Palliative Care in Advanced Cancer Patients: Waiting for Godot

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A recent paper by Bruera et al. [1] convincingly supported the importance of the integration between oncology and palliative care. However, Bruera et al. [1] underline that only a minority of cancer centers have in- and outpatient palliative care units.

This issue has been debated for many years, but only recently was the early initiation of supportive care demonstrated to be beneficial to the overall outcome of therapy [2, 3]. Soon, the same will probably be demonstrated even in patients receiving potentially curative therapy. Hence, it is universally accepted that cancer- or treatment-related symptoms must be treated in all phases of cancer.

However, in the U.S. as in Europe, the number of palliative care centers is insufficient. Palliative medicine isn't a recognized medical specialty in Europe. Medical oncology was included among the medical specialties recognized by the European Community only in March 2011! In Italy, although several medical oncology divisions have been merged with internal medicine wards for cost containment, the establishment of new palliative care units is not foreseeable in the near future.

Considering that more than two thirds of the patients admitted in our departments suffer from three or more symptoms [4], most of our patients would be left without supportive care while waiting for a palliative medicine specialist. In 2002, we decided to include a supportive care unit into our clinical activity to allow systematic evaluation and

treatment of symptoms and to guarantee the continuity of care in all phases of disease. Employing validated instruments and rigorous and shared protocols we obtained excellent results [4].

In 2003, the European Society for Medical Oncology (ESMO) initiated an accreditation program for medical oncology centers that reached a high standard of integration between medical oncology and palliative care. In 2009, the Italian Association of Medical Oncology (AIOM) identified ESMO's integration model as *the* best for the needs of cancer patients [5].

Dum Romae consulitur, Saguntum expugnatur (while in Rome they discuss, Saguntum is taken) reports Titus Livius. While we discuss the opportunity to have more palliative care units in our hospitals, patients suffer as a result of unmet needs and uncontrolled symptoms, perhaps even with a negative influence on survival. ESMO's and AIOM's proposed integration model may represent a valid alternative, while waiting for what will probably never come.

AUTHOR CONTRIBUTIONS

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