

Making Cancer Care Better—Together

by Thomas Whittaker, MD, FACP

“To cure sometimes, to relieve often, to comfort always—this is our work.”
—Anonymous, 15th Century

Why do we do what we do? As providers and supporters of high-quality cancer care, we are given the opportunity to impact the lives and care of people who have been thrust into a state of vulnerability. What a remarkable gift we are given to guide their care. Our reward is the trust that we will act in our patients' best interests regarding the quality of care, the quality of survival, and the quality of comfort no matter what the setting of care.

In this *Oncology Issues* you will find an interview with Jamie Von Roenn, MD, recipient of the 2011 ASCO-American Cancer Society (ACS) Award, presented in recognition of an oncologist who has exerted a significant effort on behalf of research or practice. Dr. Von Roenn has spent more than 25 years as a palliative medicine specialist and practicing medical oncologist.

In response to a question about the integration of palliative care and the oncology medical home, she notes that, “the oncology medical home concept is an ideal context in which to integrate palliative care into oncology care. Many of the principles of this model are consistent with the goals of palliative care. For example, both highlight the importance of ‘whole person’ care (providing for all of the patient’s healthcare needs) and coordinated and integrated care.”

This issue features several articles that describe implementation of pal-




liative care in a hospital setting. Hospital palliative care programs serve patients across a broad spectrum of illnesses, not just cancer. The goals of palliative care include relief of suffering, treatment of pain and other symptoms of distress, and the psychological and spiritual support system to help the individual and family

remain as functional as possible. Palliative care is not meant to be a silo of care but rather front and center with all disciplines.

How do we develop, implement, and support programs with the focus of maximizing comfort and quality of life in any setting and at any stage of disease?

Discovering how our peers in other community-based cancer programs have answered these questions reflects the goal of ACCC to be a “hands on” and “how to” organization for the entire cancer team. I hope you find these articles of great value in guiding and creating palliative care programs in your institutions and practices. I would challenge you to keep concerns for palliation at the forefront of your inpatient and outpatient programs.

In an era of decreasing reimbursement, declining workforce availability, and burgeoning patient numbers, helping members maintain and improve the quality of all aspects of cancer care remains an ACCC priority. Whether it is palliative care or any stage of the cancer care continuum, we are here to help with your educational, advocacy, and programmatic needs. Let’s make cancer care better together. 

Coming in Your 2012 Oncology Issues

- ◆ Developing a Stellar Oncology Homecare Program
- ◆ Using Your Cancer Registry to Aid in ACoS and NAPBC Accreditation
- ◆ Future Trends in Cancer Care Delivery
- ◆ The Effects of Marketing and Education on New Program Implementation
- ◆ The Value of Dedicated Financial Coordinators
- ◆ A Pharmacist-Managed Oral Chemotherapy Program: An Economic & Clinical Opportunity
- ◆ Patient Portals: Gateway to Patient-Centered Care and Meaningful Use
- ◆ Survivorship Midwest Style
- ◆ Clinical Practice in the Internet Age
- ◆ What is Causing the Oncology Drug Shortages and What Can Community Cancer Centers Do?

Don't Miss Out!

Interested in advertising and other marketing opportunities?
Contact Mal Milburn at 301.984.9496, ext. 252 or mmilburn@accc-cancer.org.