

ACS CAN Quality of Life Initiative

Frequently Asked Questions

1. What is the ACS CAN Quality of Life initiative?

It is federal legislation to improve the lives of cancer patients by making treatment of their pain and other symptoms and coordination of their care standard protocol during their treatment for cancer. Studies have shown that coordinating patient care and treating pain and symptoms leads to increased patient and family satisfaction.

2. Why is ACS CAN making this a federal legislative priority?

Improving quality of life for cancer patients during and after treatment is one of the American Cancer Society's main goals. Cancer patients often have pain and treatment for cancer can leave survivors with permanent side effects. The idea here is to take away some of the unnecessary pain, fear and anxiety that many patients feel, and to make recovery and survivorship easier. The way to do that is to give patients palliative care.

3. What is palliative care?

Palliative care is focused on providing patients with relief from the symptoms, pain, and stress of a serious illness. The goal is to improve quality of life for both the patient and the family. Palliative care is provided by a team of doctors, nurses, and other specialists who work with the patient's other doctors to provide an extra layer of support. Palliative care is appropriate at any age and at any stage in a serious illness, and can help patients get well faster and easier.

4. Why aren't cancer patients getting palliative care now?

Many of them are. Over the last ten years, palliative care has been one of the fastest-growing trends in health care. The number of palliative care programs within hospital settings has increased by 138 percent since 2000.

5. What would ACS CAN's legislation do?

The ACS CAN legislation would address patient barriers to palliative care in three key areas by: (1) ensuring sufficient numbers of specialists to teach doctors and nurses to provide high quality palliative care; (2) investing in research on ways to improve patient quality of life through palliative care; and (3) by delivering high-quality palliative care in hospitals, and later expanding that care to other community sites where cancer patients are treated.

6. How will this quality of life initiative help cancer patients specifically?

It's really about giving patients more control. It's about including their family members and caregivers in the decisions they make about their treatment. It's about coordinating their doctors and medicines and making sure patients know what to do when they're discharged from the hospital. It's about making sure that their pain is properly managed, that psychosocial concerns are identified and treated, and that other symptoms such as nausea or shortness of breath are addressed. It is about all of the things that we should be doing to help patients get well and have better lives.

7. How do we know that palliative care actually improves quality of life for patients with serious illnesses?

There are numerous clinical studies that demonstrate the effectiveness of palliative care. Over the past five years the Society with its partners has invested over \$9 million dollars in palliative care research. One 2010 study of lung cancer patients published in the prestigious New England Journal of Medicine showed that early palliative care provided alongside cancer treatment resulted in patients living longer. Other studies found that patients benefitting from hospital-based palliative care consultations spent less time in intensive care units and were less likely to be readmitted to the hospital after being discharged.

8. When should palliative care services be introduced to a patient, or a patient receive a referral by their doctor to a palliative care team?

Patients diagnosed with serious illnesses should have the option of receiving palliative care services beginning right at the point of diagnosis, and for as long as they need it, right along with their curative treatment. It is appropriate at any age or stage of a serious illness like cancer.

9. What health professionals typically make up a palliative care team?

A palliative care team typically includes a palliative care physician who leads the team and works with a nurse, social worker, patient navigator, and possibly a person with a spiritual role such as a chaplain or a priest.

10. Is the ACS CAN legislation specific to cancer, or cancer patients?

No. All patients with serious illnesses can benefit from palliative care.

