



The evolution of palliative medicine and its integration with oncology care

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The November 2023 issues of *Annals of Palliative Medicine* featured 3 Editorials, 5 Original Articles, 19 Review Articles, 3 Editorial Commentary Articles, and 1 Case Report, along with 3 Letters to the Editor.

One of the Editorials (1), commissioned by Editorial Office, critically reexamines the scope of *Annals of Palliative Medicine* based on a review of the disciplinary development and evolving definition of palliative medicine. While *Annals of Palliative Medicine* has always focused since its inception on providing up-to-date and cutting-edge information and professional support for health care providers in palliative medicine disciplines to improve the quality of life for patients and their families and caregivers (2), the discipline of palliative medicine has evolved considerable since the first printed issue of the journal in 2012. This Editorial is a highly educational read and discusses the history of palliative medicine and then critically considers the definition of palliative medicine in the context of varying existing definitions by major medical and other governing bodies. Next, Zhang and colleagues (1) discuss how palliative medicine, palliative care, hospice care, supportive care, and public health palliative care are related.

With such a critical assessment and the most up-to-date analysis of the definition of palliative medicine currently available, the authors then reassess the scope of *Annals of Palliative Medicine*. Recognizing a broad scope of palliative medicine, they defined eight primary focuses of scope for the journal to provide clearer guidance to authors, reviewers, readers, reviewers, and editors as follows (1):

(I) Palliative medicine and palliative care for incurable cancer;

- (II) Palliative medicine and palliative care for serious or advanced diseases;
- (III) Symptom management in palliative medicine and palliative care;
- (IV) Psychiatric, psychological, social, and spiritual issues in palliative medicine and palliative care;
- (V) Public health in palliative medicine and palliative care;
- (VI) Teamwork and education in palliative medicine and palliative care;
- (VII) Ethics and policy in palliative medicine and palliative care;
- (VIII) Communication in palliative medicine and palliative care.

Reading this comprehensive Editorial, it is quite clear that palliative medicine has developed into a discipline with a broad scope, encompasses patients from hospice care to those with supportive care needs, and includes palliative care at all stages of various serious and life-threatening diseases and end-of-life situations. Editorial workflow improvements are also discussed, as is a commitment of *Annals of Palliative Medicine* to continually reassess the scope of palliative medicine and its increasing emphasis on symptom management and supportive care to best serve the needs of its readers and of palliative care and more expanded healthcare providers who rely on its content to inform them on how to provide the most optimal care for their patients (1).

Furthermore, the November 2023 journal issue had a preponderance of oncology articles, with 4 of the 5 Original Articles and 16 of the 19 Review Articles focusing on

oncology care in the palliative setting. The integration of palliative care with oncology care is a critical element of management in patients with advanced presentations of cancer, and it is a primary focus of this journal, as detailed above. As such, the remainder of this Message from the Editor-in-Chief will focus on one Review Article that discusses this integration between palliative care and oncology and provides commentary on the path ahead and optimizing this integration.

Caglayan and colleagues from the United Kingdom detail how both the healthcare environment and the oncology treatment landscape have become progressively more intricate, necessitating providers caring for patients with cancer to become increasingly well versed in the best way to integrate palliative care with cancer care (3). Furthermore, the psychosocial care needs of patients with advanced cancers and their families are often distinct and influence management approaches. The authors describe the key elements of palliative care delivery and focus on early integration of palliative care in the comprehensive management of patients with advanced malignancies. Such early integration of palliative care for these patients has been widely reported in *Annals of Palliative Medicine* even since the first issues of this journal (4-6) as a means of better improving patient quality of life, symptom control, and patient and provider satisfaction. Such early integration can also reduce aggressive care at the end of life, increase rates of completing advanced directives, reduce hospitalizations, and shorten hospital lengths of stay, all of which can serve to reduce medical costs (7,8). Additionally, in select scenarios, such early integration of palliative care can also significantly improve patient survival (9,10).

Caglayan and colleagues discuss the optimal timing of the referral to patient care for patients with advanced malignancies and what the optimal model for service delivery is for these patients. They also describe barriers—from education to resource availability—commonly encountered in the early integration of palliative care, and they provide solutions for these challenges that are potentially deliverable both in a nationalized medical system, such as the National Health Service in England, as well as other privatized models of healthcare. They conclude with a strong call for palliative care to be considered an essential component of early management for patients with advanced malignancies rather than something to be introduced when systemic therapies, radiation therapy, and surgical treatment options have been exhausted (3).

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