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# A Study On Psycho- Social Condition Of Cancer Patients And Obligation Of Social Work

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***Abstract:*** ***Cancer is not just one disease. There are many types of cancer. It is not just one disease. Cancer can start in many different places in the body. It can start in the lungs, the breast, the colon, or even in the blood. Cervical cancer is the third largest cause of cancer mortality in India. The study is based on primary and secondary data with covering 56 sample in Hubli with the reference of KMC hospital. Social work has great potential to improve care for older people with life- threatening illnesses or those who are dying or bereaved. As previously noted Social Workers are the largest group of mental health professionals working with this population in both hospice and palliative care. Social Work values, knowledge, and skills are inherently consistent with the principles of palliative care: client self- determination, family and social systems, cultural competence, and promotion of social justice are a natural fit in the palliative care context. It concludes there is needed the Professional social work practice in the field of cancer.***

***Keywords: psycho – social condition of cancer patients, Interventions, Perceptions.***



## I. INTRODUCTION

The term cancer refers to a group of diseases which share similar characteristics. Cancer can affect all living cells in the body, at all ages and in both genders. The causation is multifactorial and the disease process differs at different sites. Tobacco is the single most important identified risk factor for cancer. A host of other environmental exposures, certain infections as well as genetic predisposition play an important role in carcinogenesis. Diagnostic work-up, treatment methods and outcome of treatment are not uniform for all cancers. Cancers are alike in some ways, but each type of cancer is different in the way it grows and spreads. The cells in our bodies all have certain jobs to do. Normal cells divide in an orderly way. They die when they are worn out or damaged, and then they are replaced with new cells. Cancer is a disease in which cells start to grow out of control. The cancer cells keep on growing and making new cells. They crowd out normal cells. This causes problems in the part of the body where the cancer started.

AR-SIGNALING IN HUMAN MALIGNANCIES: PROSTATE CANCER AND BEYOND

AR signaling is involved in a number of normal physiologic processes, and there is varying levels of evidence for its role in promoting cancer growth and progression across an array of malignancies. To date, prostate cancer remains the only malignancy with Level 1 evidence supporting the use of AR-directed therapies as an integral part of its treatment paradigm. However, mounting preclinical, epidemiologic and early phase clinical trial data support the further exploration of these drugs in diseases as varied as breast and salivary gland cancers, and it is likely that in the ensuing decade next generation AR-directed drugs will extend their reach beyond prostate cancer.

## II. STATUS OF CANCER IN INDIA

India has a National Cancer Control Programme which was established in 1975–76. This has contributed to the development of Regional Cancer Centres (RCCs), oncology wings in medical colleges and support for purchase of tele therapy machines. The District Cancer Control Programme

was initiated but did not result in sustainable and productive activity.

Cancer is a leading cause of death group worldwide and accounted for 7.4 million deaths (around 13% of all deaths) in 2004. The main types of cancer are:

- ✓ Lung (1.3 million deaths/year)
- ✓ Stomach (803,000 deaths)
- ✓ Colorectal (639,000 deaths)
- ✓ Liver (610,000 deaths)
- ✓ Breast (519,000 deaths) More than 70% of all cancer deaths occurred in low- and middle-income countries. Deaths from cancer worldwide are projected to continue rising, with an estimated 11.5 million deaths in 2030.

## III. RISK FACTORS FOR CANCERS

- ✓ Tobacco use
- ✓ Alcohol use
- ✓ Dietary factors, including insuffi cient fruit and vegetable intake
- ✓ Overweight and obesity
- ✓ Physical inactivity
- ✓ Chronic infections from helicobacter pylori, hepatitis B virus (HBV), hepatitis C virus (HCV) and some types of human papilloma virus (HPV)
- ✓ Environmental and occupational risks including ionizing and non-ionizing radiation

## OBJECTIVES OF THE STUDY

The study is based on the following objectives.

- ✓ To Understand the Psycho-social conditions of the respondents
- ✓ To know the status of Cancer in India
- ✓ To analyze the perceptions of the cancer patients on the condition of cancer.

