Prevention vs Palliation: A Change in Treatment Mindset for Cancer Patients

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Cancer in itself is a scary word to process, but when it is followed by palliation, patients and their families often struggle to appreciate the realities of what they are about to face. This is partly due to the ambiguity of the word itself. In fact, there is no consensus in literature on the definition of palliative care given the nature of its heterogenous use in medical settings [1]. In March of 2022, my father was diagnosed with stage IV adenocarcinoma of his sigmoid colon. Until August of this year, my family pushed for prevention over palliation in an attempt to rid my father of his disease through countless rounds of radiation and chemotherapy. Despite our best efforts and wishes, the cancer continued to grow and spread throughout his body, sparing almost no part of him. From August 11 to 17, my father was placed on palliative care in-hospital until he succumbed to his illness. Needless to say, my family is devastated by his loss, but through this life-altering experience we have a newfound appreciation for palliative care. The purpose of this commentary is to shed light on the benefits of palliation by sharing my father's story as well as relevant research for those who may be facing similar uncertainties or wish to learn more about this controversial topic.

What is palliative care? The term "palliative" is derived from the Latin word "pallium" which means to "mask" or "cloak." In essence, the word describes the "masking" or "cloaking" of symptoms often associated with advanced incurable disease [1, 2]. Palliative patients often carry a substantial symptom burden including but not limited to chronic pain, difficulty breathing, fatigue, weight loss, reduced appetite, and emotional suffering. For cancer patients specifically, the symptomology varies based on a patient's cancer type, stage, age, general medical condition, genetic factors, and the list goes on [3]. In my father's case, he suffered from all the aforementioned symptoms to some degree. Due to his chronic pain and reduced appetite, his fatigue and weight loss only worsened. This limited his ability to continue the job he loved and carry out daily functions of living, thus reducing his quality of life. As such, symptom control is an integral part of cancer care. Palliative care, as described by the World Health Organization, aims to improve the quality of life of patients and their families through early identification and treatment of pain and other physical, psychosocial, and spiritual symptoms [2].

When is palliative care implemented? To answer this question, it is important to understand what palliative care has to offer. Palliative cancer treatments include radiation and chemotherapy to improve the quality of life in patients with advanced disease by controlling adverse symptoms such as pain. Despite their ability to reduce symptom burden, they are not curative measures [4]. Evidence in literature suggests that patients receiving palliative care commonly misunderstand their prognosis [5], intentions of treatment [6], and often harbor unrealistic expectations about a cure for their cancer [7]. In a nation-wide American study including over 1,100 patients undergoing stage IV chemotherapy, 69 percent of lung cancer patients and 81 percent of colorectal cancer patients did not understand their treatment was unlikely to cure their disease [8]. In hindsight, I now wonder about the timeline for when my father's treatment became strictly palliative. Despite doctors' best interests for keeping their patients well-informed, there exists a grey area where palliation and curative care may overlap. Palliative care can therefore involve more elaborate options in place of supportive measures such as hydration and nutritional support, but ultimately is not aimed for cure. It can thus be implemented based on the patient's and provider's discretion, bearing in mind that both parties should understand and appreciate the consequences of its intended use.

Is palliative care analogous to giving up? In short, absolutely not. Cachexia, body wasting that cannot be reversed by consuming more calories, and anorexia, major loss of appetite and resulting low body mass, have been termed as "cancer's covert killers" [9]. Evidence from literature suggests that about a quarter of cancer deaths are attributable to malnutrition rather than cancer itself. The so-called functional decline experienced by cancer patients is characterized by exacerbations of the disease in the last year of life [10]. In the words of my father's oncologist, it is not the cancer that kills the patient, but rather the irreparable toll it takes on the body. This phenomenon is described as a catabolic crisis resulting from disease progression with a negative impact on nutrition with intercurrent phases of recovery. According to this model, there is no return to baseline during each recovery phase, meaning the patient's condition continues to periodically worsen despite intermittent stable intervals [11]. Recent clinical data suggests there exists an anabolic potential during stable stages of advanced cancer [12], highlighting the importance of recognizing these therapeutic windows early before refractory cachexia is established [13]. It is important to note that even in terminal cancer patients whose disease cannot be cured, patients may continue to survive for months or years, during which time nutritional support should be maximized to reduce the sequelae of malnutrition [8].

Through this short commentary, I hope to have answered relevant questions that often arise with the topic of palliative medicine. Given the complexity of cancer, more research is needed to fully understand the benefits of palliation, specifically as it pertains to maximizing patient quality of life while reducing symptom burden. My beloved father passed away on August 17, so I write this essay with a heavy heart, but I know this is what he would have wanted. Despite his terminal diagnosis, palliation gave him what he wanted most in the end, to be symptom-free. I am grateful to be in the unique position to share his story both from the perspective of a patient's loved one and as a future healthcare provider. To that end, I wish to keep sharing stories like this one in an effort to help raise awareness on topics seldom discussed in medicine. This one's for you, daddy.

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