

Palliative Care: A Lifeline to Quality of Life

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Promoting quality of life and preventing suffering are essential aspects of practice for clinicians whose ambition it is to deliver high-quality cancer care. ASCO's Provisional Clinical Opinion (PCO) offers the opportunity to bring clinicians a significant step forward in delivering truly patient-centered, family-focused care that can make a difference. The PCO also identifies critical research areas that require intense focus to make best use of limited federal and philanthropic support. Treating the whole patient—not only the disease but also the physical and psychological consequences of treatment—is the key to both extending life and enhancing the quality of the time gained.

Despite these benefits, palliative care remains a mystery to many laypersons. Recent public opinion research shows that a majority (70%) of Americans are “not at all knowledgeable” about palliative care.¹ Yet the survey also revealed that once consumers understand palliative care as an increased emphasis on relief of symptoms, pain, and stress that is appropriate at any stage of serious illness, a large majority (92%) would be likely to consider it for themselves or their families and think it should be available in hospitals nationwide. The overwhelming majority (95%) of these consumers also agreed on the need for patients and families to be educated about palliative care, consistent with subsequent poll findings among physicians, of whom 96% confirmed the importance of educating consumers.²

Patients and families facing a cancer diagnosis want more than clinical information from oncologists, they also want guidance about the best decision for their particular situation given their values.³ Oncologists want to do all they can for their patients, including helping them find their way to the best choices that minimize symptoms while also fighting the disease. Palliative care offers patients and families more control and choice about treatment options and care decision making. In this way, palliative care can help maximize the value of anticancer therapies.^{4,5}

These public opinion data point to a simple truth: patients and families don't know what they don't know. They need their oncologists and others on the front lines of their cancer care to communicate that palliative care is an essential part of treatment, something that helps get the best treatment and provides an extra layer of support to improve quality of life for both patient and family. Engaging oncologists in providing palliative care, collaborating with palliative care specialists, and communicating difficult truths can

help address the scarcity of information and understanding among patients and also engender enhanced patient trust.⁶

Steps Clinicians Can Take

- Ask patients about quality of life routinely. For example, “How are your spirits?” and/or “Are you able to do the things you need to do?”
- Consider a referral for early palliative care if you have access to an outpatient consultation service; if you do not have access, tell your health system or administrator that you need it.
- Talk about palliative care as “an extra layer of support” that is helpful “at every point in cancer care.”
- Make discussions about the future a routine part of your practice. Ask (more than once) whether patients want to talk about their prognosis.
- Encourage patients to prepare for sudden problems that might occur when they are too sick to make decisions. Establish a medical durable power of attorney.
- Help patients and families prepare for end of life care, and encourage them to consider this earlier than they think they will need it. Consider a hospice information visit early.

The American Cancer Society's mission priorities include specific emphasis on quality of life, and at the time of this writing, our advocacy affiliate, the American Cancer Society Cancer Action Network is working to collaboratively advance new quality-of-life-focused legislation addressing key palliative care workforce, research, and access barriers.

Now is the time for clinicians to join American Cancer Society and ASCO by talking to patients and families about the benefits of palliative care and integrating palliative care into their daily practice, for every patient with metastatic cancer or high symptom burden, and in every care setting. Our patients, survivors, and their families deserve nothing less.

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THE BOTTOM LINE

ASCO PROVISIONAL CLINICAL OPINION

The Integration of Palliative Care into Standard Oncology Care

Intervention

- Palliative care and/or concurrent palliative care plus standard oncologic care

Target Audience

- Oncology care providers
- Psychosocial service providers
- Patients
- Health care policy makers
- Payers

Key Recommendations

- Patients with metastatic non-small-cell lung cancer should be offered concurrent palliative care and standard oncologic care at initial diagnosis.
- Combined standard oncology care and palliative care should be considered early in the course of illness for any patient with metastatic cancer and/or high symptom burden.
- Strategies to optimize concurrent palliative care and standard oncology care, with evaluation of its impact on important patient and caregiver outcomes (eg, quality of life, survival, health care services use, costs) and society, should be an area of intense research.

Methods

- Review of medical literature by an Expert Ad Hoc Panel. The Ad Hoc panel also reviewed an assessment of selected literature by the National Cancer Institute's Physician Data Query Supportive and Palliative Care Editorial Board.

Additional Information

The Provisional Clinical Opinion, a brief summary and discussion of the literature, and evidence tables are published in *Journal of Clinical Oncology* and can be found at www.asco.org/pcopalliativecare. A slide set is also available online.