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christian sinclair on palliative care

Communication is important in end-of-life care AS I SEE IT

The advances in cancer care of the past decade have been remarkable. However, a recent study presented at an American Society of Clinical Oncology meeting showed a surprising fact: a rising number of cancer patients receive chemotherapy, have intensive care admissions and visit emergency rooms in the last few weeks of life.

The study reveals an ongoing problem in medicine with all kinds of diagnoses: that of formulating and communicating information about life expectancy when we know that the progression of the disease will ultimately end life.

We continue to benefit from advances in medicine, but the most basic questions of "Will I survive or die from my disease?" "Will the treatments make me feel better or worse?" and "If I am dying, how much time do I have?" continue to be the most difficult for the field of medicine to answer.

An important part of answering these questions is open communication among patients, their family members and health-care professionals. Stopping treatments aimed at trying to halt the progression of any disease is not as simple as "giving up."

It takes great wisdom and courage for patients and families to choose to focus on comfort and quality of life for however much time remains. And people who choose to focus on quality of life as the right option for them often discover new hope in light of their new goals of care.

More resources than ever before are available for seriously ill people who have an uncertain prognosis and are making difficult treatment decisions.

Until recently, hospice was the primary alternative for patients suffering from any life-threatening condition who decided to focus on comfort rather than possible curative treatments.

A new field called palliative care emerged in the 1990s to address the need for a gradual transition between curative treatments and comfort-only measures.

For patients undergoing aggressive diagnostic and curative treatments, palliative care provides the comfort care, holistic patient/family approach and interdisciplinary team support developed through decades of hospice care.

Patients and families can turn to palliative care teams to discuss symptom control, emotional and social concerns, spirituality in medical care, goals of care and prognosis. Palliative care complements the care patients receive from their current physician, and palliative care teams can be involved even from the onset of a life-threatening diagnosis.

Patients and families in the Kansas City area dealing with life-limiting illnesses should feel comfortable asking for available palliative-care services regardless of their location in a hospital, nursing home, clinic or their own home.

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