

Palliative Care

▶ What is Palliative Care?

Palliative care is the holistic management of physical, psychological and spiritual problems faced by patients with serious or life-threatening illness and their families. The goals of palliative care include improving the quality of life by preventing or treating, as early as possible, the symptoms and side effects of the disease and its treatment; to offer social support systems to patients and caregivers, and to integrate psychological and spiritual aspects of care. Palliative care is also called supportive care or symptom management.

▶ Who gives Palliative Care?

Palliative care is an interdisciplinary team approach. Any health care provider may provide palliative care by addressing the side effects and emotional aspects of cancer. Some health care providers are specially trained in palliative care and work with, not in place of, your primary oncology team. A palliative care team may also include social workers, pharmacists, registered dietitians, chaplains, NPs, physician assistants, and therapists.

▶ When is Palliative Care used in cancer care?

Palliative care is incorporated to promote the best quality of life (QOL) throughout a patient's cancer experience, beginning at the time of diagnosis, throughout treatment, and the end of life.

▶ Where is Palliative Care received?

Palliative care is offered at cancer centers, clinics, inpatient units at hospitals, and at home.

▶ Is Palliative Care the same as hospice?

No. This is a common misconception about palliative care. Palliative care is offered much earlier in the disease process. While all of hospice is palliative care, not all of palliative care is hospice. Patients can transition to hospice once cancer treatments are no longer controlling their disease. At that point they receive only palliative care. While patients are still receiving cancer treatment, they may receive palliative care in addition to their cancer treatments.



ASK YOUR HEALTHCARE TEAM

- *Does your hospital have a palliative care service?*
- *How can I be seen by a palliative care specialist?*
- *Will you and my palliative care team communicate about my problems?*
- *Who can I call if I have a question about palliative care treatment that I am receiving?*

Always consider
a 2nd Opinion



TERMS TO KNOW

- **Chemotherapy:** the treatment of disease by means of chemicals that that selectively destroy cancerous tissue.
- **Hospice:** A health care facility or support for the terminally ill at home. Hospice focuses on pain control and emotional support for the patient and family.
- **Palliative care:** specialized medical care for people with serious illness. This type of care is focused on providing relief from the symptoms and stress of a serious illness. The goal is to improve quality of life for both the patient and the family.

WHAT YOU SHOULD KNOW: *All patients are unique and have specific needs. The following list provides examples and is not exhaustive*

PHYSICAL

- Pain or other complications from cancer itself, treatments or surgery
- Nausea/vomiting during and after **chemotherapy** or other treatments
- Fatigue during BCG treatments, radiation, or during chemotherapy or immunotherapy
- Sexual problems caused by surgery or other treatments
- Nutritional status before, during and after cancer therapies or surgery

EMOTIONAL

- Supportive care for feelings of depression, anxiety, or fear for patients and their families
- Sadness about body changes with post-surgery urinary diversion management
- Talking to children and other loved ones about cancer

SPIRITUAL

- Incorporate spiritual care according to patient/family needs, values, beliefs and culture background

OTHER

- Questions about legal forms such as advanced directives and health care power of attorney

MYTHS ABOUT PALLIATIVE CARE:

- **If I get palliative care, that means I can't have any more cancer treatment: FALSE.**
Incorporating palliative care into your cancer care has resulted in higher patient satisfaction. If your cancer doctor refers you to a palliative care specialist, they will work together to optimize your quality of life.
- **I don't have pain, so I can't get palliative care: FALSE.**
Palliative care addresses much more than just pain. Examples of issues that are addressed in palliative care include nausea, vomiting, fatigue, appetite loss, sleeping problems, depression, anxiety, and much more.
- **I didn't get chemotherapy for my bladder cancer, so I can't get palliative care: FALSE.**
Some patients experience bad bladder symptoms after treatments like BCG or radiation, and pain or bowel problems after surgery. Palliative care can be used for these types of problems, too.

NEXT STEPS:

- It can be helpful to talk to someone who has experienced palliative care. Call the BCAN Survivor 2 Survivor program to connect with a volunteer who knows about having palliative care. **Dial 888-901-BCAN.**

The Bladder Cancer Advocacy Network (BCAN)

BCAN's mission is to increase public awareness about bladder cancer, advance bladder cancer research, and provide educational and support services for the bladder cancer community.



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