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The way in which patients with cancer are managed is undergoing major changes. Palliative care, a system of care that seeks to provide physical, psychological, social and spiritual support to patients who are dying, was introduced in Canada only about 20 years ago. Oncology, a much older discipline, is undergoing an important reorientation involving reconsideration of its primary goals. Cure through treatment, although still a fundamental goal of oncologists and their patients, has been elusive for many cancers, and oncologists have started to focus on symptom management and quality of life. In this way, oncology is moving closer to palliative care. Another major change is the shift from hospital to office and home management of cancer.

In this issue we look at many of these changes. Neil MacDonald of the Clinical Research Institute of Montreal reviews the major shifts that have taken place in both oncology and palliative care, arguing for a much earlier introduction of palliative care in the management of patients with cancer (page 1709). Michael McKenzie, of the BC Cancer Agency (page 1702), and Michael MacKenzie, a family and palliative care physician in Nova Scotia (page 1705), comment on the changes they are seeing first-hand.

Because more and more family physicians are now providing palliative care from their offices and in patients' homes, we asked Eduardo Bruera and Catherine Neumann of the Division of Palliative Care Medicine at the University of Alberta to provide practical guidance on the management of common cancer symptoms (page 1717). Elizabeth Latimer, of the Palliative Care Office, Henderson General Hospital, Hamilton, proposes a practical approach to the ethical issues surrounding care at the end of life (page 1741).

Research in all of these areas is also undergoing change. Michael Michael and Ian Tannock, of the University of Toronto, review the changes that are taking place in the design of clinical trials for cancer chemotherapy (page 1727), including shifts toward measuring quality of life and symptom control.

Do dying cancer patients actually receive palliative care? Grace Johnston and colleagues report that only about 14% of Nova Scotia adults who died of cancer between 1988 and 1994 were registered in the Halifax Palliative Care Program (page 1691). Charles Hayter of Queen's University examines the issues of inequitable access to care, using radiation therapy as an example (page 1735).

Before she was diagnosed with breast cancer, Jane Poulson had prided herself on being "a sensitive and empathetic physician." After the diagnosis, she began to learn the hard way how little she had understood of what her own patients experienced. In the second of 2 articles, Poulson reminds us of the importance of measuring our words carefully when we interact with cancer patients and exhorts clinicians and researchers to pay closer attention to cancer's most quietly devastating symptom: fatigue (page 1748).

To round out this theme issue, Jennifer Raiche offers a highly personal view of palliative care in the oncology ward (page 1751), Anita Elash describes the establishment of Anderson House, a new freestanding hospice in Oakville, Ont. (page 1757), and Michael O'Reilly looks for — and finds — palliative care on the World Wide Web (page 1759).

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