Alberta Health Services
CancerControl Alberta

Shared Care for Advanced Cancer

To help you live well with advanced cancer, we would like to offer information and support for you and your family members. This can be a challenging time, and as your health care team, we are here for you. We encourage "shared care" that combines support from your oncology doctor (cancer team) and your family doctor (community team) to help you live your best. Together, we can get you the support you need.

Who is sharing my care?

Your family doctor and your oncology team will share your care with you. **We ask that you make an appointment with your family doctor within the next month**, even if you feel well. It is important to plan and put supports in place. Please take this letter with you. If needed, your family doctor can ask your oncologist (cancer doctor) for more information. Your family doctor will also receive updates from the Cancer Centre.

It is very important to have a family doctor. If you do not have one, you can find a list of doctors accepting patients in your area:

- Call Health Link Alberta (811)
- Visit https://www.ahs.ca and search for "find a doctor." This website will give you choices to help you find the family doctor who is right for you. If you need help navigating the site, have a friend or family member help you.

If you have a new doctor, be sure to tell them about your cancer diagnosis and treatment. Your new doctor can request access to your treatment summary and other records. If you cannot find a family doctor, please discuss this with your oncology team.

What is "advanced cancer"?

When cancer is advanced, we focus on helping you live as well and as long as possible. Different doctors may use different words to describe when a cancer is advanced. Depending on your condition, you may hear words such as secondary, metastatic, progressive, incurable, non-curative or end-stage. When there is not likely a cure for cancer, we will continue to give you medical care that will help you to live with hope and support your goals.

Who will help me manage my symptoms?

Your Oncologist	Your Family Doctor
Both teams can help manage symptoms from your cancer or treatment, (such as pain, stress, constipation, or sleep problems). Make sure to ask how you can best manage each issue you have.	
Manages your **cancer treatment plan** and **cancer-related** concerns.	Manages **non-cancer related** concerns. For example: • refills of your medications not related to cancer treatment • other non-cancer related health concerns or conditions (such as high blood pressure or diabetes)

Ask your teams who to call for questions, including during evenings and weekends. Make a plan for urgent situations. For complex symptoms, your teams may ask **palliative care consultants** to help (see next section).

Is there a role for Palliative Care?

Palliative care aims to improve or maintain your quality of life while living with cancer. Palliative care is often misunderstood. **It does not mean you have to stop cancer treatment to receive it, and it is not just for end of life.** Palliative care:

- is an added layer of support for you and your family
- is treatment that provides relief from the symptoms and stress of living with advanced cancer and helps you get on with life
- is provided along with treatment for the cancer, or by itself.

Who provides Palliative Care?

Your care teams will work together with you to provide palliative care based on your values, preferences and needs. For example:

Your cancer team may provide palliative chemotherapy or radiation to help slow cancer growth or provide symptom relief.	**Your family doctor** may coordinate medical, psychological and practical supports (e.g. referrals to specialists, parking placard) in the community for you and your family.	**A specialist palliative care provider** (such as palliative consultants and palliative home care) may provide additional symptom relief and practical supports.
Your oncologist works with other health care providers based in the Cancer Centre	Family doctors work in a “primary care team” with other health care providers in your community	Palliative care clinicians work across all sites including cancer centres and your community
All teams can include a variety of health care providers. For example nurses, pharmacists, social workers, dietitians, therapist and psychologists.		

Specialist Palliative Care Providers:

Palliative care consultants are specialists (nurses, nurse practitioners, or doctors) trained in palliative care. They are available to see you in your home, hospital, long-term care centre, other care facilities and some cancer centres.

Consultants provide:

- advice for complex medical issues to you and your care teams
- assessment and symptom management recommendations (for example pain, nausea)

- patient and family information about how the illness may progress, and care suggestions to enhance quality of life
- patient and family psychological and spiritual support
- help with advance care planning and healthcare decision making
- help with exploring care options and best location of care.

Many people want to stay in their own homes for as long as possible. **Palliative home care** offers professional and personal healthcare services to patients and families who are living with advanced cancer. In towns or rural areas that do not have dedicated palliative home care, **integrated home care** provides these services with the support of palliative care consultants.

End of life care may include organizing care to help you remain at home in your community, if you choose to do so. Some areas have **hospice care** (24-hour palliative care in a dedicated facility) for those nearing the end of life.

For more information or to request these services, ask your care teams.

What can I do to plan?

It is important to think about and plan your future care and treatment now, even if you feel well. This is called **Advance Care Planning.** It means you:

- think about what is important to you
- learn about your current and future health care decisions
- choose someone you trust to respect your wishes and make medical decisions on your behalf should you lose that ability
- talk about your goals of care with those close to you and your care teams
- document your plans in a **Personal Directive.**

Personal Directive is a legal document to name a person or people you have picked to make health and personal decisions for you, if you become unable to do so.

Enduring Power of Attorney is a legal document to name someone you trust to make financial decisions for you.

A **Will** is a legal document that allows you to direct how your property will be distributed and to name a guardian for children after your death.

Your doctor can order a **Goals of Care Designation** that fits with your medical condition and helps communicate your goals and values to your health care providers. Visit www.conversationsmatter.ca for tips and ideas on how to start or continue sharing your advance care plans. Keep your goals of care designation and other advance care planning documents in a "green sleeve." This green plastic folder helps your health care providers know your wishes in an emergency.

Start now and revisit your plans regularly so that your family and your health care teams understand your goals and priorities. You can change your advance care plans as your wishes change. You should also have an Enduring Power of Attorney and a Will.

What else can I do for myself?

As you think about your future, many emotions and feelings may come up. Everyone copes with their feelings differently. Many programs and resources can support you and your family. It can help to:

- talk about your feelings and any problems you are having
- ask questions as they come up. Keeping track of your questions between visits may help you remember what you want to ask
- prepare and revisit your emergency contact numbers for providers and let your caregivers know where the numbers are
- find out what palliative care services can offer you by asking your medical oncologist or family doctor for more information
- check which programs allow for self-referral, see **"Alberta Palliative and End of Life Care"** www.myhealth.alberta.ca/palliative-care

Other resources and programs to help you:

- **Counselling services or support groups** can be helpful with things such as communication, stress management, coping with treatment side effects, mood changes, quality of life, body image, sexual health and loneliness.
  Professional help is available. Select the closest resource to you and call to make an appointment:

Calgary: 403-355-3207	Edmonton:780-643-4303	Grande Prairie: 780-538-7372
Lethbridge: 403-388-6814	Medicine Hat: 403-529-8817	Red Deer: 403-343-4485
Other Communities visit www.ahs.ca and search "Cancer Patient Navigation"		

- **Canadian Cancer Society Advanced Cancer booklet**
  (you can request booklets be sent to you free of charge)
  http://www.cancer.ca/en/support-and-services/resources/publications/?region=on
- **Sources of Help:** Sources of help from the government, community organizations and businesses that may be helpful. Search "Sources of Help" on www.ahs.ca
- **Sexual Health:** Cancer treatment can have a huge impact on sexual function and health. Help is available. For information and contact numbers, visit http://www.myhealth.alberta.ca/ and search *cancer and sexuality*.
- **Cancer Care** information: www.cancercontrolalberta.ca

We are here to support you!

~Your Cancer Care Team