

## Rethinking Palliative Care in Cancer

Drawing on research in cancer care, this article explores why palliative care matters and how it supports people through it. The sources used for this piece are listed at the end.

When people hear the term “palliative care,” they often associate it with the final stages of life. For many families, it carries the quiet weight of difficult conversations and the fear that treatment options are coming to an end. Yet this common perception does not reflect what palliative care represents within modern cancer care.

Palliative care is not about stepping away from treatment. It is about improving how people live through illness. It focuses on managing symptoms, supporting emotional well-being, guiding communication between patients and doctors, and helping families navigate the uncertainty that cancer often brings.

In reality, many of the challenges people face during cancer are not only medical. Pain, fatigue, anxiety, financial strain, and the emotional toll on caregivers begin early and often continue throughout the course of illness. These experiences shape how patients live through treatment and how families sustain care over time.

Research from the *Lancet Commission* shows that millions of people around the world need palliative care, especially in low- and middle-income countries where access is still limited. In 2015 alone, about 25.5 million people who died experienced serious health-related suffering, and many more living with illness needed similar support.

Despite this, palliative care continues to be integrated into cancer care late and inconsistently. This gap between what evidence shows and what patients receive raises an important question. If palliative care improves quality of life, why is it still treated as an optional layer rather than a core part of care?

### Where Care Falls Short

One of the most persistent challenges in cancer care is the timing of palliative care. In many healthcare settings, referrals are made only in the later stages of illness, often when symptoms become difficult to manage or when treatment options are limited.

This approach reflects a long-standing assumption that palliative care is primarily meant for end-of-life situations. However, research increasingly shows that patients benefit when supportive care begins much earlier in the disease trajectory.

Research shows that when palliative care begins earlier, patients cope better. In a well-known clinical study on advanced lung cancer, patients who received palliative care alongside treatment reported better quality of life and felt less emotional distress. This support did not replace treatment. It helped patients live through it with more support.

Research across different settings continues to support this approach. Studies examining *early integration in oncology* care have found consistent improvements in symptom management,

patient satisfaction, and overall care coordination when palliative care is introduced earlier rather than later.

When palliative care starts earlier, patients and families can talk more openly and comfortably over time. Patients have the space to talk about their goals, preferences, and expectations over time, instead of having these conversations only during moments of crisis. This creates space for more informed and less overwhelming decision-making.

Early integration does not shift the focus away from treatment. It expands the definition of care to include both medical outcomes and lived experience.

### **Why Many Still Don't Understand Palliative Care**

Another challenge that continues to shape access to palliative care is limited awareness.

Many families only learn about palliative care when a doctor refers them to it. As a result, it can feel unfamiliar or even alarming when it is first introduced.

Misconceptions play a significant role here. Some patients associate palliative care with giving up on treatment, while others view it as relevant only in the final stages of illness. These perceptions can delay acceptance of services that could otherwise provide meaningful support.

The way palliative care is communicated makes a difference. When it is introduced as a routine part of comprehensive cancer care, patients are more likely to see it as an additional layer of support rather than a signal of decline.

Clear and consistent communication can gradually shift how palliative care is understood. Over time, this can reduce hesitation and make it easier for patients and families to access support earlier in their journey.

### **When Access Depends on Where You Live**

Access to palliative care remains uneven, particularly across geographic and socioeconomic contexts.

Patients in urban centers often have greater access to specialized services, while those in rural or underserved regions face significant barriers. Long travel distances, limited availability of trained professionals, and gaps in healthcare infrastructure can all affect whether patients receive consistent support.

In the Indian context, these challenges are especially visible. Many families travel across cities or states for cancer treatment, often staying away from home for extended periods. In such situations, ongoing symptom management and emotional support can become fragmented.

Studies from India highlight these challenges further. Research on *community-based palliative care* has shown that limited awareness, workforce shortages, and logistical barriers continue to delay access, particularly in rural areas.

We see the same pattern in different parts of the world. Research across regions, including parts of Europe, shows that access to palliative care often depends on geography, healthcare infrastructure, and national policy priorities.

Community-based palliative care models offer a practical way forward. By bringing care closer to patients' homes, these approaches reduce the burden of travel and provide more continuous support. Home-based care, involvement of community health workers, and coordination with local healthcare systems can help create a more responsive model of care.

