

ASCO-ESMO Consensus Statement on Quality Cancer Care

From the American Society of Clinical Oncology, Alexandria, VA; and the European Society for Medical Oncology, Viganello-Lugano, Switzerland.

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INTRODUCTION

The American Society of Clinical Oncology (ASCO) and the European Society for Medical Oncology (ESMO) are both dedicated to the provision of quality cancer care to patients worldwide. Recognizing that resources, financial and otherwise, vary greatly from country to country and that systems for providing medical care are similarly varied, ASCO and ESMO nevertheless believe that healthcare plans should aspire to meet certain common goals to ensure access to, and the continuity of, quality cancer care.

1. Access to Information

Patients should receive adequate information about their illness, possible interventions, and the known benefits and risks of specific treatment options. These matters should be discussed with qualified healthcare personnel who are committed to responding forthrightly to patient inquiries. Patients should have the ability to ascertain names, roles, and the qualifications of those who are treating them.

2. Privacy, Confidentiality, and Dignity

Patients should have the benefit of privacy with respect to their diagnosis and treatment. Medical records and other patient-specific information, including genetic information, should be regarded as private except to the extent that they are required to be shared for treatment or payment purposes. If access to patient-specific information is necessary for research efforts, including clinical trials, epidemiological research, translational research, or other clinical investigations, patients should be given the opportunity to agree to such uses of their personal information for the benefit of cancer patients in general. Patients should be treated with dignity at all times.

3. Access to Medical Records

Patients should be permitted to review their medical records and obtain copies for free or for a reasonable fee. Healthcare providers should be available to explain the contents of medical records to patients.

4. Prevention Services

Individuals should be advised with respect to the prevention of cancer and should be provided any preventive interventions that are evidence-based and available.

5. Nondiscrimination

Access to healthcare services should be provided without discrimination regarding race, religion, sex, national origin, or disability. Patients should also be free from discrimination on the basis of their disease, with respect to both employment and health insurance accessibility.

6. Consent to Treatment and Choice

Patients should be empowered to participate in decision making about their treatment and care to the degree that they desire, and the healthcare team should respect those decisions. Patients should have access to a second opinion and the ability to choose among different treatments and providers.

7. Multidisciplinary Cancer Care

Optimal treatment of cancer should be provided by a team that includes, where appropriate, multidisciplinary medical expertise composed of medical oncologists, surgical oncologists, radiation oncologists, and palliative care experts, as well as oncology nurses and social workers. Patients should also have access to counseling for their psychosocial, nutritional, and other needs.

8. Innovative Cancer Care

Patients should be offered the opportunity to participate in relevant clinical trials and should have access to innovative therapies, which may improve their disease outcome.

9. Survivorship Care Planning

Cancer survivors should be provided a comprehensive care summary and follow-up plan at the completion of primary therapy and should be systematically monitored for long-term and late effects of treatment. The need for rehabilitation services should be evaluated as part of the long-term follow-up plan.

10. Pain Management, Supportive, and Palliative Care

Quality cancer care requires pain management, including the use of opioid analgesics and other supportive care, for conditions induced by cancer treatment or by the disease itself. When effective cancer therapy is no longer available, patients should have access to optimal palliative care and counseling with respect to end-of-life issues.

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