Learn When and How to Introduce Palliative Care

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Out of Options, Not Hope

Cynthia Y. is a 55-year-old Chinese woman with stage IV ovarian cancer. She has been treated in a large urban cancer center and recently completed participation in a phase 1 clinical trial. Cynthia is a very religious woman with a large, supportive family. She is very grateful for the care she has received and is known to the staff as an optimist, always positive and hopeful.

Dr Chee, her oncologist, is aware that her disease has progressed further and that there are no other treatment options available for her ovarian cancer. She is also having increased pain, nausea, and constipation. Cynthia is very close to Dr Chee and feels that because he is also Chinese, he understands her faith, hopefulness, and dedication to her family.

Dr Chee wants to suggest that palliative care be consulted, but he doesn't know how to introduce this option and avoid making her feel hopeless or abandoned. Cynthia is in the outpatient clinic today for follow-up.

Should Dr Chee introduce palliative care, and if so, how?

A. He should discuss with Cynthia his plan to bring in palliative care to assist with her care

B. He should inform her that nothing more can be done for her cancer and the palliative care team will take over her care

C. He should ask the palliative care team to see her, but emphasize that they should not mention prognosis, hospice, or death, to respect her cultural values and optimism

D. He should not refer her to palliative care, given their close relationship and her need to remain hopeful

What is your answer?

CHOOSE one before reading more….

Introducing Palliative Care

Dr Chee should honestly explain to Cynthia her disease status and the needs that palliative care can support. It is best to avoid such language as "nothing more can be done," but rather to emphasize that although the cancer will not be cured, much can be done to treat her quality-of-life concerns and symptoms through involvement of palliative care.

To maintain the trust that the patient has with Dr Chee and to allow her to develop a similar level of trust with the palliative care team, honest information must be provided. Cynthia's care should be culturally respectful, and to this end, may not initially focus on discussions about death but should focus on her values and her own goals of care. It will be important for Dr Chee to remain a part of her care, but the concurrent involvement of the palliative care team will be valuable, especially because Cynthia is facing an advanced cancer known to be associated with many symptoms and quality-of-life concerns.

Although the benefits of palliative care are well established, concern about how best to introduce this concept to patients remains significant. The media-induced association between palliative care and "death panels" created widespread public confusion about this care. Palliative care should not be viewed as "doing nothing," and any communication with patients about palliative care should be honest. It is common for clinicians to feel a sense of failure when disease-focused therapies are not effective. But a strongly growing body of evidence supports the importance of introducing palliative care as a means to support patients in collaboration with their current providers.[1,2,3]
In Cynthia's case, palliative care has much to offer in terms of symptom management, facilitating communication with her family, and focusing on her goals and values. Palliative care teams and other clinicians need to work together to introduce this care to patients, address misconceptions, and help the transition of the patient with advanced disease.