

Improvements in Advance Care Planning Can Translate to Patient Comfort

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In our last issue, I reported on the highlights from the American Society of Clinical Oncology's (ASCO) Annual Report on Progress Against Cancer. As noted in the report, we've experienced tremendous advances in the care of our patients with cancer, with an approximate 25 years of decline in the overall incidence and mortality for all types of cancer (Pal et al., 2019). This is positive news for all patients who will be diagnosed with cancer this year, and for many survivors of this common and challenging disease. The report details the incredible improvements in therapies and molecular diagnostics, and the successes we are achieving in the treatment of patients with immunotherapy and targeted therapies.

However, we must also accept that there are those who will not benefit from our current approaches in treatment and that cancer still claims the lives of many of our patients. It's our responsibility to care for all patients, including those who go on to palliative care and eventually die of their disease. Although I'm always excited about advances in

treatment, I'm also always interested in better ways to help patients with terminal disease manage the end of life with dignity and care.

Advance care planning is a useful tool. Integration of advance health-care planning is approached in different ways depending on the institution and staff caring for those patients. Improving end-of-life care through this planning can help patients achieve their wishes regarding this care. There are several recently published studies that attempted to do just that.

END-OF-LIFE CARE AND ADVANCE PLANNING

Authors Patel, Moor, and Coker (2019) studied the effects of an end-of-life cancer care redesign called the Engagement of Patients With Advanced Cancer (EPAC). The program used a lay health-care worker to help patients with advance care planning and was found to improve patient experiences and reduce acute care use and total health-care costs. The study's objective was to assess the patient's and caregiver's feelings about the intervention using 69 pa-

tients (alive at the end of the interventions) and 30 identified caregivers who completed an eight-item survey (Patel, Moore, & Coker, 2019). The study results demonstrated that all viewed the intervention as a critical part of cancer care, recommended it for other patients, and reported improved comfort in discussing their end-of-life care preferences.

Another recent study examined early palliative care interventions in patients with advanced cancer using interviews with 20 patients who met the criteria for the study (Fliedner et al., 2019). All patients had advanced cancer diagnoses. After the intervention, patients reported that although the intervention could feel “confrontational,” it should be incorporated into routine care if delivered at the right timing, as it facilitated family conversations and could be beneficial.

I was also intrigued by a study conducted by Webber, Viola, Knott, Peng, and Groome (2019) that detailed the importance of community palliative care initiatives to reduce end-of-life hospital utilization and hospital deaths. In an ecologic and retrospective cohort study from April 2009 to March 2014, an intervention comprised of a Yellow Folder (for home death) and a Symptom Response Kit (on managing symptoms in the home) was implemented for one group of palliative home-care patients, while the other received neither. Compared with the group without the intervention, the patients who received the Yellow Folder or Symptom Response Kit had an increased possibility of dying in the community, allowing these patients to remain home at the end of life (Webber et al., 2019).

IMPROVING END-OF-LIFE CARE

I am excited about the many improvements our patients are currently experiencing in cancer care. More than ever before, our patients have many more treatment options, and the successes of our newest therapies have improved patient outcome and in many cases, longevity. However, for those

patients for whom these improvements have not translated to longer survival or cure, helping to ease end-of-life care is an important and critical goal. Assisting patients to achieve their desire to die at home while reducing hospital utilization is another laudable goal, and I think these studies are reflective of the benefits of improved end-of-life care and advance care planning.

IT'S NOT TOO EARLY TO THINK ABOUT SEATTLE!

Early registration is open for JADPRO Live this October 24 to 27, and hotels are starting to fill up! Don't miss the annual APSHO meeting at JADPRO Live, where advanced practitioners will attend educational sessions geared toward their needs. JADPRO Live is designed by and for advanced practitioners working in oncology and offers valuable networking opportunities and learning in a variety of settings, including didactic and panel discussions. Join us in Seattle! ●

References

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