Letter to the Editor

Lisa Kennedy Sheldon, PhD, APRN, BC, AOCNP®—Editor

Oncology Nurses Need to Get Serious About Cancer Rehabilitation

Patients with cancer suffer greatly. Rehabilitation helps them suffer less, and yet very few patients with cancer get rehabilitation services of any kind. Oncology nurses are well positioned to see the toll that cancer and its treatment take on patients and to facilitate appropriate supportive care, including rehabilitation.

Cheville, Beck, Petersen, Marks, and Gamble (2009) surveyed 250 community-dwelling patients with cancer regarding their functional needs. Of the 65% who reported functional needs, only 6% had those needs documented in their medical record and only two patients received rehabilitation services of any kind. Oncology Rehab Partners estimates that the national rehabilitation utilization rate for patients with cancer is 5% (Silver, 2015). The truth is, nobody really knows how many patients, or how few, get needed rehabilitation services. We have no reason to believe that it is much better than the numbers previously mentioned would suggest, and one can reasonably and safely assume that the majority of patients with cancer need rehabilitation services and almost none get them.

Rehabilitation is part of standard care for many medical issues, including stroke, heart attack, traumatic brain injury, and orthopedic surgeries. To have one of these diagnoses and not get rehabilitation would be considered substandard care. Our patients deserve rehabilitation as well, and to not get it should be considered substandard care. Impairments of patients with cancer are numerous and common. If the impairments are all but guaranteed, therapy should be as well.

This is an oncology care problem. We must better identify patients’ rehabilitation needs, caused by our treatments, and facilitate appropriate interventions.

Nurses, meet rehabilitation professionals in your organization. Find out what they can do for your patients. Rehabilitation has great services for fatigue, incontinence, peripheral neuropathies, cognitive impairments, and many other issues common to patients with cancer. Learn about these services and connect your patients with them.

Oncology program administrators, meet your counterparts in the rehabilitation world and plan cross-departmental educational events. The more that oncology and rehabilitation staff know about each other’s specialties, the better care we can provide to our patients.

Research suggests that 65%-90% of patients with cancer could benefit from rehabilitation services (Cheville et al., 2009; Silver, Baima, & Mayer, 2013). Let 65% be your benchmark. Meeting this benchmark will require identifying patients with rehabilitation needs and facilitating access to rehabilitation care. It also will require, at a minimum, being able to report which patients are, and are not, getting rehabilitation services. This will require someone in your institution designated responsible for cancer rehabilitation program coordination, data collection, and quality reporting.

Cancer rehabilitation is not a complicated problem. Patients with cancer suffer. Rehabilitation can help them suffer less. Patients with cancer need rehabilitation, and they need us to help them get it.

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References