





Tack Short

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What is palliative care?

Palliative care is care for patients with serious illnesses (not only for cancer patients). It focuses on relieving suffering and improving quality of life for patients and their families but is not intended to cure the disease itself. Every patient has a right to keep her/his dignity and not to suffer.

Palliative care is care given to improve the quality of life of patients who have a serious or life-threatening disease, such as cancer. Palliative care is an approach to care that addresses the person as a whole, not just her/his disease. The goal is to prevent or treat, as early as possible, the symptoms and side effects of the disease and its treatment, in addition to any related psychological, social, and spiritual problems.

Palliative care is also called comfort care, supportive care and symptom management. Patients may receive palliative care in the hospital, an outpatient clinic, a long-term care facility or at home under the direction of a physician.

♦ When is palliative care offered?

Palliative treatment is designed to relieve symptoms and improve your quality of life. It may be provided at any stage of an illness, from diagnosis to end of life, if there are troubling symptoms, such as nausea, vomiting, pain or fatigue. When a person receives palliative care, he or she may continue to receive cancer treatment. It is a misconception that palliative care is only available at the end of life. In some countries there is an increasing tendency for palliative efforts also to be offered early during a cancer course and not only as end-of-life care.

In some studies this has shown an increased quality of life, better understanding of the disease, and fewer aggressive treatments in the last months of life¹⁻³. Palliative care can also be used to reduce or control the side effects of cancer treatments. In advanced cancer, palliative treatment might help someone to live longer and to live comfortably, even if they cannot be cured.

Palliative care can also be offered to patients at a hospice when they are in the process of dying.



Benefits of palliative care

- Provides relief from pain and other distressing symptoms
- Affirms life and regards dying as a normal process
- Intends neither to hasten nor postpone death
- Offers a support system to help patients live as actively as possible until death
- Offers a support system to help the family cope during the patient's illness and in their own bereavement
- Intends to enhance quality of life and may also positively influence the course of illness
- Is applicable early in the course of illness, in conjunction with other therapies that are intended to prolong life, such as chemotherapy or radiation therapy, and includes those investigations needed to better understand and manage distressing clinical complications

Who delivers palliative care?

Your oncologist (cancer doctor), your oncology nurse, and other members of your cancer care team usually treat and help you manage your symptoms from the disease or from your therapy. For instance, they may prescribe medicines to help control or prevent nausea and vomiting or to help relieve pain. They may help you with physiotherapy to relieve lymphoedema. All these treatments are palliative care.

But you may need help treating your late side effects after treatment has finished or when treatment isn't available. Then palliative care should be given by a palliative care team specialised in that area.

Palliative care can in some countries be given by a team of doctors, nurses, and other specialists who work with your oncologist to help treat your symptoms. This option may be considered for people with symptoms that are hard to manage (like severe pain), family distress or complex medical problems. In this case, your doctor might ask a palliative care team to see you.

This "palliative care team" typically includes a palliative care doctor, a palliative care nurse, a social worker or physiotherapist. Many hospitals and oncology clinics have these teams as part of the services they provide. In some countries a mobile palliative care team (can be doctors, nurses, psychologist, psycho-oncologists, physiotherapist, etc.) will visit the patients at home offering palliative care and function as a team that the patient and the family can consult on palliative needs.

References:

- 1. Temel JS, Greer JA, El-Jawahri A, et al: Effects of early integrated palliative care in patients with lung and GI cancer: A randomized clinical trial.
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- Gaertner J, Wolf J, Voltz R.
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 Curr Opin Oncol. 2012 Jul;24(4):357-62. Review.
- 3. Greer JA, Pirl WF, Jackson VA, Muzikansky A, Lennes IT, Heist RS, Gallagher ER, Temel JS. Effect of early palliative care on chemotherapy use and end-of-life care in patients with metastatic non-small-cell lung cancer. J Clin Oncol. 2012 Feb 1;30(4):394-400.

Further Information

- https://www.cancer.gov/about-cancer/advanced-cancer/care-choices/palliative-care-fact-sheet
- http://www.cancerresearchuk.org/about-cancer/cancer-in-general/treatment/palliative
- http://www.who.int/hiv/topics/palliative/PalliativeCare/en/
- https://engage.esgo.org/



All the photographs are original.

They were taken by Mr. Milan Jaroš and RNDr. Ivana Dostálová, Ph.D., in the Center of Palliative Care, General Faculty Hospital in Prague.

They show real patients and doctors.