



Response to “The Evidence Behind Integrating Palliative Care Into Oncology Practice”

I am writing in response to “The Evidence Behind Integrating Palliative Care Into Oncology Practice” (Dailey, 2016). I have 16 years of oncology experience and work at the University Health Systems in San Antonio, Texas. Our facility’s palliative care program holds the Advanced Certification awarded by the Joint Commission, and we have dedicated inpatient beds for palliative care patients. Cost constraints, the perception of poor reimbursement, and the lack of administration support are additional barriers for palliative care, despite the numerous studies that have shown the evidence-based benefits of an integrated palliative care program (Davis, Strasser, & Cherny, 2015). Nurse leaders, particularly those at the executive level, are in the perfect position to transform their organization and health care by implementing quality programs, articulating the vision, role modeling, presenting and interpreting evidence-

based practice, and serving as a liaison between the patients, staff, and executive board (Lúanaigh & Hughes, 2016). A paradigm shift is required to find the financial resources to support one of the largest populations within our healthcare system. I suggest involving the nurse leaders within those organizations that have no or very limited palliative care services. The future of health care and our patients depend on it.

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Key words: evidence; palliative care; practice

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