Qeios

Peer Review

Review of: "Palliative Care, Psychological Interventions, Personalized Medicine: The Triple "P" Hypothesis For Enhancing Quality of Life in Palliative Care"

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1. Independent researcher

The article outlines challenges encountered by current patients in palliative care, despite the conventional approach addressing the biological, physical, psychological, social, and spiritual aspects of quality of life, with the biopsychosocial-spiritual framework serving as the foundational model.

The authors examined this synergy, analysing the components of palliative care and the transforming effects of psychological therapies while advocating for the principles of personalised medicine.

The authors emphasised the significance of psychological therapy in tackling the emotional challenges, including fears, anxieties, and existential issues associated with chronic illnesses. I believe that psychosocial therapies alone may be inadequate to attain this goal. Although the psychological side of palliative care recognises and resolves these emotional issues, examining the psychological aspect through the lens of the "psychosocial factor" will strengthen the narrative with evidence-based information. Social support is positively associated with positive affect and negatively associated with anxiety and depression symptoms. It is also negatively associated with perceived stress.

The authors contend that “the Triple P model prioritises psychological needs in conjunction with other elements such as biology, personality, and social context.” This further corroborates the vast discussions around the biopsychosocial-spiritual framework, which acknowledges the interconnection and mutual influence of biological, psychological, social, and spiritual aspects. Modifications in one area can influence other domains, resulting in an effect on total health and well-

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being. This has resulted in a multidisciplinary approach to palliative care that addresses all facets of quality of life without bias towards any element.

Personally, I don't see what the Triple "P" Model, which includes integrating palliative care, psychological interventions, and personalised medicine, will accomplish in palliative care that the biopsychosocial-spiritual framework hasn't already done, aside from advocating for a prominent role for trained palliative psychologists. It can be argued that the assertion regarding the significant constraint in present palliative care—the lack of psychologists in several care teams—cannot be generalised. Palliative care is a multidisciplinary care that should involve all specialists, including physicians, nurses, psychologists, social workers, and spiritual advisors, among others.

Likewise, tools like biomarkers and genetic counselling can be examined within the biological health aspect of the biopsychosocial-spiritual framework.

The narrative throughout the text has predominantly concentrated on the psychological aspects of quality of life, with less or no consideration given to other significant elements such as spirituality and social factors. Further discourse is necessary in these domains, as psychological factors do not operate in isolation from other elements.

In general, this article will benefit from a holistic review, especially regarding its contributions to the body of knowledge and care that diverge from the biopsychosocial-spiritual framework.
I appreciate your invitation to read the article.

Declarations

Potential competing interests: No potential competing interests to declare.