

Easing the tension between oncologists and hospice

I READ WITH INTEREST the article regarding the transition of curative patients to palliative care (*Community Oncology*, July/August 2004, pp 85–91). I agree with Drs. Weissman and von Gunten that there is a push for chemotherapy in patients with metastatic disease, often without considering other potentially effective treatments. A number of recent studies have shown that a single dose of radiation therapy is as effective for palliation of bone pain as a longer course of treatment. Radiation therapy is most effective in patients with moderate pain, but we rarely see these patients when they have moderate pain. We see them after they have been receiving bisphosphonates for years and after they've received three, four, or five different chemotherapy regimens.

I agree with the Letter from the

Editor—many of the treatments that oncologists offer can significantly improve quality of life. There is a substantial amount of tension between oncologists (both medical and radiation) and hospice care. A multidisciplinary approach including the hospice specialist may be the best way to resolve this tension.

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