



THE UNIVERSITY *of* EDINBURGH

Edinburgh Research Explorer

Palliative radiotherapy and holistic palliative care together

Citation for published version:

Murray, SA, Cavers, D, Carduff, E & Moine, S 2018, 'Palliative radiotherapy and holistic palliative care together' *BMJ*, vol. 361, pp. k1875. DOI: 10.1136/bmj.k1875

Digital Object Identifier (DOI):

[10.1136/bmj.k1875](https://doi.org/10.1136/bmj.k1875)

Link:

[Link to publication record in Edinburgh Research Explorer](#)

Document Version:

Publisher's PDF, also known as Version of record

Published In:

BMJ

General rights

Copyright for the publications made accessible via the Edinburgh Research Explorer is retained by the author(s) and / or other copyright owners and it is a condition of accessing these publications that users recognise and abide by the legal requirements associated with these rights.

Take down policy

The University of Edinburgh has made every reasonable effort to ensure that Edinburgh Research Explorer content complies with UK legislation. If you believe that the public display of this file breaches copyright please contact openaccess@ed.ac.uk providing details, and we will remove access to the work immediately and investigate your claim.





LETTERS

PALLIATIVE RADIOTHERAPY

Palliative radiotherapy and holistic palliative care together

Scott A Murray *St Columba's Hospice chair of primary palliative care*¹, Debbie Cavers *CSO research fellow*², Emma Carduff *research lead*³, Sebastien Moine *general practitioner*⁴

¹Primary Palliative Care Research Group, University of Edinburgh, Usher Institute of Population Health Sciences and Informatics, Medical School, Edinburgh EH8 9AG, UK; ²Cancer and Primary Care Research Group, University of Edinburgh, Usher Institute, Edinburgh, UK; ³Marie Curie Hospice Glasgow, Glasgow, UK; ⁴Health Education and Practices Laboratory, University of Paris 13, Bobigny; SimUSanté, Amiens University Hospital, Paris, France

We were delighted to read Spencer and colleagues' excellent review of palliative radiotherapy aimed at general practitioners.¹ But its last learning point, that "holistic palliative care may be more appropriate" in the final weeks of life, may mislead readers that they must choose one or the other. Patients should be offered both holistic palliative care and disease modifying treatments, such a palliative radiotherapy, from diagnosis of a life threatening illness.^{2,3}

We know that few patients request generalist palliative care while they are receiving palliative radiotherapy. As GPs we may find raising the subject of palliative care challenging owing to current stigma, even when patients know they are getting palliative radiotherapy.

A major side effect or "opportunity loss" of specific palliative treatments is failure to embrace holistic palliative care early, when support for all dimensions of need may be timely and may prevent distress. We identified this as an important issue for patients with lung, brain, or bowel cancer and their carers.⁴⁻⁶ We are currently studying whether early generalist palliative care by GPs triggered by starting palliative chemotherapy or radiotherapy is feasible and how this might be best started.

All patients receiving specific palliative treatments should also be offered holistic palliative care by their primary care team or relevant hospital specialist. If you are thinking of referring for palliative radiotherapy, think also of holistic palliative care.

Competing interests: None declared.

- 1 Spencer K, Parrish R, Barton R, Henry A. Palliative radiotherapy. *BMJ* 2018;360:k821. 10.1136/bmj.k821 29572337
- 2 Murray SA, Kendall M, Boyd K, Sheikh A. Illness trajectories and palliative care. *BMJ* 2005;330:1007-11. 10.1136/bmj.330.7498.1007 15860828
- 3 WHO. Strengthening of palliative care as a component of integrated treatment within the continuum of care. 2014 http://apps.who.int/gb/ebwha/pdf_files/EB134/B134_28-en.pdf.
- 4 Murray SA, Boyd K, Kendall M, Worth A, Benton TF, Clausen H. Dying of lung cancer or cardiac failure: prospective qualitative interview study of patients and their carers in the community. *BMJ* 2002;325:929. 10.1136/bmj.325.7370.929 12399341
- 5 Cavers D, Hacking B, Erridge SE, Kendall M, Morris PG, Murray SA. Social, psychological and existential well-being in patients with glioma and their caregivers: a qualitative study. *CMAJ* 2012;184:E373-82. 10.1503/cmaj.111622 22431898
- 6 Carduff E, Kendall M, Murray SA. Living and dying with metastatic bowel cancer: Serial in-depth interviews with patients. *Eur J Cancer Care (Engl)* 2018;27:e12653.28145036

Published by the BMJ Publishing Group Limited. For permission to use (where not already granted under a licence) please go to <http://group.bmj.com/group/rights-licensing/permissions>