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Introduction

Hepatocellular carcinoma (HCC), the most prevalent form of primary liver cancer, presents a significant challenge as a complication of chronic liver disease. Its status as the fourth leading cause of cancer-related death globally highlights the difficulties in achieving a cure. Early detection remains elusive for most cases, limiting access to potentially curative treatments [1]. Age, organ availability, psychosocial factors, and co-morbid illnesses further complicate treatment options, even with timely diagnosis. Additionally, racial and sociodemographic disparities persist in access, inhibiting timely palliative care referral in situations where it could be beneficial to patients and families. Concerns about conveying a loss of hope, uneven availability of palliative care in outpatient settings, and prognostic uncertainty may hinder timely referrals. Addressing these challenges and enhancing the integration of palliative care for HCC patients is crucial. Improving communication and collaboration among healthcare providers, raising awareness about the benefits of early palliative care, and ensuring equitable access to supportive services are essential steps to optimize the care and quality of life for individuals living with HCC. By recognizing the role of palliative care as a valuable complement to disease-focused treatments, healthcare

professionals can better support patients and their families throughout their cancer journey. People living with hepatocellular carcinoma (HCC) face a considerable burden of symptoms and an unpredictable disease course. Palliative care has the potential to complement the care provided by HCC specialists by addressing symptom management, supporting family caregivers, facilitating communication, and offering psychosocial assistance [6,7]. However, determining the appropriate time for palliative care intervention can be challenging due to the variable nature of HCC's progression. Existing models have been helpful in illustrating the relevance of palliative care as the disease advances, but they may not fully capture the complexity of HCC, especially considering the impact of cirrhosis. To improve palliative care delivery for individuals with HCC, gaining a deeper understanding of the specific elements of palliative care that are most beneficial and the factors that hinder or delay palliative care referral is crucial. This study aims to explore the perspectives of healthcare professionals from various specialties who provide care to people with HCC. By identifying the facilitators and barriers of palliative care referral, valuable insights

participants from two academic medical centers with specialized liver cancer treatment programs. Participants included clinicians from various disciplines, such as nursing, medicine, and social work, who regularly interact with HCC patients in different practice settings.

These settings encompassed medical, surgical, and radiation oncology, as well as palliative care practices [9,10]. The data analysis followed a rigorous process of open coding, axial coding, and selective coding. Quotations from the interviews were linked to specific codes, allowing for an evolving understanding of the factors in seeking palliative care referral for HCC patients. Thematic saturation was achieved after the tenth interview, ensuring representation from diverse specialties and disciplines involved in HCC patient care. By delving into the perspectives of clinicians, this study aims to identify opportunities to improve the integration of palliative care for individuals facing HCC [11]. Understanding both the facilitators and barriers of palliative care referral will lead to tailored approaches and ultimately enhance the overall care and support provided to HCC patients and their families.

Major Findings: In the context of palliative care referral for individuals with hepatocellular carcinoma (HCC), certain symptoms were identified as facilitators. These symptoms included the need for managing cancer-related pain, anxiety, and insomnia. For instance, clinicians pointed out challenges in managing cancer-related pain specifically in liver surgery cases, leading to a preference for referring patients for palliative care assistance in symptom management. On the other hand, non-palliative care participants in the study highlighted a significant barrier to referral - a lack of information or understanding about the services provided by palliative care. Some participants expressed uncertainty about the full scope of palliative care offerings, making it difficult to identify patients who could benefit from these services. Moreover, participants, particularly hepatologists, mentioned barriers related to symptom management [12]. They believed that they or other specialists could adequately manage symptoms related to underlying liver disease, and therefore, may not consider palliative care necessary in such cases. Additionally, they observed that symptoms requiring palliative care support, such as severe pain, tend to manifest only in the advanced stages of the disease. Another barrier identified was the tendency of men to avoid seeking help for symptoms.

clarity on when and whom to refer for palliative care, which could