Cogitare Enfermagem

REVIEW

Palliative treatment in the clinical context of advanced cancer: concept analysis

HIGHLIGHTS

1. Palliative Care is not synonymous with Palliative Treatment and Support
2. Advanced cancer is the precursor of the palliative Treatment concept
3. The attributes of the concept are systemic and localized treatments
4. The consequences are quality of life and survival

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ABSTRACT

Objective: Analyze the concept of palliative treatment in the clinical context of advanced cancer. **Method:** Analysis of the concept proposed by Walker & Avant, organized in eight stages and operationalized by scope review. Search for articles conducted from May to October 2024 in seven data sources, with a ten-year limit. The borderline and opposite model cases were presented. **Results**: The main antecedent was advanced cancer. Attributes include interventions such as chemotherapy, radiotherapy, and surgery, used with or without the adjective "palliative". Consequences aim to improve the quality of life and prolong survival. **Conclusions:** Palliative Care is anchored in the concept of Palliative Care of Support, but is limited to treatments with non-curative intent, being more focused on the disease rather than the person. The correct use of the concept is indispensable for communication between patients, family members, and academic production, since palliative treatment presents particularities distinct from other approaches.

KEYWORDS: Palliative Treatment; Palliative Care; Concept Formation; Oncology Nursing; Neoplasias.

HOW TO REFERENCE THIS ARTICLE:
Silva LS, Nogueira LA, Coelho RCFP, de Oliveira JLH, Briedis NCA, da Rosa LM, et al. Palliative treatment in the clinical context of advanced cancer: concept analysis. Cogitare Enferm [Internet]. 2025 [cited "insert year, month and day"];30:e98347en. Available from: https://doi.org/10.1590/ce.v30i0.98347en

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INTRODUCTION

Globally, the social and epidemiological transition results in disparities in cancer data, especially in low- and middle-income countries, due to high incidence, mortality, economic cost, and limitations in the supply of treatments and care [1-2].

Variably, 50% or more of the diagnoses are performed in advanced stage (III) or metastatic stage (IV) and the treatment does not respond to the curative intent[3]. In the context of palliative treatment (PT), people and their relatives face different therapeutic, prognostic and care goals, they are unique challenges compared to diseases in the early or final stages of life[4].

Although new treatments bring promising hopes, for example the combination of immunotherapy in the treatment of ulcerative metastases, with curative possibility in some cases[5-6]. Even so, the prognosis is challenged not only by treatment, but also by multimorbidities, toxicities and limiter clinical condition[6].

The PC and curative are synergistically targeted to improve Health-Related Quality of Life (HRQL) and prolong survival[7-8]. It is recommended that Palliative Care and Support (PCS) be provided to all people at the time of the diagnosis of advanced cancer; in practice, both are rarely or late offered[7].

Palliative care (PC) is indicated early, regardless of the stage of the disease or therapeutic goals, and with priority in PT. It is a person- and family-centered approach that does not limit itself to disease. Still, it integrates a proposal of care of the biopsychosocial and spiritual dimensions, improving HRQL and overall survival in the short term[7,9]. On the other hand, Support Care aims at the prevention, management of symptoms and adverse effects of treatment in the *continuum* of the cancer journey, from diagnosis to post-treatment, including providing education, secondary prevention, understandable information, rehabilitation, increased survival and quality of death[10].

There are various concepts to report different clinical conditions, treatments, or care, but a clear definition can facilitate mutual understanding of their specificity in the clinical context. Communication of inaccurate concepts obscures the reasons why a person would be willing to endure the potential effects and toxicities of PT[11].

Given the above, this research is justified by conceptual misunderstandings about clinical conditions and therapeutic approaches, most evident in low- and middle-income countries[12-13]. Concept analyses are fundamental in constructing a science; in addition to contributing to research, they are initial steps to create and test theories. They can produce evidence for questions and nursing practice problems[14-15].

This investigation, therefore, requires the answer to the following questions: What is the concept of PT in adult patients with advanced cancer? What are the backgrounds, attributes, and consequences of PT? This study aims to analyze the concept of palliative treatment in the clinical context of advanced cancer to understand better and promote uniformization and adequacy of use by health professionals and others involved.

