



ONCOLOGY PATIENT NAVIGATION

DEFINITION

Navigation is the individualized assistance given to patients, caregivers and their families to help them to overcome the many barriers faced on the very daunting Cancer journey from diagnosis, through treatment into survivorship and end of life.

DIAGNOSIS

Hearing the words you have cancer is extremely overwhelming for both the patient and the family. Often in shock or denial the patient does not take in or understand what is being said by the Doctor.

As a Navigator you can help ease the shock by accompanying the patient to the Doctor and either writing down information or recording the consultation with permission from the patient, family and the Doctor. This can then be replayed or re explained to the patient and family when they are better able to absorb the information.

To offer psychosocial support by asking the patient if they understand what challenges they are facing and their own perceptions, goals needs and abilities. Listen to their questions, determine if they need more professional psychological help.

To provide evidence-based resources to the patient and the families on their specific diagnosis not Dr google. To encourage the patient to self-advocate or take charge by providing the resources, encouraging the patient to write down any questions they have for their doctors. Whether it be for the Surgeon, the Medical Oncologist, or the radiation Oncologist.

*If you would like to be involved or join our Filotimo family of partners,
email evy@filotimo.org.za for more information*



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TREATMENT

To explain and prepare the patient for the type of treatment that has been recommended. What to expect how it works, the treatment related side effects, the duration of their treatment. Providing resources and giving tips and advice. Whether it be pre and post-surgery, chemotherapy, radiation or endocrine/Her 2 treatment, and know immunotherapy.

To make patients aware of clinical trials and educate on how they work.

To encourage and make the patients aware of being compliant with medications and drug interactions, having their recommended follow-up appointments, check-ups, scans.

SURVIVORSHIP

So vitally important and so often neglected. Often known as lost in transition suddenly your treatment is complete. Not as many scheduled appointments. Time to get on with normal life which can be extremely different. As a cancer patient your life is never normal, survivors need consistent monitoring for reoccurrences and late term treatment related side effects which can occur many years after treatment is complete, advice on quality of life, lifestyle, diet, and exercise.

COMPONENTS OF SURVIVORSHIP CARE:

Prevention of new and reoccurring cancers. Through health and wellness promotion and screening.

Surveillance for reoccurrence of new primary cancers.

Intervention for long term and late effects of treatment.

Co-Ordination of care between Specialists/Oncologists/ General practitioners, Navigators, psychosocial support, rehabilitation specialist's and cancer exercise specialist's

SURVIVORSHIP NAVIGATION CAN PROVIDE:

Survivorship care plans and a survivorship care co-ordinator help in the transition from treatment to survivorship, referrals to all needed support services and palliative care.

PALLIATIVE CARE.

Palliative care does not mean end of life. Palliative care can and should be introduced at diagnosis.

Palliative care is about managing quality of life, symptom and pain control and psychosocial support.

METASTATIC CANCER.

Metastatic cancer patients require a lot more support and understanding and a lot of honest communication between health care providers the patient and their families specific patient centred care and the patients preferences and needs. Metastatic cancer more often than not becomes not about being cured but careful management of the cancer, supportive care and most importantly quality of life and pain control as well as psychosocial support. Having advanced directives and wills in place is so important for the patient and their families. End of life.

Most importantly to have a good death.

- Honest communication is key between the patient, health care providers and their families.
- What does the patient want (preferences,) eg to die at home or in a hospice.
- Leaving a legacy something to be remembered by that is not financial.
- To have all financial affairs/Wills in order.
- To be pain free and surrounded by loved one's
- To be on good terms with loved one's and family.
- To not leave a financial burden on their families.

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