

# Management Interventions and Public Health Policies: Prevention, Control and Palliative Care in Oncology

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## ABSTRACT

The benefits of public policy actions and interventions in preventive and curative health services facilitate the well-being and care of the health and quality of life of cancer patients. The purpose of this narrative review was to contextualize the importance of management intervention and public health policies in lifestyle and in relation to disease prevention, health promotion and palliative care in cancer. The search was performed in PubMed and Scielo databases. Our results show that actions and evidence-based interventions facilitate action professionals in social policy and public health, as well as intervention programs that sought to solve problems in the lifestyle of society and quality of life in cancer patients. Thus, even with the challenges in the implementation of preventive actions and health promotion, management interventions and health policies are essential to enable care and insertion of effective health care programs in oncology.

**KEYWORDS:** Cancer; Health Management; Public Policy; Life Style; Quality of Life; Palliative Care.

evidence-based strategies [1,3,4].

Through scientific research, professionals act from the knowledge and understanding of the causes and consequences of illness, disability and death along with policy agents [5,6]. Thus, public policies take place through a set of programs, actions, goals and decisions taken by governments together with the participation of the public and private sector to ensure the well-being of society and public interest [5-7]. Socioeconomic, cultural, ethnic, environmental, work, lifestyle, age, heredity conditions also determine the health of society [7,8].

Actions and preventive interventions in clinical and community settings need to be evidence-based and need to be planned and implemented to improve health [1]. The dissemination

## INTRODUCTION

Politics plays a critical role in matters relating to health or the treatment of chronic diseases such as cancer. It is important that health professionals working for the government in research and health sectors or in health support groups understand the political dimensions of the problems and solutions proposed in order to collaborate with leaders in public health interventions with forecasting and opportunities for change in the short term and long term in society [1-3]. Public health research and practice have contributed to an increase in life expectancy, which includes basic sanitation, prevention and cessation of tobacco use, control of infectious diseases by immunization, prevention of injuries and other interventions, as well as opportunities are still needed to improve the health of the population, preferably adopting

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and implementation of actions, even if specific, should be considered, such as political challenges, financing, training of people, so these issues may need some adaptation to suit the contextual conditions of each place to be implemented [1]. It is possible to learn to create environments that add comfort and health, as well as to increase the diversity of activities to be carried out [9]. As cancer patients' survival has increased, cancer treatment costs tend to raise the cost and impact on public health, the incentive to follow healthy and preventive habits may contribute to cost-effectiveness with interventions which aim to promote change in lifestyle [10,11].

### Cancer and Lifestyle

In the preventive and control of chronic diseases such as cancer, changes to improve the lifestyle have been encouraged as an investment to reduce some costs from educational actions, disease prevention, health promotion and effective interventions to change unhealthy lifestyle habits [12]. Thus, people are expected to increase physical activity, healthy eating, stop using tobacco, reduce alcohol consumption, and promote health rehabilitation and improved quality of life [12].

Smoking is responsible for most cancers of the lung, oropharynx, larynx, and esophagus, but due to the circulation of tobacco components, use affects other organs distant from the directly affected site, such as the kidneys, liver, pancreas, and urinary bladder [13]. For patients who stop smoking during and after cancer treatment they have a higher chance of survival and reduce the risk of mortality compared to those who continue to smoke [14,15].

The combination of multidimensional approaches and educational, clinical and social strategies for prevention and cessation of tobacco use increase public health goals [16,17] in the following categories: 1. policies (including price increases, reduced access to tobacco products, advertising bans); 2. health promotion and education (anti-tobacco advertising campaigns, messages on social networks); 3. cessation interventions (use of means for counseling and cessation therapy, drugs approved by the organs monitoring and control of food and medicines); 4. monitoring and evaluation; 5. training for procedures and administration and management [17-19].

The promotion of health from cause-effect knowledge, favors the prevention of the main causes of death, incapacity and diseases, among them, some types of cancer, cardiovascular diseases, pulmonary diseases and liver cirrhosis, discovery of specific factors present in the environment physical

(carcinogenic, radiation), and social (tobacco use, fatty diets, alcohol consumption, physical inactivity), in relation to the social, these can be considered modified lifestyle factors [12].

Changing cancer-related behavior after diagnosis, recurrence or survival needs more evidence, but several research findings show the importance of healthy lifestyle, healthy eating, and regular physical exercise in reducing cardiovascular and metabolic diseases, and also in reducing symptoms of fatigue and depression, side effects common to cancer survivors, so patients should be encouraged to plan and follow paths to improve health and prevent health risks [20].

