

Palliative Surgery and Palliative Medicine for Cancer Patients: Are we Following the Same Fundamental Principles?

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In the last decades, in medical oncology, several guidelines or clinical recommendations have been defined that have supported (and are still supporting) clinicians in planning the correct therapeutic process of cancer patients.

Although the guidelines are well codified and generally followed in the treatment of cancer patients with early disease, there are still major problems in their application in end stage cancer.

In this specific field, data are quite mature and consolidated in terms of medical treatment: conversely, several issues are still being debated about the role and indications of surgery with palliative aim.

In the current issue of Journal of Palliative Care and Medicine, Hanna et al. [1] have presented a very interesting and comprehensive review entitled "Overview of palliative surgery: principles and priorities". In this paper, authors have carefully defined fields of application, the priorities and educational processes that underlie palliative surgery and particular emphasis was given to the need for a better integration of surgeons with the other members of palliative care team.

In this review the first and fundamental question was about the exact meaning of palliative surgery: the authors have strengthened the concept that the key difference between palliative and non-curative surgery is represented by the intent of surgery [2]. Hanna et al. [1] have remarked that emerging definition of palliative surgery should strictly follow the established principles of nonsurgical palliative care. Obvious? Not yet, unfortunately.

As recently reported by the American College of Surgeons/Cunniff-Dixon Foundation we should abandon the term of "palliative surgery" and consider the term of surgical palliative care: it means that each surgeon should apply the same basic principles that drive the palliative medicine [3].

Is it the right way? Probably, yes.

Such an approach could simplify many of the several issues that still exist about the role of surgery in cancer patients with far advanced or terminal disease.

This way is not a simple way: in fact, a satisfactory treatment of these patients absolutely requires multidisciplinary interventions. The palliative care team consists of several specialists that, starting from a common background, should work together to provide the best response to clinical and psychosocial need of patients.

A common background can be built only through a proper process of education and training: this common path should represent the backbone of each professional involved in the palliative care team [1,4].

Progress of knowledge in cancer care is leading towards an increasing complexity that reinforces the importance of a multidisciplinary approach for diagnosis, treatment and supportive care of cancer patients.

A recent paper of Temel et al. [5] has evaluated the introduction of palliative care earlier in the course of illness : early palliative care

resulted in improved quality of life, a better understanding in patients of changes in their prognosis and, surprisingly, in a better survival [5,6].

Undoubtedly, the article by Hanna et al. [1] is of outstanding interest and we sincerely appreciate the precision and clarity of their work: the theoretical and practical approach should be widely followed and we must increase our efforts to make this process more homogeneous worldwide.

Our approach must be patient-centered and each member of the palliative care team should work in equal partnership with other colleagues: in palliative care we should forget the concept of vertical hierarchy and stress the need for a horizontal hierarchy among the different specialists.

We should give less credit to personal beliefs and experiences and understand that it is absolutely necessary that all specialists involved in the care of cancer patients depart from the real needs of the patient using the same basic principles of palliative care.

Although to varying degrees in the different areas of the world, this is a process still in progress: we must continue to debate with each other to improve, more and more, our acting together.

Only starting from a common background and following the same theoretic and practical principles we'll reach the same fundamental purpose: the right care for the right patient in the right moment.

As reported by Hanna et al. [1], palliative surgery is common in surgical oncology practice and it accounts for approximately 10-20% of surgery performed: mainly in patient's end-stage cancer, treatment decisions must be discussed and shared within a palliative care team. We are facing a great challenge and patients ask us a sharp change in attitudes and praxis: are we ready?

References

1. Hanna NN, Bellavance E, Keay T (2011) Palliative surgical oncology. *Surg Clin North Am* 91: 343-353.
2. Dunn GP, Weissman DE, Martensen R (2009) Surgical Palliative Care: a resident's guide. American College of Surgeons/Cunniff-Dixon Foundation, Essex, CT, USA.
3. Van Aalst-Cohen ES, Riggs R, Byock IR (2008) Palliative care in medical school curricula: a survey of United States medical schools. *J Palliat Med* 11: 1200-1202.
4. Podnos YD, Wagman LD (2007) The surgeon and palliative care. *Ann Surg Oncol* 14: 1257-1263.

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5. Temel JS, Greer JA, Admane S, Gallagher ER, Jackson VA, et al. (2010) Early palliative care for patients with metastatic non-small-cell lung cancer. *N Engl J Med* 363: 733-742.
6. Ellis PM (2012) The importance of multidisciplinary team management of patients with non-small-cell lung cancer. *Curr Oncol* 19: S7-S15.