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FROM THE EDITOR

Psycho-oncology and palliative care: Opportunity for integration

Palliative and Supportive Care is an international journal that was begun specifically with the intent of promoting the development and integration of psychiatric, psychosocial, and existential aspects of clinical care into the modern practice of palliative medicine. We hoped to achieve this goal by providing a resource to clinicians and an outlet for clinical researchers interested in the unique interface of palliative care and psychosocial/existential issues in those with life-threatening medical conditions. It is therefore very encouraging to see a growing interest in this particular interface of palliative medicine and psychosocial/existential care. I reported to our readers, in the last issue of *Palliative and Supportive Care* (*PS&C*), of the great interest in psychosocial and existential issues in the palliative care community as represented by the June 2004 Research Congress of the European Palliative Care Association held in Stresa, Italy. I have just returned from the 7th World Congress of Psycho-Oncology, sponsored by the International Psycho-Oncology Society (IPOS), held on August 24–27, 2004, in Copenhagen, Denmark. Again, what I bring back to the readers of *PS&C* is a message of encouragement and a sense that the time has come for our interests and work to take on a more central role in the fields of both palliative care and psycho-oncology (the psychosocial aspects of care of cancer patients). The World Congress of Psycho-oncology featured psychiatric, psychosocial, and existential aspects of palliative care in cancer patients as a prominent part of the program.

The worlds of psycho-oncology and palliative care naturally intersect at several points, particularly in the care of cancer patients at the end of life. This common ground however is not limited to the cancer patient at the end of life, but rather extends to almost all phases of cancer care. Perhaps the areas that are unique to psycho-oncology include the areas of cancer prevention and the care of cancer survivors. Palliative care practitioners and psycho-oncology clinicians will likely see an overlap of responsibility for the psychosocial aspects of palliative and supportive care of cancer patients throughout the continuum of cancer care. This overlap has the potential for territorial disputes and other conflicts about under whose domain psychosocial and existential care issues fall. Clearly palliative care clinicians feel the need and responsibility to become proficient in basics aspects of psychiatric care of cancer patients (e.g., recognizing and treating delirium, depression, and anxiety disorders), as well as mastering skills in communication and the management of suffering and existential distress. Psych-oncologists who have focused their work on these specific issues are in fact taking an active role in teaching palliative care clinicians how to become basically proficient in these areas of care. Psycho-oncologists are furthermore seen as consultants with specialized expertise in these areas who can be called upon to help in the management of challenging cases and in the development of more sophisticated clinical research in these areas. We are clearly at a crossroads. The two disciplines can become entrenched and work on these issues in isolation or we can take the bolder and more productive route of enthusiastically establishing collaborations and alliances that move both fields forward and allow for exponential growth in these areas, thus benefitting all, including the patients for whom we care.

In that spirit of fostering collaborations and alliances, allow me to inform *PS&C* readers of the activities and resources available from two wonderful organizations: the International Psycho-Oncology Society (IPOS) and the International Association for Hospice and Palliative Care (IAHPC). By the way, both societies provide their members with reduced subscription rates to our journal, *Palliative and Supportive Care*. Also in the spirit of full dis-

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closure, I am on the board of Directors of IPOS and I am an active member of IAHPC.

IPOS was founded in 1984 to serve as the only international body devoted solely to the "human" aspects of cancer care and research. Jimmie Holland, M.D., was the Founding President of IPOS and remains a powerful positive and generative force in the international psycho-oncology movement. Her most recent efforts and those of the IPOS Board of Directors and current President Christoffer Johanssen, M.D., have been to forge collaborations with the palliative care community, particularly the IAHPC. In fact, IPOS is seeking nongovernmental organizational (NGO) status with the World Health Organization (WHO) in an effort to supplement the WHO's efforts in promoting palliative care in developing countries around the world. IPOS has an informative website with great educational and professional resources: www.ipos-society.org. The journal *Psycho-oncology* is the official journal of IPOS and is available to members. An online curriculum in psycho-oncology is being developed jointly by IPOS and the European School of Oncology. There are many individual national psycho-oncology societies, such as the American Psychosocial Oncology Society (APOS) that have even further developed online curricula and resources (see APOS-Society.org).

The International Association for Hospice and Palliative Care is an international organization whose mission to promote hospice and palliative care worldwide has been revitalized in recent years through the leadership of Eduardo Bruera, M.D. (Chair of IAHPC) and Liliana De Lima, the Executive Director. The IAHPC has redoubled its efforts to promote the development of palliative care, particularly in the developing world. The IAHPC publishes a free monthly e-newsletter and is a wonderful resource for new books, meetings and conferences, and specialized programs such as Traveling Fellowships. The IAHPC website is www.hospicecare.com. *PS&C* readers are encouraged to look into this website as a resource and consider the membership benefits of both the IAHPC and IPOS.

PS&C will continue to serve as a common resource and home for the integration of psycho-oncology and palliative care. We encourage all clinicians and researchers interested in this integration to write us at *PS&C* to express their opinions on the subject and also to submit their research and views for publication.

WILLIAM BREITBART, M.D.
Editor–in-Chief

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