These models do not replace hospital-based treatment. They extend it into the spaces where patients actually live and cope with illness.

### **Understanding Care in Everyday Practice**

The healthcare workforce plays an important role in how widely palliative care is available.

In many settings, palliative care remains a specialized field with a limited number of trained professionals. At the same time, oncology teams may have limited structured training in areas such as symptom management, communication, and supportive care.

This can create a gap in care. People need support beyond treatment, and healthcare systems need the time and resources to provide it well.

Recent clinical guidelines continue to emphasize the importance of integrating palliative care into standard oncology care. Evidence tells us that when healthcare systems support doctors with the right training and resources, then the quality and coordination of care improve.

Interdisciplinary teamwork also plays an important role. Palliative care often involves collaboration between doctors, nurses, psychologists, social workers, and community health workers. Building these teams allows for more comprehensive and coordinated support.

Expanding the workforce is not only about increasing numbers. It is about building systems that can respond to the full experience of illness.

### **What We Are Still Missing**

Although the evidence supporting palliative care continues to grow, important gaps remain.

Much of the research has been conducted in high-income countries, while the greatest need exists in low- and middle-income regions. This creates a disconnect between where knowledge is generated and where services are most urgently required.

There are also limitations in how outcomes are measured. Most research looks at how well symptoms are managed and how patients feel physically and emotionally. While these are

essential, they may not fully reflect the everyday realities experienced by patients and families.

Financial strain, caregiver burden, and long-term emotional stress shape how people experience cancer, but research does not always explore these deeply. These factors often decide whether patients can continue treatment and manage everyday life with some stability.

Emerging research is beginning to explore alternative models of care. Studies show that home-based palliative care helps people feel more comfortable. Telehealth approaches are also being explored to improve access, especially in underserved areas, though challenges related to infrastructure and accessibility remain.

Research focusing on underserved populations continues to highlight persistent barriers, including cultural perceptions, financial constraints, and gaps in service delivery.

### **What Needs to Change**

Integrating palliative care into cancer care requires action at the system level.

Clear guidelines that support earlier referral can help ensure that patients receive palliative care before symptoms become severe. When integration is built into care pathways, it becomes a standard part of treatment rather than a late addition.

Workforce development is equally important. Expanding training opportunities and embedding palliative care into education systems can strengthen the ability of healthcare providers to deliver holistic care.

Investment in community-based models can help extend services beyond hospitals and improve access for underserved populations. Stronger links between hospitals, primary care providers, and community health systems can make care more connected and easier for patients to navigate.

Healthcare systems must ensure access to essential pain relief medicines. Without proper symptom control, palliative care cannot truly support patients.

### **What It Means to Truly Care**

At its core, the conversation about palliative care is about how healthcare systems respond to suffering.

Cancer care has advanced significantly in recent decades. Yet the experience of illness continues to involve uncertainty, discomfort, and emotional complexity.

Palliative care responds to this reality by shifting the focus from treating the disease alone to supporting the person living through it.

This approach recognizes that quality of life is as important as clinical outcomes. It values comfort, dignity, and the ability of patients and families to navigate illness with support.

This support helps patients and families make decisions and shapes how they experience care over time. It provides clarity during uncertainty and helps families manage the practical and emotional demands of caregiving.

### **Sanjeevani: Care That Stays with People**

While research continues to highlight the importance of palliative care, its meaning becomes clearer when we look at how it shows up in everyday life. Much of what patients and families go through happens outside hospital settings, in the quieter moments of recovery and adjustment. This is where organizations like Sanjeevani...Life Beyond Cancer play an important role by extending support into these spaces.

Their work reflects a part of the cancer journey that often goes unspoken. For many people, the experience of cancer does not simply end with treatment. Recovery brings ongoing physical and emotional adjustments, as people manage side effects, rebuild their strength, and live with a sense of uncertainty that does not disappear overnight.

Beyond medical needs, this phase is also about finding a way back into daily life, regaining confidence, and learning how to care for one's health in a steadier way. Sanjeevani supports individuals through this transition with approaches that sit alongside ongoing medical care.