METHOD

Scope review

Initially, a scope review was developed, as outlined by the *Joanna Briggs Institute* (JBI)[16]: the question and objective were identified in the first stage. The research question structured by the mnemonic PCC (Population-Concept-Context) was: What is the definition of palliative treatment in adults with advanced cancer? In Chart 1, the elements, the details of the strategies, and the protocol registry are available in the Open Science Framework (https://osf.io/xwkzg/).

Chart 1. Elements of the guiding question and search strategy. Curitiba, PR, Brazil, 2025

Element	Variables	Selected descriptors/filters
P(population)	Adults	Filters applied in search strategy: adults and the elderly
C (concept)	Palliative treatment	("Palliative Therapy" OR "Palliative Treatments" OR "Palliative Treatment" OR "Palliative Therapeutics" OR "Palliative Oncology" OR "Palliative Nursing")**[DnC]**
C (context)	Cancer	("Neoplasms") OR ("Oncology Nursing") OR ("Medical Oncology") **[MeSH/DeCS]**
PubMed strategy details		
#1: "Neoplasms"[Mesh]		
#2: (Tumors) OR (Neoplasia) OR (Neoplasia) OR (Neoplasia) OR (Tumor) OR (Cancer) OR (Cancers) OR (Malignant Neoplasm) OR (Malignancy) OR (Malignancies) OR (Malignant Neoplasms) OR (Benign Neoplasms)		
#3: "Oncology Nursing"[Mesh]		
#4: (Oncologic Nurs*) OR (Oncological Nurs*) OR (Cancer Nurs*)		
#5: "Medical Oncology"[Mesh]		
#6: (Medical Oncology) OR (Clinical Oncology)		
#7: #1 OR #2 OR #3 OR #4 OR #5 OR #6		
#8: Palliative Therapy"[Title] OR "Palliative Treatments"[Title] OR "Palliative Treatment"[Title] OR "Palliative Therapeutics"[Title] OR "Palliative Oncology"[Title] OR "Palliative Nursing"[Title]		
#9: #7 AND #8		

Legend: MeSH (*Medical Subject Headings*); DeCS (Descriptor in Health Sciences); DnC (Uncontrolled Descriptor)
Source: The authors (2025).

The second stage, searching for relevant studies, was realized with a librarian from May to October 2024. The strategy was adjusted to six databases (PubMed, EMBASE, CINAHL, Scopus, Web of Science, and BVS), combined with the Boolean operators and descriptors in all fields of the phenomenon of interest in the title (Chart 1). Gray literature has been limited to searches on Google®, linked to *websites* of organizations that carry validated information.

The inclusion criteria were: original study, published between 2014 and April/2024, after peer review, in English and Portuguese. The exclusions and justifications were: trials of treatments, procedures delimited to a single type of cancer (aiming to reduce

the generalization of results or delimit specificities of a disease or treatment); studies of superiority, equivalence and non-inferiority (because it is not aimed at evaluating effectiveness); exclusive theme of PCS and does not clarify the use of some PT (where they would not meet the object of study); case reports and opinion publications (because of the high probability of biases).

The third stage, selection of studies, highlights those who met the eligibility criteria following the PRISMA-ScR guidelines[17] presented in Figure 1. The recovered articles were exported to Rayyan®, two reviewers evaluated independently and masked, and a third reviewer resolved disagreements. After reading, the articles were selected to identify the elements of the concept.

In the fourth stage, data analysis, the information for the fifth and final stage, synthesis and presentation of the data, was extracted based on an adapted instrument from the JBI recommendation, in conjunction with the concept analysis. So, the summary of the studies mapped in the scope review was available in the supplementary material (https://osf.io/cqfbj), since this method subsidized the development of the concept analysis, which is the object of this study.

