

Roundtable Discussion – Palliative Care:

Providing Comfort from a Patient and Provider Perspective

Moderator:

Toby C. Campbell, MD, MSCI
University of Wisconsin Carbone Cancer Center

Panel: Maria Dans, MD, *Siteman Cancer Center at Barnes-Jewish Hospital and Washington University School of Medicine*; Sophia Smith, PhD, MSW, *Duke Cancer Institute*; Carri Siedlik, APRN, ACHPN, *Fred & Pamela Buffett Cancer Center*; Shirin Malekpour, PhD, *University of Wisconsin-Madison (Family Member Advocate)*



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Learning Objectives:

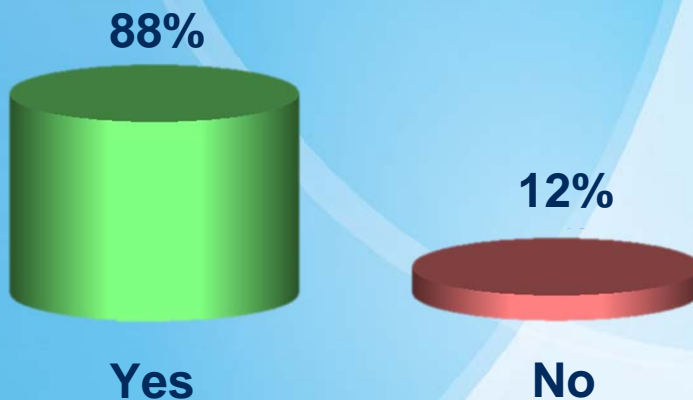
- Compare and contrast palliative care, hospice care, and best supportive care practices
- Identify barriers related to requesting and receiving palliative care
- Summarize the options for symptom management related to palliative care
- Discuss important end-of-life issues such as hospice care, advance directives, and discontinuation of life-support with patients and caregivers



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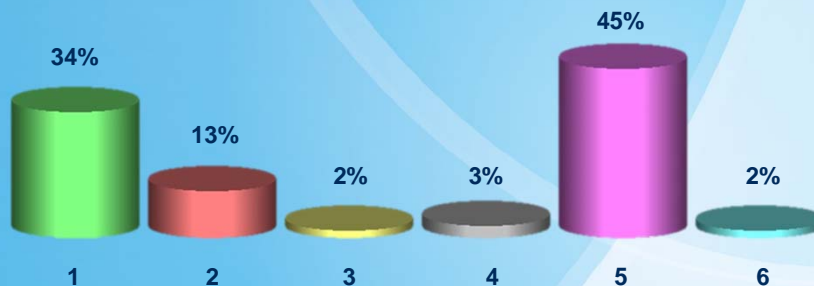
Are you able to refer your outpatients with cancer to palliative care?

- 1. Yes
- 2. No



Who provides palliative care in your center?

- 1. Physician
- 2. Physician and Nurse
- 3. Physician, Nurse, Spiritual Care
- 4. Physician, Nurse, Social Worker
- 5. Physician, Nurse, Spiritual Care, Social Worker
- 6. Other



Audience Polling Results

What are the barriers you face to accessing palliative care?

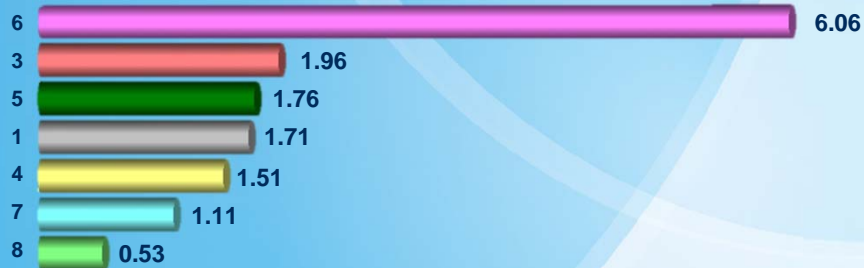
1. It adds to my workload.
2. I want to avoid having more patients on controlled substances.
3. I already address the aspects of care that would be provided by palliative care.
4. I dislike the idea of adding another provider to the care team who may weaken my relationship with the patient.
5. It could impair the continuity I have with my patients at a critical time in their life.
6. There is limited or no access to palliative care in my clinic.
7. I worry the patients will stop chemotherapy as a result.
8. I worry the patient will not participate in a clinical trial.



Audience Polling Results

What are the barriers your patients face to accessing palliative care?

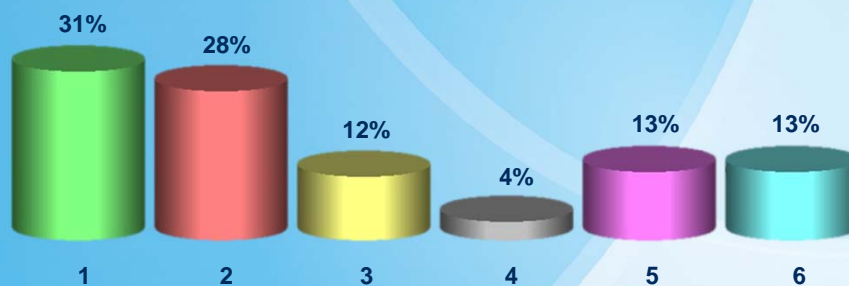
1. They do not want to be treated with more controlled substances.
2. They dislike the idea of adding another provider to the care team who may weaken my relationship with their physician.
3. It could impair the continuity they have with their providers at a critical time in their lives.
4. There is limited or no access to palliative care in their provider's clinic.
5. They may feel like their providers are giving up on them.
6. They may discontinue treatment or seeking treatment options (e.g. clinical trials).
7. Financial implications/additional co-pay.



Audience Polling Results

How is most of your time spent when caring for patients with advanced cancer?

1. Managing their cancer and its treatment
2. Managing physical symptoms
3. Managing emotional symptoms
4. Having discussions about prognosis
5. Goals of Care discussions
6. Coordinating their care



A recording of this roundtable discussion will be available at <http://education.nccn.org> by June 2016.



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