

Social work interventions with a client diagnosed with Rectal Cancer – a case study

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ABSTRACT

Cancer patients face a lot of psychological and social problems apart from physical problems from the time of diagnosis. The problems arise out of biological, psychological and situational factors affects the quality of life (QOL) of a cancer patient which requires cancer care. Cancer care is a multidisciplinary approach, is a teamwork which involves oncologists, oncology nurses, and social workers, etc., Social work in oncology settings is an essential component of comprehensive cancer care dealing with psychosocial, emotional and economical aspects of cancer. The present paper examines the empirical evidence and illustrates an evidence-based case study, of an unmarried adult male detected with carcinoma rectum with a permanent colostomy and social work interventions at pre, during and post-treatment and client's quality of life.

Keywords: Social Worker, Cancer, Quality of life, Social work Interventions

INTRODUCTION

The unpredicted and life-threatening diagnosis of cancer is one of the most severe, disruptive, and enduring incident to the patient and his caregivers. The terms "You have cancer" can be a condition that brings fearful experience for most people.^[1] Initiation of invasive medical treatment and its consequences hamper the entire family's normal lifestyle for a long period of time and impose stressors of varying duration, predictability, and impact. For individuals, the diagnosis of cancer is one of the psychological and existential challenges. Cancer is always equated with suffering, pain and ultimately death. It is very difficult for the patient not only to bear the diagnosis but also the pessimistic views of society at large. Patients may develop a feeling that the world seems to be beyond their control. Cancer patients face a lot of psychological and social problems apart from physical problems from the time of diagnosis. At this juncture to fight against the waves and reach the shore is the

toughest challenge faced by an individual who is diagnosed with cancer. A strong positive spirit can help the client to aid over the critical phases, to win over the life-threatening disease. Hence they require holistic care and support to face psycho-social challenges along with physical challenges faced not only due to the disease but also due to the effect of the treatment from the time of diagnosis, to be continued during and post-treatment. The advance in cancer treatment increased the survival rate, there is also a greater need to emphasize on the quality of life of cancer patients. The important aim of cancer treatment is to uphold the quality of life (QOL) of a patient which is affected by different issues that may be disease-related, patient-related, or treatment-related.^[2] Psychosocial care is usually provided by psychologists, followed by physicians, oncology nurses, and oncology social workers in oncology.^[3] To provide quality care to patients with comfort and ability to function, necessitating the efforts of a multidisciplinary healthcare team which

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involves oncologists, pathologists, oncology nurses, palliative care specialists, social workers, psychologists, etc.^[4] Social work in oncology settings is an essential component of comprehensive cancer care. Oncology social workers provide essential supports to patients in coping with various barriers from the cancer diagnosis, to assist in the transition of survivorship and also plays important role in palliation too.^[5] Caring a person diagnosed with cancer requires patient-centred care which asks for complete concentration not only on treatment but also on the QOL.

The present case study is based on a client diagnosed with Carcinoma Rectum with a permanent colostomy. The need for social work intervention for patients with carcinoma rectum with a permanent colostomy is very high as it leads to complete change in the physical and psycho-social lifestyle of the client which in turn affects his/her quality of life. The study concentrates on a detailed investigation into the clients dealing with his ailments which has a psycho-social dimension. Social work interventions are a very important aspect of cancer care in raising the client's quality of life and dignity. The client's quality of life was built on the sensitivity of living with a colostomy.

The study is based on social work interventions with a client diagnosed with Carcinoma of Rectum. Colorectal cancer is a major health problem which mainly disturbs the quality of life of both patient and the family. Despite medical advancements in cancer treatment, the quality of life of patients with colorectal cancer is poor concerning physical, social, clinical, and financial aspects.^[6] The aim of the study is to bring out the importance of social work in an Oncology setting. The present case study is an attempt to elucidate the journey, the struggle and the outcome of a young patient diagnosed with carcinoma rectum with social work interventions.

METHODOLOGY

Case studies are a form of qualitative descriptive research providing in-depth and detailed information about a particular individual or small group, drawing conclusions only about the individual or group in that specific context.^[7] For the present study, the single-subject case study design was adopted.

Case studies are integral parts of social work practice as it helps to understand the problems of a client in his environment. The present study is based on social work interventions with a client diagnosed with Carcinoma Rectum with a permanent colostomy.

