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Надійшла до редакції 02.10.2014 р.

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UDC: 616.35-006-089.87:316.6

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## MODEL OF MEDICAL AND PSYCHOLOGICAL SUPPORT OF OSTOMYPATIENT AT THE STAGE OF OUTPATIENT TREATMENT

C. B. Мерліч

### МОДЕЛЬ ОРГАНІЗАЦІЇ МЕДИКО-ПСИХОЛОГІЧНОГО СУПРОВОДУ СТОМОВАНИХ ХВОРИХ НА АМБУЛАТОРНОМУ ЕТАПІ ЛІКУВАННЯ

C. B. Мерліч

### МОДЕЛЬ ОРГАНИЗАЦИИ МЕДИКО-ПСИХОЛОГИЧЕСКОГО СОПРОВОЖДЕНИЯ СТОМИРОВАННЫХ БОЛЬНЫХ НА АМБУЛАТОРНОМ ЭТАПЕ ЛЕЧЕНИЯ

In medical and psychological science emphasizes the importance and efficiency of use an integrated multidisciplinary approach to assist the various categories of patients, including patients with cancer. At the organization of medical and psychological support for oncologic patients, we have attempted to expand the medical model of patient care to in-office treatment by incorporating elements of psychocorrectional and psychopreventive work most with oncologic patients and their families, as well as with medical personnel.

*Keywords:* medical and psychological support for oncologic patients, multidisciplinary approach, intestinal ostomy, oncopatology, palliative care, social oncology.

В медико-психологічній науці наголошується важливість та ефективність використання комплексного мультидисциплінарного підходу у наданні допомоги різним категоріям хворих, зокрема пацієнтам з онкопатологією. Під час організації медико-психологічного супроводу для онкологічного хворого нами було зроблено спробу розширити медичну модель надання допомоги пацієнту на амбулаторному етапі лікування за рахунок включення елементів психокорекційної та психопрофілактичної роботи з самим онкохворим та його родиною, а також з медичним персоналом.

*Ключові слова:* медико-психологічний супровід онкохворого, мультидисциплінарний підхід, кишкова стома, онкопсихологія, паліативна допомога, соціальна онкологія.

В медико-психологічній науці підкреслюється важливість та ефективність використання комплексного мультидисциплінарного підходу в оказанні допомоги різним категоріям хворих, в частині пацієнтам з онкопатологією. При організації медико-психологічного супроводу для онкологічного хворого нами була предпринята попытка розширити медичну модель оказання допомоги пацієнту на амбулаторному етапі лікування за рахунок включення елементів психокорекційної та психопрофілактичної роботи з самим онкохворим та його родиною, а також з медичним персоналом.

*Ключевые слова:* медико-психологічне супроводження онкохворого, мультидисциплінарний підхід, кишечна стома, онкопсихологія, паліативна допомога, соціальна онкологія.

The problem of medical and psychological support for an oncologic patient is one of the newest trends in causes' research of cancer [8]. There are different approaches in psychological service, focused on the patient as well as on his/her surrounding: psychoeducational program, individual and group psychotherapy [4, 5]. Usually these arrangements are held only at the stage of in-treatment and aimed at improving psychological adaptation to conditions of the health care institution, development of positive motivation as for the treatment and patient's life quality improvement [1].

There are researches proving that medical and psychological support for an oncological patient must cover not only the in-treatment period, but in-office period as well [6].

However, in the modern science methods of complex medical-psychological treatment of the patient that was given a surgical service as for the intestinal ostomy formation aren't developed yet, despite its practical necessity [9].

All above mentioned governs relevance of the present research.

The main goal of the present research is its theoretical reasoning and effective complex model development of the medical and psychological support for oncologic patients that were given surgical service as for the intestinal ostomy formation at the in-office stage of treatment.

During the research a complex of methods was used, such as: theoretical (theoretical and methodological analysis of the problem, systematization of literary sources' data, its comparison and generalization), sociodemographic, clinico-

psychological method (observation, structured interview), psychognostic (psychological testing) and statistics [2].

Psychognostic section included the following methods: J. Taylor's Questionnaire (determination of the level of anxiety); Zung's Questionnaire (presence of depressive tendencies); The Bekhterev Institute personality Questionnaire (determination of the type of attitude to the disease); methods of D. Russell and M. Ferguson (degree of loneliness); Toronto's alexithymia's scale (degree of alexithymia); LSS test by J. Crumbaugh, L. Maholik, adapted by D. A. Leont'ev (life motivation), J. H. Amirhan's method (peculiarities of behavioral coping strategies); Wassermann — Gumenyuk's test (type of behavioral activity); A. Ellise's test (presence of irrational directions); SF-36 Questionnaire (The Short Form-36) for evaluation of the patients' life quality [7].

