



# Article of the Month

May 2018

## **Cancer patients' experiences of living with venous thromboembolism: A systematic review and qualitative thematic synthesis**

Naima B Benelhaj, Ann Hutchinson, Anthony M Maraveyas, Julie D Seymour, Muhammad Waqas Ilyas, Miriam J Johnson

Palliative Medicine 2018 vol 32(5) 1010- 1020

This article identified the available literature on patients experience of cancer-associated thrombosis. They identified 1397 articles, only 5 met the inclusion criteria. They used a quality appraisal checklist on all the identified articles. Themes that emerged included knowledge deficit from patients and clinicians, effects of cancer-associated thrombosis, both physical and psychological, and effects of anticoagulation and coping strategies. They concluded that thrombosis is a frightening and unexpected burden on cancer patients. They felt that patients are not routinely educated about the risk or warning signs of thromboembolism and called for education for patients and clinicians to be part of routine care and further work to address this patient priority.

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## **Commissioning of specialist palliative care services in England**

Harriet Lancaster, Ilora Finlay, Maxwell Downman, James Dumas

BMJ Supportive and Palliative Care 2018, 8, 93-101

This article sought to explore the variation in commissioning of services by Clinical Commissioning Groups (CCGs), using a data collection exercise. They used a Freedom of Information request in the form of a questionnaire to all 209 CCGs in England. Only 29 CCGs provided information on the number of patients with palliative care needs in their population. The authors found that budgets were very variable – providing evidence to support concerns about a postcode lottery. Provision of 24 hour access to specialist palliative care and pain control was also found to be inconsistent. There was also variation in the type of training provided to healthcare professionals. Only half of those that responded are committed to improving their services in the future. This study showed that not only is there variation in provision of services in England but also little uniformity in the information the CCG is required to hold and a disparity in the responsibility of service provision between CCGs, trusts and hospices. The authors suggest that this data shows that palliative care is not being seen as a core service in some parts of England and call for a national framework to ensure patients achieve good end of life care everywhere.

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