

Cancer Care for the Whole Patient—A New Institute of Medicine Report

By Samuel M. Silver, MD, PhD



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I have practiced hematology/oncology in a university setting for over 20 years, and I pride myself in delivering excellent evidenced-based care. But am I really that good in providing *Cancer Care for the Whole Patient*,¹ the title of the Institute of Medicine's (IOM) new report that examines the psychosocial health of the patients with cancer? Recently, I received a message from a clinic nurse, Miranda, who had a phone conversation with one of my patients. Miranda had

made the phone call to discuss the patient's blood counts with him, but she told me something was wrong. The patient appeared depressed, and she was concerned. I referred the patient to our Cancer Center's Psych-Oncology Program, and indeed he needed help, both with counseling and antidepressive medication.

In the rush of busy clinics, during our previous visits, I really had not paid attention to my patient's affect. If I did think about it, I would probably have passed it off to a minor, totally understandable "reactive" depression. I was not "Meeting the Psychosocial Health Needs" (the subtitle of the report) of my patient. Indeed, at the University of Michigan's Cancer Center we have a world-class Psych-Oncology Program, but I would have failed in not referring my patient in a timely manner. I would not be alone. The IOM study quotes an American Society of Clinical Oncology survey of 1,000 randomly selected members. Only 14% of the respondents reported screening for psychosocial distress using a standardized tool, and one third reported that they did not routinely screen for distress. A National Comprehensive Cancer Network study was also quoted in the report; only eight of 15 centers reported that they routinely screened for distress in at least some of their patients.² Clearly we need to be doing better.

The IOM report attempts to state the problem and discuss how these issues interfere with biomedical care, describe available psychosocial health services and evidence of their

effectiveness, propose a model for delivering psychosocial health services, discuss availability of these services, propose a research agenda, and deliver 10 Recommendations of Action, the first of which is given as a Standard of Care and serves as foundation for the 339-page report¹:

All cancer care should ensure the provision of appropriate psychosocial health services by:

- Facilitating effective communication between patients and care providers.
- Identifying each patient's psychosocial health needs.
- Designing and implementing a plan that:
 - Links the patient with needed psychosocial services.
 - Coordinates biomedical and psychosocial care.
 - Engages and supports patients in managing their illness and health.
- Systematically following up on, reevaluating, and adjusting plans.

Diverse examples of approaches to the screening and delivery of psychosocial health services are given, from the resource-rich integrated services provided by the large academic medical center at University of California, San Diego, CA, to the technically innovative approach at the West Clinic in Memphis, TN, to the smaller, but multidisciplinary approach used at the Tahoe Forest Cancer Center in Truckee, CA. However, despite a laundry list of available services, each practice will be left asking variations on the same question: How can I do this here? Screening for social and psychological issues, adapting local algorithms for the continuum of care, finding appropriate local services and professionals for referrals, and funding care and ancillary staff—all are huge problems that need to be addressed locally. The IOM report frequently mentions that "a wealth of cancer-related community support exists, many of which are available at no cost to patients."¹ Finding these veins of gold will be a major task for each practice. We all have much work to do, and this IOM report makes it clear that these services are an integral part of quality cancer care.

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