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Research Article

Fear of Death and Preferred Place of Death Among Cancer Patients in Togo

Ablavi Adani-Ifè[1, *], Kodjo Djagadou[2], Mohaman Djibril[2]

[1]Department of Oncology, Sylvanus Olympio University Teaching Hospital of Lomé, Lomé, Togo
[2]Department of Internal Medicine, University Teaching Hospital of Lomé, Lomé, Togo

Abstract

Objective: Each year, many people die in Togo from advanced cancer. However, palliative care services are not well established in the country. Dying in the preferred place of death is considered an indicator of high-quality palliative care. This study aimed to explore perceptions of death and the preferred place of death among cancer patients to enhance the quality of end-of-life care. *Methods:* This was a hospital-based cross-sectional study conducted in the oncology unit of Sylvanus Olympio Teaching Hospital in Lomé from June to December 2022. Data was collected using a questionnaire administered to patients with advanced cancer. *Results*: A total of 81 patients participated in the study, including 47 women (58%) and 34 men (42%). The mean age of the patients was 53.3 years, with an age range from 28 to 77 years. The most common cancers were breast cancer (n=36; 44.4%), prostate cancer (n=11; 13.6%), and digestive cancers (n=11; 13.6%). One-third of the patients (n=27; 33.3%) expressed fear of dying, primarily fearing for their children and family (48.1%) and the suffering and pain associated with death (37%). The preferred place of death was home for 32.1% of cases (n= 26) and the hospital for 24.7% (n = 20). Thirty-five patients (43.2%) did not express a preference for their place of death. The patient's end-of-life wishes included pain relief (n = 42; 51.8%) and meeting their spiritual needs (n = 30; 37%). *Conclusion*: This study provides insight into perceptions of death and end-of-life needs among cancer patients in our country. It will help improve their care and overall end-of-life experience.

Keywords

Palliative Care, Place of Death, End of Life, Cancer, Togo

1. Introduction

Palliative care is an approach that improves the quality of life for patients and their families facing challenges associated with life-threatening illnesses by preventing and alleviating suffering. It involves early identification, comprehensive assessment, pain management, and addresses other physical, psychosocial, and spiritual issues [1].

Despite advancements in prevention, early diagnosis, and new treatment options, many cancer patients progress to terminal and advanced stages of the disease, requiring palliative care. With rising cancer morbidity and mortality worldwide, disparities in access to quality palliative care between high-income and low- and middle-income countries are becoming an increasing global concern [2, 3].

According to the Global Cancer Observatory (GLOBOCAN) estimations, 5.500 new cancer cases were detected in Togo in 2022, with 3,600 deaths [4]. However, palliative

*Corresponding author: solangeadaniife@yahoo.fr (Ablavi Adani-Ifè)

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care services are not well established in the country. Although death is a certainty in life, discussions about it are uncommon in Africa [5]. Limited studies have investigated planning for end-of-life care in Sub-Saharan Africa [6]; however, the perception of "a good death" has been examined in a study from northern Tanzania [7], and the quality of patients' dying experiences has been evaluated in hospices in Kenya and Uganda [8, 9]. Dying in one's preferred place of death is considered an indicator of high-quality palliative care [10]. This study aimed to explore the perception of death and the preferred place of death among cancer patients in Togo to enhance the quality of care at the end of life.

2. Methods

2.1. Setting

This hospital-based cross-sectional study was conducted in the oncology unit of the Sylvanus Olympio Teaching Hospital, which serves as the national reference center for Togo. Togo, located in West Africa, is a low-income country with an estimated population of 8.278 million. Patients were referred from all over the country.

The adult oncology unit has a capacity of ten beds. The treatments for cancer offered at the center include surgery and systemic therapies, such as chemotherapy and hormonal therapy. Radiotherapy is available at a private center in the country.

2.2. Participants

The participants enrolled in this study were consecutive patients admitted to the oncology unit. The purposive sampling technique was used to select participants. The inclusion criteria were as follows: a) patients with advanced cancer aged 18 years or older, b) those informed of their cancer diagnosis, c) patients admitted to the unit for treatment, and d) individuals evaluated by medical staff as mentally and physically capable of participating in the study.

The staging was assessed during the presentation and categorized based on the type of cancer using the Tumors, Nodes, Metastasis (TNM) Classification.

Advanced cancer refers to patients in stages III and IV with locally advanced or metastatic disease. None of these patients is terminally ill. Patients in the early stages of the disease (stages I and II) were excluded from the study.

The hospital's ethics committees approved the study. Participation in the survey was voluntary and anonymous. All the participants provided informed consent.