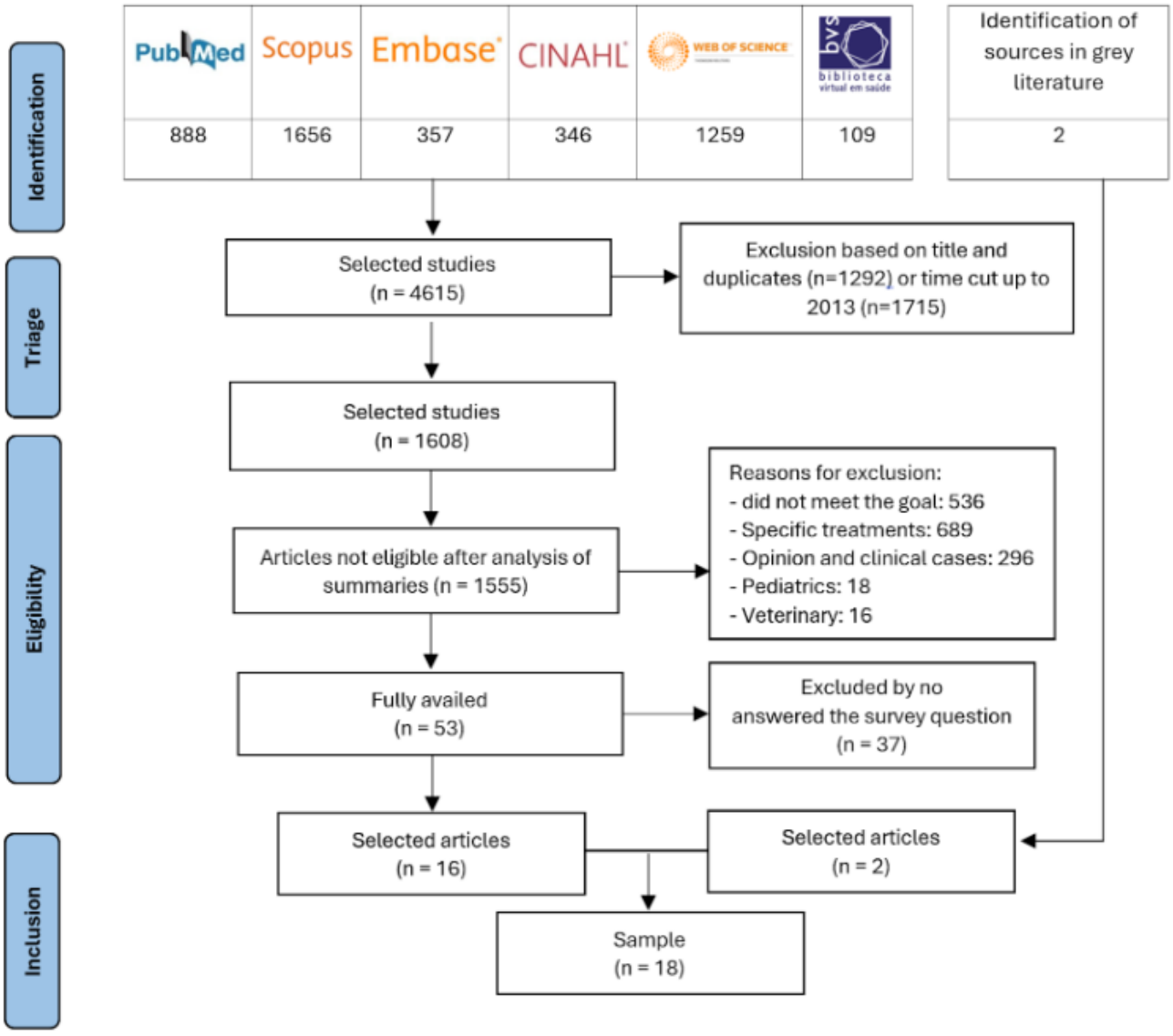

Figure 1. Fluxogram according to PRISMA-ScR adapted criteria. Curitiba, PR, Brazil, 2025

Source: The authors (2025).

Concept analysis

This concept analysis, proposed by Walker and Avant[15], is one of the widely used methods[14], consisting of eight steps with a systematic approach that enables the understanding, development of a definition, and measurement of the phenomenon[15].

After selecting the concept (1st stage), the objectives of the analysis (2a) were determined. To identify the different uses of the concept (3a) in the publications identified in the scope review step, which subsidized the identification of the central elements, such as the attributes (4a), the construction of a model case (5a) and the divergents (6a), the identification of the antecedents, consequent (7a) and empirical referents (8a) were localized in the studies that composed the *corpus* of analysis[15].

As proposed in the method[15] it is necessary to identify in the dictionaries the definitions of the concept, only in this phase we counted on the support of the language model ChatGPT (OpenAI, version GPT-4)[18], was asked what the definition of treatment, therapy, therapeutic and palliative. After the answers to the content generated by artificial intelligence[18], it was rigorously reviewed, synthesized, paraphrased, and validated by the authors to ensure the ethical principles in research and the accuracy and originality of this scientific publication.

Dismissed approval in the Research Ethics Committee, for being a secondary data analysis, without direct or indirect involvement with humans.

