

Palliative Care for Patients and Caregivers

Palliative care may be helpful at any stage in the cancer journey¹

- Improve quality of life
- Ease symptoms
- Offer pain and stress relief

A person is considered a cancer survivor from the time of their diagnosis through the rest of their life

- Between 2019 and 2030, the number of cancer survivors is expected to grow from 17 million to more than 22 million²



Palliative care is recommended for any patient with an advanced cancer diagnosis to prevent symptoms from worsening^{3,4}

- For cancer patients, palliative care can improve quality of life and communication about end-of-life care⁵



Palliative care may⁶⁻⁹:



Ease symptoms



Reduce health care expenditures



Improve quality of life and mood



Help manage feelings of depression



Provide support to caregivers

There may be some challenging parts of palliative care, such as^{7,10-12}:

- Delays in referral to palliative care services
- Potential reluctance to refer to a specialist
- Patients or families may be reluctant to discuss palliative care

Some factors to keep in mind when planning for palliative care include^{7,10,12,13}:



Treatment goals



The cost of care



A survivorship plan



Health care directives, like comfort care planning

Key Takeaways

- Discussing palliative care options with patients may improve their quality of life.
- Starting palliative care early may help with informed decisions and set realistic expectations for treatment.
- Early palliative care may help cancer teams provide the best care for their patients.

References

1. National Institutes of Health. Palliative care in cancer. September 16, 2020. <https://www.cancer.gov/about-cancer/advanced-cancer/care-choices/palliative-care-fact-sheet#what-is-palliative-care>
2. American Cancer Society. Population of US cancer survivors grows to nearly 17 million. Accessed November 25, 2020. <https://www.cancer.org/latest-news/population-of-us-cancer-survivors-grows-to-nearly-17-million.html#:~:text=The%20number%20of%20cancer%20survivors,than%2022.1%20million%20by%202030>
3. National Coalition for Hospice and Palliative Care. Clinical practice guidelines for quality palliative care. Accessed July 6, 2020. https://www.nationalcoalitionhpc.org/wp-content/uploads/2018/10/NCHPC-NCPGuidelines_4thED_web_FINAL.pdf
4. Ferrell BR, Temel JS, Temin S. Integration of palliative care into standard oncology care: American Society of Clinical Oncology clinical practice guideline update. *J Clin Oncol*. 2017;35(1):96-112.
5. Temel JS, Jacobsen PB. Palliative care in oncology: continuing to build evidence base and disseminate effective care models. *J Clin Oncol*. 2020;38(9):849-851.
6. McAteer R, Wellbery C. Palliative care: benefits, barriers, and best practices. *Am Fam Physician*. 2013;18(12):811-813.
7. Holcombe D, Kinzbrunner B. NAMCP medical directors spotlight guide: palliative care in oncology. *J Manag Care Med*. 2015;18(4):1-40.
8. Temel J, Greer J, Muzikansky A, et al. Early palliative care for patients with metastatic non-small-cell lung cancer. *N Engl J Med*. 2010;363:733-742.
9. Rocque G, Dionne-Odom N, Huang S, et al. Implementation and impact of patient lay navigator-led advance care planning conversations. *J Pain Symptom Manage*. 2017;53(4):682-692.
10. Hawley P. Barriers to access to palliative care. *Palliat Care*. 2017;10:1-6.
11. Wright M, Wood J, Lynch T, Clark D. Mapping levels of palliative care development: a global view. *J Pain Symptom Manage*. 2008;35(5):469-485.
12. Mack JW, Weeks J, Wright A, Block S, Prigerson H. End-of-life discussions, goal attainment, and distress at the end of life: predictors and outcomes of receipt of care consistent with preferences. *J Clin Oncol*. 2010;28(7):1203-1208.
13. Tenner LL, Carroll AE, Helft PR. United States physician communication on cost of cancer care under the Affordable Health Care Act. *J Hosp Admin*. 2014;3(5):182-188.

