

End-of-life care

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End-of-life care is distinct from palliative care. Patients treated - palliatively may survive for many years; end-of-life care concerns the last few months of a patient's life. Many issues, such as symptom control, are common to both palliative care to the sense of approaching death. These include a heightened sense of spiritual need, profound fear and the specific needs of those who are facing bereavement. The concept of a 'good death' has been embedded in many cultures over many centuries. Healthcare professionals deal with many deaths and sometimes forget that the patient who hopes for a good death has only one chance to get it right. This is why end-of-life care is worth considering in its own right and not as a mere appendage to palliative care. Summary box 12.5 Issues at the end of life /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF Allison JP . Immune checkpoint blockade in cancer therapy: the 2015 Lasker-DeBakey Clinical Medical Research Award. *JAMA* 2015; 314 (11): 1113-14. Atun R, Ja ff ray DA, Barton MB et al. Expanding global access to ra - diotherapy . *Lancet Oncol* 2015; 16 (10): 1153-86. Bailar JC 3rd, Gornik HL. Cancer undefeated. *N Engl J Med* 1997; 336 (19): 1569-74. Doll R. The Pierre Denoix Memorial Lecture: nature and nurture in the control of cancer. *Eur J Cancer* 1999; 35 (1): 16-23. Hanahan D, Weinberg RA. The hallmarks of cancer. *Cell* 2000; 100 (1): 57-70. Hanahan D, Weinberg RA. Hallmarks of cancer: the next generation. *Cell* 2011; 144 (5): 646-74. Martincorena I, Raine KM, Gerstung M et al. Universal patterns of selection in cancer and somatic tissues. *Cell* 2017; 171 (5): 1029-41. Meara JG, Leather AJM, Hagander L et al . Global surgery 2030: ev - idence and solutions for achieving health, welfare, and economic development. *Lancet* 2015; 386 (9993): 569-624. Murtaza M, Dawson SJ, Tsui D et al. Non-invasive analysis of acquired resistance to cancer therapy by sequencing of plasma DNA. *Nature* 2013; 497 (7447): 108-12. Solda F , Lodge M, Ashley S et al . Stereotactic radiotherapy (SABR) for the treatment of primary non-small cell lung cancer; systematic re - view and comparison with a surgical cohort. *Radiother Oncol* 2013; 109 (1): 1-7. Tomasetti C, Vogelstein B. Cancer etiology . Variation in cancer risk among tissues can be explained by the number of stem cell divi - sions. *Science* 2015; 347 (6217): 78-81. Tree AC, Khoo VS, Eeles RA et al. Stereotactic body radiotherapy for oligometastases. *Lancet Oncol* 2013; 14 (1): e28-e37. Weinberg RA. *The biology of cancer*, 2nd edn. New York, London: Garland Science, 2013. Wu S, Powers S, Zhu W , Hannun YA. Substantial contribution of ex - trinsic risk factors to cancer development. *Nature* 2016; 529 (7584): 43-7.

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Created 2025-12-31 15:08:36 UTC by Omar Ayman

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