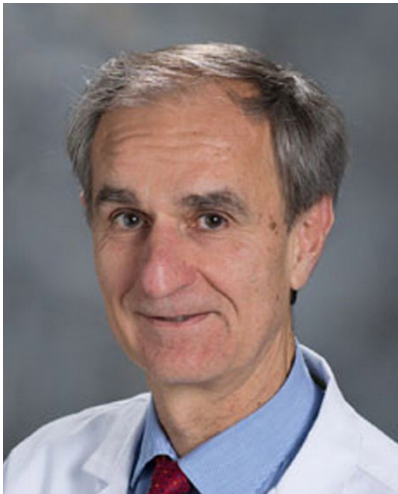


Palliative Care Pioneer Dr. Eduardo Bruera Honored by ASCO

The following article was featured in the ASCO Connection newsletter on April 7, 2022.



Dr. Bruera will receive the 2022 Walther Cancer Foundation Endowed Supportive Oncology Award.

Eduardo Bruera, MD, FAAHPM, chair of the Department of Palliative, Rehabilitation, and Integrative Medicine; Division of Cancer Medicine; The University of Texas MD Anderson Cancer Center, will receive the 2022 Walther Cancer Foundation Endowed Supportive Oncology Award during the 2022 ASCO Annual Meeting.

Dr. Bruera's interest in palliative care began while he was completing his training in oncology at the Hospital Privado Guemes, in Buenos Aires, Argentina, in the early 1980s. He became aware of a little discussed aspect of the field—the physical and emotional suffering patients experienced. In the outpatient clinic where he worked, he noticed that little acts of kindness—music, a smiling face, and soft light—went a long way toward comforting patients waiting to see their physicians. He had a vision of a clinic that provided this level of care.

In 1984, he got his chance. He was recruited by the Cross Cancer Institute at the University of Alberta, in Canada, to design a palliative care program. This was among the first such program worldwide.

“We began by cultivating the physical environment with the soft light and music that had worked so well in Argentina,” Dr. Bruera said. “Then we brought in counselors and chaplains and made them available to patients if they wanted to talk. Our clinic also operated at a slower pace and was a place where personal issues could be shared. The program grew because of referrals from oncologists. Overall, we aimed to alleviate suffering for patients and their families.”

“Overall, we aimed to alleviate suffering for patients and their families.” – Dr. Eduardo Bruera

To better serve his patients, Dr. Bruera realized that he needed a way to quickly assess how they were doing. He and his colleagues developed a tool that asked them to put their pain on a scale of 1 to 10. “It only takes a minute to complete, and it is highly effective,” Dr. Bruera said. “Today, it is used widely for 12 different kinds of cancer. This simple scale enables us to put patients' suffering on the record, which makes them feel acknowledged and heard.”

Bringing the Palliative Care Program to the United States

Over time, physicians in the oncology community became aware of Dr. Bruera's unique program, and in 1999, he was recruited again. The late John Mendelsohn, MD, then president of The University of Texas MD Anderson Cancer Center, wanted Dr. Bruera to bring his Canadian model to Texas. This opportunity enabled Dr. Bruera to not only treat more patients, but also to study the complexity of suffering.

The expanded program welcomed patients at all stages of their cancer journey and offered walk-in access to patients without appointments if they were in distress.

Over the years, Dr. Bruera's team discovered that seeing patients early, before the end of life, is more valuable to them and to their physicians. “Our interventions increase quality of life for patients and keep them as worry-free as possible,” Dr. Bruera added.

Alleviating Pain, Using Strategies to Better Support Patients

Pain management is an integral part of Dr. Bruera's work. To this end, opioids are very important, but in some patients with cancer, opioid disorder occurs. “In patients' effort to avoid suffering, they sometimes take too much medication and hurt themselves,” Dr. Bruera noted. “We work with patients when this happens and have also learned that opioid rotation can help prevent nonmedical opioid use and ensure that the medications remain effective.”

Another strategy that has helped patients is to switch from intravenous administration of medication to using a subcutaneous route. This approach means that patients no longer have to rely on IV poles, which can be uncomfortable, especially for those being treated in the community and who are close to the end of life.

Reflecting on Recent Program Growth, Examining the Future of Supportive Care

The success of the program led to another innovation: a 1-year fellowship to ensure that the next generation of physicians is educated about palliative care. Developed in 2000, Dr. Bruera and his team have trained 160 fellows, leading other cancer centers to establish similar training fellowships. As a result, most of the National Cancer Institute–designated cancer centers have some sort of supportive care program, but few are as comprehensive as the program at The University of Texas MD Anderson Cancer Center.

“My hope for the future is that every single cancer center has a large, supportive center for physical, spiritual, and emotional care, and every hospital with an ICU will have a PCU [palliative care unit],” Dr. Bruera said. “Furthermore, every medical school should have a palliative care department, making this field an established area of study. And most importantly, we need enlightened leadership with a vision of better care supported by a strong team who can implement it. The example of these visionary leaders will likely lead others to follow suit.”

Dr. Bruera will further discuss the palliative care field during his award lecture at the ASCO Annual Meeting.

— by Marilyn Fenichel