

# Patient-centered care and distress screening: tracking the sixth vital sign

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**W**e often make note in these pages of the remarkable advances occurring in the realm of new oncologic therapeutics based on the burgeoning understanding of cancer biology. Although no one would argue about the importance of treating the cancer, we should always remember that the goal of treatment is to take care of the patient as a whole, working also to heal the emotional, psychological, and social upheaval that can follow a cancer diagnosis.

Indeed, that focus on the patient's overall needs is now termed patient-centered care, and it is a fundamental attribute in approaching any therapeutic maneuver. No group of patients requires a more comprehensive approach to patient-centered care than do cancer patients. Faced with an existential crisis, huge costs of care, physical and psychological symptoms, and frequent and progressive loss of independence and function, it is no surprise that these patients—and their families—routinely suffer great psychosocial distress while battling the disease.

The Institute of Medicine's 2007 report *Cancer Care for the Whole Patient: Meeting Psychosocial Health Needs* was an attempt to categorize the challenges faced by cancer patients and the scope of available services for addressing those challenges at the local, regional, and national levels. I was privileged to serve on the committee that reviewed the evidence and formulated solutions to the problem. A number of recommendations arose from that report.

We found that cancer patients' psychosocial needs often are not addressed during cancer care and that the consequences of such neglect can seriously compromise the quality of care and recovery. We also found that services for helping patients and their families cope with the psychosocial challenges are available in many communities but are not always linked to providers. Even small practices can gain access to those support resources without investing in additional staff or infrastructure—

a novel concept in today's reimbursement climate.

For a patient with psychosocial needs to draw on those resources, the provider must determine the prevalence and depth of those needs. There is no laboratory test to establish psychological distress; the best route is to speak to patients regularly and ask pertinent questions about their well-being. Assaying patients for multidimensional psychosocial needs seems daunting, but it need not be. There are many simple screening tools that have been well validated for use in the real-life setting.

On page 502 of this issue, Lowery and Holland review the guidelines for distress screening in cancer patients and discuss the practical aspects of doing so and the positive outcomes as a result. The authors emphasize that

distress is a normal response to the stresses of cancer but that it can become maladaptive when it is severe and affect overall progress. They describe how to use the Distress Thermometer, a simple screening tool, to evaluate distress and, if needed, how to follow up with more detailed screening and possibly appropriate referral. Such screening can and should be applied to every cancer patient at every visit. In fact, the International Union for Cancer Control now considers distress the sixth vital sign in recognition of the importance of the psychosocial dimension of health. National guideline organizations such as the National Cancer Care Network and the American Society of Clinical Oncology's Quality Oncology Practice Initiative endorse the systematic evaluation of distress in the clinic as a quality measure.

In this era of declining revenue, beleaguered oncologists might be reluctant to take on yet another unfunded mandate touted to improve care. We must put aside our cynicism to recognize how crucial it is to focus on all aspects of a patient's illness to put him or her back on the path to wellness. Long after treatment with the latest targeted therapy, patients and their families will remember your and your staff's acts of kindness to alleviate their distress and make them more hopeful in the face of an often overwhelming illness.

