Supporting Cancer Patients Presenting in The Depression Stage of Grief

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The stages of grief are common in patients who are confronted with death, intense physical and mental complications, or both. Supporting a patient's experience through the stages of grief requires cooperation and participation of the medical staff, chaplain, and family members. The authors explore a patient's experience during the depression stage of grief, according to the theory of Kübler-Ross, from the perspective of a student in radiation oncology clinical rotation and her mentor, a senior radiation therapist. In addition, patient care examples, staff wellness tips, and the pivotal role radiologic technologists and radiation therapists have in supporting patients with advanced cancer are presented. These perspectives and resources can be integrated into radiologic technologists' and radiation therapists' daily practice when patients with advanced cancer are imaged and treated in diagnostic and therapeutic settings.

Kübler-Ross Stages of Grief

According to Kübler-Ross, author of *On Death and Dying*, there are 5 stages of grief[1]:

- denial and isolation
- anger
- bargaining
- depression
- acceptance

Individuals can experience all 5 stages, a combination of stages, or a single stage.

Denial and Isolation

Patients might use denial to cope with their circumstances and avoid worrying about their treatments.[1] The patient might experience feelings of ignorance or aggressiveness toward their disease to refrain from losing hope of recovery. Although these actions might be considered as against medical advice, a potentially positive psychological effect could lead to enhanced patient recovery.

Anger

A patient's anger can stem from their frustrations regarding multiple doctors' office visits and ongoing symptoms.[1] Encountering and working with multiple physicians for an illness can severely inhibit a patient's trust in those physicians. Anger can resonate throughout their treatments and ultimately undermine the treatment's effectiveness.

Bargaining

Patients often use bargaining as an attempt to postpone the inevitable and to retain control of their fate.[1] Patients might bargain (eg, with God, with the medical staff) for more time to experience life as an attempt to deflect reality. Despite not physically changing their disease's outcome, this can help patients cope with their situation and maintain a will to fight.

Depression

Depression can present in a multitude of ways; the first type of depression is more verbal, and the second

type is more silent and internal.[1] Depression is an adverse effect of losing hope and faith and could be compounded by unintentional influences of those close to the patient. This effect leads to a lack of will to fight and a numbness to their situation, ultimately derailing the recovery process for the disease.

Acceptance

Patients in the acceptance stage often are independent, although they might require acceptance by a close family member as well.[1] This stage can be mistaken as a happy stage by others; however, Kübler-Ross explained it as the patient coming to terms with their fate.

Student's Perceptions of a Patient's Experience

A 71-year-old man who was a retired physician came in for the simulation of a paraspinal mass at lumbar spine 1. The patient's diagnosis was a secondary malignant neoplasm of the bone. The patient, accompanied by his wife, presented as emotionally reserved as the radiation therapist discussed the planning portion of the procedure. The patient proceeded into the simulation room, and after being aligned on the treatment table, the radiation oncologist came into the room to speak with him about future treatments. The patient then gazed down at the floor, shed tears, and did not respond to the radiation oncologist or the simulation radiation therapists. As a retired physician who was used to being the one to take care of others, he had a challenging time adjusting to the reversal of the situation. This led to a shell-shock effect where he mentally shut down and resulted in a firmer envelopment in depression. During that moment, the patient might have experienced a feeling of worthlessness as described by Kübler-Ross in the depression stage.[1]

The radiation oncologist and radiation therapists continued to give the patient hope that the treatment would help relieve some of the pain in his lower spine. As the radiation oncologist reached the patient's eye level, he placed a hand on his shoulder and reassured him that these treatments would relieve some of his pain. The patient nodded his head, and the simulation radiation therapists took this as a sign to continue with the planning process; however, they paused to make sure the patient was okay during every step. After meeting with the radiation oncologist, the patient did not say much for the remainder of the appointment.

Mentor's Perceptions of a Patient's Experience

A senior radiation therapist recalled a recent experience with a female patient who had been diagnosed with retroperitoneal sarcoma, a stage IV malignant granular cell tumor. This patient had completed 2.5 weeks of treatment; however, on this specific day, she broke down crying when interacting with the radiation therapist at the changing area. The patient said she had been experiencing the common adverse effect of fatigue, which was taxing, and she was not feeling well that day. This interaction was troubling because extreme exhaustion can be a sign of depression. Although not all exhaustion is a consequence of depression, the patient's demeanor hinted at a deeper problem. This combination of adverse effects coupled with the context of the situation indicated depression as a possible source.

