

The role of the OncPal deprescribing guideline in end-of-life care

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We congratulate Lindsay et al. [1] on their recently published article, “The development and evaluation of an oncological palliative care deprescribing guideline: the ‘OncPal deprescribing guideline’.”

The authors state that the aim of their deprescribing guideline is to assist in identifying potentially inappropriate medications (PIMs) to aid in the rationalization of medications. Identification of PIMs for patients in this setting is one of several important factors that a deprescribing guideline could address. In addition to identification of PIMs, deprescribing requires multiple steps that are analogous to the prescribing process, including planning the medication withdrawal (tapering if required), monitoring, and follow-up after cessation [2, 3]. Like prescribing, deprescribing requires shared decision-making between the patient and the clinician to achieve individualized optimization of medication use [2, 4]. Deprescribing guidelines should also address the risks associated with withdrawal of medications, including potential stress to the patient and carers (feeling like they are being ‘given up on’ [5]) as well as potential adverse drug withdrawal reactions [6].

The OncPal deprescribing guideline published here fills a gap in the current prescribing guidance at the end of life [7, 8] by providing an expert consensus list of PIMs in the oncology palliative care setting. Translation of this list into practice as a

deprescribing guideline will also need to address the other steps of the deprescribing process.

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