Managing smoking and lung cancer treatment – Palliative Care perspective

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Why is it important? Palliative Care Perspective

- For many patients with non-curative lung cancer, early palliative care involvement is helpful (eg. Temel et al, NEJM 2010)
  - Quality of life, mood, survival..
- Benefits of smoking cessation are extensive – QOL, Survival, tolerance of therapies, improved health status
- Assessing if patient has time to benefit from smoking cessation

What are the risks of not addressing smoking?

- Miss out on benefits previously discussed
- Patients are not able to qualify for home oxygen therapy if still smoking
- Inpatient hospice care offers limited hours of smoking (8-5 at Bethesda)
  - Issues overnight
  - Safety being in the garden
- Risk of withdrawal at end of life when unable to smoke
- Second hand smoking risk for family members continues (worse if unable to get outside due to deteriorating condition)

What is currently happening in Palliative Care?

- Constant balance of quality of life – quitting vs smoking
- Smoking history always asked at admission
- Nicotine patches used as first line therapy as able to be continued through terminal phase
- Often look at smoking reduction rather than cessation at end of life
- Fatigue impact on ability to implement smoking cessation program

Positives…..

My clinical experience

- In an inpatient setting – social supports develop amongst smokers (patients and family members)
- Smoking encourages patients to get out of bed and outside
- Patients and families report it provides some degree of comfort when all else seems abnormal/stressful

Summary

- Quality of life assessment by patient
- Support cessation but often look for reduction
- Acknowledge benefits
- Risk of withdrawal/agitation in terminal phase