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# Recent Progress and Future Directions in Palliative Oncology Research

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## Introduction

There is an identity crisis in palliative care. Most health care professionals believe palliative care is synonymous with end-of-life care, and 70% of Americans describe themselves as "not at all aware" about it. Because specialty palliative care — delivered by professionals with competence in palliative medicine — is largely offered through hospice care or inpatient consultation only after life-prolonging treatment has failed, this view is not far from contemporary medical practice. Limiting specialty palliative care to those in hospice or hospitalization misses the majority of patients with serious illnesses, such as advanced cancer, who experience physical and psychological difficulties throughout their illness. Palliative care should be undertaken alongside normal medical care for patients with serious illnesses, in order to guarantee that patients receive the greatest care throughout their disease trajectory. Reducing specialty palliative care to those in hospice or hospitalization misses the majority of patients with serious illnesses, such as advanced cancer, who experience physical and psychological difficulties throughout their illness. Clinicians, patients, and the general public must understand the essential differences between palliative care and hospice care in order to use palliative care effectively. Self-study, examination of treatment manuals and scripts, and role playing with feedback were all part of the nurse coach training. The study's primary investigator (M.A.B.) was blinded to group assignment and examined all PC consultation notes as well as digitally recording nurse coach sessions to ensure protocol compliance. She met with the nurse coaches once a week to go over challenging cases and provide comments. All patients received standard oncology care, which included anticancer, and symptom control treatments as well as consultations with oncology and supportive care professionals, including a clinical PC team. Regardless of group assignment, the latter was delivered anytime it was requested [1].

The shortage of palliative care professionals is outstripping the growing demand for PC among patients with serious illnesses. This disparity necessitates primary PC proficiency for all health care providers, including patient-centered communication, pain and symptom management, and interprofessional coordination. SBME (simulation-based medical education) has emerged as a potential method for teaching critical skills and closing the educational gap. The present state of SBME in PC skill training is described in this work. We provide numerous recommendations for the future use of SBME in PC training based on the findings of this review. SBME, we feel, provides unique chances to teach computer skills, and we encourage educators to look for ways to include these methods into their curricula. In addition to increasing inter-professional training in SBME, we push for the inclusion of learners from all specialties engaged in the care of chronically sick patients with PC needs. We encourage educators to form partnerships with simulation centers in order to construct SBME that may be used to teach and assess learners about symptom management, particularly in the dying patient. The prospects for improved palliative radiotherapy care include accelerating advances in technological capabilities. Moore's law suggests that computer processing power doubles about every 2 years. Adoption of multi-leaf collimation rather than poured Cerrobend blocks on linear accelerators was not first exhaustively investigated. Palliative care on both an individual and systemic level needs to account for the mindset and goals of an individual facing their own death. The cost associated with complex palliative radiotherapy techniques must be measured while considering the expenses associated with prolonged use of newer systemic agents [2, 3].

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