



Hematology and early palliative care: A conscious choice for patients and healthcare professionals

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Abstract:

According to the current definition of EAPC (European Association for Palliative Care) palliative care is the active, total care of the patients whose disease is not responsive to curative treatment. Control of pain of other symptom and of social, psychological and spiritual problems is paramount. Although, early palliative care has already demonstrated efficacy in the management of physical, psychological and spiritual symptoms among cancer patients, interventions of simultaneous care are not yet routinely provided in hematology units. Since, patients with blood and lymphoid malignancies in advanced phases of disease generally present a significant symptom burden (fatigue, bleeding and infection risks, fever, dyspnea, pain), the role of palliative care is to support patients and families and to cooperate with the specialist care team in the decision making process and in the caregiving, especially during the transition time from active treatment to the end-of-life. Nursing has a central role in the daily assistance and in critical phases: according to the model of primary nursing and relationship based care, nurses - more than doctors - may recognize those needs that are often hidden behind non-physical symptoms (fear of death/fear of suffering) and address emerging problems to the multidisciplinary team. One of the main unmet needs in the setting of terminally ill hematology patients is the appropriateness of the place

of death: a large majority of patients die in acute hospital beds. Any concern about the end-of-life care should be faced at the right time – earlier and simultaneously when there is room enough for the patient to make a conscious choice regarding the place of care, the acceptance/refuse of further lines of antineoplastic therapies, the balance between quality of life and life expectancy.

Recent Publications:

1. Hochman M J et al., (2018) Comparing the Palliative Care Needs of Patients With Hematologic and Solid Malignancies. *J Pain Symptom Manage* 55(1):82-88.
2. Howell D A et al., (2011) Haematological malignancy: are patients appropriately referred for specialist palliative and hospice care? A systematic review and meta-analysis of published data. *Palliative Medicine* 25(6):630-641.
3. Howell D A et al., (2013) Place of death in haematological malignancy: variations by disease sub-type and time from diagnosis to death. *BMC Palliative Care* 12:42.
4. Epstein A S et al., (2012) Palliative care and hematologic oncology: the promise of collaboration. *Blood Reviews* 26:233-239.
5. Howell D A et al., (2017) Preferred and actual place of death in haematological malignancy. *BMJ Supportive and Palliative Care* 7:150-157.

Biography:

Cruciani M is a Nurse Specialist in Palliative Care, Home Care and Pain Management. He is interested in clinical, educational and research issues regarding palliative care. He is President and Founding Member of the non-profit association “Zero K”, based in Carpi (Modena) and involved in promoting, developing and sharing the culture of palliative care through all forms of arts like photography, cinema, music and drama.