Caring for the Symptoms of Cancer and its Treatment

This section has been reviewed and approved by the Cancer.Net Editorial Board [1], April / 2013

Listen to the Cancer.Net Podcast: Caring for the Symptoms of Cancer and its Treatment [2], adapted from this content.

Watch the Cancer.Net Video: What is Palliative Care? with Robert Miller, MD [3], adapted from this content

Cancer often causes symptoms, and the treatments for cancer may cause side effects. An important part of cancer care is relieving these symptoms and side effects, an approach called palliative care. Palliative care is any treatment that focuses on reducing a patient?s symptoms, improving quality of life, and supporting patients and their families. People with cancer often receive treatment for the cancer and treatment to ease symptoms at the same time. It is best given as soon as possible in the cancer treatment process and continues through all stages of illness, regardless of whether completely getting rid of the cancer is possible.

Understanding palliative care

Palliative treatments vary widely and often include medication, nutritional changes, relaxation techniques, emotional support, and other therapies. You may also receive palliative treatments similar to those meant to eliminate the cancer. Palliative care can be given in a doctor?s office, hospital, cancer center, long-term care facility, or your home, depending on the treatments used.

The goals of palliative care include:

- Treating symptoms including pain, nausea, breathlessness, insomnia, and other physical symptoms caused by cancer or its treatment
- Treating a patient?s emotional and social needs, including symptoms such as anxiety or helping with family relationships
- Addressing a patient's spiritual needs or concerns
- Addressing a patient's practical needs, such as transportation and financial concerns
- Providing support for the patient's family, friends, and caregivers

Children with cancer also receive palliative care. Parents usually work with the health care team to help their children manage symptoms so they are as comfortable as possible. Members of the family, including other children, may also receive counseling as part of the palliative care plan to help cope with the child?s diagnosis.

Comparing palliative care and hospice care

Although you may hear these terms used in similar ways, they are slightly different. Palliative care is given at every step of the treatment process and at all stages of illness, whereas hospice care is a form of palliative care given to people with cancer who are expected to live six months or less, regardless of their age or the type of cancer that they have. If a person needs to make the transition to hospice care, palliative care specialists will help with the transition and address the physical and emotional issues that come with that choice. Learn more about hospice care [4].

Paying for palliative care

Palliative care is often covered by health insurance. Medicaid and Medicare may also pay depending on the situation. A hospital social worker can help you explore payment options. Learn more about managing the cost of cancer care [5].

The palliative care team

Several health care professionals may participate in your palliative care, including:

Oncologist. Your oncologist is the doctor who specializes in treating cancer and serves as the health care team leader, designs treatment plans, and decides on medication and dosing. He or she will also consult with other doctors, such as a pain specialist or a radiation oncologist.

Nurses. The nurses who provide your care help manage pain and other symptoms. They also act as the main contacts with the rest of the health care team. For people in home hospice programs, nurses visit them at home several times a week and sometimes more than once a day. Learn more about the role of an oncology nurse [6].

Social worker. A social worker provides counseling, helps with financial issues and finding transportation, arranges family meetings, and helps with

the discharge from the hospital to the person?s home and finding in-home help, or, if necessary, hospice care. Read more about how an oncology social worker can help [7].

Chaplain. A chaplain is a person often affiliated with a specific religion who is trained to listen to the patient and family members who have concerns or interests in discussing faith-related and spiritual matters, especially when a person has a serious illness.

Dietitian. A dietitian can help you and your family members address any nutritional concerns, such as planning healthy meals, providing practical tips for nutritional supplements, and recommending specialized eating plans.

Physical and occupational therapists. If needed, a physical therapist helps you maintain mobility (movement) and improve how well you move. A physical therapist can help you plan an exercise program to maintain or improve your physical strength during and after treatment. Occupational therapists typically help with how your upper body moves and daily tasks and functioning, while physical therapists specialize in overall movement.

