

The medical oncologist's role in palliative care: AIOM's position

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Progress made in the treatment and better management of cancer patients has significantly improved overall survival, with 75% of the patients alive 5 years after the first diagnosis and 50% over a follow-up of 10 years. Therefore, cancer often becomes a chronic illness with a deep impact on the quality of life of the patients and their families. In fact, taking care of patients with cancer means not only to offer them the best therapeutic options but also to understand and anticipate their physical, functional, psychological, social and spiritual needs throughout the course of the disease. The quality of life of a cancer patient, thought of as the fundamental end point to achieve at every step of the disease, recognizes in supportive palliative care and rehabilitation the most important aspects.

AIOM recently established a task force "Palliative care in oncology", with three main targets:

- 1) to assure medical oncologist' humane and professional growth in the context of palliative care;
- 2) to focus on the quality of life of all cancer patients admitted to oncology units and oncology departments;
- 3) to suggest operative solutions in order to assure to all cancer patients the best palliative support.

AIOM believes that the mission of medical oncology should follow the "nonabandonment" culture, guaranteeing quality of life and continuity of care to all cancer patients at every step of the disease, always considering the patient instead of the disease as the most important target.

According to ASCO¹⁻³, ESMO³⁻⁵ and AIOM's previous document⁶, AIOM has defined its position about palliative care in oncology with regard to the Italian Health Organization and scientific knowledge.

Key words: medical oncologist's training, palliative care in oncology, simultaneous care.

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