RESULTS

The results were presented according to the Walker and Avant[15] concept analysis steps to clarify the definition of PT.

Selection of the concept and determination of the objectives or purposes of the analysis

The concept choice was frequently used in the clinical context and health systems, and it was widely discussed among professionals, patients, family, and researchers. C, reflect on the proper use of the concept and the actual availability of PT or its use of interchangeable mode, as synonymous with PCS.

The method recommends that the definitions of each word be examined in dictionaries to understand its true nature[15]. Given the timely relevance of artificial intelligence, when asking OpenAI (ChatGPT) about differences between the terms, he explains: **"treatment"** (actions and interventions to cure or relieve a disease, can include medications, surgeries, therapies, habits, among others); **"therapy"** (specific intervention to treat physical, emotional, mental or behavioral conditions); and, **"therapeutics"** (a field of study that investigates effective treatments). **"Palliative"** refers to measures, interventions, and therapies that do not modify the disease, aimed at biopsychosocial and spiritual well-being, HRQL, and survival[18].

Identification of possible uses of the concept

In the first publications (1948), PT was defined as different systemic, targeted, and invasive modalities for advanced and "incurable" cancer, not to mention the concepts of PC (1960) or PCS (1980) that emerged later[10,19-20]. Different interpretations began to be published, with the aim of dialogue with providers, professionals, patients, and family members (Chart 2).

Chart 2. Examples of definitions and uses of the concept. Curitiba, PR, Brazil, 2025

Sources/Author (year)		Concept	Definition
Website	NIH/NCI[21]	Palliative therapy	Treatment administered to help relieve symptoms and reduce suffering caused by cancer…, but does not treat or cure. For example, surgery, radiation therapy, or chemotherapy can be administered to remove, decrease, or slow the growth of a tumor … can be administered with other treatments from diagnosis to the end of life.
Articles	MacManus, 2015[22]	Treatment and Palliative Therapies	Palliative treatment is given without the intention of providing a cure. Palliative therapies for cancer are therefore given without any real expectation of permanently eradicating the disease process causing the symptoms, although very rarely, long-term survival and even cure …
	Maduka et. al, 2024[23]	Palliative Treatment	A subset of general PCs can focus specifically on therapy … that reduces the tumor burden (surgery, radiation, and systemic therapy) … associated with improving HRQL and survival for various metastatic cancers.

Source: The authors (2024).

Determination of defining attributes

Defining attributes is fundamental; they are essential for recognizing, differentiating, and validating their applicability[15]. We identified those who answered the question: What therapies are often used in the PT of advanced cancer patients? The attributes that emerged from the reading of the studies that composed the *corpus* of analysis were the systemic therapies such as chemotherapy, hormone therapy, immunotherapy and targeted therapy; the localized as radiotherapy and surgery; all of them successful or not of the palliative adjective, indicated individually or combined (Chart 3).

Scenario of Cases

The case proposition is essential to clarify the concept[15]. A case was selected[24], adapted by different stages, based on the experience of the researchers, the results of this concept analysis, and the recommendations for treatments of incurable cancers[7].

In the **model case**, a 53-year-old woman, smoker, HIV-1 infection with antiretroviral adherence and pulmonary emphysema. Diagnosis (April/2023) of HER-2+ breast cancer, estrogen and progesterone receptors positive, stage IV (metastases**:** lymph nodes, skin and bones), ECOG 0, initiates first line of PT (**hormonotherapy and palliative chemotherapy**), managed by clinical oncology and nursing. In the aftermath, he showed

control of pain, fatigue, **and fear**. This is a typical situation in the real world and is far from ideal.

At the ***borderline***, due to the **progression of the disease** and the absence of response in different lines of PT, presented clinical deterioration (December/2024), with painful lymphedema, skin lesions and oncological wound associated with **intensive pain** (10/10) and **blooding**. The patient questions the suspension of chemotherapy and **rejects PCS**. Although the concept of PT seems to be implicit, the communication about the treatment intention was not clear, with symptom miscontrol, worsening in HRQL, reluctance, or late onset of PSC.