## A PATIENT - CENTERED PERSPECTIVE ON SURVIVORSHIP

A patient-centered perspective on survivorship was first articulated, and probably best epitomized, by Susan Leigh, an oncology nurse, three-time cancer survivor, and founding member of the National Coalition for Cancer Survivorship. She was the first to suggest that cancer survivorship is about "living with, through, and beyond cancer". This definition acknowledges survivorship as a process of living with cancer that is initiated at diagnosis and continues through phases of treatment and either a transition to off-treatment survival or the end-of-life. It sets us up for understanding and addressing patient and family needs and issues as they occur and re-occur throughout a continuum of care. Furthermore, an existing body of evidence indicates that these risks, experiences, and needs are different for different people depending upon their age at diagnosis, their race, ethnic and cultural background, their socioeconomic status, and the extent and quality of their relationships and social networks

## IV. ONCOLOGY SOCIAL WORK FOR SURVIVORSHIP

The cancer survivorship movement became part of the American scene in the 1980s with cancer patients and a physician survivor leading the way.1–5 Cancer survivorship became a force as a result of medicine's focus on finding solutions to the problems of cancer following World War II. These solutions included the success of chemotherapy treatment in the 1960s, research into late effects and psychosocial research following cancer treatment (1970s), and the patient activist movement beginning in the 1980s. Oncology social workers have played a major role, being on the scene since the early days, delivering supportive services to cancer survivors, participating as team members in psychosocial research, and serving as members and leaders in survivorship organizations.

## V. SOCIAL WORK AND CANCER

Social Work is doing interventions, including psychosocial support, surgery, radiotherapy, chemotherapy that is aimed at curing the disease or prolonging life considerably while improving the patients quality of life. For people diagnosed with cancer and their families, a Social Worker can be an important part of their health care team. Social Workers can be a helpful resource to patients and families by providing counselling, education and support in relation to their illness. Social work has great potential to improve care for older people with life- threatening illnesses or those who are dying or bereaved. As previously noted Social Workers are the largest group of mental health professionals working with this population in both hospice and palliative care. They encounter individuals with advanced illness in a broad range of health care and social organizations and agencies. Social Work values, knowledge, and skills are inherently consistent with the principles of palliative care: client self-determination, the biopsychosocial/spiritual perspective, family and social systems, cultural competence, and promotion of social justice are a natural fit in the palliative care context.

## VI. OBLIGATION OF SOCIAL WORK

- ✓ All social workers are able to learn from people who experience end of life and bereavement
- ✓ Everyone knows what palliative care social work is and what it offers, and how to access palliative care social work – All social workers learn about loss, grief and bereavement
- ✓ Social workers see palliative care as a core part of all social work practice, as well as a specialist route they can take – Palliative care social workers have the support they need to develop their expertise, to practice well, to share their expertise and to demonstrate their impact
- ✓ Palliative care social workers are available as a resource for other social workers
- ✓ Social workers are supported to see end of life and bereavement care as an important part of their role.

## VII. METHODOLOGY

The study is based on primary and secondary data with covering 56 sample in Hubli with the reference of KMC hospital. The Primary date collected from the clients and secondary data collected from books, journal etc.

## FINDINGS OF THE STUDY

Socio- Economic profile of the respondents:

| Variables | Category | Frequency | Percentage |
|---|---|---|---|
| Age | 20 - 30 years | 01 | 3.57 |
| | 30 - 40 years | 01 | 3.57 |
| | 40 - above | 05 | 17.86 |
| Geographical area | Rural | 23 | 82.15 |
| | Urban | 05 | 17.85 |
| Education | Illiterates | 22 | 78.58 |
| | Primary education | 05 | 17.85 |
| | Secondary education | 00 | 00 |
| | Higher education | 01 | 3.57 |
| Cast | S. C | 06 | 21.43 |
| | S.T | 01 | 3.57 |
| | O.B.C. | 02 | 7.15 |
| | Others | 19 | 67.85 |
| Family income | Agriculture | 11 | 39.28 |
| | Labour | 15 | 53.58 |
| | Business | 01 | 3.57 |
| | Job / Education | 01 | 3.57 |
| Cancer testing | Yes | 22 | 78.57 |
| | No | 06 | 21.43 |
| Client relationship with Dr.'s after treatment | Yes | 22 | 78.58 |
| | No | 03 | 10.71 |
| | Some time | 03 | 10.71 |
| Effectives on daily activities | Yes | 11 | 39.29 |
| | Normal | 01 | 3.57 |
| | Some time | 08 | 28.57 |
| | No | 08 | 28.57 |

