

# End-of-Life Care in Cancer: Application of Intravenous Mistletoe Therapy - Dying with Dignity

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## **Introduction:**

End-of-life care (EOL) is defined as care given to people suffering from a terminal illness that has become advanced, progressive and incurable. It includes physical, emotional, social, and spiritual support for patients and their families and encompasses palliative, supportive and hospice care.

European mistletoe (*Viscum album L*) extracts are among the most frequently prescribed complementary therapies for cancer patients in Europe, especially in Germany, Switzerland and Austria.

## **Methods:**

Discussions of EOL are held between patient, family, caregivers, and physicians to ascertain the following: (1) acknowledgment of terminal illness, (2) preferences for comfort care over life extension, and (3) less intensive, life-prolonging, and more palliative EOL care.

Medical interventions during end-of-life care must be carefully considered as per the patient's needs, after discussion with the immediate family. Less aggressive medications that help in controlling distressing symptoms are needed. Current medications, including analgesics and opiates, are reviewed and evaluated to know their effectiveness in controlling symptoms versus side effects.

Intravenous mistletoe therapy was implemented with subcutaneous therapy to provide palliative care even in the end stages of cancer. IV Helixor A and M 500-800 mg was diluted in normal saline and given as a slow drip—for over two hours—to a series of terminally ill cancer patients. This drip is administered twice a week even in the final hours before death.

## **Results:**

Improvements in well-being and quality of life are the most commonly reported outcomes, particularly in frail patients with advanced or end-stage cancer. Other beneficial effects include less cancer-related fatigue, better management of pain, lower dose of opiates, improvement in mood, and general vitality.

## **Conclusion:**

Intravenous mistletoe therapy should be applied in palliative and end-of-life care for the overall well being of terminally ill cancer patients to enable them to die with dignity. This is in keeping with what Lisa J. Shultz, award-winning author of *A Chance to Say Goodbye: Reflections on Losing a Parent*, says: "If the push toward life-sustaining technology were balanced with options for comfort care in both medical school training and the healthcare culture, more people would have the chance to transition to death with dignity and grace."