In the **related case**, configure the **insertion of PCSs** from diagnosis (model case) to progression (*borderline*), assisted by transdisciplinary teams: **PCS**, acts in **symptomatic control** and early directives; **Oncology**, indicated the **palliative radiation therapy** for **pain control and bleeding**; Psychology, existential approach; Nursing, care management, HRQL and hope therapy; Social Assistance, **family support**; Chaplaincy, **spiritual support**. After clinical deterioration and suffering, the transition from outpatient care is carried out to nursing, evolving to death, with reception during and after the mourning.

In contrast, the **other case** retraces the opposite of the concept [13]. In the ideal scenario, the clinical condition would be modified with strategies of prevention, risk reduction, screening, and initial diagnosis; initiated local or systemic treatment with curative intent, management of symptoms, the survivor would make a care transition, and surveillance of recurrence of the disease.

Identification of antecedents and consequences

The antecedents are the causes, circumstances, events, or incidents before the concept[15]. Which answered the question: What is the history of PT in cancer? Terms used to communicate the progression of the disease, advanced, incurable, metastatic, palliative, and spread cancer were identified. The consequences are events, incidents that result from the existence of the concept[15]. Answered by the question: What are the goals of PT in patients with advanced cancer? They were related to HRQL; survival; control of physical symptoms and psychoemotional suffering, among others, interdependent with PCS interventions (Chart 3).

The concept analysis is represented in the diagram (Figure 2), to abstract the central elements that integrate it, based on the *continuum* of acute and chronic care to people with cancer, composed of different phases, resources, and actions[20, 40]. Advanced cancer (diagnosed in the metastatic stage or progression of early stages) is the precedent ❶ of PT; with attributes❷ defined by systemic and local therapies; as a consequence❸, maintain HRQL and prolong survival. The blue arrow represents the PCS that, for better results, must permeate different phases (from diagnosis to after death), depending on the integration of different teams and transdisciplinary services.

Chart 3. Backgrounds, attributes, and consequences of the concept of PT. Curitiba, PR, Brazil, 2025

Variables and identification in studies	n (%)
Concept	
Palliative Treatment*[6,22-34]	13(65)
Palliative Therapy*[21-22,35-36]	4(20)
Palliative Therapy*[37-38]	2(10)
Systemic palliative treatment[34]	1(5)
❶ Precedents	
Advanced cancer [6,25-38]	15(54)
Incurable cancer[6,27,29,31,34,36]	6(21)
Metastatic cancer[6,23,27]	3(11)
Palliative cancer[23,28]	2(7)
Disseminated cancer[23,36]	2(7)
❷ Attributes	
Chemotherapy[6,21,23,25-27,29,31-34,36-38]	14(21)
Palliative chemotherapy[22,28,30,32,34,37-38]	7(10)
Radiotherapy[6,21,23, 25-27, 29,31,33-34,38]	11(16)
Palliative radiotherapy[22,31,37]	3(4)
Surgery[6,21,23,25-26,29,31,33,38]	9(13)
Palliative surgery[31]	1(1)
Hormone therapy[22-23, 25,27,29,38]	6(9)
Immunotherapy[6,23,27,33,34,38]	6(9)
Targeted therapy[6,25,27,29]	4(6)
No treatment[27,29,31,33]	4(6)
Ablation and Cryotherapy[25]	2(3)
❸ Consequences	
Quality of life[6,21-36,38]	18(32)
Control of physical symptoms[6,21-23, 25-31,34-35,38]	14(25)
Survival[22-23, 26-31, 33-38]	14(25)
Psycho-emotional suffering[6,27,29-30,34-35]; hope(less)26,30; existential uncertainty[26] and distorted body image[30]	10(18)
Early Care Planning / Early Directives[35-36]	2(4)
Person-centered communication[28]	1(2)
End of Life[33,36] and Quality of Death[34]	3(5)

Legend: *Publications in which PT is anchored in the concepts of PCS

Source: The authors (2024).

In summary, a possible operational definition of PT is "systematic and/or local treatments without the curative intent, directed at controlling the progression of advanced/metastatic disease, to improve HRQL, mitigating a myriad of symptoms, and prolonging survival. These are complex treatments managed by a transdisciplinary team, implemented early and concomitantly with the PCS."

Definition of empirical references

It is the measurement tools that demonstrate the occurrence of the concept [15]. Based on the conceptual model of HRQL, it is possible to measure its construction in research and clinical practice, as it involves multiple dimensions, which can be targeted to people with advanced cancer who are affected by PT.

