

The 6th Vital Sign in Cancer Care

WHY SCREENING FOR DISTRESS IS CHANGING PRACTICE

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While the discipline of psychosocial oncology is relatively new in the field of cancer care, many if not most health care providers, would say that it is a vital component of clinical care and its application is necessary to improve the patient experience along the cancer care continuum from diagnosis, treatment, recurrent disease, palliative care and survivorship. Historically, this acknowledgement has been the politically correct response. Unfortunately, however, institutional funding for psychosocial care has been quite limited and services across Canada vary with less than two per cent of cancer programs' operating dollars directed to the emotional care of the cancer patient.¹

As a society, when we talk about cancer, despite all the biomedical success and advances, we are all fully aware of the life-threatening issues associated with this illness. Susan Sontag, after being diagnosed with breast cancer, wrote *Illness as a Metaphor* and articulated her distress with cancer by saying she saw cancer as being synonymous with death, pain and suffering.²

Traditionally, cancer care has focused on the tumor and the biomedical aspect of treatments with survival being the sole endpoint. This is quite understandable given the focus on acute and inpatient care. However, care of the cancer patient has been changing. Today, cancer is being treated as a chronic disease with the focus much more outpatient oriented. In 1992, at the first National Forum on Breast Cancer, a panel of experts was asked where they thought the most significant changes in cancer care had taken place. David Beatty, then President of the National Cancer Institute of Canada, stated that he believed the greatest changes were occurring with the inclusion of formalized emotional care programs for the cancer patient.³

That was over 15 years ago. What was driving this change? I believe it came from two sources: i) the patient advocacy networks, and ii) ethical issues surrounding "informed consent"—the patient's right to know the full extent and impact of cancer and the complex side effects of treatment. No longer was it possible

for health care providers to assume they would know best what the patient needed without a full discussion. While directed at the effect at biomedical treatments, the issue of informed consent opened a Pandora's Box of new issues, the patient's experience of living with cancer and its associated distress.

In the past few years, there have been a number of studies conducted internationally that have addressed the prevalence of distress. Except for inpatients where distress is seen as being higher, virtually all studies have reported patient's distress in the 35–45 per cent range.^{4,5} Compounding these high rates is an overworked medical staff with limited expertise or training in psychosocial care and limited interest in spending the required time to help the patient adjust and cope with the emotional side of cancer.⁶

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In routine medical practice, vital signs are recorded by health professionals in order to assess basic bodily functions and area considered an essential part of a patient's case presentation. The four vital signs which are standard in most medical settings: body temperature, pulse (or heart rate), blood pressure and, respiratory rate.

In 1999, the National Pharmaceutical Council and the Joint Commission for the Accreditation of Healthcare Organizations in the United States endorsed Pain as the 5th Vital Sign.⁷ In June 2004, given the prevalence of distress and benefits of psychosocial care to the cancer patient, the Canadian Strategy for Cancer Control took the bold step of endorsing emotional distress as the 6th vital sign in cancer control.⁸

To get buy-in, after several publications and presentations directed to the professional community, there appears to be a groundswell of interest and commitment to the recognition of distress as the 6th vital sign.^{9,10} For example, in the Canadian Partnership Against Cancer (CPAC) 2007–08 Annual Report, screening for distress and recognition of distress as the 6th vital sign was designated as one of CPAC's priorities for the next five years.¹¹ As well, and most significant, the Canadian Council of Health Services Accreditation (Accreditation Canada) will include screening for distress as the 6th vital sign as a new accreditation standard commencing in 2009.¹²

While many new initiatives have recently surfaced to

support the cancer patient, including the Institute of Medicine's report on Cancer Care for the Whole Patient, the challenge will be implementing the changes by adding the necessary resources to assure that patients' concerns are being adequately addressed in a timely way by properly trained professionals.¹³ With persistence, effective use of research, education and evidence-based practice the culture of oncology care is showing signs of change. The timing seems ripe and the opportunities within our grasp to change practice.

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