
This paper summarizes current knowledge regarding the prevalence, assessment, and management of mood and cognitive disorders in patients with advanced cancer. The authors provide an agenda for future research designed to fill major gaps in the current understanding of neuropsychiatric syndromes and symptoms in palliative care.


The author describes how medicine is moving from a basic concern with disease to a greater focus on the sick patient. The discussion is centered on the problem of suffering since, in the author's view, its recognition and relief are tests of the adequacy of any system of medicine. A failure by physicians to understand the nature of suffering is seen as resulting in medical interventions that, although technically adequate, fail to relieve suffering and may serve as additional sources of suffering.


This article examines the concept of health-related quality of life and its application as an outcome measure in palliative care. Psychometric and utility approaches to quality of life measurement are described and evaluated.


This paper provides a useful taxonomy of the factors that can contribute to suffering in patients with advanced cancer. The authors illustrate how this taxonomy can be used as a framework for diagnostic evaluation, selection of therapeutic interventions, and scientific research in palliative care.


This large volume is the "bible" of palliative care. The 73 chapters summarize the history of palliative care, its current status and practice, and its future directions. Topics covered include pain and symptom management, ethical, psychosocial, and spiritual issues in palliative care, and education and training in palliative medicine.


According to the author, pain, uncontrolled symptoms, and psychological distress are among the many factors that may lead patients to request termination of life. Improvement in physician-patient communications, a greater respect for patient-centered care, better physician judgment on withdrawing and withholding care, and greater familiarity with palliative care are identified as factors that would reduce the need to legalize physician-assisted suicide and euthanasia.


Knowledge about the natural events associated with dying and an informed approach to medical and psychologic interventions are identified as key factors that contribute to systematic and successful comfort care. The authors describe how pain, shortness of breath, nausea and vomiting, and fear of abandonment contribute significantly to physical and psychologic discomfort at the end of life.


The guidelines set out in this volume, developed by an interdisciplinary panel of clinicians, patients, and researchers, are based on expert judgment as well as a review of scientific research. The volume outlines a multimodal approach to the management of cancer pain and emphasizes the need for careful and continuous assessment in order to match interventions to the sources of pain in individual patients.


This article examines recent research in palliative care in the light of the guiding principles set out by the World Health Organization. Some key methodologic problems in palliative care research are discussed, such as making comparisons across settings, identifying appropriate outcome measures, and combining different perspectives offered by patients, lay caregivers, and professional caregivers. Gaps in the existing literature and suggested priorities for future research also are identified.


This paper provides an excellent overview of current trends in the palliative management of patients with advanced cancer. With increasing numbers of elderly
individuals expected to develop cancer in the 21st century, there is an urgent need to find methods to provide adequate care that are compatible with cost-saving and cost-effective strategies currently being used in the health care industry. Useful insights into how to meet these challenges are offered.