Different tools are used in systematic monitoring[39], assessment of physical symptoms[6,27,29], psychoemotional and cognitive symptoms[29-30], adherence to treatment, satisfaction and self-efficacy, HRQL[6,27,30-31], cost-effectiveness, overall survival[36], care in emergency services and hospitalizations.

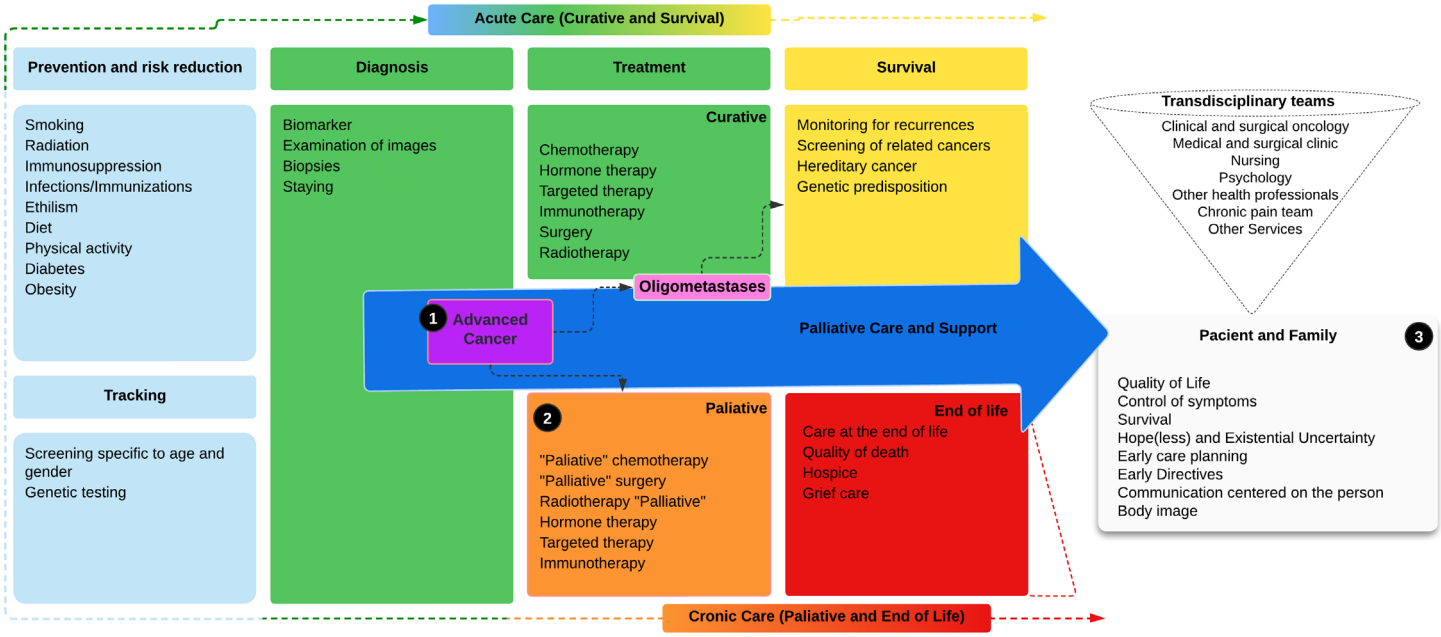

Figure 2. Backgrounds❶, attributes❷, and consequences❸ of the concept of palliative treatment. Curitiba, PR, Brazil, 2025

Source: Adapted from Scotté, Taylor, Davies (2023)[20]; Levit et al. (2013)[39].

DISCUSSION

In Oncology, the modalities of PT and PCS are relational, without a rigid line between them. A coherent integration of these concepts is essential, as new treatments have the potential to benefit eligible patients in clinical conditions nearby[6]. Even in people with advanced cancer, systematic reviews[12-13] highlight the existence of multiple barriers to access to PCS, including limitations in supply and conceptual misunderstandings about the disease and treatments, especially in low- and middle-income countries.

Early integration of PCS in PT is widely recommended, as both share the goal of improving HRQL, which is not always implemented in clinical practice. This problem is aggravated by the divergent perceptions of patients and their oncologists regarding treatment objectives and the communication of prognosis[40-41]. The misunderstanding of the concept of PT goes beyond the absence of a clear definition of its limits, as is the case with PCS; the concept of PT is not always fully understood by health teams[12-13].

