Palliative care seeks to enhance the quality of life for patients by addressing their physical, emotional, and psychological needs. This enables them to live as fully as possible despite the illness.
4. **Family and Caregiver Support**: Palliative care extends beyond the patient to also provide essential support to their family. It helps them cope with the emotional and psychological challenges of caring for a loved one with a serious illness, offering guidance on how to provide care for the patient.
5. **Mitigating Side Effects of Treatment**: Many patients experience side effects from medical treatments such as chemotherapy and radiation therapy.

Palliative care helps alleviate these side effects and enhances the patient's comfort during treatment.

6. **Care Planning and Guidance**: Palliative care offers patients and their families information and guidance to help them make informed decisions about medical care, including long-term treatment planning and choosing options that align with their needs and priorities.
7. **Addressing Spiritual Challenges**: Palliative care helps patients address the spiritual challenges associated with illness, particularly in cases of chronic or terminal illness. It provides support that is tailored to the patient's spiritual beliefs and helps alleviate feelings of despair or anxiety (Al-Shafai, 1990).

Methods and Approaches in Palliative Care:

Palliative care aims to improve the quality of life for patients suffering from chronic or life-threatening illnesses and to alleviate their suffering through comprehensive care that focuses on physical, psychological, social, and spiritual aspects. The following are the key methods used in palliative care:

1. **Pain Management**

   Pain relief is a fundamental component of palliative care, achieved through the use of appropriate medications such as analgesics (e.g., paracetamol, opioids) and anti-inflammatory drugs, as well as other techniques like physical therapy and massage.

2. **Relieving Other Physical Symptoms:** Palliative care aims to alleviate physical symptoms related to the illness, such as:
   - **Shortness of breath**: Managed with oxygen therapy or bronchodilator medications.
   - **Nausea and vomiting**: Treated with antiemetic medications and regulation of drugs causing these symptoms.
   - **Fatigue and loss of appetite**: Managed through nutritional supplements or dietary changes, and assisting patients in managing fatigue through daily activity planning (Al-Fayoumi, 770 AH).
3. **Psychological and Emotional Support;** Psychological support is provided to the patient and their family to help them cope with stress, anxiety, and fear of the future. This includes counseling sessions, cognitive-behavioral therapy, and relaxation techniques such as meditation and deep breathing.
4. **Social Care**; Social workers provide social support to the patient and their family, helping them access financial resources or social services, directing them to community support, and offering advice on handling daily challenges.
5. **Spiritual Care**; For many patients, spiritual care plays a significant role in alleviating suffering, particularly in cases of terminal illness or serious disease. This care may include supporting the patient's spiritual and religious

values, and providing spiritual guides, clergy, or imams to assist in addressing spiritual concerns.

6. **Complementary Interventions**; Complementary therapeutic techniques are used alongside conventional medicine to enhance patient comfort. These techniques include:
    - **Massage therapy**: To relieve pain and tension.
    - **Acupuncture**: To improve overall well-being and reduce pain.
    - **Yoga and movement therapy**: To enhance flexibility and reduce stress (Al-Khatabi, 1932).
7. **Health Education for the Patient and Family;** The patient and family are educated about the patient's condition and how to manage symptoms and medications properly. This education helps reduce stress and anxiety and enables them to cope more effectively with side effects.
8. **Advance Care Planning (Predictive Care)**; This involves discussing the patient's future wishes and goals, determining the type of care they wish to receive, especially in advanced stages of the illness. This approach helps honor the patient's choices and provides care in alignment with their values.
9. **Coordination with Healthcare Teams**; The palliative care team collaborates with the attending physicians and healthcare specialists to ensure comprehensive and integrated care, contributing to improved overall treatment outcomes for the patient (Ibn Rushd, 2004).

Palliative Care and Its Rulings Regarding the Patient and Their Family:

This issue consists of three main points related to informing the patient about their illness and how it should be handled. The details of these points are as follows:

First Issue: The Ruling on Informing the Patient About Their Illness, Informing the patient about their illness, whether by the doctor or others, involves a detailed consideration based on the type of illness and the potential benefits or harms resulting from this disclosure. The illness to be disclosed can be classified into two types:

The First Type: Non-Life-Threatening Illnesses, these are common illnesses that are typically disclosed to the patient, as they are not dangerous. In these cases, there is no harm in informing the patient in a suitable manner without exaggeration.