Based on the results of the psychognosis a broaden model of the medical and psychological support for the present category of patients at the stage of in-office treatment was developed and introduced.

311 people aged from 36 to 90 were selected to take part in the present experiment, which were divided into two groups according to their gender (154 men and 157 women).

To estimate the efficiency of psychotherapy influence on psychoemotional peculiarities of the patients with oncopathology, degree of anxiety, depression and loneliness in two main groups and two comparison groups was determined and compared.

According to our point of view, multidisciplinary team is the coordinative organ and basis of the medical and psychological support for ostomy patient at the in-office stage. This team includes an oncologist, nurse, medical psychologist, medical social worker, family and the surrounding of the patient, and other experts if needed, whose service is required, including volunteers — representatives of religious and social organizations.

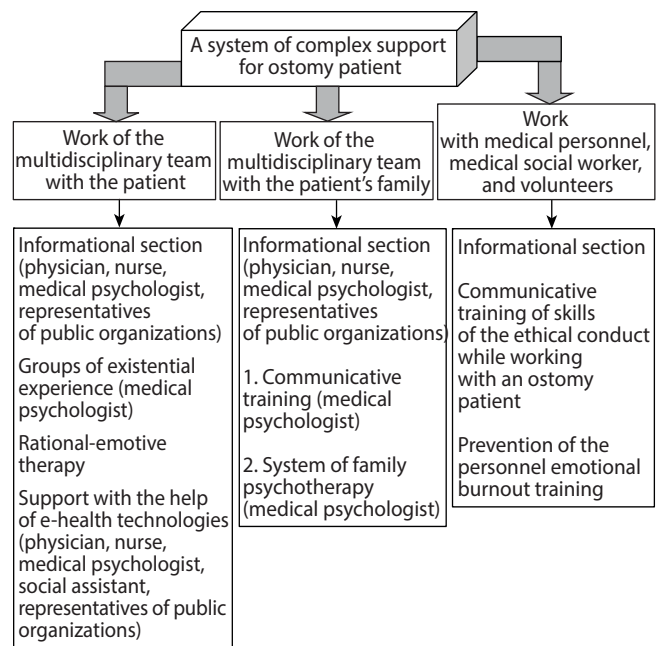
Members of the multidisciplinary team with the help of patient's relatives and surrounding make decisions as for the plan of the medical and psychological support for an oncologic patient. The main condition in making any decisions is frankness and understanding among members of the multidisciplinary team and the family of the patient.

Work with the oncologic patient at the in-office stage consisted of a set of measures aimed at providing qualified multidisciplinary support for the patient and his family. Also a series of lectures and training sessions for medical personnel, supporting the ostomy patient after his/her discharge from the hospital was held. The scheme of multidisciplinary support for ostomy patient at in-office stage of treatment was developed (figure).

The first important stage of the organization of the medical and psychological support of the oncologic patient was informational section, especially communication of the physician and nurse, medical psychologist and representative of the social organization with the ostomy patient at the beginning of the in-office stage of treatment.

The process of communication with the patient included three phases:

*Preparatory phase:* defining the patient's needs for information, assessment of patient's readiness to obtain information. Members of the medical personnel who were planning to interview the patient and his family were given the following recommendations: before the interview the physician and nurse are to find the time for the interview, determine what information is to be presented to the patient first of all, plan the tactic of the interview, find the facts, have visual materials for the patient if possible (diagrams, tables, schemes, statistics).



Organization of the ostomy patient's support at the in-office stage of treatment

The main thing to determine before starting an interview with a patient is a patient's existing knowledge about his/her disease and the presence of a need for additional information. During the interview with the patient it is important for the physician to focus on the patient's psychological readiness to hear and accept the information provided. To do this, pay attention to the emotional reactions of the patient during the interview, his/her behavior and increasingly rely on nonverbal cues.

*Phase of presenting information.* The physician, with the help of a nurse, must provide the patient with the accurate up to date information on the treatment of cancer pathology, correction of side effects of anticancer therapy, nutrition, and basic knowledge as for the ostomy, specifics of its general mechanism and maintenance. To make it easier for the patient to perceive new information, it was divided into separate semantic parts presented in a plain language without use of medical terms and jargon.

*Feedback phase.* At the end of interview, the main points of the interview were summarized; the degree of patient's understanding of the information received was assessed. To do this, the physician encouraged patient's counter-questions and re-explained them if necessary.

