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Supporting the wellbeing of people with cancer through recovery from the COVID-19 pandemic

The COVID-19 pandemic has brought many challenges for oncology patients including reduced screening services, treatment delays, altered treatment regimens, remote consultations and not having the support of their carers during outpatient visits and hospital admissions. They have endured this with the dual threat of cancer and COVID-19, having to shield from the people that matter most to them and in some cases losing those they love. Patients who have completed their treatment, even years ago, have not been spared these difficulties. This was emphasised when a patient expressed their sadness to me: “I don’t know how many years I have left and I’ve spent this one shielding”.

Now shielding has ended patients may feel nervous about venturing out again, but also want to live their lives, see their loved ones whom they have missed and do the activities that they enjoy. Ticking off ‘bucket list’ wishes may be challenging with social distancing and enduring limitations on our freedoms. As nurses, we need to identify ways to help patients to make the most of their lives that may be limited by cancer. Shielding and lockdowns have contributed to physical deterioration within society at large and had an effect on mental wellbeing.

Primary care contacts for almost all conditions reduced considerably after the introduction of population-wide restrictions in 2020 (Mansfield et al 2021). The largest reductions were in contacts for diabetic emergencies (estimated at less than half the expected number), depression, and self-harm with evidence of a reduction in contacts for all conditions. Delays in diagnostic services and urgent cancer referrals will affect services as referrals return to normal levels with some patients, no doubt presenting at a later stage of cancer, causing an increase in the number of lives and years of life lost to cancer (Sud et al 2020).

We need to consider the wider effect on public health. Reduced contact with primary care may mean that chronic conditions are not identified or controlled as well as they might have been, so patients may have other health issues that are identified during cancer care. Restricted physical activity may mean that people are less able to do things that they did before and regaining pre-lockdown levels of fitness may be more difficult for people who have had a cancer diagnosis. Those with a more recent diagnosis may have found access to prehabilitation and rehabilitation services limited and those who previously had a long recovery and rehabilitation may feel that they have gone backward, needing to regain ground. People experiencing difficulties that are harder to talk about, such as mental health or sexuality, may have found that the pandemic added another barrier. Prioritising NHS services means that anything that felt less of a priority beforehand may feel even less important now.

The legacy of the pandemic includes a potential tsunami of grief, as many people with cancer will have lost loved ones to COVID-19. Patients and their carers may be dealing with this in addition to their cancer diagnosis leading to complex psychological needs. In combination with social distancing measures that may be with us for some time yet, patients and carers may have a reduced social support network, making healthcare contacts more important. This further increases their need from our overstretched services, but identification of these needs is the first step.

Cancer nurses are positioned to help patients and carers by doing what we have always done, considering the whole person and not just the person's diagnosis. Holistic assessment of patients and their support network will be key to helping them through what we hope will be the recovery phase of the COVID-19 pandemic, whatever restrictions are imposed on the general public. Ensuring that we consider how patients' physical, mental, emotional and spiritual needs affect their cancer care and overall quality of life are as important as ever.

In this supplement Mary Williams and Gulen Addis present an exploration of the education required and tools available to ensure health care professionals address patient sexuality issues in cancer and palliative care. This is an important part of holistic assessment that is often neglected and warrants our attention.

Having performed an extended literature review the barriers to the assessment of sexuality are summarised, highlighting the influence of culture on personal and organisational levels. The effectiveness of educational interventions on patient sexuality is considered, concluding that continuing professional development is needed to change attitudes and maintain staff confidence in assessing sexuality. The review found one assessment tool and a prompt card with more research focussed on the benefit of specialist sexual services rather than education and training for cancer nurses about sexual wellbeing in general. A learning need that UKONS is aiming to address.

The paper provides a useful summary in an area that is rarely addressed. A formal quality appraisal of the articles included was not provided, but the critique allows the reader to make their own assessment. Addressing sexuality in cancer and palliative care can have a significant impact on patient quality of life and efforts to raise the barriers to this are welcome.

A positive of the pandemic is that it has driven much education online so there are an increasing number of easily available educational resources. The UK Oncology Nursing Society recently hosted a webinar addressing issues of sexuality in cancer care which is available in the member's section of the website for readers wishing to learn more (https://www.ukons.org/resources/#1090).

References:

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