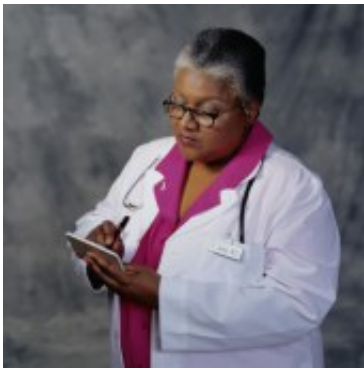


Oncologists generally refer to specialized palliative care late

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Definitional issues and non-acceptance of patients receiving chemotherapy are the barriers to earlier referral to specialized palliative care by oncologists, according to a study published online Oct. 29 in the *Journal of Clinical Oncology*.

(HealthDay)—Definitional issues and non-acceptance of patients receiving chemotherapy are the barriers to earlier referral to specialized palliative care (SPC) by oncologists, according to a study published online Oct. 29 in the *Journal of Clinical Oncology*.

Kirsten Wentlandt, M.D., Ph.D., from the University of Toronto, and colleagues anonymously surveyed physician members of the Canadian Association of Medical Oncologists, Canadian Association of [Radiation Oncologists](#), and Canadian Society of Surgical [Oncology](#) regarding SPC referral practices.

The researchers found that, of the 603 participating physicians among 839 surveyed, 94 percent reported that SPC was available to them, but only 37 percent said that these services accepted patients on chemotherapy. Terminally ill patients were usually/always referred by 84 percent of reporting physicians, but generally for uncontrolled symptoms or discharge planning late in the disease course. If SPC was renamed supportive care, one-third of physicians said they would refer earlier. Comprehensiveness of available SPC services, satisfaction with SPC availability, SPC acceptance of patients receiving [chemotherapy](#), and oncologist ease with referring patients to a palliative care service before they were close to death were the factors significantly predictive of higher referral frequency.

"Oncologists referred patients frequently to SPC, but generally late in the disease course for patients with uncontrolled symptoms," the authors write.

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