

# Patients with advanced, incurable cancer denied palliative care

19 September 2014

Many patients with advanced, incurable cancer do not receive any palliative care, reveals new research to be presented later this month at the ESMO 2014 Congress in Madrid, Spain, 26-30 September. The findings are astonishing as they come at the same time as 15 new oncology centres in Europe, Canada, South America and Africa are being awarded the prestigious title of 'ESMO Designated Centre of Integrated Oncology and Palliative Care.'

SR I Dr Alexandru Grigorescu, medical oncology consultant at the Institute of Oncology Bucharest, Romania, member of the ESMO Palliative Care Working Group, said: "The integration of palliative care in oncology is a challenge. This is especially the case for countries with few resources, where the healthcare budget is low, with insufficient palliative care specialists and some drugs are unavailable as hospitals do not have the funds to buy them."

"ESMO brings a new approach to palliative care, namely by integrating it with specific anticancer treatment conducted in medical oncology departments," continued Grigorescu. "In this context, we conducted a study to assess palliative care needs and delivery in patients with advanced, [incurable cancer](#)."<sup>1</sup>

The research was conducted in five Romanian and one Swiss institutes. It found that 17% of patients received no palliative care interventions and 26% did not have their symptoms addressed. One-fifth of patients wanted to discuss end-of-life issues with a healthcare professional, but it occurred in just 15% of cases. Only 10% of patients had a care plan.

Grigorescu said: "Our study shows that there are significant gaps in the delivery of palliative care for patients with advanced, incurable cancer. Our findings argue for healthcare decision-makers to increase the budget for palliative care. We hope

the study will make a point about the importance of treating patients during this period. In Romania we do not have an independent speciality of palliative care, so it should be the responsibility of medical oncologists."

ESMO promotes good practice in palliative care for cancer patients through –among others– the ESMO Designated Centres of Integrated Oncology and Palliative Care accreditation programme.<sup>2</sup> The designation recognises that centres have achieved a high standard of integration of medical oncology and palliative care and is valid for three years.

Prof Nathan Cherny, former chair of the ESMO Palliative Care Working Group and initiator of the Designated Centres programme, said: "The ESMO Designated Centres programme is the premier initiative worldwide for providing incentives and a structured model to enable centres to develop integrated programmes in oncology and palliative care. The ESMO designation is widely recognised and indicates that the centre has made philosophical and infrastructural commitments to meet the physical and psychological challenges of patients and families with advanced cancers."

Cherny, an oncologist and palliative medicine specialist who is chair of humanistic medicine at Shaare Zedek Medical Centre, Jerusalem, Israel, added: "The designation also indicates that the centre is not only providing a clinical service but that it has programmes developed both to push the boundaries of knowledge through research and to teach the essential skills required for the provision of palliative care to cancer patients."

Since the programme began in 2003, the Designated Centre accolade has been awarded to 175 centres, of which 25 are in resource and/or regulation restrictive countries. In addition to the 15 new centres joining the prestigious group this year, 44 centres have achieved reaccreditation.

Commenting on ESMO's activities in the field of palliative care, Cherny said: "ESMO has a 15 year history of a commitment to the improvement of the quality of palliative care for cancer patients in Europe and around the world. ESMO was the first major oncology organisation to develop a dedicated working group to this task, and to develop policies for individual clinicians, for cancer centres and for the training of oncologists. ESMO has researched its own membership to identify deficits in knowledge and practice and has developed educational tools to address the shortcomings that were identified."

ESMO has been a leading player in identifying barriers to the availability and accessibility of essential pain relieving medication in Europe and in the developing world. Cherny said: "The findings from the Global Opioid Policy Initiative (GOPI) study<sup>3</sup> have major policy implications that are relevant to over five billion of the world's population. We are working with our partners to promote legislative reforms to guarantee that all patients have access to affordable, effective pain medication to relieve the tragedy of needless suffering caused by undertreated cancer pain."

To promote better care for patients with advanced cancer ESMO published a guide for patients and their families<sup>4</sup> and a companion volume for oncologists<sup>5</sup>. The ESMO Guidelines Working Group is developing evidence-based clinical practice guidelines to assist oncologists in the provision of palliative care. This month three new guidelines have been published.<sup>6</sup> Cherny said: "Together these publications help patients with advanced and incurable cancer ask appropriate questions and have meaningful discussions with their oncologist that lead to coordinated and holistic care. The patient book has been translated into 11 languages and is an invaluable resource."

"With its strong commitment to research, best practice and palliative care, ESMO has become a key partner in palliative care initiatives," added Rolf A. Stahel, ESMO President.

Cherny concluded: "Palliative care has been a central part of ESMO's work in research, education and public health policy initiatives both in Europe

and around the world. This year's new and reaccredited ESMO Designated Centres will ensure that more [patients](#) with cancer receive appropriate, high quality [palliative care](#) along with the best of their cancer care - and this makes a difference."

**More information:** 1 Abstract 1347P, Poster Display session, 28.09.2014, 12:45 - 13:45, Poster area

2 ESMO's Designated Centres programme: [www.esmo.org/Patients/Designat...-and-Palliative-Care](http://www.esmo.org/Patients/Designat...-and-Palliative-Care)

3 ESMO Global Opioid Policy Initiative (GOPI): [www.esmo.org/Policy/Global-Opi...id-Policy-Initiative](http://www.esmo.org/Policy/Global-Opi...id-Policy-Initiative)

4 A guide for patients with advanced cancer: Getting the most out of your oncologist: [www.esmo.org/Patients/Getting-...t-of-Your-Oncologist](http://www.esmo.org/Patients/Getting-...t-of-Your-Oncologist)

5 User's manual for oncology clinicians: [oncologypro.esmo.org/Publicati...-Oncology-Clinicians](http://oncologypro.esmo.org/Publicati...-Oncology-Clinicians)

6 ESMO Clinical Practice Guidelines for the management of refractory symptoms at the end of life and the use of palliative sedation. N. I. Cherny, on behalf of the ESMO Guidelines Working Group. *Ann Oncol* 2014 25: iii143-iii152.

ESMO Clinical Practice Guidelines on palliative care: advanced care planning. D. Schrijvers, N. I. Cherny, on behalf of the ESMO Guidelines Working Group. *Ann Oncol* 2014 25: iii138-iii142.

Bone health in cancer patients: ESMO Clinical Practice Guidelines. R. Coleman, J. J. Body, M. Aapro, P. Hadji, J. Herrstedt, on behalf of the ESMO Guidelines Working Group. *Ann Oncol* 2014 25: iii124-iii137.

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