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

Anger, fear, sadness and grief are all common. There are resources (see back) to help you and your loved ones during this difficult time.

Palliative care
Palliative care, also known as supportive care, treats the whole person: body, mind and soul. It focuses on relieving or preventing symptoms caused by the cancer such as pain, fatigue or nausea. It does not treat cancer. This type of care may include things like pain management, nutrition or psychosocial support.

It is an extra layer of care given to improve your quality of life. It is a vital part of care for all stages of breast cancer.

If a palliative care specialist is not part of your health care team, your doctor or a hospital social worker may be able to tell you about services in your area.

Hospice care
Hospice is a type of care that goes beyond palliative care. It aims to give people a sense of control at the end stage of a disease, such as metastatic breast cancer. Hospice care is personalized. It does not shorten or prolong life. It tries to preserve quality of life. It allows a person to die as comfortably and with as much dignity as possible.

It also provides support for caregivers and other loved ones. Hospice services may include:

- Comfort care (symptom control)
- Help with personal care
- Emotional, social and spiritual support
- Grief counseling

Hospice care is given by teams of trained professionals, volunteers and family members. Hospice is not always a place you go to die. Hospice care is most often given at home. Sometimes it’s given at a hospice facility or at a hospital. A social worker can tell you about these services in your area.

For more information, visit komen.org or call Susan G. Komen’s breast care helpline at 1-877 GO KOMEN (1-877-465-6636) Monday through Friday, 9 AM to 10 PM ET.
END-OF-LIFE CARE

Talking about death
Talking with your loved ones about dying can be very hard. There is no “right” way to talk about death. Family and friends may find it difficult to talk about at first. They may be afraid of upsetting you or saying the wrong thing. The more open you are with your feelings, the more comfortable they will become.

Talking about end-of-life issues with your family and hospice team is important to ensure your wishes are carried out. Hospital social workers and hospice workers can help you talk with your loved ones about these things.

Your legal rights
You have the legal right to choose where and how you want to be cared for. It is 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 can save your loved ones the stress of making hard choices during this time. Palliative care and hospice specialists can help with advance care planning.

Each state has its own legal requirements so it’s best to get legal advice. You can change or cancel advance directives at any time. There are 2 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 very specific or general.
- **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 no longer able to do so.

Give copies of these documents to your lawyer, doctor, hospice team, hospital staff and family members. It’s also a good idea to keep a copy with you.