ACS & CAPC SPEAKER SERIES

# Reducing Palliative Care Stigma in Oncology

On May 21, 2025, speakers from the Center to Advance Palliative Care (CAPC), the American Cancer Society (ACS), and Moffitt Cancer Center presented strategies to overcome the stigma associated with palliative care in oncology. Highlights from the discussion included:

## Palliative Care is Standard of Care, but Referrals and Consults Come too Late

- → American Society of Clinical Oncology (ASCO) Guideline and National Comprehensive Cancer Network Guidelines recommend early integration of palliative care.
- → Oncologists report significant barriers to delivering palliative care to patients with advanced cancer:
    - resistance to consults among patients and caregivers
    - lack of staff dedicated to palliative care
    - variations between palliative care use among physicians
- → Only 43% of participating oncologists agreed that clinicians need more training on how to have palliative care discussions (i.e., primary palliative care) with patients and caregivers.
- → Most respondents consider palliative care when conventional or first line therapies fail. One in five only consider at end of life.

## Palliative Care Improves Cancer Care

- → Enhances quality of life through better symptom management (e.g., pain, fatigue, appetite, sleep, intimacy).
- → Provides emotional, psychological, and practical support to patients and caregivers.
- → May positively impact survival in some cases.
- → Addresses side effects and stressors from both the disease and treatment.
- → Complements—not replaces—oncologic treatment throughout the disease trajectory.

## Training Oncologists in Primary Palliative Care Skills Improves Care

- → Improves ability to manage symptoms and address quality of life, manage expectations around treatment options, and address patient and family goals.
- → Builds confidence in leading difficult conversations (including around prognosis) – including navigating instances of high emotion, denial, or resistance to changes in treatment course.
- → Compensates for workforce shortages in palliative care.
- → Enhances patient trust and satisfaction when difficult topics are handled skillfully.
- → Reduces delays in referral to specialty palliative care.

## Best Practices to Introduce Palliative Care

- → The ideal timing for the oncologist to introduce palliative care is at or shortly after diagnosis of metastatic or advanced disease; or early in the treatment process—even during curative-intent therapy—if challenging symptoms are present.
- → Best practices:

- Introduce palliative care as part of the cancer care team and a standard of care.
- Frame referrals as symptom management and quality of life support.
- Build rapport with the patient before introducing the referral.
- Avoid late-stage, crisis-driven referrals (e.g., just before hospice or at end of life).

## Language to Reduce the Stigma of Palliative Care

→ Use phrases like:
- "An extra layer of support."
- "A specialist in symptom management."
- "Support to help you live well while undergoing treatment."
- “I would like you to see a palliative care doctor because I want to make sure that your symptoms are management by the best members on my team for that.”

→ Emphasize what can still be done rather than what can’t; and that palliative care is appropriate at any stage of illness, not just at end of life.

→ Avoid phrases like:
- "There's nothing more we can do."
- "It's time to stop treatment."

## Improving Palliative Care and Oncology Collaboration

→ Foster consistent and respectful communication between palliative and oncology teams, particularly goals for the patient: what oncology hopes for and what palliative care can deliver.

→ Align messaging so patients receive a unified understanding of their condition and their care.

→ Build trust and relationships between specialties over time.

→ Share responsibilities in discussing prognosis and goals of care – avoid “dumping" hard conversations onto one team.

→ Use the palliative care note as:
- A communication tool to share clinical observations and recommendations.
- An opportunity to educate oncologists about patient needs beyond the referral reason.

→ Develop shared operational practices:
- Trigger-based alerts can prompt action but must be paired with personal conversations prior to referral.
- Joint planning and warm handoffs increase referral success and patient comfort.

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This conversation was part of a palliative care series, Enhancing Palliative Care in Oncology, offered by ACS and CAPC. The full webinar and other event recordings can be accessed in the ACS Palliative Care Portal (free registration). Additional resources can also be found in CAPC’s tool kit, Palliative Care in Cancer Care, as well as across CAPC’s website.

Updated 06/23/2025