Incorporating Supportive Care Into Routine Cancer Care: The Benefits and Challenges to Clinicians’ Practice

Eli Ristevski, PhD, BHealthSc(Hons), Sibilah Breen, BSc(Hons), PhD, and Melanie Regan, RN, BHealthSc, GradDip Cancer Care, MN

Patients with cancer experience significant symptom burden (Butt et al., 2008), unmet psychosocial needs (Boyes, Girgis, & Lecathelinais, 2009; McIlmurray et al., 2001), and psychiatric morbidity (Strong et al., 2007; Zabora, BrintzenhofeSzoc, Curbow, Hooker, & Piantadosi, 2001). Current psychosocial guidelines recommend routine screening of all patients with cancer for distress and unmet psychosocial needs to prevent development of more significant disorders (National Comprehensive Cancer Network [NCCN], 2011) and improve patient physical and psychosocial outcomes (Boyes, Newell, Girgis, McElduff, & Sanson-Fisher, 2006; McLachlan et al., 2001).

The need for routine supportive care screening is supported by previous research indicating that clinician identification of patient physical and psychosocial needs is less than optimal (Fallowfield, 2001; Keller et al., 2004). Additional studies have indicated patient reluctance to raise supportive care concerns during clinic visits or to discuss them only at the initiative of the clinician. Clinicians also generally defer to the wishes of their patients when discussing emotional and psychosocial concerns (Detmar, Aaronson, Wever, Muller, & Schornagel, 2000) and note that issues patients most want assistance with are not necessarily those they feel most able to address (Snyder et al., 2007).

While acknowledging the need for supportive care screening, a range of barriers has been identified that are relevant to clinical implementation (Botti et al., 2006; Schofield, Carey, Bonevski, & Sanson-Fisher, 2006), including personal knowledge and perceived value of supportive care, practice (time, role-definition, resources), and organizational (feedback, rewards) barriers. Those barriers, alongside patient and clinician expectations for discussion of psychosocial issues, highlight the need for clinician training in supportive care provision in combination with appropriate clinical support.