

Treatment for **metastatic breast cancer** may last for many years. At some point though, the treatment may stop working, or you may have trouble managing the side effects. At this time, you may decide to stop treatment for the cancer. Only you can decide when it's time to stop treatment. This choice is different for each person.

Anger, fear, sadness and grief are all common during this difficult time. Support is available to help you and your loved ones.



Types of Care

Palliative care

Palliative care, also known as **supportive care**, treats the whole person: body, mind and soul. It's given to improve your **quality of life**. It does not treat cancer. It's an extra layer of support that can be given throughout breast cancer treatment.

Palliative care focuses on relieving or preventing symptoms such as pain, nausea, anxiety or fatigue caused by cancer treatment or the cancer itself. It may include things like **pain** and symptom management or nutrition support. It may also include **psychosocial care**, such as emotional and social support, for you and your loved ones.

When breast cancer treatment ends, palliative care becomes the main focus of your care. It can serve as a bridge to hospice care and provide you and your loved ones with continued support until you decide to start hospice services.

If a palliative care specialist is not a part of your health care team, your doctor or a social worker may be able to help you find services in your area. They may refer you to a palliative care program that provides care in your home. These programs are often provided by hospice agencies that can continue to care for you when you decide to transition to hospice.

Hospice care

Hospice care is an extension of palliative care toward the end of life. While there are some similarities between the two, such as the physical, psychosocial and spiritual support that can be provided, hospice care is focused on quality of life at the end stage of a disease. It does not shorten or prolong life. It tries to give people a sense of control and allow them to die with as much dignity and comfort as possible.

Hospice care is personalized. The services may include:

- Comfort care (pain and symptom control)
- Help with personal care
- Respite care and support for your loved ones
- Emotional, social and spiritual support
- Grief counseling

This fact sheet is intended to be a brief overview. For more information, visit [komen.org](https://www.komen.org) or call Susan G. Komen's Breast Care Helpline at 1-877 GO KOMEN (1-877-465-6636) Monday through Friday, 9 a.m. to 10 p.m. ET, or email at helpline@komen.org. Se habla español.

Metastatic Breast Cancer: **END-OF-LIFE CARE**

Resources

Susan G. Komen®
1-877 GO KOMEN
(1-877-465-6636)
komen.org

**American Academy of
Hospice and Palliative
Medicine**
847-375-4712
palliativedoctors.org

**Caregiver Action
Network**
855-227-3640
caregiveraction.org

CaringInfo
703-837-1500
caringinfo.org

**National Institutes
of Health**
nia.nih.gov

Related Online Resources

- [Complementary and Integrative Therapies](#)
- [Metastatic Breast Cancer: Quality of Life](#)
- [Support After A Breast Cancer Diagnosis](#)

Hospice care is given by a team of trained professionals and volunteers from a hospice agency. Most often, your loved ones become the primary caregivers when hospice is given at home. The hospice team provides regularly scheduled visits, support and guidance. Hospice care can also be given in an inpatient setting, such as a hospice facility or nursing home. A social worker can tell you about services in your area.

Talking with your loved ones

It can be very hard to talk about dying with your loved ones. Each person processes the situation and deals with their emotions in their own way. They will also have their own comfort level in talking about it.

There may be things you want to talk about, such as your wishes for end-of-life care. You may be afraid of upsetting your loved ones by talking about things related to dying. Family members or friends may also be afraid of upsetting you or saying the wrong thing. The more open you are with your thoughts and feelings, the more comfortable you and your loved ones will become.

It's important to talk about end-of-life issues with your loved ones and care team to ensure your wishes are carried out. Members of your care team, such as social workers, can help you talk with your loved ones.

Advance directives

You have the legal right to choose where and how you want to be cared for. It's a good idea to create a legal document (called an advance directive) that lists your wishes in case you are unable to communicate them. Creating this document in advance can save your loved ones the stress of making hard choices during a difficult time. Palliative and hospice care providers can help you with advance care planning.

Each state has its own legal requirements, so you may want to seek legal advice. You can change or cancel your advance directives at any time. There are two parts to an advance directive:

- **Living Will** – This lists what medical care should be given or withheld (such as life support) and under what circumstances. It can be general or very specific.
- **Durable Power of Attorney for Health Care (Medical Power of Attorney)** – This allows you to appoint a person to make health care decisions on your behalf if you are not able to do so, either for a short time or long term.

Give copies of these documents to your lawyer, a person on your care team (such as a doctor or social worker) and your loved ones. It's also a good idea to keep a copy with you.

Remember...

Decisions and discussions about end-of-life care are hard. Open communication between you, your loved ones and your care team is helpful. Seeking support and resources can also help you and your loved ones through this difficult time.

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