One of their key initiatives, Satori, focuses on life after treatment. It recognizes that both physical and emotional health shape well-being and brings together guidance on nutrition, breathing practices, and mental well-being through structured sessions.

Participants are introduced to simple, practical ways of managing stress, improving energy levels, and supporting their overall health. These are not one-time interventions but practices people can return to in their daily lives. Many come in with concerns such as fatigue, difficulty sleeping, or anxiety about what lies ahead. Over time, they begin to feel more confident in understanding their bodies and responding to what they need.

Assessments also reflect these changes. People report feeling better physically, more emotionally steady, and more connected in their daily lives. Many describe feeling more at ease and more in control as they adjust to life after treatment.

Another initiative, Srjan, builds on this approach through a more detailed and structured format. Delivered over a series of guided sessions, it brings together inputs from experts across areas such as nutrition, mental health, and mind-body practices like yoga, laughter therapy, and breathing techniques.

Participants engage over time, allowing them to absorb what they learn and gradually apply it in their daily routines. Pre- and post-assessments show improvements across areas such as pain, sleep, fatigue, anxiety, and emotional health, suggesting that consistent, holistic support can make a meaningful difference in how individuals manage their health after treatment.

Together, Satori and Srjan reflect a broader understanding of care. They show how support can continue beyond treatment in ways that are practical, accessible, and closely connected to people's lived experiences.

In doing so, they align with the larger idea of palliative care as an approach that supports quality of life at every stage. By focusing on well-being, resilience, and everyday coping, these initiatives help individuals move forward with greater clarity, comfort, and confidence.

## **Conclusion**

The role of palliative care in cancer is slowly being understood differently.

What was once seen primarily as end-of-life support is now increasingly understood as an essential part of comprehensive care. Evidence continues to show that early and integrated palliative care improves patient experience, supports families, and strengthens health systems.

Despite this, access remains uneven, and integration is still inconsistent.

Addressing these challenges requires a shift in perspective. Palliative care needs to be seen not as an optional addition but as a fundamental component of cancer care.

This shift does not reduce the role of treatment. It makes it stronger. It strengthens it by ensuring that care addresses both the disease and the lived experience of illness.

This integration changes how families experience cancer and offer an opportunity to align clinical progress with a deeper commitment to human-centered care.

Making palliative care central to cancer care can improve outcomes, but more importantly, it can change how people experience illness. It can bring greater comfort, clearer understanding, and stronger support into a journey that is often overwhelming.

In the end, care is not only about how we treat cancer. It is also about how we stand by people as they live through it.

### ➤ **References:**

- Knaul, F. M., Farmer, P. E., Krakauer, E. L., et al. (2017). Alleviating the access abyss in palliative care and pain relief: An imperative of universal health coverage. *The Lancet*, 391(10128), 1391–1454.
- Temel, J. S., Greer, J. A., Muzikansky, A., et al. (2010). Early palliative care for patients with metastatic non-small-cell lung cancer. *New England Journal of Medicine*, 363(8), 733–742.
- van Oss, A., et al. (2021). Timely integration of palliative care into oncology care.

- Gupta, M., Kankaria, A. (2022).  
Community-based palliative care needs and barriers in rural India.
- Sanders, J. J., Temin, S., et al. (2023).  
Integration of palliative care into standard oncology care: ASCO guideline update. *Journal of Clinical Oncology*.
- Rupang, E. R., et al. (2022).  
Home-based palliative care and quality of life.
- Haroen, H., Juniarti, N. (2023).  
Telehealth in community-based palliative care.
- Tseng, J., et al. (2020).  
Outcomes associated with early palliative care referral
- Nopour, R. (2022).  
Barriers and facilitators of tele-oncology.
- Shuftan, N., Dayan, M. (2021).  
Access to palliative care across Europe.
- Weiss, M. (2022).  
Barriers in palliative care for underserved communities.
- World Health Organization (WHO).  
Palliative care: Key facts and global guidance.
- SRJAN: Comprehensive Cancer Care Program for Cancer Patients – An Impact Analysis.
- Monk Prayogshala. Impact Assessment of Sanjeevani Life Beyond Cancer's Wellness Program: A Qualitative and Quantitative Evaluation.