

Disclosing Gaps Between Supportive And Palliative Care - The Past 20 Years

John F Smyth
Edinburgh
UK

Supportive Care is well understood

Palliative Care less so

Supportive Care

- Antiemetics
- Analgesia
- Organ sparing anticancer drugs
- Growth factors
- Erythropoietin
- Fatigue
- Nutrition

Quality of Life

- Development of reliable instruments
- Counselling techniques
- Spiritual support in multiethnic setting

Antiemetics

- 5HT₃ Inhibitors
- June 1986 Michael Tyers (Glaxo)
- Ondansetron for Cis-platin

Palliative Care 1980's

In Edinburgh

St Columba's Hospice

- Charity funded
- Terminal care
- In-patients only
- Religious dimension (christian)



Palliative Care 1990's

Hospice develops outreach —→ Community
—→ Hospitals

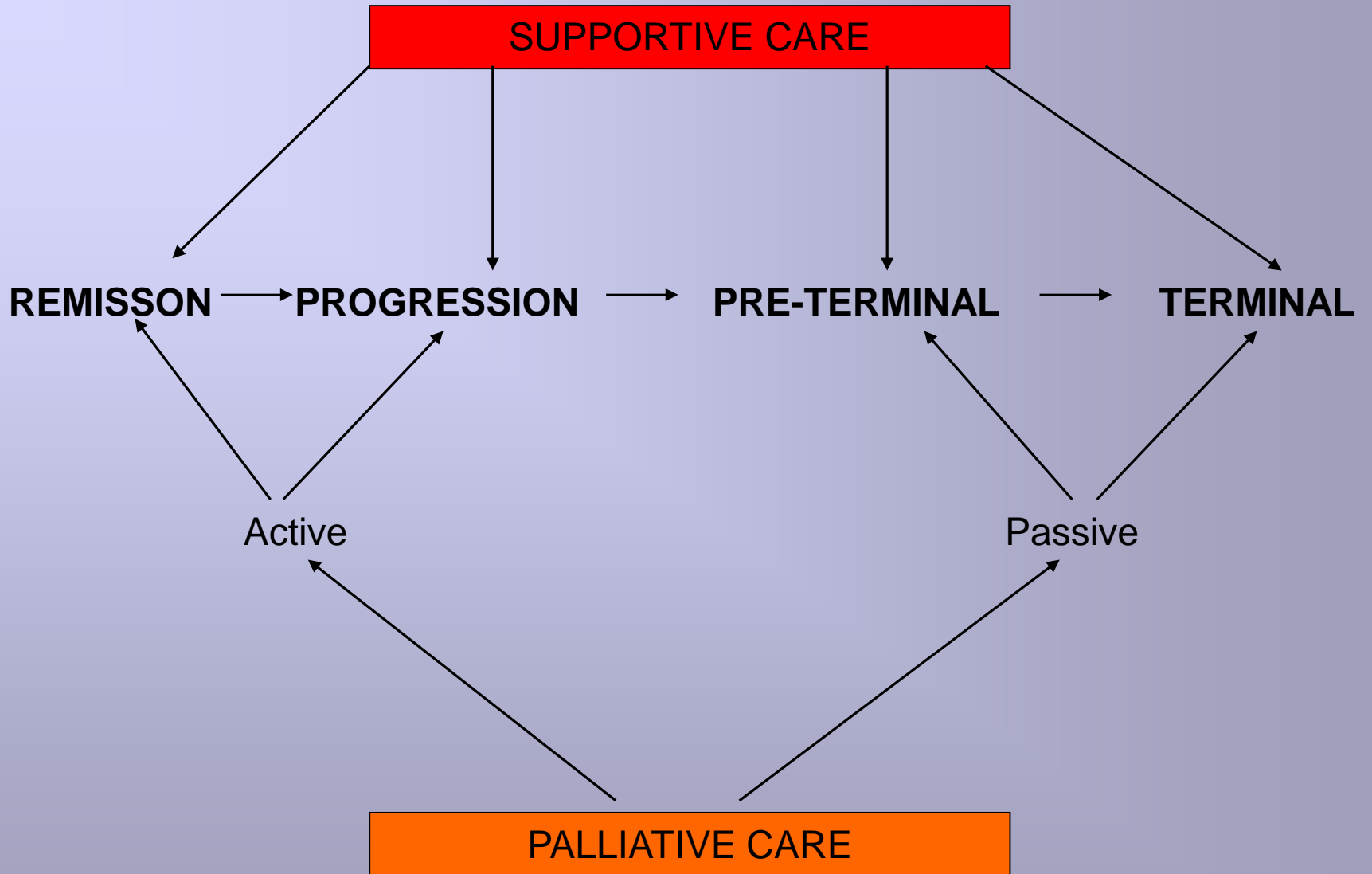
Funding base expands (Government)

Education for —→ Postgraduates
—→ Undergraduates
—→ Other professionals

Palliative Care 2000 -

- Hospital Service developed
- Research initiated (tolerated!)
- 2 x chairs in Palliative Care created
- Nurse prescribing





Survivorship Issues

During remission, need greater awareness of consequences of successful treatment

- A. Physical eg.
 - Pain
 - Restricted activity
 - Organ malfunction - Diarrhoea
 - Sexual activity
 - Fatigue

Survivorship Issues

- B. Emotional, eg.
 - Fear of recurrence
 - Altered relationships
 - Partners
 - Children
 - Life's expectancies
 - Depression/Disappointment
 - Spiritual support

GAPS

- Perceptions
- Funding
- Research

Perceptions

Palliative Care is

- passive
- short term (pre-terminal illness)
- Minimal intervention
- Inexpensive

Supportive Care is

- Active
- Interventional
- Acute & chronic timescale
- Expensive

Funding

Palliative Care:

Charity (often local)

Supportive Care:

Government (mainstream)

Research

Palliative Care — “Unethical”!

Supportive Care — Essential — Evidence-based medicine

— Cancer charities

— Industry

Complementary and Alternative Medicine

- Very important!
- The patient's voice
- Increasing in frequency and complexity
- Now a multibillion Euro unregulated industry
- Need for research and evidence

Integrative Oncology

CAM incorporated with conventional treatment

- Empowers patients
- Enhances trust
- Enhances communication

Closing the Gaps

1. Supportive and Palliative care are part of a continuum
2. Education to increase — awareness of possibilities
— define the goal of treatment
3. Funding to provide both from non-competitive sources
4. Research to provide an evidence base – especially in Integrative Oncology