

## **SUPPORTIVE CARE IN BUSY CANCER TREATMENT CENTRES: AN EFFECTIVE AND INTEGRATED TEAM APPROACH**

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### **ABSTRACT: Background**

What is the role of 'supportive care'? Articles, research and practice wisdom reinforces the importance of its salutary effect. When various components of supportive care function in isolation efficacy diminishes. The importance of supportive care as a central component of well-being is recognized by doctors and mental health professionals. How supportive care is fully integrated is little understood and infrequently practiced. Can there be an integration of all the practices associated with supportive care throughout the cancer continuum? A practitioner with a strong academic background is part of a team in a busy centre treating about 100 cancer patients daily. The idea of the disciplines working in a coordinated manner was built into the treatment design. Without a blurring of professional boundaries, all the delivery has integrated services usually associated with supportive care – palliation, spiritual care, counselling, social work, patient groups, advocacy, nursing, telemedicine, cultural and religious diversity, survivorship. This is framed by concerns for a cost effective patient centred practice.

**Objectives.** Can supportive care teamwork be effective in a time of specialties? The base of integrated work will be discussed. Above all else, can extensive supportive care make a difference in the lives of the practitioners, assist oncologists in their medical practice, cause changes to the patients' QoL and have a positive outcome in healing – all while having significant cost-offsets.

### **Methods**

Insights will be shared as to how the oncologists meet with the other professionals as new patients are presented. What is expected from each person – from the music therapist through to the pharmacist or dietician? What is the role of a nurse practitioner? How do palliative specialists fit into this practice? Does the supportive care extend into the community through cancer support groups and patient advocacy? How does all this reflect on caregiver health?

The frequency of referrals from oncologists to the interprofessional team might surprise many. A unique supportive care assessment tool becomes part of each patient's chart, which in turn give other referral indicators.

### **Results**

Oncologists, clinicians, palliation practitioners, psychosocial and community workers, spiritual care specialists, community engagers, will be able to reflect on their own practices and determine what can work for them for the forwarding of the cancer agenda - according to their stage of development and the medical culture out of which they operate. Academically, research areas will be suggested.

### **Conclusion**

The importance of highly functional and cost effective support systems will be the emphasis of this century. As physical medicine modalities develop and more emphasis is placed on prevention, we will require further research and practice models into the dynamics of supportive care teamwork. Supportive care according to cultural sensitivities will enhance the field. Models for the integrated field of supportive care will change the fabric of cancer care delivery.

### **References**

A streamed reference list will be provided. For example, for the English speaking world, one of the best textbooks for consideration is "Psychosocial Nursing Care Along the Cancer Continuum," 2006:pp. xviii + 670. Several medical journals have helpful studies, as found The Lancet, BMJ and specific cancer journals.

**Conflict of Interest:** None declared

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**An academic and practitioner, David Morrison has an extensive reputation as a published author, teacher and speaker, and continues to conduct workshops and speaking engagements in Canada and abroad. In the past years he has been a lecturer/speaker in many places, including Tokyo, Warsaw, Beijing, Moscow, Mexico, New Delhi, Bangkok and Jerusalem in addition to centres throughout the United States, Great Britain, Europe and Canada. He has specialist training in counselling and several units in clinical pastoral education. Dr Morrison was also an effective and popular university professor for thirty years, with special interest and expertise in spirituality, health, human rights, ethics and religion.**