Grief and bereavement coordinator. This is a professional with specialized training in social work or psychology who counsels family members who are facing a loss. Learn more about coping with loss [8].

The role of communication

Talking about cancer, cancer treatment, and your needs is an important part of palliative care because it helps to clarify expectations. It is important for patients and caregivers to understand the diagnosis and prognosis (chance of recovery) and to be a part of the medical decision-making process. Here are some practical tips to help promote good communication with your health care team:

- Don?t be afraid to ask questions of your doctors and nurses. The best palliative care is when patients and their families work together with the health care team. Find a list of questions to ask the doctor [9].
- Ask the doctor to explain the diagnosis, treatment plan, and prognosis. These may change over the course of your illness, so continue to have discussions with your doctor. Taking notes or bringing a family member or friend along may help you remember all of the information.
- Tell the doctors and nurses about any pain, discomfort, or other side effects, such as mouth sores, nausea, vomiting, and constipation you experience, even if you feel they are not serious. Often there are many options for relieving these symptoms, but the doctors and nurses need to know you are in pain or discomfort in order to help you feel better.

End-of-life considerations

Recovery from cancer is not always possible. If treatment is not successful, the disease may be called advanced or terminal cancer. For people diagnosed with advanced cancer, the time will come when the focus of treatment changes to primarily palliative care because further cancer treatment can no longer slow or stop the cancer from growing.

Often, people with cancer and those who care about them find it painful to think about the possibility that the treatments won't cure the cancer. When making decisions about end-of-life treatment, it is important to know that this is a highly personal choice. Some people want to continue treating the cancer as long as possible, regardless of the side effects of treatment, while others want to focus on being comfortable and free from pain, even if that means stopping cancer treatment. Because these decisions are different for each person, it is crucial for patients to think about what is most important to them and talk about it openly with the health care team and their families. Learn more about advanced cancer care planning [10].

These conversations may also let family members reaffirm love and promote closeness, which may help ease the pain of separation. A social worker or chaplain often helps the family talk about these issues. In addition, some palliative care services offer grief counseling to help friends and family members cope with loss.

More Information

ASCO Recommends Palliative Care as a Part of Cancer Treatment [11]

The Oncology Team [12]

Managing Side Effects [13]

Coping [14]

Advance Directives [15]

Additional Resources
[16]

Vital Options International: Watch interviews with ASCO members discussing the role of palliative care in cancer care, June 2013 [16]

ReachMD *OncoTalk* interview with Dr. Jamie Von Roenn: Palliative Medicine (free registration required) [17]

National Institute of Nursing Research: Palliative Care?s Many Benefits [18]

National Hospice and Palliative Care Organization: Caring Connections [19]

Center to Advance Palliative Care: GetPalliativeCare.org [20]

American Academy of Hospice and Palliative Medicine [21]

Hospice and Palliative Nurses Association [22]

Links:
[1] http://www.cancer.net/about-us
[2] http://www.cancer.net/sites/cancer.net/files/caring_for_the_symptoms_of_cancer_and_its_treatment.mp3
[3] http://www.cancer.net/node/27126
[4] http://www.cancer.net/node/25281
[5] http://www.cancer.net/node/24865
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[13] http://www.cancer.net/node/25238
[14] http://www.cancer.net/node/21
[15] http://www.cancer.net/node/25278
[16] http://www.youtube.com/watch?v=zMmHfPwXMhA&feature=youtu.be
[17] http://www.reachmd.com/xmsegment.aspx?sid=6846
[18] http://www.ninr.nih.gov/newsandinformation/publications/palliative-care-brochure
[19] http://www.caringinfo.org/i4a/pages/index.cfm?pageid=1
[20] http://www.getpalliativecare.org/home/
[21] http://www.palliativedoctors.org/
[22] http://www.hpna.org/DisplayPage.aspx?Title=Patient/Family%20Teaching%20Sheets