The concepts of curative and palliative intensity are not antithetical; it is imperative to focus on the multidimensionality of the person with cancer. Despite interchangeable use, a review of the PCS concept defines it as "an approach to relieving suffering from incurable diseases or symptoms", to improve patient and family HRQL[42], prolong survival, and offer psychosocial and existential support[6].

In this analysis, PT is often anchored in the concept of PCS, since most publications come from European and North American countries, with clarification in the integration of different approaches and services. It is inferential to state that in the other realities, the integration is heterogeneous and highly contextual, with the possibility of using the concept of PCS to report patients in PT, resulting in misinterpretations[43].

Although it is recommended to use standardized terminologies, differences persist among professionals regarding the understanding of the lines and intent of treatment[44]. It is necessary to approach PT with a clear definition, whether to communicate with patients or report research, clarify whether it is a PT or PCS approach, although they may be concomitant[45].

Regarding the attributes, different PT modalities can be combined or not with the PCS. Palliative chemotherapy is the most widely used systemic modality in symptom control, improving HRQL and survival[7]. Palliative radiation therapy helps in overall survival, in the control of pain, bleeding, symptoms, and metastatic complications[46]. In resection of residual tumor in situ, palliative surgery produces symptomatic relief with defined therapeutic goal[45]. Treatments with and without the palliative adjective can result in ambiguous terminologies[45]. The consequent results are evidenced by the outcomes of PT, which approach PCS given the similarities, symptomatic instability and deterioration in HRQL are indicative and/or concomitant of PCS[47].

Frequently, three months after PT, toxicities (19%), suspension (59%), dose adjustments and/or delayed cycle (87%) due to the risk of death[48], in addition to the decline in HRQL in the physical, emotional, cognitive, social, psychological suffering and life satisfaction domains, are evident. Such measures should be evaluated in the *continuum* of treatment so that the team develops a person-centric care plan, tailored to individual needs and anchored in qualitative relationships, in conjunction with the PCS[50].

In India, people with advanced cancer had higher HRQL scores in outpatient follow-up, worsening with disease progression and use of chemotherapy[51]. In Europe, a multicenter study indicates that HRQL was significantly associated with clinical *performance*, fatigue, pain, cachexia, anorexia, dyspnea and physical function.

Assessing HRQL in PT is essential for decision making, providing subsidies on care needs (satisfied or not), provided they are clearly communicated with precise terminologies and validated instruments[4]. People with lower HRQL, misperceptions or delayed prognosis may not receive PCS[52].

As limitations, there are the development of a theoretical analysis without the empirical observation; the limitations of the databases, the available studies and the time cut that may have excluded relevant research; the non-inclusion of different grass literature bases; the concept analysis, which was based on secondary studies of multiple delineations and types of cancers, not being limited to a specific type of cancer or treatment.

FINAL CONSIDERATIONS

Through this concept analysis, it is possible to identify that PT is anchored in the concept of PCS, but is limited to treatments with non-curative intent, more centered on the disease than on the person. The identified antecedents are advanced or incurable cancer; the attributes consist of different systemic (chemotherapy) or local (radiotherapy and surgery) treatments, preferably succeeded by the palliative adjective; and the consequent aim to HRQL and prolong survival.

The contributions to clinical practice, research or education in Oncology resulting from this conceptual analysis elucidate the interrelations and overlaps between the concepts of PT and PCS, this research facilitates a clarified understanding of the use of the concept in the complex dynamics of the clinical context, to assist in comprehensive communication with patients and relatives, report research with approaches of treatment and care accurate or teach new professionals in the understanding of themes.

ACKNOWLEDGEMENTS

Research funded by the Conselho Nacional de Desenvolvimento Científico e Tecnológico (CNPq), an agency linked to the Ministry of Science, Technology and Innovations (MCTI), through research productivity scholarship Call CNPq No 09/2022.

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Received: 04/02/2025
Approved: 30/03/2025
Associate editor: Dra. Cremilde Aparecida Trindade Radovanovic

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Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work - **Silva LS, Nogueira LA, Coelho RCFP, de Oliveira JLH, Briedis NCA, Kalinke LP.** Drafting the work or revising it critically for important intellectual content - **Silva LS, Nogueira LA, Coelho RCFP, da Rosa LM, Kalinke LP.** Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved - **Silva LS, Kalinke LP.** All authors approved the final version of the text.

Conflicts of interest:
The authors have no conflicts of interest to declare.

ISSN 2176-9133