Social work interventions were carried out on three phases: pre-treatment phase, during the treatment phase and post-treatment through observation, counselling, advocacy, identifying the funding sources, resource mobilization, psycho-social support, problem-solving skills training, discharge planning and follow-ups.

SOCIAL WORK INTERVENTIONS

PRE TREATMENT PHASE

This is a time of shock and distress for the loss of one's health. It is a period of great uncertainty and helplessness. This part of the journey spins around the physician consultations and various tests. The most difficult part of this journey is at the beginning, between the time of diagnosis and the point at which a plan of possible treatment is formulated. Colorectal Cancer and its treatment has a detrimental effect on social functioning including work and productive life.^[8]

Psycho-social Assessment: A 29, year-old unmarried male was admitted in the Oncology Department of a tertiary care institution, diagnosed with Carcinoma Rectum. The Client appeared to be sad and dull. The initial social assessment revealed the client belonged to low socioeconomic status and was a driver for the Government Bus Transport Corporation. The family of the client consisted of father, mother, elder sister, two younger sisters and a younger brother; a younger sister was a widow with a small child. The client had been through many difficulties like his father's ill health, debts, brother-in-law's untimely death, and was the sole breadwinner for the family. As the client said, "*I worked very hard to settle all the debts, built a small house, wished to get marry and settle down in life, but this untimely, unexpected disease ruined my dreams*".

The patient was in the denial stage and was finding it difficult to accept the present situation. The social worker identified the need for psychological support and counselled the client.

The uncertainties and the financial burden:

In follow up sessions the client ventilated his fears, uncertainties about disease curability, treatment and cost of the treatment. The social worker as a liaising agent discussed the client's concerns with the Oncologists. The discussion clarified the various aspects of the disease and treatment. The assurance of a good prognosis from the oncologists helped the client to be optimistic about the treatment outcome but at the same time found it difficult to bear the financial burden of treatment. The social worker tried to identify the funding sources by communicating with the clients' employer and found the treatment cost will be borne by the organisation in periodical instalments thus the client's financial burden to commence the treatment was cleared. The Oncologists planned the client's treatment in three phases commencing with Concurrent Chemoradiation Therapy followed by Surgery and then Adjuvant Chemotherapy. The social worker being empathetic motivated the client for the treatment and helped the client to face the treatment with a positive approach. Cancer patients face a lot of financial and economic problems. Health insurance or government schemes or health coverage's from the organisations, as a support system will be of much-needed help in decreasing the therapeutic costs and financial concerns of patients.^[9]

TREATMENT PHASE

Treatment phases and client's adaptability to the situation:

The treatment is spanned over three phases comprising of Concurrent Chemo Radiation Therapy, Surgery and 8 cycles of Adjuvant Chemotherapy with a treatment duration of eight months. To function effectively in Oncology setting social workers must possess proper knowledge and effects of cancer treatment and the psychosocial impact on the patient and their family.^[10]

The First Phase - Resilience for building dignity:

In the first phase of treatment, Intensity Modulated Radiation Therapy (IMRT) was planned for 5½ weeks along with concurrent chemotherapy. The social worker advocated the client on the first phase of treatment by focusing on the concerns and queries of the client regarding the treatment and psychosocial issues by mobilising the

accurate information from the concerned health professionals. The client underwent radiation treatment along with concurrent chemotherapy without much complaint and completed his first phase of treatment and got discharged with a future date for surgery and with instructions as to the care needed to be taken at home.

Second Phase - the disappointment and mayhem:

The Client got re-admitted for the second phase of treatment, i.e., surgery and underwent Abdominoperineal Resection (APR) under general anaesthesia and a colostomy was formed and a pouch was placed over the stoma to collect the waste products that would usually pass through the colon and out of the body through the rectum and the anus. This meant the client has to pass the stools through the bag for the rest of his life. The surgery was successful but the client was very much in distress and disappointment about the colostomy and found it very difficult to accept. The client was disappointed and felt helpless for his present situation as he has to carry and live with the colostomy bag for the rest of his life as the client said, "I am not worrying about cure from cancer, more than cancer I am fearful and anxious about this colostomy, I can't even think how I will carry this bag with stools, what about my career? How I will mingle in society".

