The Evidence Behind Integrating Palliative Care Into Oncology Practice

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Palliative care services provided alongside traditional oncology care have been shown to be beneficial to patients and families. This article provides a brief history of palliative care, a pathway to implementing these services into currently established oncology programs, and a brief discussion of common barriers.

At a Glance

- Palliative care increases quality of life and patient satisfaction and decreases caregiver burden and healthcare costs.
- Palliative care program development requires education, review of population needs and available services, effective screening tools, and participation in quality improvement processes.
- Integration of palliative care into oncology care is expected to increase with the transition to a patient-centered model with value-based reimbursement.

Education on Palliative Care

The biggest barrier to implementation may be the lasting misconceptions by patients and providers of what palliative care entails and the stigma associated with the terms palliative care and hospice. Abernethy and Currow (2011) described hospice as the “dominant model of palliative care service provision in the United States” (p. 347). Hospice has been an established form of palliative care available as a covered Medicare and third-party payer since the early 1980s. Unfortunately, based on the limiting eligibility criteria of this benefit, including documentable limited life expectancy and the forfeiture of curative treatment pursuits, use of this service remains very late in the illness trajectory, typically when the patient has exhausted all other medical options and end of life is imminent (Parikh, Kirch, Smith, & Temel, 2013). According to the National Hospice and Palliative Care Organization (2015), 48.8% of patients who were enrolled in hospice had a length of stay of less than 14 days. Because of the stigma and association with hospice and end of life, some providers are reluctant to refer