

Logo

Tagline

Community Education Quarterly: Volume 5, Issue 2

Cancer and Chemotherapy at the End of Life: When the Burden Outweighs the Benefit

When patients with a terminal illness approach the end of life, they face a difficult decision: When is it time to focus on quality of life over trying to cure the disease?

For terminal cancer patients, this decision is complicated by the common practice of palliative chemotherapy. With palliative chemotherapy, the focus is on shrinking tumors enough to alleviate cancer symptoms and slow progress of the disease. Palliative chemotherapy is not intended or expected to cure a patient's cancer, but it can sometimes extend life by weeks or months. Some types of tumors and cancers respond better to the palliative treatment than others.

Like all types of chemotherapy, however, palliative chemotherapy is an aggressive treatment that can come with serious negative effects to a patient's quality of life. And for cancer patients whom doctors have determined have six months or less to live, new research shows that palliative chemotherapy comes with an additional set of risks.

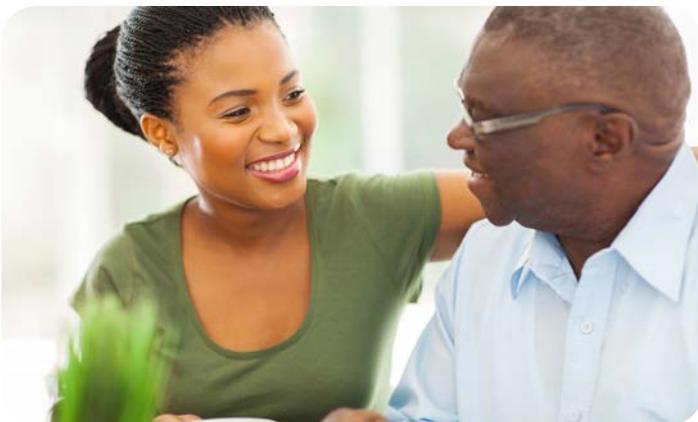
"Whereas 80 percent of patients who did not receive palliative chemotherapy died where they wished, only 68 percent of those whose disease management included palliative chemotherapy died in the place they wanted to," states a report from the Dana-Farber Cancer Institute. "And patients who received palliative chemotherapy were much more likely than their counterparts to die

in an intensive care unit — a contrast of 11 to 2 percent."

The reasons for these higher numbers, explains the report, may be because doctors, patients, and families are waiting too long to have discussions about end-of-life wishes. Patients undergoing palliative chemotherapy "were less likely to talk with their oncologists about the care they wanted to receive if they were dying...or to acknowledge that they were terminally ill." In many situations, doctors wait until a patient is no longer receiving chemotherapy before talking about the end of life. But if chemotherapy is being received up until a patient's last days, this approach leaves little room for important end-of-life discussions.

Instead, the report urges that care teams and patients should have early and honest discussions about a patient's end-of-life wishes, including the patient's expectations for his or her quality of life in the last weeks or months. This can help determine whether the palliative chemotherapy treatment is something the patient desires.

"With 56 percent of [cancer] patients receiving palliative chemotherapy in their final months, the findings underscore the potential harms of aggressive use of chemotherapy in dying patients," the report states. "[P]atients...need to understand that palliative chemotherapy may...result in the receipt of aggressive, life-prolonging care at the expense of their quality of life."



When Is It Time for Hospice?

The mission of hospice is to manage pain and life-limiting illness while maximizing a patient's quality of life, and to allow every patient to die in the place he or she wishes. The report from the Dana-Farber Cancer Institute shows that **patients who undergo palliative chemotherapy are often referred to hospice care a week or less before death, which delays the benefits of comfort care and emotional support provided by hospice.** Call us anytime to discuss what we can do for you or your loved one during this difficult time.

Information for Patients and Families

How Palliative Care Differs from Hospice Care

Because palliative care is often confused with end-of-life hospice care, many patients and families miss out on the benefits that palliative care offers. Although both types of care are considered “comfort care,” **hospice care** usually begins when a doctor determines that a patient has less than six months to live. When hospice care begins, curative treatment of the disease stops.

In contrast, **palliative care** can begin as soon as a diagnosis is given. It is designed to be given alongside other treatments that a patient may be undergoing to cure an illness. Palliative care treats symptoms of a disease, but is not focused on curing the disease itself. It is intended to keep patients comfortable during the course of their illness. Patients do not have to stop curative treatments in order to receive palliative care. Benefits of palliative care:

- Pain management
- Treatments of physical symptoms like nausea or shortness of breath
- Emotional support for family/caregivers
- Help with medical forms
- Counseling and spiritual support for patients and families
- A care team to support patients and families throughout the entire course of the illness

The use of palliative care can drastically improve a patient’s quality of life as he or she copes with harsh treatments for a serious illness. The availability of palliative care programs vary by community. Patients should check with their insurance providers to see what costs are covered.

Choosing palliative care does not necessarily mean that a patient is terminally ill. Instead, accepting this form of comfort care means gaining the support of a care team that helps throughout all stages of disease and treatment.

Volunteers Play a Vital Role in Hospice Care

Along with the team of doctors, nurses, social workers, chaplains, and other experts, one of the most important roles in hospice care is that of the hospice volunteer.

For some hospice patients, it can be easy to talk openly with volunteers about fears and concerns. Since volunteers are seen as regular members of the community, and since they often spend regular time with the patient and family, this puts them in the position to provide unique emotional and social support to each patient and family caregiver.

Some of the essential tasks performed by hospice volunteers are:

- Giving family and caregivers a much-needed break so they can run errands, attend appointments, or just rest
- Listening to a patient express his or her feelings or concerns

- Playing games, listening to music, or participating in the patient’s hobbies
- Sharing with the hospice staff what the patient and family may need
- After the patient has died, sending cards, letters and making bereavement phone calls

Hospice volunteers are never asked to perform any task that they are not comfortable doing. Additionally, not every hospice volunteer chooses to work with patients directly. Volunteers can also provide important tasks to the hospice organization, such as helping with fundraising and event planning, data entry, or other tasks in the hospice administrative office.

On average, hospice volunteers donate about four hours of their time each week and are matched to roles based on their interests. For more information about volunteering with hospice, contact us directly.

Logo

Hospice information copy here. One to three paragraphs. Hospice information copy here. One to three paragraphs. Hospice information copy here. One to three paragraphs.

Hospice information copy here. One to three paragraphs. Hospice information copy here. One to three paragraphs. Hospice information copy here.

Hospice Name

Street

City, State, ZIP

Phone

www.website.com