*Table 1*

The above table shows the socio-demographic profile of the respondents. 3.5 percentage of the respondents are belongs to 20 to 30 years and 30 to 40 years , and remained 17.86 percentages of the respondents are between the ages of above 40 years. 82.15 percentages of the respondents are living in rural area, 17.85 percentages of the respondents are living in urban area. 78.58 percentages of the respondents are Illiterates, and 17.85 percentage of the respondent are belongs to primary education, and remained 3.5 percentages of the respondent are higher education. 21.43 percentage of the respondent are belongs to schedule cast, and 3.15 percentage of the respondent are belongs to schedule trebles, and 7.15 percentage of the respondent are belongs to other backward cast, and remained 67.85 percentage of the respondent are belongs to others cast. 39.28 percentages of the respondents are family income is Agriculture, and 53.58 percentage of the respondents are family income is Labour, and 3.57 percentage of the respondent are family income is business and job. 78.57 percentage of the respondent are testing the cancer in hospitals, and remained 21.43 percentage of the respondent are did not attend the cancer testing. 78.58 percentage of the respondent are continues relationship with Dr.'s after the treatment, and 10.71 percentage of the respondents are didn't continues relationship with Dr.'s after the treatment, and remained 10.71 percentage of the respondent are sometimes continues relationship with Dr.'s after the treatment, 39.29 percentage of the respondent effectives on daily activities. 3.57 percentage of the respondent are normal effectives on daily activities, and 28.57 percentage of the respondent are effectives on daily activities sometimes and represent the no effectives on daily life.

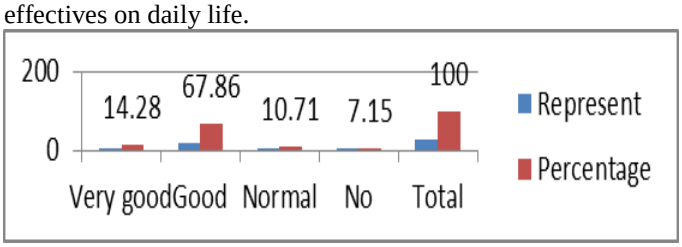


*Figure 1: Who are the take careers of the in your family?*

This figure shows that 14.28 percentage of the respondent are very good responsibility to take careers of the family, and 67.86 percentage of the respondent are good take careers of the family, and 10.71 percentage of the respondent are normal responsibility to take careers of the family, and remained 7.15 percentage of the respondent are did not responsibility to take careers of the family.

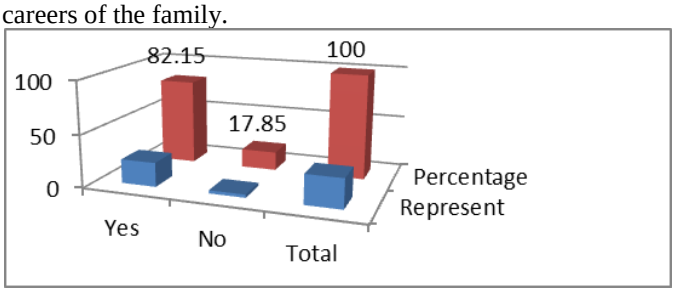


*Figure 2: Counseling in governmental hospitals?*

This figure shows that 82.15 percentage of the respondent are attending the counseling in hospitals, and remained 17.85 percentage of the respondent are did not attend the counseling in hospitals.

