

Palliative Care Is the Umbrella, Not the Rain— A Metaphor to Guide Conversations in Advanced Cancer

Camilla Zimmermann, MD, PhD

Department of Supportive Care, **Princess Margaret** Cancer Centre, University Health Network, Toronto, Ontario, Canada; Division of Palliative Medicine, Department of Medicine, University of Toronto. Toronto. Ontario, Canada; and Division of Medical Oncology, Department of Medicine, University of Toronto. Toronto. Ontario, Canada.

Jean Mathews, MD

Department of Supportive Care, **Princess Margaret** Cancer Centre. University Health Network, Toronto. Ontario, Canada; Division of Palliative Medicine, Department of Medicine, University of Toronto, Toronto, Ontario, Canada; and Division of Palliative Medicine, Department of Medicine and Department of Oncology, Queen's University, Kingston, Ontario, Canada.

Corresponding Author: Camilla Zimmermann, MD, PhD, Department of Supportive Care, Princess Margaret Cancer Centre, 620 University Ave, 12-300, Toronto, ON M5G 2M9, Canada (camilla. zimmermann@uhn.ca).

Early palliative care improves patients' quality of life and is recommended as standard care for patients with advanced cancer.¹ Nevertheless, referrals to palliative care usually occur in the last weeks of life, leading to untreated symptoms, patient distress, and unnecessary aggressive treatments at the end of life.² One of the main barriers to early referrals is that patients tend to associate palliative care with hopelessness, cessation of cancer treatment, and death.³ While physicians may attempt to explain the benefits of early palliative care, this may be difficult owing to patients' negative preconceptions.

Metaphors may be a useful communication tool for challenging conversations.4 We propose that early palliative care may be presented metaphorically as an umbrella to have at hand in case of rain. Unfortunately, the umbrella of palliative care is often confounded with the rain of symptoms, complications, and distress that tend to occur during progressive cancer. The Figure illustrates this metaphor, showing 2 scenarios. In the Figure, A, the patient receives the umbrella from the oncologist after the rain has already begun. In the Figure, B, the patient receives the umbrella in preparation for the rain. Three important elements of this metaphor are presented herein: palliative care is the umbrella, not the rain; predicting the rain can be difficult; and having an umbrella will not bring on the rain.

Palliative Care Is the Umbrella, Not the Rain

The trepidation that is evoked in patients at the mention of palliative care may be regarded as analogous to dreading the umbrella because of its association with the rain. The fear of palliative care stems from its association with occurrences that tend to be contemporaneous with a palliative care referral: having cancer that is refractory to treatment, stopping treatment, focusing only on comfort care, and making a transition to hospice. To avoid patient distress, oncologists often delay referral to palliative care. However, this delay further validates patients' fears by reinforcing the connection of palliative care to the end of life and makes the eventual transition more difficult. Instead of avoiding conversation and perpetuating misunderstanding through late referral, oncologists can reassure patients that palliative care is the umbrella, not the rain. The rain represents the physical, emotional, and existential problems that may arise in the context of advanced cancer. Palliative care is the umbrella that offers shelter in the event of rain. Confusing the umbrella and the rain leads to unnecessary distress and prevents access to a valuable resource that improves quality of life.

Predicting the Rain Can Be Difficult

Patients often say that they are not ready for palliative care, or that it is too early for a palliative care referral. However, like the weather, the course of the advanced cancer trajectory can be unpredictable. Patients with advanced cancer tend to overestimate their prognosis, and even their oncologists' estimates can be imprecise. 5 As well, cancer may lead to unexpected complications, such as bowel obstruction, cord compression, or pulmonary embolism; common distressing symptoms, such as pain, fatigue, dyspnea, nausea, and depression, may occur throughout the course of advanced cancer.⁶ Palliative care teams can help manage these and other symptoms, provide support for patients and their caregivers, and offer guidance with decisionmaking. Just as bringing an umbrella is wise when the weather is changeable, the support of a palliative care team is advantageous during the uncertain trajectory of advanced cancer.

Having an Umbrella Will Not Bring on the Rain

Patients with advanced cancer may believe that a palliative care referral could hasten their death. However, although palliative care referral may be correlated with proximity to death owing to a tendency to refer late in the course of illness, this should not be confused with a causative effect. Indeed, randomized clinical trials and meta-analyses of palliative care interventions for patients with advanced cancer have demonstrated either no effect on survival or improved survival for patients receiving palliative care. 7 In addition to citing this evidence, oncologists can point out that carrying an umbrella will not bring on the rain. The umbrella is useful in case of rain, but the rain is unaffected by the umbrella; leaving the umbrella behind will result only in getting wet. Palliative care is patientand family-centered care that addresses coping and support needs, symptom control, medical decisionmaking, and future planning. 1 Avoiding palliative care will certainly not prolong life and is likely to lead only to unaddressed symptoms and increased distress.

Conclusions

Timely palliative care improves symptoms and quality of life for patients with advanced cancer and for their families. Palliative care can be provided from the time of diagnosis, alongside other life-prolonging medical treatments. However, it is often introduced in the last days to weeks of life, when it cannot be as effective. The metaphor of the umbrella and the rain may serve as a communication aid for oncologists in conversations about palliative care with patients and their families. The umbrella works best if we provide it to patients before the rain begins—do not wait until the patient gets drenched!

Figure. Illustrated Metaphor of Late vs Early Palliative Care

A Late palliative care referral









B Early palliative care referral









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REFERENCES

- 1. Kaasa S, Loge JH, Aapro M, et al. Integration of oncology and palliative care: a *Lancet Oncology* Commission. *Lancet Oncol.* 2018;19(11):e588-e653. doi:10.1016/51470-2045(18)30415-7
- 2. Jordan RI, Allsop MJ, ElMokhallalati Y, et al. Duration of palliative care before death in international routine practice: a systematic review and meta-analysis. *BMC Med*. 2020;18(1):368. doi: 10.1186/s12916-020-01829-x
- **3**. Zimmermann C, Swami N, Krzyzanowska M, et al. Perceptions of palliative care among patients with advanced cancer and their caregivers. *CMAJ*. 2016;188(10):E217-E227. doi:10.1503/cmaj.151171

- 4. Hui D, Zhukovsky DS, Bruera E. Serious illness conversations: paving the road with metaphors. *Oncologist*. 2018;23(6):730-733. doi:10.1634/theoncologist.2017-0448
- **5.** Smith-Uffen MES, Johnson SB, Martin AJ, et al. Estimating survival in advanced cancer: a comparison of estimates made by oncologists and patients. *Support Care Cancer*. 2020;28(7):3399-3407. doi:10.1007/s00520-019-05158-5
- **6**. Henson LA, Maddocks M, Evans C, Davidson M, Hicks S, Higginson IJ. Palliative care and the management of common distressing symptoms in advanced cancer: pain, breathlessness, nausea and vomiting, and fatigue. *J Clin Oncol.* 2020;38(9): 905-914. doi:10.1200/JC0.19.00470
- 7. Fulton JJ, LeBlanc TW, Cutson TM, et al. Integrated outpatient palliative care for patients with advanced cancer: a systematic review and meta-analysis. *Palliat Med*. 2019;33(2):123-134. doi:10.1177/0269216318812633