The Second Type: Life-Threatening or Chronic Illnesses, These are serious or chronic diseases, and the decision to inform the patient depends on balancing the potential benefits and harms of disclosing this information. The following conditions apply to such cases:

First Scenario: The Benefit of Informing the Patient Outweighs the Harm, If the benefit of informing the patient outweighs the harm, such as when the patient has a strong personality and this disclosure will help them take care of their treatment,

adhere to medication, etc., then it is appropriate to inform them. This approach provides the patient with hope and reassurance, giving them strength to endure the illness. The Prophet Muhammad (PBUH) advised: "When you visit a sick person, encourage them about longevity, for this will not harm them" (Ibn Al-Ikhwan, 2003). This advice aims to ease the patient's distress and boost their confidence in recovery, giving them peace of mind and hope for healing.

Second Scenario: The Harm of Informing the Patient Outweighs the Benefit, If informing the patient about a serious illness may cause health complications, psychological disorders, or despair, it is not permissible to disclose the information. In this case, the harm of informing the patient is considered greater than the benefit, and this disclosure may lead to a prohibited act, such as despairing of God's mercy. One of the established principles in Islamic law is that harm must be avoided, and the lesser harm is preferred over the greater harm. In this context, it is better to use indirect speech and avoid direct disclosure. A reference to this is found in the Hadith when the Prophet Muhammad (PBUH) visited a sick man who was despairing of his condition, and the Prophet responded with: "No, it is just a fever, which will pass" (Sahih Bukhari and Sahih Muslim).

Additionally, scholars of the Permanent Committee for Ifta', under the leadership of Sheikh Abdul Aziz bin Baz (may God have mercy on him), have ruled that lying to the patient about their condition is permissible if it benefits the patient without causing harm, and if it does not harm others. If possible, it is better to use gentle language or indirect statements rather than explicit lying (Al-‘Awda, 2012).

Third Scenario: The Benefit and Harm of Informing the Patient Are Equal, If the potential benefit and harm of informing the patient about their serious illness are equal, it is better not to inform them directly. In such cases, the doctor should use hints and indirect language to relieve the patient without causing unnecessary distress. The goal is to minimize harm while maintaining hope for the patient.

Fourth Scenario: The Doctor Is Uncertain About the Benefit and Harm, If the doctor is unsure about the balance between the benefits and harms of informing the patient, they should make a sincere effort to act in the patient's best interest. In these cases, the doctor may rely on general statements, unless there are expected complications, in which case it is better to explain them clearly to the family to avoid any future liability if complications arise.

General Principles for Palliative Care It is essential for the doctor to treat the patient with kindness, compassion, and a positive attitude, always reassuring them about the possibility of recovery. The doctor should avoid harsh words, frowning, or exaggerating the severity of the illness, as this can exacerbate the patient's distress. Instead, the doctor should encourage the patient with optimism, which helps uplift their spirits, strengthens their immune system, and accelerates the healing process.

As Ibn Al-Hajj stated: "The doctor should, without a doubt, ensure that when he sits with the patient, he does so with a smiling face and cheerful demeanor, easing their worries and following the guidance of the Sunnah" (Al-Kasani, 1986).

Issue 2: The Ruling on Disclosing Medical Secrets to the Patient

Medical secrets refer to any information heard or observed by the doctor from the patient, related to their health, personal history, sexual relationships, and similar matters that the patient does not wish to disclose. The patient's medical file is the repository of the secrets entrusted to the doctor by the patient.

There are certain conditions that, by their nature, are considered medical secrets of the patient, such as genetic and hereditary diseases, male infertility, etc. Preserving these secrets is a duty, and they may not be disclosed without the patient's consent, whether the information is accessed by a doctor, medical records staff, or any member of the nursing team or others.

