Helping expectations become reality for dying cancer patients

We read with interest the editorial by Drs Lehmann and Daneault in the April issue entitled “Palliative care. First and foremost the domain of family physicians.” The authors point out the need for improvements in end-of-life care by family practitioners and note that improvements in residency training programs could facilitate greater understanding and better management of end-of-life symptoms.

This is especially important among patients dying from cancer, which is roughly one third of deaths in Canada. We know that, if given the choice, more than 70% of patients dying from cancer would prefer to die at home. Data from our centre indicate that only 42% of patients dying of breast cancer actually achieve a home death. Data from across the country indicate even lower rates of 20% to 30% in Nova Scotia and 7% in Quebec for patients dying of cancer. This might be due, in part, to trends toward increased aggressiveness of care at the end of life, but it is also the result of scarce resources for palliative management at home. The low incidence of home death has been associated with a low rate of palliative care referral and a high rate of specialist care at the end of life.

Integrating palliative care into residency training programs in family medicine is a step in the right direction. Because cancer patients account for the largest proportion of deaths, however, it might also be beneficial to ensure exposure to oncology during training to enable better transition from specialist care to family physician–based care toward the end of life. By working together we hope to improve our care of cancer patients at the end of life and ensure that expectations of dying cancer patients and their families are met.

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References

Make your views known!

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