Identification, assessment of patient's needs of information and attempts to meet these medical needs while the interview with the patient allow us to develop optimal therapeutic approach, to support interaction between physician and patient at the level of cooperation. If necessary, in case of the patient's agreement his/her family may be involved as a support.

While the phase of interview with the patient medical psychologist offers psychological support for the ostomy patient and his family at the stage of in-office treatment and signs a psychological contract proving mutual agreement as for the psychological service, interpersonal interaction and collaboration.

Representatives of the social organization provided information on social, religious and other support programs to patients that exist in the private sector of oncologic patient's assistance.

The next phase of work with the oncologic patient at the stage of in-office treatment is the *work of existential experience groups* towards finding new meanings of existence and ways to implement meaningful life goals. Work in groups of existential experience was held in a series of sequential steps.

Psychologist in groups of existential experience performed mainly supportive function, aimed at opening the energy reserves, the formation of optimistic attitudes, reducing psychogenic stress effects and the use of adaptive mechanisms of the psyche. Work of the medical psychologist in existential direction requires high professional culture, altruistic and optimistic attitudes, unexpectedness of decision-making and profound belief in the desirability and importance of psychological support.

Psychologist — existential counselor had to bring the patient to the point where he stops running away from the reality of the consequences of disease or fight with it, exaggerating its importance. As a result of these courses symptoms of dependence on the situation of the disease became weaker or even disappeared. With such an approach, it was important to focus on the feelings.

An important stage of the existential group was to face social isolation of the patient and create opportunities for his/her activity in different spheres of life: professional, social, family and entertainment.

While the work in groups of existential experience patients were also taught how to transform irrational guidance into positive-rational. For this purpose, strategies of rational-emotive therapy by A. Ellis, carried out at several stages, were used [7]. Use of rational-emotive therapy helped not only to develop and strengthen rational beliefs and finally get rid of irrational attitudes, but also to discover new useful rational beliefs and form adaptive behavior.

At the final stage work in groups of existential experience generalization of conclusions as for the change of nature of self-awareness, emotional state and behavior of patients was made, motivation for changes and discussion of points related to the further opportunities to support the oncologic patients was reinforced. The most important terms of the reinforcement of patient's motivation for changes were: a reminder of the sense of personal responsibility for changes; insurance of the success of the process of changing without the help of a medical psychologist; support of this motivation after the end work in groups of existential experience.

Further, for the purpose of the oncologic patients' support, being on in-office treatment after the intestinal ostomy formation, an electronic resource [oncstop.od.ua](http://oncstop.od.ua) was created.

Created website had the following sections: about us, general information about cancer, the main types of support for oncologic patients, difficulties often encountered by the patients, our advice to patients. A thematic forum in which patients were able to ask questions to experts (physicians, nurses, medical psychologist, social workers, and representatives of social organizations) and communicate with other patients who had had similar surgery or were preparing for it was created. It was important to give the forum an option with the help of which its members could ask each other questions in general as well as in private mode, more often it was used by patients who had a need for personal contact with any expert.

If necessary, on-line communication via Skype, OoVoo, ICQ, which were also used for both dialogue and online conferences, was available.

Oncological disease of one of the family members has stressful impact on other members. [3] Work with the family helped in mutual understanding, support and creation

of adequate microclimate in the family of the patient at the stage of in-office treatment [4]. This phase of medical and psychological help had three components: informational (theoretical) section, communication training, and systematic family therapy.

System's evaluation of medical and psychological assistance has shown its efficiency in a group of men, in 67.09 % of cases and women, in 72.15 % of cases contrary to the comparison group in which the changes which had occurred were not significant ( $p > 0.05$ ).

Thus, based on the above mentioned results of the psychodiagnostic, we can draw a conclusion as for the efficiency of the developed of a complex medical and psychological support for the present category of patients.

Today, there are researches showing that medical and psychological support for oncologic patients should include not only in-treatment, but also in-office treatment period.

A complex of medical and psychological support for oncologic patients who underwent surgery of intestinal ostomy formation at the stage of in-office treatment, which consisted of measures aimed at providing qualified multidisciplinary support to the patient, his/her family and the experts who were conducting medical support to the ostomy patient after his/her discharge from the hospital was scientifically reinforced and put into practice.

Based on the results of psychodiagnostic methods, obtained after conduction of a complex of psychocorrection for ostomy patients, their families and medical personnel at the stage of in-treatment the efficiency of the proposed broaden model of medical and psychological support for these patients was proved.

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Надійшла до редакції 21.10.2014 р.

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