Islamic scholars have stated that doctors must preserve the confidentiality of their patients' secrets and must be trustworthy in ensuring that no one else is privy to the information. As Ibn al-Hajj (may Allah have mercy on him) said: "The doctor should be trustworthy with the patient's secrets and not reveal anything that the patient has shared, for the patient has not permitted others to be informed about it" (Al-Shahri, 1427).

Islamic teachings have emphasized the importance of preserving secrets and forbidding their disclosure, as this constitutes a breach of trust. The following evidences support this ruling:

- Allah (Exalted be He) says: "And those who are true to their trusts and promises" (Quran, 23:8).**Rationale**: Allah praises those who are diligent in maintaining their trusts and promises, making it a characteristic of the believers who inherit Paradise. This implies that preserving secrets is part of the trust that every Muslim must uphold.
- Abu Huraira (may Allah be pleased with him) reported that the Prophet (peace be upon him) said: "The signs of a hypocrite are three: when he speaks, he lies; when he promises, he breaks his promise; and when entrusted, he betrays the trust" (Sahih al-Bukhari).**Rationale**: The Prophet (peace be upon him) counted betraying a trust as a sign of hypocrisy, and preserving secrets is included in the concept of trust, as previously explained.
- Jaber ibn Abdullah (may Allah be pleased with him) narrated that the Prophet (peace be upon him) said: "If a man narrates a hadith and then looks away, it is a trust." This hadith clearly indicates that matters discussed between people, which they do not wish to disclose, are considered trusts that must be protected. This applies to the medical information of patients as well.

The disclosure of medical secrets causes harm and neglects the rights of the patients and their families. It is forbidden in Islam, as it can lead to psychological, emotional, and physical harm to the patient. Moreover, revealing such secrets may damage the reputation of the medical profession itself, as the patient may lose trust in the doctor and withhold critical information, making it impossible to fully understand the nature of their condition (Al-Ayni, 2000).

Issue 3: The Ruling on the Actions of Palliative Care Patients

The basic principle is that an individual is presumed to be fully capable of making decisions, and all their actions are valid and have legal consequences. This applies in normal circumstances when a person is physically and mentally healthy. However, certain physical or mental conditions may affect an individual's competence, either temporarily or permanently. These conditions are known as "afflictions of eligibility," which Islamic scholars categorize into two types: innate (divine) and acquired.

The relevant condition here is the "terminal illness," which is often the case for palliative care patients. In such situations, the patient's condition is usually very critical, and recovery may be considered impossible. This type of illness is referred to by scholars as "dangerous illness" or "disease close to death," meaning a condition that has incapacitated the patient, rendering them unable to perform daily tasks outside the home or one where the person is expected to die soon. Below are some scholarly definitions:

- Ibn Nujaym said: "It is an illness that poses a serious risk to life, even if the patient was previously healthy."
- Imam Malik said: "It is any disease that prevents the patient from leaving the house."
- Al-Nawawi defined it as: "Any illness from which death is imminently feared."
- Ibn Qudama described it as: "A dangerous illness connected to death, or one in which the death of the patient is feared to be imminent" (Al-Shu'un al-Sihhiya, 1427 AH).

These definitions of "terminal illness" perfectly describe the condition of a palliative care patient, who is in critical condition and requires special care from a specialized medical team, as will be explained further. In some cases, palliative care patients may be unconscious, in a coma, or in a vegetative state.

Therefore, the situation of a palliative care patient can be classified as a case of terminal illness, and the legal rulings applicable to such cases also apply to them (Al-Muwaqqi, 1994).

Challenges Facing Palliative Care

Palliative care faces a range of challenges that reflect the complexity of this medical field, which deals with critical cases and patients suffering from chronic or life-threatening illnesses. Below are some of the main challenges encountered in palliative care:

1. **Lack of Public Awareness of Palliative Care**

Many people lack sufficient understanding of what palliative care is and its objectives, which often leads to delays in seeking this type of care. Some mistakenly believe that palliative care means abandoning treatment or care, when in fact it aims to improve the quality of life for patients.

2. **Cultural and Religious Challenges**

   In some cultures, there may be resistance or rejection of the concept of palliative care, as it is seen as an expression of despair or giving up on treatment. Additionally, certain religious beliefs may conflict with some aspects of palliative care, making it difficult to provide care smoothly.