The client was fearful and anxious about the colostomy lead to leakage, odour, skin complications, interfere with his social and work life and dissatisfied with the appearance. The social worker was empathetic with the client, counselled and educated the client about the need for radical surgery and its benefit over the disease. Accepting the disfigurement or removal of an organ and adapting to the new procedure or system is the most difficult part of the journey in treatments for cancer. It was difficult for the young client to accept the colostomy bag, the new route of passing the stools and to continue living normally; this new procedure affected the client's quality of life. The social worker planned the client's discharge by focusing on two issues; firstly on proper usage of colostomy bags by coordinating a meeting with a stoma therapist, who educated on the colostomy care, procedure to use the bags and options available in colostomy bags.

Secondly, the client was referred to the dietician in order to follow a proper diet after discharge. As good quality colostomy bags were expensive the social worker mobilized resources to avail the bags for the client. After surgery, the client was planned for 8 cycles of Adjuvant chemotherapy and was discharged with a date for the 1st cycle of chemotherapy.

Third Phase - Discrimination and disposition of critical consciousness: The client underwent 8 cycles of adjuvant chemotherapy and completed the whole treatment as per the instructions of the oncologists by maintaining a proper schedule of the treatment. At the same time, the client faced discrimination and disposition owing to colostomy pouch which resulted in him the feeling that the surgery was built on the premise of flawed intervention that he is better off without the surgery. The social worker counselled the client with regard to the need of the surgery, its outcome and benefits over the disease and also appreciated the courage exhibited by the client during the entire treatment and motivated the client to continue with the same spirit in the future. Being relieved from the burden of carrying the amiss about the treatment the client expected 100% cure from the disease.

POST TREATMENT PHASE

The end of cancer treatment initiates a new episode in the life of a cancer survivor, Moving on Life, brings hope, happiness and at the same time worries and fear with uncertainties about the future. Moving on or reconnecting with the community or society by returning to work and family along with remaining side effects is one of the matters of great concern.^[11] Each person has his or her unique ways to cope with these situations and emotions. It will take some time and practice to settle down and return to normal life. Social worker plays a vital role in the post-treatment phase.

Treatment Follow-ups - the disappointments and the resettling: The client was doing well with the regular follow-ups, but the issue of the colostomy bag remained unresolved. It remained a big bugbear for the client, the client was under stress as he expressed his dissatisfaction for colostomy bag and queried about its removal with doctors. The Doctors explanation on the

irreversibility of surgery and hence the need for permanent colostomy disturbed and disappointed the client. Although the client was disease-free, colostomy affected his quality of life. Younger patients have a lower health-related quality of life than older patients.^[12] The social worker motivated the client to lead a normal life which is disease-free by encouraging to return to work after consulting and getting approval from the oncologists. On doctors' approval, the client was given a sedentary job at the department depot.

Social Work Intervention as a changing agent - Intervention to support and Compassion: It was two years post-treatment client was regular with the follow-ups and by this time client returned to his previous job of driving. But the client was very apprehensive with colostomy bag while on duty and was never felt comfortable with it, as his driving job demanded long distance of travel for long hours without proper facilities of washrooms. The client was finding it difficult to deal with side effects of treatment, affecting his quality of life and he was hoping to get rid of the colostomy bag and to adopt some other kind of appliance. Meanwhile, the social worker mobilized information on alternative procedures for colostomy bags and sought detailed information from the stoma therapist and understood about a procedure called 'irrigation system'. Irrigation is an alternative to wearing a colostomy appliance. It involves washing out the colon with water to wash out faecal material every day. The social worker coordinated with the oncologists and queried about the adaptability of the irrigation method for the client. On approval from the doctors, the social worker facilitated the client's meet with the stoma therapist and also mobilized the resource to purchase the irrigation kit. The stoma therapist educated the client about the irrigation procedure; the method of use, etc. The client started using it and found the new appliance very useful, as this method required minimal care and attention when compared to bags, which allowed the client to function in a better way at his workplace and home. It also reduced feeling conscious about carrying the bag of stools along with him. The client was content and satisfied with the new method as this new change improved his quality of life, as the client says, "*My biggest burden and*

worry is removed by the Irrigation system. I am more confident and satisfied because of this system."

Irrigation system helped the client to lead a normal qualitative life as he was able to reconnect with the external world without any hesitation which was free of cancer and colostomy bag. The client continued his follow-ups regularly with the oncologists and social worker, the follow-up reports revealed normalcy without any kind of suspicion to malignancy. It is six years of post-treatment; the client got married doing well at family and job place.

