Perspective

The Role of the Psycho-Oncology Multidisciplinary Tumor Board in Enhancing the Caregivers' Well-Being for Cancer Patients

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Providing care to family members with prolonged illness challenges caregivers' well-being. Cancer is not just a disease, it reshapes the life of the patient and the family of the patient. The caregivers carry a heavy and unseen burden in a low-mid-dle-income country like Pakistan, where the cancer system is already overburdened. In a research study conducted in Karachi, Pakistan, it was observed that 64% of caregivers experienced a burden in the Mild to Moderate range [1].

Along with this, in another study, it was seen that fatigue was reported as the most challenging aspect by the caregivers providing support to patients receiving active radiotherapy and having an advanced cancer diagnosis [2], and about 40-70% of caregivers experienced symptoms of depression [3]. Despite the evidence highlighting the need to support caregivers' well-being, there remains a lack of resources. Therefore, integrating a psycho-oncology multi-disciplinary tumor board (MDT) in cancer care can play a pivotal role in the well-being of cancer patients and in reducing the burden on the caregivers [4].

The caregivers of cancer patients face psychological, physical, and financial strain as observed in a study conducted at a tertiary hospital in Karachi, Pakistan. Caregivers of patients undergoing chemotherapy experience burdens in the areas of financial, psychological, social, and physical aspects [4]. The struggle is not limited to the emotional side; in fact, caregiving requires continuous adjustments in daily life. In a research study conducted in Pakistan, it was found that 64% of the participants were caregivers and 46% of them reported the negative impact of caregiving in their lives including physical (40.8%), psychological (47.8%), and professional (51.8%) challenges, thus, it can significantly impact the well-being of those shouldering this responsibility [5]. According to Goode's (1960) role strain theory, individuals are more likely to encounter difficulties when they face multiple responsibilities [6]. Thus, balancing various roles can lead to chronic stress, which is observed in caregivers while managing the medical responsibilities, handling work, and their family [7].

Despite this, caregiver support is rarely systematically addressed by Pakistan's healthcare system. A specialized board comprising psycho-oncologists can effectively help in addressing caregivers' emotional, psychological needs and in managing their role adjustments. Research shows psychotherapeutic interventions such as cognitive behavior therapy, meaning-centered, and support counseling can assist in addressing challenges such as emotional distress and psychological issues faced by caregivers of cancer patients. Most intervention studies have been reported to be beneficial for the well-being of the caregivers [8]. Psychosocial interventions such as Meaning-Centered Psychotherapy for Cancer Caregivers (MCP-C) are designed to address existential distress in caregivers. In a study with caregivers of patients with glioblastoma multiforme (GBM), MCP-C effectively enhanced the caregivers' ability to find meaning and purpose [9]. In addition to this, a study including 2,348 cancer informal caregivers (CGs) showed significant improvement in depression and anxiety in the cognitive behavioral therapy (CBT) intervention group as compared to the control group [10].

Caregiving in Pakistan is shaped by cultural expectations and limited institutional support. Families frequently take on logistical, emotional, and medical duties without any training or breaks. They provide the patients with emotional and practical support, which helps them cope with the harsh reality of their situation, resulting in emotional exhaustion and feelings of hopelessness and powerlessness. Witnessing loved ones suffer from the emotional and physical toll of cancer, caregivers commonly experience existential distress and suffering, which may exacerbate feelings of guilt and powerlessness [11]. Along with this, failing to meet the demands of the patients can also cause feelings of guilt in caregivers, which can also have a negative impact [5].

The studies above suggest that a psycho-oncology multidisciplinary tumor board (MDT) can have a significant role in supporting the caregivers. It's time for the authorities in Pakistan and healthcare organizations to prioritize caregiver well-being when it comes to cancer treatment. Respective educational institutions should incorporate psycho-oncology competencies. For

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comprehensive care, the policies should reflect the biopsychosocial model of treatment, which emphasizes that treating the disease alone is insufficient. By establishing, a tailored MDT model, Pakistan can become a regional pioneer in psycho-oncology care. This will not only improve outcomes for patients and families but also offer a roadmap for other low middle-income countries that face similar challenges. In centering the caregiver, we can transform cancer care from fragmented survival to compassionate, comprehensive healing.

AUTHORS' CONTRIBUTION

Urooj Hasan: Conceptualization, Writing draft.

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