3. **Lack of Resources and Funding**

   Palliative care suffers from a lack of financial and human resources, as patient care in this field requires more time and specialized equipment. Many healthcare systems do not allocate sufficient budgets to support palliative care services, which limits the ability to provide comprehensive care.

4. **Shortage of Specialists**

   There is a shortage of trained specialists in the field of palliative care, including doctors, nurses, social workers, and psychologists. This shortage affects the quality of care provided and makes it difficult to meet patients' needs effectively.

5. **Regulatory and Health Policy Challenges**

   In some countries, there are unclear or complex regulatory policies regarding the provision of palliative care. Some healthcare systems prioritize palliative care lower on the list of healthcare priorities, which hampers its development and expansion.

6. **Coordination Between Healthcare Teams**

   Palliative care requires cooperation between various healthcare teams, such as psychiatrists, treating physicians, social workers, and others. Achieving effective coordination among these teams can be challenging, which may impact the quality of care provided to the patient.

7. **Psychological and Emotional Challenges for Healthcare Providers**

   Providers of palliative care are under significant psychological and emotional stress, as they work with patients in advanced stages of illness and witness their suffering daily. This can lead to burnout and professional exhaustion among healthcare workers, which in turn affects the quality of care.

8. **Lack of Availability of Palliative Care Services in All Locations**

Palliative care services are not available in all hospitals or health centers, particularly in rural or remote areas, making it difficult for patients to access this important care.

9. **Challenges in Managing Complex Symptoms**

   Patients in palliative care often experience severe and diverse symptoms, and managing them effectively can be challenging. Managing these symptoms requires high levels of expertise and a variety of therapeutic tools, which may not always be available.

10. **Limited Research and Training**

    Despite growing interest in palliative care, research in this field remains limited compared to other medical specialties. Additionally, training in palliative care is not widely available in medical training programs, leading to a shortage of qualified specialists (Al-Bijermi, 1995).

Study on the Impact of Palliative Care on the Families of Patients

A study was conducted on the families of patients receiving palliative care, focusing on measuring stress and grief levels within the family. The results showed that family members who participated in psychological support sessions as part of palliative care experienced significant improvement in how they coped with their loved ones' illness. They were able to offer better support to the patients.

1. **Study on Quality of Life and Survival Duration in Cancer Patients**: A study conducted in the United States on patients with advanced lung cancer divided participants into two groups: one group received palliative care alongside standard treatment, while the other group received only standard treatment. The results showed that patients who received palliative care were less likely to suffer from depression and anxiety and reported improvements in their quality of life. Additionally, their survival duration was slightly longer compared to those who did not receive palliative care.

2. **Study on the Impact of Palliative Care on Pain and Physical Symptoms Improvement**: A study was conducted on patients suffering from chronic conditions such as heart failure and kidney failure. The results showed that patients who received palliative care reported significant relief from pain and symptoms such as shortness of breath and nausea. Researchers also found that palliative care reduced the frequency of hospital admissions, contributing to better stabilization of their health condition.

3. **Study on Palliative Psychological Care and Improvement in Mood**: In another study conducted on patients with chronic neurological conditions such as multiple sclerosis and Parkinson's disease, psychological therapy and emotional support were provided as part of palliative care. The results showed a reduction in depression levels and an increase in emotional adjustment, as patients felt more social and spiritual support, contributing to improved feelings of comfort and happiness.

4. **Impact of Palliative Care on Reducing Anxiety and Fear of Death**: A study on patients with incurable diseases, such as advanced-stage cancer, found that palliative care helped reduce anxiety and fear of death among these patients. This support included psychological counseling and educational sessions about death and end-of-life comfort, which increased patients' acceptance of their condition and decreased their sense of isolation (Al-Ghamdi, 2018).

