

**Keywords:** Palliative care; Cancer; Deprescribing; Medication burden; Quality of life; Symptom management; Polypharmacy; End-of-life care.

## Introduction

may have fewer side effects, can also be considered to enhance symptom management. Furthermore, some medications may have minimal therapeutic benefit for certain patients. In such cases, stopping these medications altogether may be appropriate. By judiciously applying these deprescribing strategies, healthcare providers can streamline medication regimens and optimize symptom management, ultimately improving the patient's comfort and quality of life. Addressing symptom management through deprescribing is an essential aspect of palliative cancer care [12-13]. While challenges and barriers exist, adopting a patient-centered and individualized approach, coupled with ongoing education and support, can help healthcare providers overcome these obstacles. By implementing appropriate deprescribing strategies, healthcare providers can optimize medication regimens, alleviate symptom burden, and enhance the overall well-being of patients during their palliative care journey. Ensuring Continuity of Care Deprescribing should not be seen as discontinuation of care. Continuity of care is paramount in the palliative setting, and close monitoring and ongoing assessment of patients after deprescribing interventions are essential to ensure patient comfort and safety.

**Research and evidence base:** The concept of deprescribing in palliative cancer care is relatively new, and as such, the evidence base surrounding its efficacy and safety is still evolving. While the practice of deprescribing has gained traction in recent years, there remains a need for more comprehensive research to establish specific guidelines and protocols for its implementation in the context of palliative cancer care [14]. One significant challenge in conducting research on deprescribing in this setting is the complexity and variability of patients' conditions and medication regimens. Palliative care often involves patients with diverse cancer types, stages, and comorbidities, making it challenging to conduct large-scale, standardized studies [15]. Additionally, ethical considerations, such as the potential for symptom exacerbation or adverse effects during the deprescribing process, can present obstacles in conducting randomized controlled trials. However, despite these challenges, there is a growing body of research that highlights the potential benefits of deprescribing in palliative cancer care. Studies have shown that thoughtful and cautious deprescribing can lead to a reduction in medication burden and an improvement in patients' overall quality of life [16-18]. By optimizing medication regimens, patients may experience better symptom control, enhanced physical and emotional comfort, and improved adherence to essential medications. Furthermore, deprescribing can also have financial implications, as reducing the number of medications can lead to cost savings for patients and healthcare systems [19,20]. This is particularly important in the context of palliative care, where patients and their families may already be burdened by the high costs associated with cancer treatments.

## Conclusion

Deprescribing in palliative cancer care holds great promise as an approach to enhance the quality of life for patients facing advanced or terminal cancer. By addressing medication burden and focusing on symptom management, deprescribing empowers patients to experience greater comfort and dignity during their end-of-life journey. While challenges and barriers exist in implementing deprescribing practices, a patient-centered and individualized approach can help overcome these hurdles. By involving patients and their families in the decision-making process and fostering clear communication among healthcare providers, deprescribing interventions can be more readily accepted and embraced. Moreover, ongoing research and education are essential to further strengthen the evidence base for deprescribing in palliative

cancer care. Studies that investigate the benefits, risks, and optimal strategies for deprescribing in different palliative care contexts will contribute to the development of specific guidelines and protocols. Ultimately, by combining a compassionate and personalized approach with evidence-based practices, deprescribing can become an integral component of palliative cancer care, ensuring that patients receive the best possible care while navigating their unique end-of-life journey. As the evidence base continues to grow, healthcare providers can continue to refine and improve deprescribing interventions, ultimately leading to more successful outcomes and enhanced quality of life for patients in palliative care.

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## Conflict of Interest

Author declares no conflict of interest

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