

# Balancing active treatment, symptom management and quality of life: the role of the pharmacist

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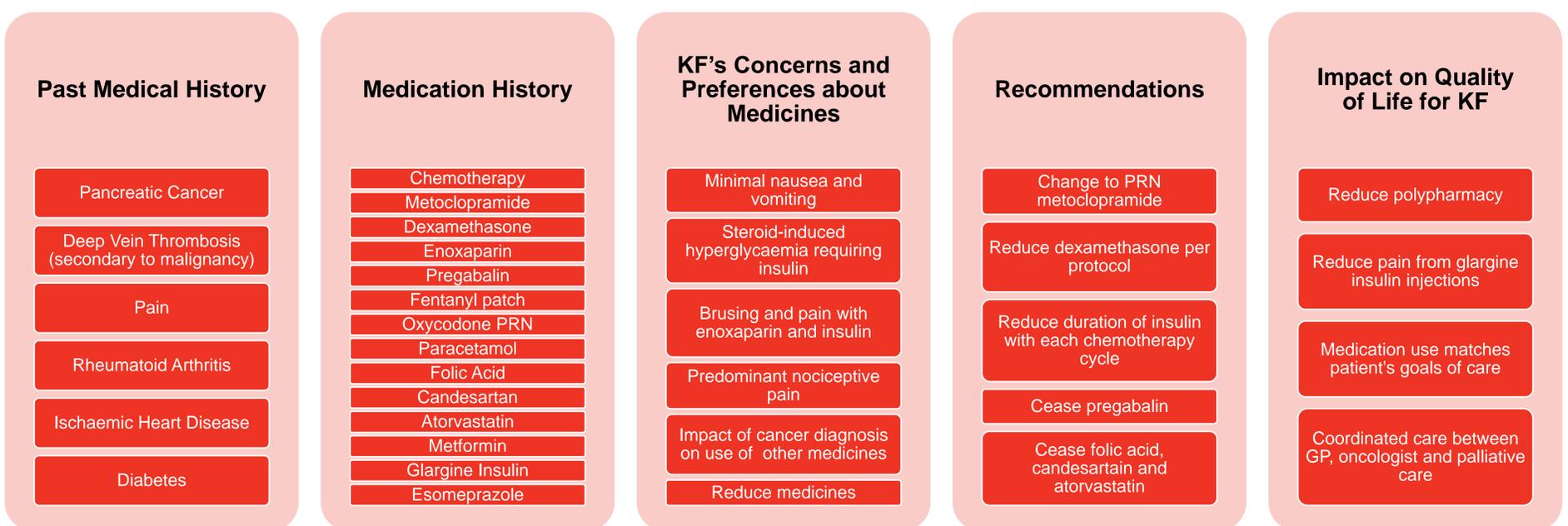
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KF is a 66 year old male who lives with his wife and remains independent including managing his own medications. He was diagnosed with metastatic pancreatic cancer eight months ago and is known to oncology and palliative care services. His chronic diseases are managed by his general practitioner with input from Oncology, Rheumatology, Palliative Care and Endocrinology. With multiple prescribers there is fragmentation of care, KF is aware of this and is concerned by the number of medicines and side effects.

## The Plan

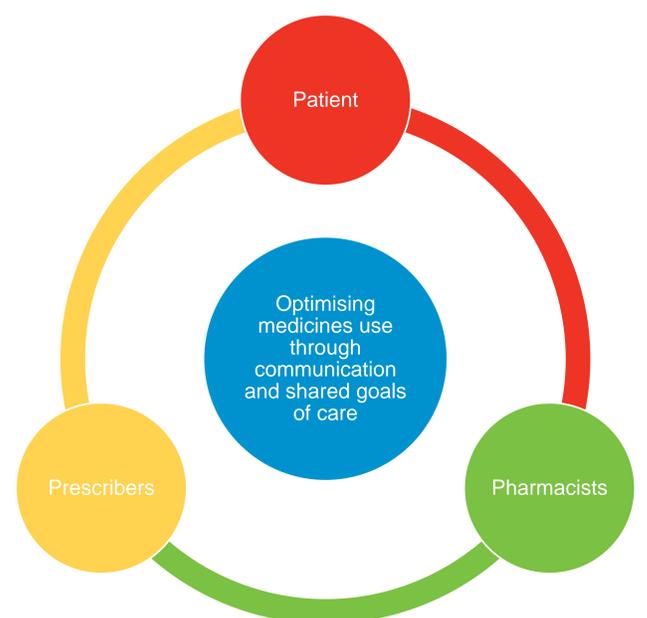


## The Process



*Palliative care is an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual. (World Health Organisation)*

- The involvement of multiple specialties to manage life-limiting illness and multi-morbidity often leads to fragmentation of care.
- In the absence of clear communication and integrated care between disciplines and specialities, polypharmacy and prescribing cascades can lead to decreased quality of life through increased pill-burden, adverse effects, drug-drug interactions, drug-disease interactions and psychosocial stress.
- A palliative approach to care (with or without specialist palliative care) is not to the exclusion of curative or disease-modifying treatments.
- 'Prevention and relief of suffering' should include the consideration of medicines. The pharmacist offers specific knowledge in this area.
- For pharmacists to effectively participate in this approach to care, they must perform patient centred care. This involves understanding the patient's goals of care and engaging in conversations about death and dying.
- Pharmacists should work with clinicians to integrate the patient centred goals with therapeutics and disease knowledge to ensure decisions about medicines use are in line with the goals of care.



**Pharmacists are ideally placed to play a key role in discussions about optimising medications. They must be strong advocates for their patients by engaging in challenging conversations about death and dying, and integrating their knowledge of therapeutics and disease processes. These conversations are not the exclusive responsibility of doctors, and pharmacists should seek these opportunities to do more for their patients.**