Case Example: Ms S is a 67-year-old woman with progressive pulmonary fibrosis. She has been having progressive shortness of breath and nausea for several months. Her physician visits her at home.

- History and physical examination
  - Identical to the standard approach used to manage any illness
    - Thorough history
    - Physical examination
    - Appropriate investigations (laboratory or radiological) appropriate for the patient’s situation
  - Best possible understanding of each symptom's etiology and underlying pathophysiology, before appropriate therapy is chosen.

- Conceptualize likely causes
  - As symptoms are often interrelated with multiple concurrent medical problems, management can be challenging
  - Not acceptable to have an unthinking approach to symptom management, as causes and appropriate therapies can vary widely

- Discuss treatment options and assist with decision-making
  - Once the cause(s) and pathophysiology are known, intervention ideally includes therapy to relieve the symptom(s) as well as treat underlying causes
  - When goals for care preclude disease management, symptom relief may be all that is required.
  - When symptoms are debilitating or the patient is too weak, physicians will not be able to wait for the results of investigations before initiating therapy
  - Initial therapeutic trials based on history, examination, and inference about the pathophysiology may provide both symptom relief and/or additional information as to the etiology and pathophysiology
  - As with pain management (see Module 4: Pain Management), if a symptom is present continuously, medication should be prescribed on a continuous or “around-the-clock” basis
  - Breakthrough doses may also be required

- Provide ongoing patient and family education and support
  - Key to successful management
  - Encourage patient and family to keep a diary when symptoms are out of control or adverse effects occur

- Involve members of the entire interdisciplinary team
  - When individual patient management becomes complex, physicians are encouraged to consult with local palliative medicine experts, and other members of the interdisciplinary team
  - Optimize therapies and minimize the risk of adverse events and drug interactions

- Reassess frequently
  - Etiologies and pathophysiology may change
  - Frequent reassessment is critical, particularly when symptoms recur
  - As changes in the patient’s condition can occur rapidly, caregivers should be prepared to respond quickly

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