2.3. Data Collecting

Data was collected from June to December 2022. The survey instrument was developed using various resources referenced in the literature review. The questionnaire was specifically designed for this study to collect information on patient age, gender, marital status, level of education, employment status, stage of disease, fear of death, causes of fear of death, preferred place of death, and end-of-life wishes.

2.4. Statistics

Statistical analysis and data processing were conducted using the Statistical Package for Social Sciences (SPSS) version 20. Descriptive statistical analysis was employed in this study. Questionnaires with missing data were excluded from the analysis. Descriptive data is presented as percentages and means when appropriate.

3. Results

3.1. Patients' Characteristics

A total of 86 cancer patients consented to participate in the survey and complete the questionnaire. After excluding incomplete responses, 81 valid responses remained. The average age of the 81 patients was 53.3 years, with ages ranging from 28 to 77. More than half of the participants (n = 48; 59.3%) were 50 years old or older, and 47 patients (58.3%) were women. Most patients were married (n = 57; 70.4%) and had children. The majority of patients were employed (n = 55; 67.9%), and a significant number (n = 70; 86.4%) had a middle or high school education. The most common cancers among these patients were breast cancer (n = 36; 44.4%), prostate cancer (n = 11; 13.6%), and digestive cancers (n = 11; 13.6%). Patient characteristics are summarized in Table 1.

Table 1. *Patients' characteristics.*

Variable	n (%)
Gender	
Male	34 (42)
Female	47 (58)
Age (year)	
Mean Age	53.39
<30	1 (1.2)
[30-40]	9 (11.1)
[40-50]	23 (28.4)
[50-60]	20 (24.7)
[60-70]	23 (28.4)
[70 and more]	5 (6.2)
Marital status	
single	9 (11.1)
married	57 (70.4)

Variable	n (%)
widowed/separated/divorced	15 (18.5)
Educational level	
No schooling	4 (5)
Primary	7 (8.6)
Secondary	39 (48.1)
University	31 (38.3)
Employment status	
Employed	55 (67.9)
Unemployed	26 (32.1)
Site of primary tumors	
Breast cancer	36 (44.4)
Prostate cancer	11 (13.6)
Gastrointestinal cancer	11 (13.6)
Gynecologic cancer	9 (11.1)
Other cancer	14 (17.3)
Stage	
stage III	22 (26.2)
stage IV	59 (72.9)

3.2. Fear of Death, Preferred Place of Death, and End-of-life Wishes

Table 2. *Patients' fear of death, preferred place of death, and end-of-life wishes.*

Variable	n (%)
Fear of death	
Yes	27 (33.3)
No	52 (64.2)
No response	2(2.5)
Causes of fear of death (N=27)	
Leave the children/loved ones	13(48.1)
Suffering and pain associated with death	10(37)
Facing the unknown	4(14.9)
Place of death	
Home	26 (32.1)
Hospital	20(24.7)
No choice	35(43.2)
End life wishes	
Have pain under control	42(51.8)
Having a loved one around when needed	5(6.2)
Not being a burden to the family	4(5)
Met their spiritual needs	30(37)

Table 2 presents the patient's fear of death, preferred place of death, and end-of-life wishes. One-third of patients (n=27; 33.3%) express a fear of death. The primary causes of this fear were to leave the children/loved ones (48%) and the suffering and pain associated with death (37%). In 32.1% of cases (n=26), patients preferred to die at home, while 24.7% (n=20) preferred the hospital. Thirty-five patients (43.2%) could not specify a preferred place of death. Patients' end-of-life wishes included relief from pain (n=42; 51.8%) and meeting their spiritual needs (n=30; 37%).

4. Discussion

Togo is a West African country where palliative care still requires integration into health services for life-threatening illnesses. The population of Togo is composed of diverse ethnicities and cultures. This study was carried out in the country's first adult oncology unit, which treated patients from across the nation. Its goal was to clarify cancer patients' perceptions of death and their priorities in end-of-life care.

Death, like birth, is a stage in human growth and development. It is an inevitable and final part of one's lifespan [11]. Many factors, including culture and ethnicity, shape thoughts about death. Due to cultural perceptions of death as a taboo subject, similar to those in other African countries [12], there is a general avoidance of advance care planning in our medical practice. The discussion of death appears to hasten it [13]. For many, cancer is synonymous with death. Fearing death is a rational response [14]. In this study, a third of patients expressed fear of death. Fear of death was also more pronounced in urological cancer patients in China [15]. In a survey assessing the prevalence of fear of death among a Portuguese cohort of young breast cancer patients, most exhibited some degree of fear. However, this fear was lower when patients accepted their disease [16]. Some authors reported that specific worries may include fear of extinction, the moment of death itself, the process of dying, pain, physical suffering, isolation, loss of control, disfigurement or becoming physically repulsive, being a burden, or confronting the unknown [17, 18]. Among our patients, the primary sources of fear of death were attachment to family, the dread of parting from loved ones, and concerns about pain and suffering.

