

## The Report on the Current State of Activities of Palliative Care Teams and Further Enhancement of those Activities: A Summary Based on Previous Reports

The Editor,

Sir,

Malignant neoplasms, according to the 2006 Vital Statistics of the Ministry of Health, Labour and Welfare, have been the leading cause of death in Japan for 26 years straight. Cancer control in Japan includes recent efforts, as part of Basic Plans to Promote Cancer Control, to “establish systems to provide radiation therapy and outpatient chemotherapy at all major hospitals within 5 years,” to have “all physicians involved in cancer treatment acquire essential knowledge with regard to palliative care within 5 years,” to “reduce the smoking rate among juveniles to 0%,” and to “aim for a cancer screening participation rate of 50% within 5 years.” The physical and mental aspects of cancer in affected patients must be dealt with comprehensively. In Japan, reports are appearing on the establishment and activities of Cancer Support Teams. The current report summarizes palliative care teams (cancer support teams) in Japan from various perspectives and presents this information along with a review of the literature.

The lead-up to the establishment of palliative care teams begins with the establishment of outpatient chemotherapy units and the formation of multidisciplinary care teams that take into account the patient’s wishes (1). The subsequent start of activities by these palliative care teams has been reported (1). Activities of oncology-certified nurse specialists have also been indicated (1). Cancer patients are faced with various burdens, not limited to the physical, and having one type of professional deal with these problems would be difficult; thus, the need to form a palliative care team has been reported (2). The psychiatrist plays an important role in helping the patient to cope with the mental aspects of the illness and provide feed back information to the primary physician and ward staff (3). The Palliative care teams provide a more holistic care of the patient.

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### REFERENCES

1. Tanaka T, Ogawa A, Todaka A, Yamanaka M, Matsuoka H, Tsujinaka T. The role of an oncology certified nurse specialist in a palliative care team. *Jpn J Cancer Chemother.* 2006; **33 (Suppl II)**: 345–7. [in Japanese, English abstract]
2. Shimoyama N, Shimoyama M. Total pain management for cancer patients with intractable pain by palliative care team. *Manseitoutsu.* 2008; **27**: 31–6. [in Japanese, English abstract]
3. Katsuki A, Matsumoto A, Yarino R, Kagioka H, Yamaoka Y. Liaison-psychiatric service in palliative care. *Jpn J Cancer Chemother.* 2008; **35**: 1371–4. [in Japanese, English abstract]