Effectiveness of Cancer Center in Prevention of Suicide in Cancer Patients

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ABSTRACT

About 110 cancer patients commit suicide per 100,000 people in Taiwan every year. This study explores whether the cancer center influences suicide prevention in recent years, and the possible reasons behind it. Analyzing the data of cancer psychologists in Chang Gung, Chiayi from 2017 to 2022, a total of 1309 cases. A total of 166 people were admitted who expressed the pain of death, of which 28 were assessed as high suicide risk, and only 2 people finally committed suicide within six years. The cancer center is responsible for leading the monitoring of the quality of diagnosis and treatment of cancer patients and could affect the effectiveness of suicide prevention and control.

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INTRODUCTION

Cancer has a great impact on the physiology and psychology of patients, and it also creates a burden on the family and society. Cancer treatment often has a lot of uncertainty, so patients are under a lot of pressure, and the possibility of suicide is often high. About 110 cancer patients commit suicide per 100,000 people in Taiwan every year, and the suicide rate of the general population is about 10 per 100,000 people. The tasks of the cancer center include the quality of cancer treatment, cancer psychological care, and palliative care, all of which have a great impact on the patient's psychology. This study explores whether the cancer center influences suicide prevention in recent years, and the possible reasons behind it.

METHODS AND MATERIALS

Cancer patients at Chiayi Chang Gung Memorial Hospital will be referred by nurses using a mood thermometer or clinical observation by nurses within eight hours of admission to screen out those with high emotional distress. Psychologists use assessment interview as a working method to collect interview data and conduct psychological assessment (assessment interview) to quantify the process of needs assessment and referral of people with suicidal ideation. Analyzing the data of cancer psychologists in Chang Gung, Chiayi from 2017 to 2022, a total of 1309 cases, serving 1122 people.

RESULTS

Among them, there were 718 males and 591 females. The age distribution is mainly between 51-64 years old, with 561 people, followed by 36-50 years old with 311 people. Among them, head and neck cancer accounted for 183 cases, accounting for 14%, followed by colorectal cancer, 174 cases, and lung cancer, 173 cases, each accounting for 13%. The status of the patients at the time of admission, 38% were in cancer treatment, and 27% were patients in need of palliative care. Initial diagnosis is 13%, palliative care is 12%. A total of 166 people were admitted who expressed the pain of death, of which 28 were assessed as high suicide risk, and only 2 people finally committed suicide within six years. After exploring the reasons, we found that ward nurses use the mood thermometer system to introduce the intervention of oncology psychologists, which is currently the most important source of referrals, accounting for 76.4% of referrals on the first day of admission. In addition, 71% of the death cases received psychological tumor counseling and hospice care, which further reduced the incidence of suicide.

GRAPHS AND TABLES

Fig 1. The cancer statistics of referred cancer patients

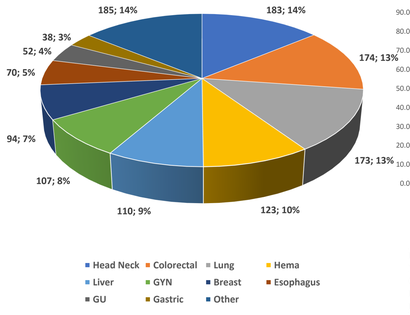
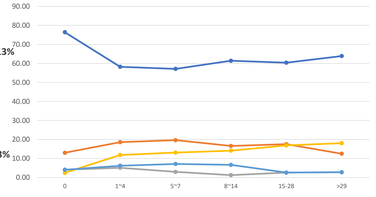


Fig 2. Who refers to psychologist after admission



	0	1~4	5~7	8~14	15-28	>29 (days)
DT screen from nurse	76.42	58.22	57.14	61.41	60.39	63.89
Nurse practitioner	13.01	18.60	19.64	16.60	17.53	12.50
Oncology Case manager	4.07	5.12	2.98	1.24	2.60	2.78
Hospice care	2.44	11.86	13.10	14.11	16.88	18.06
Doctor	4.07	6.20	7.14	6.64	2.60	2.78
	100%	100%	100%	100%	100%	100%

DISCUSSION

The cancer center is responsible for leading the monitoring of the quality of diagnosis and treatment of cancer patients and could affect the effectiveness of suicide prevention and control. The ward nurses use the mood thermometer system to introduce the intervention of oncology psychologists, which is currently the most important source of referrals Using the referral system of psycho-oncology services, when patients come to seek help, they must conduct a risk assessment and assess their needs. Finally, multiple specialists will intervene to help, and high-risk notifications will be provided to social workers. In providing hospice care, there is an opportunity to prevent suicide.

CONCLUSIONS

The cancer center is responsible for leading the monitoring of the quality of diagnosis and treatment of cancer patients and could affect the effectiveness of suicide prevention and control.

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