Challenges Facing the Delivery of Palliative Care

To deliver palliative care globally, several significant barriers need to be overcome, including: inadequate health policies in many countries to address the specific needs of palliative care, the scarcity or lack of research and training, and the difficulty in ensuring the availability of opioid analgesics. A recent study on the state of palliative care in 234 countries, regions, and territories found that palliative care is not well integrated into health systems in only 20 countries, and 42% of countries lack systems for providing palliative care services. Additionally, in 32% of countries, the services provided reach only a small percentage of the population, and nearly 80% of the global population lacks access to the necessary medications for palliative care. In 2010, the International Narcotics Control Board reported that opioid consumption levels were insufficient in 21 countries and insufficiently monitored in more than 100 countries.

In 2011, the World Health Organization (WHO) reported that 5.5 million cancer patients and 1 million patients with terminal AIDS or HIV-related illnesses suffer from moderate to severe pain annually, yet they do not receive adequate pain management. There is a need for ongoing research and evaluation to ensure the quality of palliative care and the safe use of medications such as opioid analgesics.

Other barriers include a lack of awareness about the urgent need for palliative care, inadequate government policies aimed at improving healthcare services, or the failure to implement such policies. There is also a lack of knowledge among healthcare workers about palliative care, limited availability of opioid analgesics and other palliative medications, difficulties in obtaining these medications, especially those taken orally, and misconceptions about palliative care. Additionally, social and cultural barriers (such as beliefs related to death and dying) and challenges in making ethical decisions in life-threatening conditions also have a significant impact on the accessibility of palliative care (Barash & Shamsipasha, 2010).

Necessary Measures at the National Level to Promote Palliative Care

Many of the services and interventions required for the provision of palliative care are already accessible in several countries, including those in low- and middle-income regions. The following measures could support the expansion and enhancement of palliative care services at the national level:

1. Formulate and implement national policies aimed at integrating palliative care services for patients with chronic, life-threatening conditions into the

care continuum at all levels, with a focus on primary healthcare, community-based care, and home care.

2. Advocate for the inclusion of palliative care in efforts to strengthen universal health coverage and essential medicines policies, based on evaluation results and improvements in palliative care quality and safety.
3. Implement and monitor the recommendations of the Global Action Plan on Non-Communicable Diseases (2013-2020) and ensure their integration into universal health coverage and essential medicines plans.
4. Ensure the provision of palliative care education (including ethical aspects) to students in medical, nursing, and healthcare training institutes, aligning with their roles and responsibilities and as part of human resource development.
5. Ensure sufficient availability of controlled medications, while minimizing opportunities for diversion and misuse, through national and local regulatory bodies, with guidelines from the WHO on national policies for controlled substances.
6. Ensure access to all aspects of palliative care, including basic medical care, psychosocial and spiritual support for patients and their families, under the supervision of trained healthcare professionals as appropriate.
7. Develop ethical guidelines for the provision of palliative care in areas such as equitable access, respectful care, and community participation in policies and programs (Bassem, 1991).

Results and Discussion:

- It is important to clarify how palliative care positively impacts patients' lives and improves their satisfaction with treatment.
- A review of studies confirms that palliative care contributes to the enhancement of both the mental and physical health of patients.

Recommendations:

- Strengthen palliative care programs in hospitals and care homes.
- Raise awareness among healthcare professionals and the community about the significance of palliative care.
- Provide specialized training for healthcare practitioners on how to effectively deliver palliative care.

Conclusion:

In conclusion, palliative care is a crucial component of comprehensive healthcare for patients with serious illnesses, aiming to improve their quality of life. Focusing on the development of this field will help provide better care and reduce the physical and psychological burdens on patients and their families.

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Modern medicine has made tremendous strides over the past few decades in diagnostic, therapeutic, and rehabilitative fields, which led some to become overly optimistic, believing that we were nearing the complete eradication of all diseases. However, the truth acknowledged by the medical community is that even with all the capabilities of modern medicine, it is still unable to find effective treatments for many of the serious diseases affecting humanity today.

Some terminal conditions, such as late-stage cancers, can devastate both the patient and their family as they navigate through a sea of immense suffering. This scenario was the driving force behind the establishment of healthcare that relies on modern medical principles, focusing on the patient and their family in a holistic way, with the goal of alleviating their suffering and providing the best possible comfort. This unique form of healthcare is known as palliative care.

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