

# Caring for the child with cancer: from the biologicistic model to humane care

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## Editorial

Cancer is a chronic disease that affects the lives of patients and their families and causes radical changes. Childhood cancer is defined as cancer that occurs in children between the ages of 0 and 14 years and is considered one of the leading causes of mortality in children worldwide; approximately 80% of diagnosed cases of childhood cancer occur in low- and middle-income countries, where access to diagnosis and treatment is often inadequate (*Ward et al., 2019*).

When children and their families are diagnosed with cancer, they are impacted biologically, psychologically, spiritually, physically, and socially, which causes multiple challenges that must be resolved. The experience of cancer is overwhelming and associated with grief, deterioration, death, and transcendence, concepts to which everyone gives personal meaning.

In childhood cancer experiences, caregiving demands on caregivers exceed caregiver expectations and contribute to the generation of stress. Parents are responsible for the care of the child, as well as ensuring the delivery of complex medical care, while maintaining balance in the face of the real threat to their child's life; parents must be present for medical decision-making.

However, the vast majority of children and their families must travel to specialized centers located in cities other than where they live to receive the treatment they require, which increases the difficulties they face and has an impact on the emotional, social, and economic dimensions that aggravate the situation they are facing (*Junkins et al., 2020*).

Caregiving responsibility becomes a stressful situation that affects not only the caregiver's health but also that of the patients. Caregivers are prone to developing depression, anxiety, and physical health disturbances, jeopardizing their ability to care for an ill person.

Therefore, it is important in comprehensive patient care to identify the burdens experienced by caregivers of children with cancer in order to make timely interventions by the health care team to improve the quality of life of the couple.

Against this backdrop, the role of interdisciplinary teams and care in providing high-quality care to children with cancer and their families is especially important. The care provided by healthcare teams in institutions should be oriented towards recognizing what is important to people and the possibilities of dealing with it, allowing them to focus on care actions and, finally, to determine the procedures by which assistance can be given and received.

Consequently, the efforts of the interdisciplinary team should be oriented towards maintaining health, favoring treatment, facilitating adherence, and promoting recovery or end-of-life support. In this sense, it is important for healthcare professionals to approach the family and establish assertive communication links that allow them to provide critical information to favor adequate implementation of the child's treatment and to reduce the anxiety and anguish that they may experience.

Assuming that a family centered model of care becomes important in the care of a child with cancer, the transcendent actors are the child and his or her family. Adopting this model implies

generating changes in the care actions of health teams to promote mutual respect, support, collaboration, and recognition of cultural differences and improving the perception of the experience between the health team and the family.

Upon successful completion of the child's treatment, the approach should change, professionals should focus on encouraging the child to return to "normalcy," generating strategies to maintain contact with family and friends, return to school, and participate in recreational activities, activities that may be interrupted by the disease or treatment; the interdisciplinary team should focus its actions on providing information to clear up doubts, offer advice, and, above all, promote the creation of parents' networks as a mechanism to provide support for the population that has lived through the cancer experience.

In conclusion, the approach to treating children with cancer should focus on person- and family centered care. A more humane care with less influence from the biologist model, focused on physical, social, spiritual needs, values, and preferences; whose main actor is the child with cancer and needs the fundamental support of the family, is indispensable "try to put yourself in the place of the sick person and see the disease through their eyes" (*Stewart, 1989*).

## References

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