DISCUSSIONS

In the management of cancer, the utmost importance is given to treatment to control the disease but it is recognized that the efficient management of the disease must include overall well-being or quality of life. The disease and its treatment are influencing factors of quality of life. It is stated quality of life is an individual's subjective sense of well-being from the experience of life.^[13] In the present case study, the social work interventions addressed to improve the well-being or quality of life of the client in different phases of the cancer journey, i.e., interventions on the pre-treatment phase, during the treatment phase and post-treatment phase.

The cancer of rectum and treatment affect the QOL of a patient by dysfunctioning physical, social and emotional functioning in different phases of the disease. The carcinoma rectum patient with a colostomy is also at high risk of distress and endures from the "double stigma" of cancer and colostomy.^[2] In the present case study, it was observed that the client underwent physical, psychosocial and emotional dysfunction at different phases of the disease and treatment. In oncology settings, social work is emerging as a strong supportive service to cancer patients. It assesses the psychosocial and economic status of the patient by using different techniques and identifying the resources to minimize the difficulties faced by cancer patients from the time of diagnosis.^[4] In the pre-treatment phase, the client was psychologically stressed, worried about the curability of the disease and treatment cost. The interventions used were counselling, advocacy, as a liaisoning agent between oncologists and client to elucidate the

plan and outcome of the treatment. The social work interventions like identifying the funding agency and as a communicator between the client and the employing organization assisted in carrying the financial burden of the client. These interventions supported the client to reduce psychosocial, economical and emotional problems. These interventions motivated the client to prepare and face the treatment with a positive approach and this in turn facilitated to improve the well-being of the client.

The surgery affects the QOL among patients with cancer of the rectum. The studies showed patients with rectal cancer with colostomy scored the low level of QOL whereas without colostomy exhibited better scores in QOL.^[14] Patients with stoma exhibit higher levels of psychological distress than patients without a stoma. It was also found that both stoma patients and non-stoma patients report restrictions in their level of social functioning but these problems are more observed among patients with colostomy Patients.^[15] In this case study, the client underwent psychological distress and disappointment due to colostomy and he was unable to accept colostomy. The social work interventions counselling and motivation provided the needed psychosocial support after the surgery. The social work intervention through discharge planning educated the client on stoma care and usage of colostomy bags. The reference to dietician helped the client in the proper intake of food. The resource mobilization during discharge helped the client in availing qualitative colostomy bags.

Patients who underwent surgeries for rectal cancer require psychosocial support for a longer period.^[16] The present case study explains the post-treatment phase with the client's follow-ups as an outpatient. Although the client was cancer-free, he was dissatisfied with colostomy and it affected the physical and psychological functioning. Even after two years of post-treatment client was facing the stigma of cancer and colostomy. Patients with colostomy in colorectal (CRC) cancer experience loss of control over bowel evacuation and irrigation system restore some control.^[17] The social work intervention by identifying the new appliance, i.e., irrigation method, supported the client to overcome his major concern about colostomy and in turn

improved clients QOL. Regular usage of Colostomy irrigation increases the quality of life and the benefits include no leakage, less anxiety, increased socialization, better sleep, feeling more confident in intimate situations, and reduced odour.^[18, 19] The use of new application improved the functional ability at workplace and home and helped in reconnecting with the external world by improving the quality of life of the client.

Clinical Implication: As the present study explains the impact of social work interventions on an individual client may limit the degree to which the findings could be extrapolated to the wider population. Hence, there is a need to conduct a major study to bring out the importance of social work interventions in an oncology setting. The author found very limited Indian studies based on social work interventions particularly with cancer of the rectum, this demands the expansion of its horizon in a social work research, on health-related studies especially in the areas of oncology and other chronic illnesses.

CONCLUSION

The advances in Cancer treatment led to an increase in cancer survival rate which also needs the interventions to enhance the quality of life. The social work interventions from the time of diagnosis are very important in oncology settings to improve the quality of life of cancer patients. The social workers require to have the ability to engage with empathy and compassion, understand the needs of the clients and helping them to meet those needs which may vary from managing from simple to complex multidimensional issues, above all what matters is the capability of the social worker in building a 'helping relationship' in cancer care.

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