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Palliat Honey. 2011;25:613-29.CAS Article PubMed Google Scholar 29.Yamagishi A, Morita T, Miyashita M, Igarashi A, Akiyama M, Akizuki N, Shirahige Y, Eguchi K. Intensity of Pain, quality of life, quality of palliative care, and satisfaction in outpatient clinics with metastatic or recurrent cancer: Japanese, nationwide, region-based. J Pain Symptom Manag. 2012;43:503-14.Google Scholar Page 2 Home article about articles in the Review Submission Guidelines of Palliative Care is provided to improve the quality of life of patients who have serious or life-threatening diseases such as cancer. Palliative care is an approach to care that concerns a person as a whole, not just his illness. The goal is to prevent or treat, as early as possible, the symptoms and side effects of the disease and its treatment, in addition to any associated psychological, social and spiritual problems. Palliative care is also called comfort care, supportive care, and symptom treatment. Patients can receive palliative care at a hospital, outpatient clinic, long-term care facility or home under the guidance of a doctor. Palliative care is usually provided by palliative care specialists, practitioners who have received special training and/or certification in palliative care. They provide holistic care for the patient and family or caregiver, focusing on the physical, emotional, social and spiritual challenges that cancer patients may face during cancer treatment. Often palliative care specialists work as part of a multidisciplinary team, which can include doctors, nurses, registered nutritionists, pharmacists, chaplains, psychologists and social workers. The palliative care team works with Oncology Treatment Team to Manage Management Take care and maintain the best quality of life for you. Palliative care professionals also provide support for care, facilitate communication between members of the medical team and help in discussing patient care objectives. The physical and emotional consequences of cancer and its treatment can vary greatly from person to person. Palliative care can address a wide range of issues by integrating a person's specific care needs. The palliative care specialist will take into account the following questions for each patient: Physical. Common physical symptoms include pain, fatigue, loss of appetite, nausea, vomiting, shortness of breath, and insomnia. Emotional and coping. Palliative care specialists can provide resources to help patients and families cope with the emotions that come with cancer diagnosis and cancer treatment. Depression, anxiety and fear are just some of the problems that can be solved with palliative care. Spiritual. With a cancer diagnosis, patients and families often look deeper for context in their lives. Some believe that the disease brings them closer to their faith or spiritual beliefs, while others struggle to understand why cancer happened to them. An expert in palliative care can help people learn about their beliefs and values so that they can find a sense of peace or reach a point of recognition that is appropriate for their position. The teacher needs it. Family members are an important part of cancer treatment. Like the patient, their needs change. Family members are usually overwhelmed by the additional responsibilities assigned to them. Many find it difficult to care for a sick relative while trying to cope with other responsibilities such as work, household chores and caring for other family members. Uncertainty about how to help a loved one in medical situations, lack of social support and emotions such as anxiety and fear can also add stress to the caregiver. These problems can jeopardize the health of caregivers. Palliative care professionals can help families and friends cope and provide them with the support they need. Practical needs. Palliative care professionals can also help with financial and legal problems, insurance issues, and employment issues. Discussion of care goals is also an important component of palliative care. This includes talking about preliminary directives and facilitating communication between family members, caregivers and members of the oncology group. Palliative care can be provided at any time along the continuum of cancer treatment, from diagnosis to the end of life. When a person receives palliative care, he or she can continue to receive cancer treatment. Your oncologist (or someone from your oncology team) the first person you should ask about palliative care. He or she can refer you to a palliative care specialist, depending on your and emotional needs. Some national organizations have databases for referral. For example, the Pre-Palliative Care Center has a list of providers by state. The website of the National Hospice and Palliative Care Organization also has a list of health care providers. While palliative care can begin at any time along the continuum of cancer treatment, hospice care begins when treatment is no longer the goal of care, and the only area is quality of life. Palliative care can help patients and their loved ones make the transition from treatment intended to treat or combat disease in hospice care through: preparing them for physical changes that may occur at the end of life helps them cope with the various thoughts and emotional problems that arise when supporting family members Private health insurance usually covers palliative care. Medicare and Medicaid also pay for some types of palliative care. For example, Medicare Part B pays for some medical services that are related to symptom management. Medicaid coverage for some palliative care services varies by state. If patients do not have health insurance or are unsure of their insurance, they should know from a social worker or hospital financial adviser. Studies show that palliative care and its many components are beneficial for the health and well-being of patients and families. In recent years, some studies have shown that integrating palliative care into a patient's normal cancer treatment shortly after a cancer diagnosis can improve their quality of life and mood, and can prolong survival (1, 2). The American Society of Clinical Oncology recommends that all patients with cancer progress receive palliative care (2). Temel JS, Greer JA, Musikansky A, et al. Early palliative care for patients with metastatic non-cell lung cancer. New England Journal of Medicine 2010; 363(8):733-742. (PubMed Abstract) Ferrell BR, Temel JS, Temin S, et al. Integration of Palliative Care into Standard Cancer Care: Update Guide to the American Society of Clinical Oncology. 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