How Does the American Cancer Society Define Palliative Care?

Palliative care is care for adults and children with serious illness that focuses on relieving suffering and improving quality of life for patients and their families, but is not intended to cure the disease itself. It provides patients of any age or disease stage with relief from symptoms, pain, and stress, and should be provided along with curative treatment.

While palliative care may be delivered by oncology doctors and nurses, they may ask for the help of a specialized team of doctors, nurses, and other specialists who work with them to provide an extra layer of support addressing the patients’ needs, and helping patients and their families have a voice in realizing their treatment goals.

Palliative care programs provide higher-quality care for patients and a better bottom line for hospitals

Prevalence of U.S. Hospital Palliative Care Teams: 2000–2012

A Rising Trend

- Prevalence of palliative care in U.S. hospitals with 50 beds or more has nearly tripled since 2000, reaching 61% of all hospitals this size.
- Palliative care reduces long lengths of stay, high costs per day, and the often futile high utilization of critical care and other hospital resources.
- An overwhelming majority of doctors (96%) support palliative care.
- Once informed about palliative care, 92% of consumers say these services should be available for seriously ill patients and their families.

Improving Quality & Supporting the Primary Physician and Patient

People facing serious illness like cancer want the types of services that palliative care provides – and they expect today’s hospitals to deliver. Palliative care teams provide:

- **Time** to devote to intensive family meetings and patient/family counseling.
- **Expertise** in managing complex physical and emotional symptoms such as pain, shortness of breath, depression, and nausea.
- **Communication and support** for resolving family/patient/physician questions concerning goals of care.
- **Coordination** of care transitions across health care settings.

Maximizing Hospital Efficiency & Lowering Costs

- On average, palliative care consultation is associated with reductions of $1,700 per admission for live discharges and reductions of $4,900 per admission for patients who died in the hospital.
- This means savings of more than $1.3 million for a 300-bed community hospital and more than $2.5 million for the average academic medical center.

The Society’s Palliative Care Initiatives

Saving lives and preventing suffering for all adults and children with cancer are central to the American Cancer Society’s mission. The Society collaborates with many national partners to promote palliative care as part of cancer treatment and survivorship for patients and their families at any age and any stage.

Research: Through its partnership with the National Palliative Care Research Center initiated in 2007, the Society has invested millions of dollars in palliative care and symptom management research grants designed to help improve the quality of life and quality of cancer care for patients, survivors, and their families. In addition, this partnership is building the community of palliative care researchers and opportunities for collaborative research projects among them. www.npcrc.org

Programs: In partnership with the Center to Advance Palliative Care (CAPC), the Society is helping health systems and practitioners access essential palliative care technical assistance, training, and resources, including tools to support achieving the Commission on Cancer palliative care standard and The Joint Commission hospital advanced palliative care certification. www.capc.org

Advocacy: The Society’s advocacy affiliate, the American Cancer Society Cancer Action Network (ACS CAN), is partnering with stakeholders in the Patient Quality of Life Coalition to advance a coordinated campaign featuring federal and state legislation to promote palliative care, pain and symptom management, and improve quality of life for all adults and children confronting serious illness and its aftermath. www.acscan.org/qualityoflife and www.patientqualityoflife.org

The Society’s Supporting Resources

Society staff partners are available on the ground – in your community – to help build bridges to the people, tools, information, and resources you need to support your institution’s efforts in delivering high quality patient-centered care.

✓ Personalized Collaborative Action Planning: Society staff can assist palliative care integration efforts by helping identify resources most helpful to your institution’s particular circumstances in helping support achievement of the Commission on Cancer palliative care accreditation standard, The Joint Commission advanced palliative care certification program, and other palliative care quality standards.

✓ Hot Topic Updates and Promising Practices: The Society offers a range of opportunities to partner with health systems in providing and promoting palliative care, promising practices webinars, forums, roundtables, and other quality of life and survivorship educational events for professionals, patients, and families.

✓ Advocacy Take Action Opportunities: Health systems and professionals are increasingly engaging in advocacy initiatives to support quality of life and quality care public policies that achieve the triple aim of better health and better care at lower cost. Through ACS CAN alerts, institutions and professionals can stay informed on latest health policy updates and take action.

Together we can save lives and prevent suffering