

Early palliative care: philosophy vs. reality

In the April issue of *Annals of Palliative Medicine (APM)*, we were excited to pass along the great news that *APM* is now fully indexed in PubMed/MEDLINE (1). Due to the open-access policy of the journal, the information shared in *APM* is now readily available for those who are looking for sophisticated reviews and original articles on clinical and research topics from the field of palliative care. Such unhindered access along with the quality and relevance of the articles may have contributed to the widespread reception of the journal and its contents.

We are now proud to present another issue of *APM* that is focusing specifically on early palliative care for oncology patients. The topic has meanwhile emerged as one of the hottest issues in the field. In this issue, leading authors, experienced clinicians and nurses share their experiences with the difficult task of integration of oncology and palliative care services.

All of us are dedicated to provide the best possible palliative care for our patients. This may be, for example, in the outpatient radiation oncology clinic of a large comprehensive cancer center, but also in private oncology practice, home care nursing services or even multi-professional specialist palliative care teams and hospice programs. Therefore, such integration of oncology and palliative care is a key challenge for all of us (2). Yet, when discussing models of integration with colleagues, the hospital administration or other disciplines, you may frequently encounter significant misunderstandings or different views on how to accomplish early palliative care and what it actually is all about (3). This issue of *APM* aims to delineate some of the most frequently discussed key aspects of such discussions and suggests sustainable solutions.

Section A of this issue focusses on “Models of Care”. For example, David Hui and Eduardo Bruera provide a practical and comprehensive overview of different models of integration of oncology and palliative care (4). Examples of such models (and philosophies) are then presented by Zhi and Smith (5) and Yeung *et al.* (6). While Zhi and Smith (5) report their understanding of early palliative care, where Clinical Oncology and Palliative Medicine are independent but closely cooperating disciplines, Yeung *et al.* (6) share another approach. For health care settings where Specialist Palliative Care is not universally available, the authors favor a novel approach where Clinical Oncology and Palliative Medicine are a combined specialty. Though Yeung *et al.* report from Hong Kong, many of you will realize that some of the main points of this article are highly pertinent to oncology and palliative experts in any part of the world.

Other articles from section A share the value of other models of care, including nurse-led interventions, by Fitch, Fliedner, and O'Connor (7).

Section B conveys that the perception and translation of early palliative care in the field of oncology varies enormously in different health care systems. Of special interest is to compare the United States report on early palliative care as detailed by Davis *et al.* (8) with that in Canada as outlined by Fassbender and Watanabe (9).

Section C addresses an extremely difficult but nevertheless important topic. Gaertner, Maier and Radbruch share their experience in resource allocation issues concerning early palliative care (10). Though we all know that institutional, cultural and personal aspects are major barriers for successful early palliative care, such practical monetary aspects have to be considered for the development and implementation of sustainable models of early palliative care.

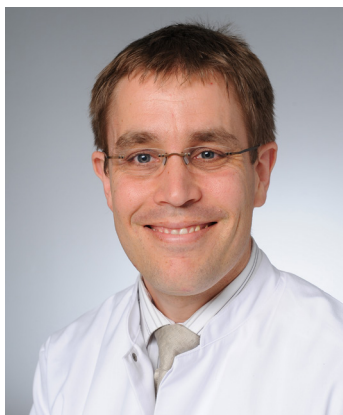
The integration of oncology and palliative care services will be a major issue discussed at the “Palliative Care in Oncology Symposium” in Boston in October 2015. Here, oncology [American Society of Clinical Oncology (ASCO)], supportive [Multinational Association of Supportive Care in Cancer (MASCC)], palliative care [American Academy of Pain Management (AAPM)], and other associations will come together to share different visions as well as practical approaches concerning this topic. Many of the readers and authors of *APM* will meet in Boston. We hope that this issue of *APM* may add to the clarity and productivity of the discussions.

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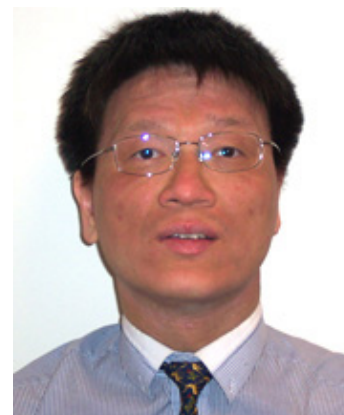
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