Cancer survivors tend to increase adipose body mass and sometimes reduce lean mass after chemotherapy, however, this can reduce quality of life, functional capacity, increase cancer recurrence and even death [21-24]. As overweight and obesity are increasing worldwide, individualized dietary counseling, and programs focused on body mass control, and inclusion of physical exercises for cancer survivors are interventions that tend to be most effective for overall health and function physics [20,24-29].

The benefits of exercise are associated with an improvement in the prognosis and survival of cancer patients [30-32]. Exercise programs have improved physical fitness and metabolic, psychosocial aspects and have shown effects at primary and tertiary levels in cancer prevention by improving the inflammatory system, sex steroids (estrogens, progestagens and androgens), adiponectin, leptin glucose metabolism and insulin, however, more randomized clinical studies on cancer recurrence are still needed [32-39].

Cancer is considered a growing disease worldwide. Scientific advances in early detection and treatment efficacy have transformed the disease considered fatal in curable disease for some individuals; however, treatment and side effects have caused pain, depression and fatigue in some patients. Thus, before and after the survival of the cancer there should be a concern with the quality of life related to the health of the individuals who receive the diagnosis of cancer, as well as, offer quality in care and treatment. In addition to prevention, cancer control and early detection actions, the policy should contribute to improving the quality of life of individuals, provide appropriate treatment, and use palliative care [7,40].

### Palliative Care in Oncology

Despite the advances in the care of patients with oncological diseases, the multidimensional impact of these diseases is still

worrying. It is estimated that these individuals experience 8-12 symptoms that, in addition to being underdiagnosed, may be subtreated [41,42]. In addition, it is believed that, with population aging, increased global cancer incidence and more effective treatment, coexistence of potentially limiting health conditions is almost inevitable. Therefore, it is not reasonable to consider providing curative treatments for cancer patients, but mainly palliative care aimed at minimizing the associated suffering, from the diagnosis to the terminal stage of oncologic disease progression [43].

Palliative care, then, consists of a philosophy of care that addresses all dimensions of suffering (physical, mental, emotional, social, and spiritual) to which vulnerable patients with the diagnosis of diseases threatening life [43]. However, it is important to note that this approach should not be restricted to the terminal phase. Palliative care can and should be instituted since diagnosis, and maintained (with increasing and progressive relevance) in coexistence with curative interventions [44].

These care may be offered at the primary, inpatient or community level, with a basic approach based on universal principles of good health practice; at the secondary level, with extensive and targeted evaluation and interventions in hospitals, specialized clinics or the community; and finally. At the tertiary level, where, in addition to extensive evaluation, intensive management from complex interventions, instituted by specialists in specialized palliative care units, with the expansion of this knowledge to the academic, teaching and research environment [44].

There is evidence that the multidimensional and multiprofessional approach improves the quality of life and symptom control of cancer patients. It is also known that it promotes the reduction of health costs, public and private, especially at the end of life, when there is a tendency to institute futile treatments, which disregard values of the patient and his family, potentially causing suffering [45-48].

When made available early, it allows the individual to understand about their disease and the prognosis; about risks and benefits of treatments; reduce suffering secondary to disease in any dimension; prevent and manage unpleasant symptoms such as pain, anorexia, cachexia, nausea, dyspnea, fatigue, insomnia, pruritus, among others [43,44]. Develop strategies to deal with fear, anxiety, stress and bereavement; spiritual support and for the individuals that make up the support network of the central characters (family, caregivers,

friends, among others) [43,44].

In addition, the early approach to palliative care allows early planning of an advanced care plan. So, knowing the possibilities of disease progression, you can choose specific treatments (or refusal), as well as where you want to receive them, (hospital, hospices or at home), among other aspects, in order to access care that is compatible with their perception of quality of life, and that their autonomy and dignity are preserved and respected, especially when they cannot exercise them for any reason [49].

Thus, the impact of the disease on symptoms, the use of inappropriate (futile) and potentially aggressive therapies, unnecessary visits to specialized health centers, and hospital admissions can be reduced, especially in the intensive care setting [50].

## CONCLUSIONS

Health research can assist in the management and formulation of public policies, which may contribute to health gains and longevity of society. In addition, medical and other health care professionals (physiotherapists, physical education professionals, nurses, nutritionists, among others) together with policymakers can lead to prolonged survival with better quality of life through some serious illnesses and better palliative care with prevention and relief from the suffering imposed by the disease. Therefore, it is essential to implement short-term, long-term actions for disease prevention, to promote improved social and economic conditions, lifestyle, increased health promotion actions, control and appropriate treatments of cancer, will contribute to the improvement of the quality of life of sick individuals as well as of society in general.

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