



**Oncology Nursing Society (ONS) statement in response to the
Institute of Medicine (IOM) report *Dying in America: Improving Quality and Honoring
Individual Preferences Near the End of Life***

Health care today is more complex than ever. The Institute of Medicine (IOM) recently released a critical report about end-of-life care in our country. Oncology nurses know the complex issues associated with caring for people with cancer and recognize that end-of-life care is just one part of delivering of high quality cancer care. The American Cancer Society estimates that an estimated 1.6 million new cancer cases will be diagnosed in 2014. In addition, there are an estimated 14.5 million cancer survivors in the U.S. today, and that number is expected to grow to almost 19 million by 2024. For many people, cancer is a chronic illness requiring treatment and support through a journey that begins at the point of diagnosis.

Palliative care offers a number of specialized services that should, ideally, be offered to people with cancer starting at the time of diagnosis. It aims to provide comprehensive care and expertise in symptom management. Palliative care is by definition interdisciplinary and occurs across settings, often lead by nurses. As core members of the palliative care team, oncology nurses are uniquely positioned to engage in early discussions about palliative care options.

The Oncology Nursing Society (ONS) fully supports the [joint statement](#) made by the National Board for Certification of Hospice and Palliative Nurses, Hospice and Palliative Nurses Association, and the Hospice and Palliative Nurses Foundation on the IOM report *Dying in America: Improving Quality and Honoring Individual Preferences Near the End of Life*. While the IOM report places an emphasis on care at the end of life for any individual with a serious and potentially life-threatening illness, ONS recommends a shift away from the exclusive focus on end-of-life care and toward improving systems and processes that support palliative care as relevant for all people with cancer, beginning at diagnosis. ONS's new [Palliative Care for People With Cancer](#) position recommends the following.

- Palliative care should begin at the time of diagnosis and continue throughout bereavement.
- Palliative care is provided by a multidisciplinary team that generally includes the following members: physicians, nurses, social workers, and spiritual care professionals. Additional team members might include pharmacists; nursing aides; respiratory, occupational, and physical therapists; psychologists; psychiatrists; bioethicists;

volunteers; and allied personnel who are skilled, credentialed, or certified in the essentials of palliative care.

- Oncology nurses are in a unique position to advocate for patients regarding access to the delivery of quality palliative care.
- Oncology nurses must possess knowledge and skills to provide the best evidence-based palliative care for patients and survivors, including content related to structure and processes of care; physical, psychological, and psychiatric aspects of care; social aspects of care; spiritual, religious, and existential aspects of care; cultural aspects of care; care of the imminently dying patient; and ethical and legal aspects of care. The inclusion of this content is essential and should be included in the continuing education of practicing nurses and integrated into undergraduate and graduate nursing education.
- Minimally, palliative care principles are incorporated into all oncology care sites and access to palliative care experts is available for patients in all settings. Ideally, dedicated palliative care units and outpatient clinics are available for patients and families throughout the continuum of their illness.

This fall, ONS hosted three regional conferences for oncology nurses on [Emerging Trends in Palliative Care](#). Nationally regarded oncology nursing leaders taught attendees how to apply palliative care principles across multiple symptom management areas. Through eight core sessions, attendees learned how palliative care begins at diagnosis and continues throughout the course of the disease.

The week that the IOM report was released, ONS hosted a [Congressional Briefing](#) in Washington, DC, on palliative care. It was attended by Congressional staff, including House leadership and the Ways and Means Health Subcommittee chair's staff; two members of Congress; and nursing, cancer, and healthcare coalition partners.

U.S. Representatives Eliot Engel (D-NY), sponsor of H.R. 1339: Palliative Care and Hospice Education and Training Act, and Emanuel Cleaver (D-MO), sponsor of H.R. 1666: Patient Centered Quality Care for Life Act spoke at the briefing.

As documented in the 2013 IOM report on quality cancer care, palliative care is necessary to quality care. ONS maintains a commitment to ensuring that all people with cancer-related pain and other side effects have access to quality pain and symptom management care, services, and therapies they need and deserve.

(*Note.* From "Estimated New Cancer Case Deaths, 2014, American Cancer Society. Retrieved from <http://www.cancer.org/acs/groups/content/@research/documents/webcontent/acspc-042151.pdf>.)

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