

Palliative Care and Physiatry in the Oncology Care Spectrum



An Opportunity for Distinct and Collaborative Approaches

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KEYWORDS

- Cancer rehabilitation • Function • Palliative care • Quality of life
- Supportive oncology • Survivorship • Symptom management

KEY POINTS

- Cancer survivorship can vary from living cancer free for the remainder of life to living with cancer continuously without a disease-free period.
- Palliative care and rehabilitation can impact overall quality of life and will increase in acceptance and prominence as valuable resources for the cancer patient.
- Although physiatry and palliative care remain distinct subspecialties, they share several common traits that complement care for the oncology survivor.
- Impairments such as deconditioning, neurologic deficits, and muscle weakness may adversely affect function; however, cancer symptoms also impact function.
- Opportunities for collaboration between the fields exist to more effectively improve patient outcomes.

Disclosure Statement: The authors have nothing to disclose (V.S. Raj, T.M. Pugh and J.B. Fu). J.K. Silver discloses that she founded Oncology Rehab Partners that developed the STAR Program certification.

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Phys Med Rehabil Clin N Am 28 (2017) 35–47

<http://dx.doi.org/10.1016/j.pmr.2016.08.006>

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pmr.theclinics.com

INTRODUCTION

As cancer evolves from a terminal illness to a chronic medical condition, so too does the need for clinical services beyond medical, surgical, and radiation oncology that principally focus on disease modification. The concept of survivorship for individuals with cancer is broad in scope. Although a cancer survivor is anyone who lives with cancer, from the time of diagnosis throughout the balance of life, the context can vary from living cancer free for the remainder of life to living with cancer continuously without a disease-free period. With more than 15 million individuals living who have a history of cancer, and a projection of almost 19 million by 2024, comprehensive approaches to care will be necessary to address the ongoing clinical needs of survivors. Two areas that warrant specific emphasis include impairment-driven cancer rehabilitation and palliative care.¹

According to the Institute of Medicine, barriers to the delivery of high-quality cancer care exist secondary to rapidly increasing incidence, disease and treatment complexity, and costs, as well as a shrinking workforce. Given that aging is considered one of the greatest risk factors for cancer, several characteristics of the aging population may affect prognoses and care plans, such as altered physiology, premorbid functional and cognitive impairments, multimorbidity, increased side effects of treatment, distinct goals of care, and an increased need for social support.² Understanding the importance of function and symptomatology, and their integration into the continuum of cancer care is critical for successful care delivery in the future.

THE IMPORTANCE OF CANCER REHABILITATION AND PALLIATIVE CARE

According to The Surveillance, Epidemiology, and End Results Program, the total estimated new cancer cases in the United States for 2015 is approximately 1.6 million, occurring at a rate of 457.2 per 100,000, for both males and females.³ The long-term mortality trend analysis, however, shows that the overall cancer death rate in the United States has declined by an average of 1.5% per year (between 2003 and 2012).⁴ Although the number of cancer survivors continues to increase, deficits exist in addressing their long-term clinical needs. For example, according to a recent survey, physical problems were the most frequently unmet need among cancer survivors (**Table 1**), in addition to provision of information regarding their future care, and mental health.⁵ Understanding that both physical and psychological impairments can contribute to decreased health-related quality of life (QOL),⁶ and that treatment of physical, psychosocial, and spiritual needs can improve quality of care,⁷ both rehabilitation and palliative care can play critical roles in the oncology care continuum. Realizing the importance of these services, the Commission on Cancer has incorporated standards regarding rehabilitation and palliative care as core components for program accreditation (**Table 2**).⁸

Barriers to the integration of palliative care and rehabilitation into comprehensive cancer care relate to limited understanding of the definitions of both specialties and how they may be applied throughout the continuum. The World Health Organization defines palliative care as:

[A]n approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.

Aspects of clinical palliative care may include alleviation of pain and other distressing symptoms, attention to psychological and spiritual aspects of care, and

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