THE INCREASING AWARENESS OF SUPPORTIVE CARE AND ITS BENEFITS FOR PATIENTS

Considered for a long time as a side issue, supportive care - the combination of treatments and support which aim to help patients affected by cancer - is now being taken into consideration by a growing number of health professionals. “For a long time, the priority was the treatment of the disease itself whilst the patient’s quality of life took a backseat. But since the 1990s we’ve helped to raise awareness about the role played by supportive care in patient recovery.”

Professor Krakowski has made a significant contribution to raising awareness of this issue. In the early 1980s, he started working at the Lorraine Institute of Oncology in Nancy where he focused on the issue of pain in the treatment of
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disease, a subject which remains relatively under-researched. “At first, it was more of a philosophical and ethical thought process. We quickly realized that patients really needed support not only during the palliative care phase but also at much earlier stages of the disease.” This belief was strengthened by advances in the field of oncology and the development of new treatments that had a greater impact on the patient. “The treatment of side effects and patients’ needs beyond pain relief has been proven equally as essential in increasing their life expectancy. We have concluded that we cannot only take into consideration best practices for treating the cancer; we must also consider how to treat the symptoms.” With this in mind, the first supportive care teams were set up in regional oncology centres (CRLCC), “first in Nancy, then in Lyon and Paris and in many parts of France”, accompanied by published articles explaining how to coordinate the different care plans. “We realised that it was essential that we worked together more. Therefore, we decided to create a learned society, the AFSOS, to research and develop the different aspects of supportive care.”

“BETTER IN ONE’S BODY, BETTER IN ONE’S MIND, BETTER IN ONE’S LIFE“

Drawing on his extensive experience, Ivan Krakowski believes there are three categories of supportive care: “physical, mental and psychosocial. We must help the patient feel better, body and mind, as well as feel better in their life.”

On a physical level, it is vital to control pain which is the main consequence of the disease and sometimes, the treatment. “The pain is sometimes so strong that the patient is tempted to abandon their course of treatment. Hence the need to fight this on a daily basis.” With this in mind, regular drug treatments and advanced technologies are advised, as well as non-pharmacological approaches. “Relaxation, physiotherapy, massages... These therapies are increasingly combined with
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standard treatments: while they don’t replace them, they do make it possible to reduce drug dosages and their side effects.” Another symptom to tackle is fatigue, which is increasingly widespread with the use of pioneering new drug treatments. “It can lead to anaemia and loss of appetite and can also hinder recovery.” The best way to fight it? Practice regular physical activity. “What we say to patients is: ‘If you’re tired, don’t lie down’. It is important to keep going on walks and exercising, initially with the help of a specialist in adapted physical activity.”

But that’s not all. Helping the patient to improve their self-image is also vital for recovery. “There can be negative consequences if the patient’s appearance is altered due to cancer: social withdrawal, psychological complexes, stress… It can also discourage some patients from following through with their full treatment. Younger patients are increasingly affected by this.” Therefore, aesthetic treatments can be an effective solution. “More and more hospitals are adopting this approach. It can range from using cold caps to counteract toxicities to treatments that prevent acne, as well as simple things like makeup, balms, nail polish and tattoos to disguise various after-effects.” Aesthetic treatments can also reinforce psychological support, which should be offered when needed. “Some patients may feel the need for psychological support all throughout their illness, while others may need it more during specific times such as diagnosis, cancer recurrence or even during remission. Sometimes the after-effects of the illness can lead to depression or suicide.” Aside from psychological aftercare, hospitals can implement other measures to benefit the patient. “An increasing number of hospital teams are trained to deal with these issues. They empathise with patients, they are able to recommend suitable specialists and they re-evaluate how the hospital space is used. Consequently, many hospitals now seek to provide workshops and nicely decorated areas to encourage patients to relax and socialise with each other. This is very important in helping those whose friends and family are far away.”
MAKING SUPPORTIVE CARE MORE ACCESSIBLE TO ALL PATIENTS: PROFESSOR KRAKOWSKI’S CHALLENGE

Ten years after the creation of AFSOS, Professor Krakowski can assess the progress made so far. “Most health professionals now understand that supportive care is definitely not a luxury. It is a real necessity for patients.” Although there is still a long way to go, he and his colleagues can nevertheless count on the support of many others. “More and more non-profit organisations are rallying round us, along with former patients, corporate donors and the French magazine Rose, which helps make patients aware of supportive care. Things are quickly beginning to gain momentum.”

The next challenge is to ensure the best possible access to supportive care for the largest number of people. “Unfortunately, our social security system cannot afford to provide for all patients’ needs. Our next challenge will be to figure out how we can benefit as many patients as possible!”