Lung cancer is the second most common cancer and the number one cause of death in the United States, with more than 200,000 cases diagnosed each year accounting for 14% of all new cancer cases (American Cancer Society, 2011a; Siegel, Naishadham, & Jemal, 2012). Recommended treatment can be complex with surgery, chemotherapy, and radiation therapy alone or in combination. Symptom burden of the disease or treatment is profound and impacts the patient as well as the family caregiver (FCG) who supports the patient.

FCGs face multiple challenges throughout the illness trajectory, evolving over time from the initial diagnosis of a life-threatening illness, throughout treatment, to living with the potential for disease progression and end-of-life care. Each FCG brings his or her own life experience, coping abilities, and support systems to the role, as well as physical, psychological, social, and spiritual strengths and weaknesses. How FCGs respond to the challenges of their roles impacts their ability to continue care for their family member through the illness trajectory.

Exercising lung cancer’s impact on a FCG’s quality of life (QOL) is one way to better understand the experience and assess the challenges of the caregiver. QOL was defined by Grant, Padilla, Ferrell, and Rhiner (1990) as “a personal statement of the positivity or negativity of attributes that characterize one’s life” (p. 261). The QOL of the FCG and the QOL of the patient with lung cancer affect each other throughout the illness trajectory (Northouse, 2005; Ryan, Howell, Jones, & Hardy, 2008; Siminoff, Wilson-Genderson, & Baker, 2010) (see Figure 1). The demands of the FCG role, as well as bearing witness to the patient’s suffering, impact a FCG’s QOL and ability to function.

The purpose of the article is to (a) describe the current science regarding QOL of FCGs of patients with lung cancer, (b) use two FCG case studies to describe QOL issues that...