In the current study, a significant number of cancer patients did not express any fear of death, perhaps because of their faith in God and their religious beliefs. Previous studies have

reported an inverse relationship between strong religious beliefs and fear of death [19, 20].

Death anxiety hinders death preparedness, which can affect the quality of dying [11]. Where would you prefer to die: at home or in a hospital? Having choice and control over the location of death is considered central to a good death [21, 22]. Identifying patients' preferred place of death helps in developing an end-of-life care plan [23].

Most patients in this study answered the question about their preferred place of death, with the majority choosing home. In the results from the Italian survey of the dying of cancer, home was the preferred place of death for 93.5% of patients who expressed a preference [23]. It was also the preferred place of death for the vast majority of Egyptian patients with incurable cancer and their family caregivers [24]. Research on preferences for palliative and end-of-life care among cancer patients in mainland China showed that most preferred to receive care and die at home [25]. However, a study on perspectives regarding care at the end of life at Hospice Africa Uganda indicated that most patients felt that dying in the hospital was preferable [26]. Similarly, cancer patients in Pakistan expressed a preference for hospital-based care and death [27]. In the United Kingdom, among patients referred to a specialist palliative care service, 60% preferred dying in a hospice compared to 37% who preferred home [28].

A patient's preferred location for death can change as the disease progresses and according to their needs. Indeed, preferences for the place of death are not categorical choices; they are highly contingent and dependent on the available support [29]. In this study, patients' choices were limited to home or hospital care, as end-of-life facilities, such as hospices and nursing homes, are not available in our country. In the current study, 36 patients (44,4%) did not specify their preferred place of death. Perhaps, despite their serious illness, these patients were not prepared to consider their death and where it might occur, or they were undecided during the study period.

The awareness of having cancer can cause a person to lose all ambition and hope, impacting not only their body but also their emotions [30]. Cancer patients commonly endure loneliness, poor spiritual well-being, and fear of death [15]. The stress and suffering associated with illness often lead to spiritual needs. Holistic health care must consider the spiritual, physical, psychological, and social dimensions. By offering spiritual care, we can assist patients in overcoming their fear of death and preparing for a dignified passing. Consequently, in a tertiary hospital in Soweto, South Africa, cancer patients who receive religious and spiritual care report an improved end-of-life experience [10]. Meeting their spiritual needs and being free from pain at life's end were the most frequently expressed wishes by patients in this study. These findings align with those of a Colombian study on end-of-life desires among patients with non-curable cancer, where participants generally expressed the wish to die calmly and peacefully [31]. In a study from Southern Thailand, the essential components of end-of-life care for cancer patients included receiving the complete truth about their illnesses, relief from distressing symptoms like pain and shortness of breath, having loved ones nearby when needed, maintaining mental awareness until the moment of death, and finding meaning in life [32]. Ensuring that patients can die peacefully, free from pain or suffering, helps to optimize the quality of life during the end-of-life period.

Our study has several strengths. It is the first to assess the fear of death and preferred place of death among cancer patients in our country, which will help us understand their end-of-life care preferences. However, this study also has limitations. The participants were not terminally ill patients, and preferences for end-of-life care can change at different stages of the disease. Additionally, we conducted only descriptive statistics and did not analyze the factors associated with the fear of death and preferred place of death. Further research involving a larger number of cancer patients is necessary.

5. Conclusion

This study provides insight into the perceptions of death and end-of-life needs among cancer patients in our practice. Its goal is to enhance their care and end-of-life experience. It highlights significant concerns among patients with advanced cancer, with one-third expressing fear of death, primarily due to emotional attachments to loved ones and the anticipation of suffering. The preferred place of death for most patients was at home. The most frequently cited end-of-life priorities were pain relief and the fulfillment of spiritual needs. These findings underscore the importance of early and integrated palliative care that addresses not only physical symptoms but also the psychological and existential aspects of the patient's experience.

Abbreviations

GLOBOCAN	Global Cancer Observatory
TNM	Tumors Nodes Metastasis
SPSS	Statistical Package for the Social Sciences

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Author Contributions

A. A. conception, data collection, analysis, and interpretation, writing original draft. K. D. and M. D. review and supervision. All authors have read and approved the final manuscript.

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Ethics Approval and Consent to Participate

The research was conducted in accordance with the Declaration of Helsinki. The hospital's ethics committees approved the study. Participation in the survey was voluntary and anonymous; all participants provided informed consent.

Conflicts of Interest

The authors declare no conflicts of interest.

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