Letters to the Editor

Exploring the psychosocial and financial impact of cancer on caretakers

Sir,

In the year 2012 alone, 14 million new cases and 8.2 million cancer-related deaths have been reported worldwide.^[1] In fact, the current trends suggest that the incidence of cancer can augment up to 70% in the next couple of decades.^[1] Establishment of a diagnosis of any form of cancer in an individual is a major event not only for the person, but even for their family members and caretakers.^[2] In fact, the findings of some of the studies have even shown that family members are the one, who are more severely affected, than the patient themselves.^[2,3]

Although, in most of the settings, partners and other family members remain the key supports and cope well with their responsibilities, nevertheless, families do respond in a variable manner to the illness.^[4] These responses include distress among the family members; lack of awareness, understanding, or ability to respond on a positive note to the expressed thoughts or feelings of other family members; attempts to counter the tension and stress associated with the cancer; and they can even struggle to maintain their core functions.^[4,5] Owing to the stress attributed to the diagnosis of a cancer among one of the family members, some of the caretakers do suffer from physical ailments, depression, anxiety, stress reactions, post-traumatic stress disorder, and even mood disorders.^[4,5] Also, caretakers are often exposed to disruption in their social connectivity network and loneliness and having no time to pursue their personal interests or hobbies.^[2,4] Moreover, the families have to counter the financial burden as well, as the cancer treatment and care is quite expensive.^[6]

Acknowledging the impact of diagnosis of cancer on the quality of life of the patient and their caretakers, it is high time that appropriate strategies should be developed in order to avert any untoward consequences among the family members.^[1,2] Although, multiple measures can be implemented, based on the case-to-case scenario, the key stakeholder is the treating physician.^[1,7] Thus, measures like organizing training for improving the communication skills of the physicians to conduct effectively counseling sessions.^[8] In addition, interventions such as sensitizing outreach workers to have a high index of suspicion while interacting with cancer caretakers; strengthening the cancer surveillance mechanism; taking steps to monitor follow-up of cancer victims at periodic intervals; interviewing patients to detect any signs of distress among the caretakers; and involving nongovernmental organizations to impart counseling to the patients and family members, can also be implemented to improve the quality of life of cancer patients and their caretakers.^[1,2,7]

To conclude, the public health menace of cancer not only affects the lives of cancer survivors, but even cast a huge physical, mental, social, and financial impact on the lives of millions of caretakers. As, the problem of cancer is going to further increase in coming decades, it is the need of the hour to strengthen the general health system and improve the area of palliative care in cancer.

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