

Palliative Care for Cancer Survivors



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KEYWORDS

- Palliative care • Survivorship • Communication • Advance care planning
- Pain • Fatigue • Sleep

KEY POINTS

- The palliative care approach begins with comprehensive assessment of domains of an individual's life, including the physical, psychological, social, and spiritual arenas.
- Communication and decision-making for difficult issues should include responding to emotions, planning ahead for communication needs, and considering reasons for communication challenges.
- Key palliative approaches to symptom management include addressing associated symptoms and psychosocial concerns, using nonpharmacologic approaches first or together with medications, and carefully considering side effects.
- Advance care planning includes addressing values, goals, and preferences for care with family involvement, and written or oral documentation.

INTRODUCTION

The palliative care approach focuses on quality of life, emphasizing whole-person care by addressing physical, psychosocial, family, and spiritual concerns, as well as planning for future care. Palliative care emphasizes the importance of communication about goals of care and patient preferences.¹ Many elements of this care approach

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(Table 1) are useful for internists and others working with cancer survivors throughout the cancer continuum. This approach may extend from diagnosis through to treatment and recovery, living with cancer as a chronic illness, advanced cancer, and end-of-life care. Systematic reviews support the effectiveness of palliative care for improving quality of life, patient and family satisfaction, and advance care planning for patients with cancer.^{2,3}

Specialty palliative care and related services can be helpful in complicated situations, where available. However, much of palliative and survivorship care is provided by internists and other primary care practitioners, and patients appreciate the involvement of these clinicians in their care. Internists play a key role in communication about illness, symptom management, psychosocial support, and coordination of cancer and noncancer care. Many other disciplines and services may be helpful in providing palliative care to cancer survivors, including social workers, chaplains, pharmacists, rehabilitation professionals, nutritional counselors, home care, and community cancer support community programs.

Although palliative approaches and survivorship care overlap significantly, the palliative approach needs to be tailored for patients likely to be cured of their cancer. After treatment for early-stage cancer, patients' symptoms and function may improve over time, and patients may be inclined to participate in more time-consuming interventions, such as counseling or exercise. Nonpharmacologic interventions and

Key Elements	Description
Patient-family centered care	The personal needs and preferences of each patient and family is respected, and the patient and family constitutes the unit of care.
Timing of care	Ideally, survivorship care begins at the time of diagnosis and continues throughout the trajectory, including managing long-term treatment effects and recurrences, treating cancer as a chronic illness, and the end-of-life and family bereavement.
Comprehensive care	Palliative care uses a multidimensional assessment to identify and address quality-of-life issues through the prevention of or alleviation of physical, psychological, social, and spiritual distress. Palliative care requires regular assessment, diagnosis, planning, interventions, monitoring, and follow-up.
Collaboration with other disciplines	Palliative care encourages collaboration with other disciplines and services (eg, social work, nutrition, rehabilitation, support groups).
Attention to addressing patient and family needs	A key goal of palliative care is to prevent and address the burdens imposed by disease and its treatments, including pain and other symptoms.
Communication and shared decision-making	Effective communication about symptoms, treatments, goals of care and preferences, along with shared decision-making, are critical.
Delivery of palliative care	Palliative care for survivors is generally provided by internists and oncologists, but in complicated situations, palliative care specialists or teams may be helpful.

Adapted from National Consensus Project for Quality Palliative Care. Clinical practice guidelines for quality palliative care. Third Edition, 2013. <http://www.nationalcoalitionhpc.org/guidelines-2013/>.

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