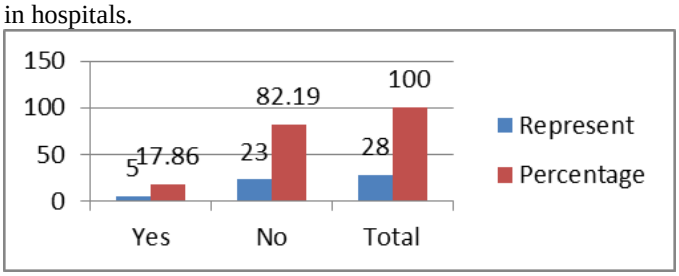


*Figure 3: Practice the Yoga, Meditation and etc…*

This figure shows that 17.86 percentage of the respondent are practicing the yoga and meditation, and remained 82.19 percentage of the respondent are did not practicing the yoga and meditation.

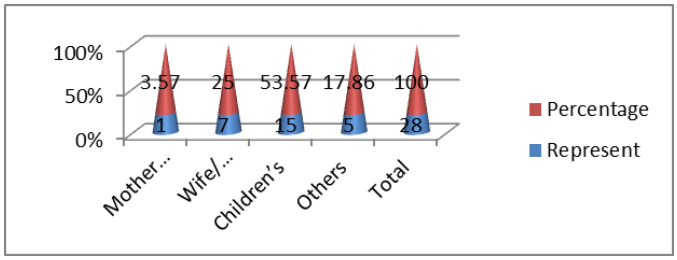


*Figure 4: Who are the concerns of your health?*

This figure shows that 3.57 percentage of the respondent are concerns to health of mother / father, and 25 percentage of the respondent are concerns to health of wife/ husband, and 53.57 percentage of the respondent are concerns to health of children's, and remained 17.86 percentage of the respondent are concerns to health of others.

| Sl. no | information from communication | Represent | Percentage |
|---|---|---|---|
| 01 | Yes | 09 | 32.15 |
| 02 | No | 13 | 46.42 |
| 03 | Some time | 06 | 21.43 |

*Table 2: Information from mass communications?*

This table shows that 32.15 percentage of the respondent are got information from mass communication, and 46.42 percentage of the respondent are didn't got information from mass communication, and remained 21.43 percentage of the respondent are got information sometimes from mass communication.

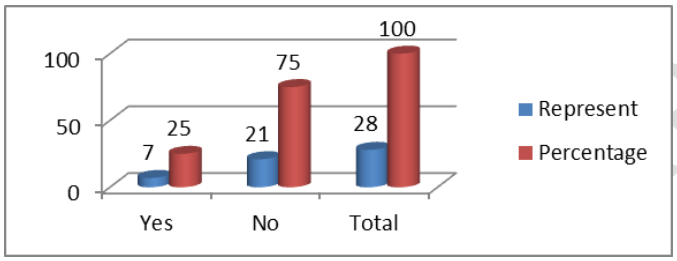


*Figure 5: Spirituality and emotional feelings*

These figure shows that 25 percentage of the respondent are involved Spirituality and emotional feelings, and remained 75 percentage of the respondent are did not involved the Spirituality and emotional feelings.

## VIII. DISCUSSION AND SUGGESTIONS

Since 2006, a substantial amount of research has been done to investigate the potential role of blood-based biomarkers in metastatic breast cancer. There seems to be a focus on research toward the use of CTCs, as most studies investigate these, whether in combination with other markers or as a single marker. The current emphasis of investigating these biomarkers seems to be on developing new techniques or finding new biomarkers that might have predictive or prognostic value, as most studies focus on the identification phase. There is a lack of studies focusing on clinical utility of these biomarkers. This might be because these studies have not yet been performed or suffer from publication bias. However, the lack of studies investigating the utility of blood-based biomarkers causes the additional value in terms of clinical utility, health outcomes or health care efficiency to still be limited according to the investigated evidence.

## IX. CONCLUSION

Some people believe they are being punished for something they did or failed to do in the past. Some people think that if they had just done what they knew was right, they wouldn't have gotten cancer. Most people wonder if they somehow caused the cancer themselves. There is needed the Professional social work practice in the field of cancer.

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