

*Response on Janjua T K, et al. (J Pak Med Assoc. 74(10), 1836–1842, October 2024)*

## **Enhancing cancer care through addressing a neglected pillar: A narrative review on quality of life in Pakistani patients**

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*Dear Editor,* I am pleased to see that our narrative review caught the attention of a medical subspecialty which can transcend the services of oncologists, surgeons, radiotherapists and ER physicians i.e. professionals under whose services/clinic any Oncology patient is most likely to end up first.

Having said that I wish to remind the authors that the primary objective of this review was highlighting the current dismal situation of poor quality (QoL) of life prevalence through reviewing scientific studies conducted over last 20 years. The main objective was not comparing or analyzing how big a role specifically Physical therapy and rehabilitation plays in improving QoL.

As for Physical Rehabilitation, I believe the domain cannot even “be” neglected since it is self-understood and has been integrated and applied not just for cancer patients but even more for post cerebrovascular accident/stroke patients, post-neurosurgical and orthopaedic intervention polytraumatic, post myocardial infarction and chronic respiratory patients over decades.

I feel the authors are incorrect in blaming the oncological professionals for altogether ignoring or neglecting physical therapy and rehabilitation. An assumption can also be made that patients in our society due to multiple behavioural, socioeconomic and financial restraints are unable to or often delay attaining such services despite recommendations from oncologists or surgeons. An attitude and behavioural aspect cannot be excluded in light of Pakistani patients and doctors generally harbouring non-compliance, poor knowledge regarding routine medication regimens,<sup>1</sup> non-adherence towards Covid isolation guidelines<sup>2</sup> and even timely procuring haemodialysis sessions.<sup>3</sup>

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We have multiple times reiterated the beneficial empiric role of psychosocial and emotional interventions in our review without specifically mentioning psychiatrists and psychologists as a natural component of our QoL enhancing team.

I appreciate and acknowledge the vast efforts put by the physical therapy domain for various maladies but also urge them that progression and improving awareness demands more volunteering, campaigning and research if it is to be fully integrated in a society like Pakistan where major cancer treatment are not even possible without welfare bodies who lack advanced scientific understanding nevertheless are a major pillar of the “multi-pronged” approach for enhancing QoL.

Lastly I'd like to cite a personal literature<sup>4</sup> i.e. an aspect of treatment which again transcends conventional treatments for enhancing QoL through just being physically present i.e. hospital infrastructure and an environmental background present in selective tertiary care hospitals/centers solely dedicated for the priceless happiness of a paediatric oncology child availing treatment in Shaukat Khanum Memorial Hospital at that time which I expressed through poetry. However one cannot explicitly or specifically dedicate a whole paragraph to poetry or infrastructure developers despite their major role in QoL enhancement because this was beyond the scope and objectives of our narrative review.

### **References**

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