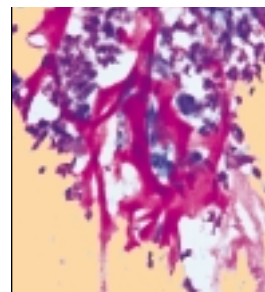


## TEN BEST READINGS ON PALLIATIVE CARE

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Archer VR, Billingham LJ, Cullen MH. Palliative chemotherapy: no longer a contradiction in terms. *Oncologist*. 1999;4:470-477.

This review presents the case for palliative chemotherapy, highlights the areas of progress that have made this feasible, and provides guidance with regard to its appropriate use.

Billings JA. Recent advances: palliative care. *BMJ*. 2000;321:555-558.

This article introduces current concepts about palliative care and reviews advances in this subject over the past five years, highlighting developments of particular interest to generalists.

Bruera E, Pereira J. Recent developments in palliative cancer care. *Acta Oncol*. 1998;37:749-757.

The authors highlight the multidimensional assessment of symptom complexes and neurotoxicity of opioids.

Cassileth BR. Complementary and alternative cancer medicine. *J Clin Oncol*. 1999;17:44-52.

Approximately 8% to 10% of patients seek alternative care after tissue-biopsy diagnosis of cancer. The majority of patients pursue complementary therapies, not alternative therapies. Specific complementary and alternative therapies are reviewed.

Ciezki JP, Komurcu S, Macklis RM. Palliative radiotherapy. *Semin Oncol*. 2000;27:90-93.

Skeletal metastases, spinal cord compression, brain metastasis, bronchial obstruction, and vena

cava obstruction are regularly encountered in patients with cancer. Radiotherapy is often effective in palliating the effects of these complications.

Hearn J, Higginson IJ. Do specialist palliative care teams improve outcomes for cancer patients? A systematic literature review. *Palliat Med*. 1998;12:317-332.

There is evidence that specialist teams in palliative care improve satisfaction as well as identify and deal with more patient and family needs. Moreover, multiprofessional approaches to palliative care reduce the overall cost of care by reducing the amount of time patients spend in acute hospital settings.

Lo B, Quill T, Tulsky J. Discussing palliative care with patients. ACP-ASIM End of Life Care Consensus Panel. American College of Physicians-American Society of Internal Medicine. *Ann Intern Med*. 1999;130:744-749.

In addition to addressing physical suffering, physicians can extend their caring by acknowledging and exploring psychosocial, existential, or spiritual suffering. As patients struggle to find closure in their lives, active listening and empathy have therapeutic value in and of themselves.

Miner TJ, Jaques DP, Tavaf-Motamen H, et al. Decision making on surgical palliation based on patient outcome data. *Am J Surg*. 1999;177:150-154.

In the current surgical literature, there is uncommon reporting of the range of data required to

The 10 best recent articles in the medical literature relating to palliative care are reviewed here.

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recommend sound palliative surgical choices.

Quill TE, Byock IR. Responding to intractable terminal suffering: the role of terminal sedation and voluntary refusal of food and fluids. ACP-ASIM End of Life Care Consensus Panel. American College of Physicians-American Society of Internal Medicine. *Ann Intern Med.* 2000;132:408-414.

Although medicine cannot sanitize dying or provide perfect answers to challenging end-of-life clinical problems, terminal sedation and voluntary refusal of hydration and nutrition substantially increase patients' choices at this inherently challenging time.

Steinhauser KE, Christakis NA, Clipp EC, et al. Factors considered important at the end of life by patients, family, physicians, and other care providers. *JAMA.* 2000; 284:2476-2482.

Although pain and symptom management, communication with one's physician, preparation for death, and the opportunity to achieve a sense of completion are important to most, other factors important to quality at the end of life differ by role and by individual. Efforts to evaluate and improve patients' and families' experiences at the end of life must account for diverse perceptions of quality.

FIVE BEST BOOKS OR JOURNAL ISSUES ON  
PALLIATIVE CARE FOR EDUCATIONAL PURPOSES

- Doyle D, Hanks GWC, MacDonald N, eds. *Oxford Textbook of Palliative Medicine.* 2nd ed. Oxford; Oxford University Press; 1998.
- *JAMA.* Volume 284, Number 19, November 15, 2000.
- *Cancer Treatment and Research.* Volume 100, 1999.
- *Seminars in Oncology.* Volume 27, Number 1, 2000.
- *Clinics in Geriatric Medicine.* Volume 16, Number 2, 2000.