

Still a long way to go to achieve multidisciplinary for the benefit of patients: commentary on the ESMO position paper (Annals Oncology Jan;25(1): 9-15, 2014)

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The paper by ESMO “The current and future role of the medical oncologist in the professional care for cancer patients: a position paper by the European Society for Medical Oncology (ESMO)” (1) conveys some important key messages for the whole oncology community. A working group (WG) involving 21 oncology and related societies would like to comment on the paper from a multidisciplinary perspective in the conviction that a more transparent and open definition of individual professional roles better supports the patients’ care and facilitates best practices and progress in comprehensive cancer care.

We strongly support a balanced positioning of disciplines related to cancer patients’ care, and we support ESMO in this initiative: having well established and recognized disciplines is the starting point of a comprehensive fight against cancer, pursuing together the optimum care of the patient as the ultimate goal. As healthcare professionals we are all aiming for the wellbeing of the patient, improving and ensuring the best treatments and quality of life – based both on multidisciplinary and on tailored, personalized medicine. However, we find that some statements presented in the ESMO paper are of concern, especially when it comes to the persistent central positioning of medical oncology during the whole cancer journey and that the medical oncologist in certain situations might be a surrogate for the multidisciplinary team.

The EPAAC Policy statement on multidisciplinary cancer care, published in 2013 (3) and signed by 20 societies, including ESMO, includes the following: “Multidisciplinary teams (MDTs) are an alliance of all medical and health care professionals related to a specific tumour disease whose approach to cancer care is guided by their willingness to agree on evidence-based clinical decisions and to coordinate the delivery of care at all stages of the process, encouraging patients in turn to take an active role in their care” (3). It is unrealistic today, and even more so in the future, that one profession can oversee the whole complexity of oncology. The whole cancer community strives to improve cancer care. Research relies on networks of knowledge and expertise. Every discipline needs the mutual support and findings of the others in order to advance patient care. Overall, the whole is greater than the sum of its parts.

The ESMO position paper states that: “Medical oncologists have a special qualification in the care for the increasing number of co- and multimorbid patients and in the integration of their needs in the

MDT” (1); while we agree that medical oncologists indeed have a special qualification in the care for the increasing number of patients with sometimes complex co-morbidity and in the integration of their specific needs in the MDT, several other medical and psychosocial disciplines that are active in the field of oncology are well positioned to handle these complex needs as well. The close collaboration, and not the preeminent position of one physician over another, is the ideal setting for optimal cancer care. If otherwise, this would imply the unrealistic situation where the medical oncologist would need to be trained in all oncological disciplines in order to recognize all possible working mechanisms and side effects related to all types of treatments and subsequently manage them optimally.

The positioning of a discipline, especially in a multidisciplinary environment such as contemporary oncology, cannot be self-referential; on the contrary it should be based on optimal collaboration with all other disciplines and not, as stated in the ESMO position paper, on collaboration with other professionals “where appropriate”: “Preserving a cancer patient’s quality of life in all phases of disease and after successful treatment also includes continuously assessing the patient’s physical and psychological symptoms and making sure that these problems are fully recognised and adequately addressed. Where appropriate, this is done in collaboration with experts of other medical and non-medical disciplines” (1). The collaboration with all other disciplines is not and cannot be an option left to the decision of one single discipline, whichever discipline that might be.

Multidisciplinary is also mirrored in research, to which the contribution of medical oncology is unquestionable, but we cannot share the positioning of medical oncology as the discipline which “has contributed probably more than any other medical discipline to the development and use of novel cancer treatment options” (1). Medical oncologists cannot safely apply any new treatments without strong support from basic scientists to help in understanding and applying these new technologies. Similar to the progresses made in radiation therapy, surgery, cancer-related healthcare sciences and other diagnostic and clinical disciplines, medical oncology has advanced greatly in the last decades. It is this joint progress that has allowed all disciplines to move forward together in the fight against cancer and which offers further challenging opportunities to all oncology and related disciplines, rather than to one single treatment option.

The ESMO position paper states that the wellbeing of the patient and progress in cancer care are central and the contribution of medical oncology to the MDTs is affirmed. The WG strongly supports these statements, sharing entirely the goal that ESMO wants to achieve. However, it should be stressed that multidisciplinary is the way forward by joining forces and combining efforts towards

optimal inter-professional collaboration. Collaboration, recognition of each individual discipline and the centrality of the patient-physician-care provider relationship will lead to a better environment for the patient with all disciplines collaborating and cross-fertilizing each other.

We think that the ESMO policy statement is a first and firm positive step in setting the scene from the medical oncology perspective, and we are sure that other consequent propositions will follow to provide a more integrated participation in the multidisciplinary framework, where the collaborative participation of medical oncology is warmly welcomed. The ESMO position paper opens the discussion for improvement and exchange of ideas: the WG would be glad to contribute to this process, promoting a positive evolution of all involved cancer disciplines in order to advance the development of a truly multidisciplinary structure and *modus operandi*.

References

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