Supporting Patients With Depression

The first impression is crucial in patient care during cancer treatment, and radiologic technologists and radiation therapists are among the first people the patient encounters after receiving a diagnosis. According to Langlios et al:

> *It was also interesting to see that patients are much more engaged in their care. They no longer want to be told what to do, instead they want to collaborate with their health care provider and develop realistic goals. I believe that as a health care professional, it is important to acknowledge this change in patient mentality and no longer think of ourselves to be superior to the patient. Instead of giving the patient instructions, we should work as a profession to guide patients in making the most educated and appropriate health care choices.*[2]

Radiologic technologists and radiation therapists have a role in engaging patients with their care and enhancing overall acceptance of their diagnosis.

Depression can be all-consuming during cancer care. According to Kübler-Ross, a patient with severe depression shows feelings of worthlessness, stating family members wouldn't care if they were gone.[1] This is contrary to the intended support of those around them; however, the patient retains an internal feeling of abandonment. Some signs and symptoms of depression are[3]:

- change in eating habits
- depressed mood
- difficulty thinking and making decisions
- fatigue
- loss of interest
- pacing
- sleep disruptions (eg, trouble sleeping, sleeping too much)
- slowed speech
- thoughts of suicide

Patients who are known to have severe depression and mental comorbidity in conjunction with a cancer diagnosis might react similarly as the female patient, stating that they are just having a bad day. Escalating adverse effects to the proper interprofessional team members, such as the physician, social workers, nursing staff, is the radiation therapists' and radiologic technologists' responsibility. When a situation arises that requires escalation, a technologist or therapist should notify the radiologist or radiation oncologist, as well as make resources available to aid the patient physically and emotionally. Offering as many resources as possible can help patients feel they have the foundation of support they need and can give them the tools to overcome their depressive episode. When encountering a patient battling depression, radiologic technologists and radiation therapists can provide support by encouraging the patient to use available resources. For example, patients might be taking an antidepressant medication, which is 1 resource available to them. If a patient is taking antidepressants, the radiation therapist also could discuss other resources available such as social work, nursing, and various types of therapy (eg, pet therapy, music therapy, color therapy). A summary of tips for health care professionals recommending supportive care can be found in the **Box**.

At the time of diagnosis or during treatment, if a patient is showing signs of depression, most medical institutions have a protocol in place. These protocols provide patients with a high level of supportive care to mitigate the risk of them not seeking further medical care or treatment for their disease. Therapists should follow their institutions protocols, as well as increase monitoring of the patient to strengthen the patient-therapist bond throughout treatments. When a radiation therapist is monitoring patients and giving feedback to their attending physicians, emotional changes can be more easily recognized and managed.

Patients might be comforted by speaking with someone. The radiologic technologist's and radiation therapist's scopes of practice involve interaction with patients, allowing the patients to become comfortable with the team. Radiation therapists or radiologic technologists can enhance the patient-provider relationship by talking with the patient and gaining a better understanding of their feelings and personal history,

Box

Tips for Health Care Professionals Recommending Supportive Care

Communicate with the social worker for their potential involvement and support. Patients meet many health care professionals, and making personal connections can help put them at ease.

Connect with the supervisor and learn how to enter a referral into your electronic database system.

Explore the wellness resources the institution offers for patients and staff. Many institutions offer chaplain services, social work, pet therapy, exercise (eg, yoga, tai chi), and mindfulness (eg, meditation), as well as classes for grieving patients and family members (eg, group therapy sessions) and music therapy. In addition, free resources are available online such as mental health applications and support groups.

Find support from coworkers by relying on each other and discussing challenging cases.

Prepare and understand how to identify the 5 stages of grief throughout the cancer care process.

Review the patient's electronic medical record in advance. This process allows a better understanding of the diagnosis or potential diagnosis to identify appropriate types of supportive care available.

including feelings they might not discuss with other interdisciplinary cancer professionals, as well as referring them to resources offered by other departments. In addition, for technologists, keeping the patient informed during a diagnostic procedure might reduce their concern thereby reducing errors and feelings of depression.

Conclusion

Grief is an inevitable part of late-stage cancer diagnosis and treatment. Each stage has challenges, but with the help of a dynamic health care team, challenges can be mitigated to some degree. For diagnostic radiologic technologists and radiation therapists, participating and collaborating as interdisciplinary team members provides a stronger support system at the patient's disposal. Radiologic technologists and radiation therapists face unique and potentially challenging tasks when encountering patients who face end-of-life care or diseases that threaten their survival. Having the mental resilience to overcome these internal challenges while providing support for others is difficult. Using the resources available and coworkers' support, radiation therapists and radiologic technologists can improve the care of patients undergoing treatments throughout the stages of grief.

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