

Why Palliative Care Goes Hand in Hand with Treatment for People with Cancer

University of Colorado Cancer Center expert Stacy Fischer, MD, says palliative care can help patients live better lives.

November 20, 2025 By University of Colorado Cancer Center and Mark Harden

November is National Hospice and Palliative Care Month, focused on improving quality of life for people with cancer and other serious illnesses.

For many people with cancer and other serious diseases, palliative care is an important element of their journey.

At the [University of Colorado Cancer Center](#) and its clinical partner UHealth, alongside state-of-the-art therapies for their disease, patients are offered palliative care — sometimes called supportive care — to enhance their quality of life. Palliative care helps patients manage symptoms, cope with side effects caused by treatment, deal with challenges related to cancer diagnosis and treatment, and make decisions about their goals.

Palliative care can be valuable at any stage of an illness. When people with cancer are near the end of life or at the last stage of an incurable illness, hospice care — which includes many elements of palliative care — is offered to help with managing symptoms.

To learn more about cancer palliative care, we turned to [Stacy Fischer](#), MD, co-leader of the CU Cancer Center's [Cancer Prevention and Control research program](#). She is a professor in the [CU Anschutz Department of Medicine's Division of General Internal Medicine](#). She has conducted palliative care research for 25 years with a focus on improving palliative care outcomes for seriously ill adults.

→ [What to Know About Supportive Care Trials](#)

What does palliative care for people with cancer mean?

It's a way to address symptoms and suffering that can be associated with a serious illness. The focus is on the whole person, understanding that along with serious illness, people often face significant physical symptoms and psychological or spiritual distress.

The approach is to bring in what's most important to the person. What are their goals? What do they really want from their medical care? Often, it's not to have more medical care. What they really want is to be at home with their family, spend time with loved ones, or go on a special trip.

Sometimes our medical care can help us achieve those goals, and sometimes medical care can actually interfere with those goals. Sometimes there's a real disconnect. Palliative care can help patients prioritize what's important and help them make the right decision that matches their goals and values.

What are some circumstances where a person with cancer might need palliative care?

The American Society of Clinical Oncology [recommends](#) that palliative care be integrated into oncology care early, as early as the time of a serious cancer diagnosis, where the cancer has spread beyond the local area.

We know that if palliative care starts that early, people over the course of their cancer journey are more likely to have better control of their psychological symptoms, better control of their pain, and have better quality of life. And some studies have shown that patients actually live longer. Given those factors, I would say everyone with serious cancer could benefit from palliative care.

→ [More from the CU Cancer Center on supportive care](#)

When should a person with cancer ask their doctor about palliative care?

When someone is experiencing symptoms that are difficult to get control of — things like nausea, vomiting, constipation or pain — that are associated with their cancer or with the treatment of cancer, that's a good time to ask for specialty palliative care. It's also a good time when someone is facing a difficult decision about next steps.

Medical care can produce tremendous benefits. We're living longer and living better. But almost anything we do in medicine comes with side effects and burdens, and we need to help patients try to parse those things out. For example, common chemotherapy side effects can be nausea, vomiting, or neuropathy, where you have pain or loss of sensation in your hands and feet.

Also, sometimes the therapy we recommend comes with a lot of burdens, like you have to come to the hospital to receive it, or you have to be at the clinic on a regular basis having tests done or monitoring blood counts.

So when anyone is trying to make a decision about therapy, we want to help them weigh the benefits, the side effects, and the burdens. There will be different answers for different people, and those answers can change over the course of an illness.

Who provides palliative care, and where is it provided?

Palliative care is often at its best when it's delivered by a multidisciplinary team. Here at the CU

Cancer Center and UCHHealth, we have an inpatient palliative care team, and the people we see are oftentimes facing the most serious illness and immediate, urgent symptoms while they're in the hospital. Our team is comprised of doctors, nurses, physician assistants, nurse practitioners, social workers, chaplains, and we even have a music therapist.

We also have a multidisciplinary outpatient clinic at the Anschutz Cancer Pavilion. There's also community palliative care, often through a home care company. That's often delivered by a nurse or a nurse practitioner who comes out to assess, monitor, and help patients, usually once a month or so.

What role do families, loved ones, and caregivers play in palliative care?

On the inpatient side, every time we do an initial consult for someone in palliative care, the people who are important to them are able to be there as well and meet with our team, or be on the phone or on Zoom — their caregiver, loved ones, or whoever they think needs to be part of the conversation.

In our outpatient clinic, a lot of times, family members will accompany patients to their visits and be part of those conversations. Our patients really benefit from having a family member bring them.

Family members are integral to this process. When you think about it, most of us don't make all the important decisions about our health in a vacuum. We decide things in the context of who is important to our lives.

When the time comes to consider making a transition from palliative care to hospice, what does that look like?

There are a couple of decision points that, for me as a provider, trigger me to say, "This is a time to think about hospice." One point is when people don't want to come back to the hospital anymore, or they're done going back and forth to the clinic. They want to stay home. That's a time when you'll benefit from having the care brought to you at home.

Another trigger is when people make the decision, or their bodies have decided for them, that further cancer-directed therapies are no longer an option. They might say, "I've done with chemo, it's made me feel lousy, I don't have enough energy to get out of bed or move around." At that point, what we know is that traditional chemotherapies can actually give people less time, not more time.

When people are spending more than half their time in bed, it's probably a time where chemotherapy is unlikely to help them further, and may harm them. So we say, "This is the time to think about hospice, you don't have to keep coming back here, and you can focus on having your best day at home."

What kind of research is underway to make palliative care better?

There are so many exciting things underway that it's hard to narrow down. One is called the [Advancing the Science of Palliative Care Research Across the Lifespan \(ASCENT\) Consortium](#). The [CU Anschutz School of Medicine](#) has been selected as the prime award institution for a \$64 million award from the National Institutes of Health (NIH) to establish a consortium focused on palliative care research. The principal investigator is [Jean Kutner](#), MD, MSPH, a CU Cancer Center member and chief academic officer of UCHHealth.

This grant offers early-career and pilot research awards to palliative care researchers, and builds infrastructure for anyone doing palliative care research. There's a huge national network of institutions involved. This is a major investment by NIH into ensuring that we have rigorous, robust palliative care science going on.

In addition, my National Cancer Institute-funded [psychedelics trial](#) is underway to try to address the demoralization and anxiety associated with a serious cancer diagnosis. And we have our [Palliative Care and Aging Research Training \(T32\)](#) program for the next generation of palliative care researchers, plus some great work going on here on advanced care planning and how patients' stories impact palliative care outcomes.

→ [More on the Division of General Internal Medicine's Program in Palliative Care Research](#)

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