Abstrak

Latar belakang: Kanker merupakan salah satu penyebab utama kesakitan dan kematian di Indonesia, dengan banyak pasien terdiagnosis pada stadium lanjut sehingga membutuhkan perawatan paliatif yang komprehensif dan berkesinambungan. Patient-centered care (PCC) diakui sebagai pilar mutu perawatan paliatif kanker dan sejalan dengan nilai kedokteran keluarga, namun penerapannya sering terhenti pada tataran konsep. Di sisi lain, pedoman nasional telah mendorong integrasi perawatan paliatif lintas fasilitas, tetapi pathway operasional yang secara eksplisit menempatkan dokter keluarga masih terbatas. Tujuan: memetakan tantangan, hambatan, dan dukungan implementasi PCC dalam perawatan paliatif kanker; menjelaskan peran dokter keluarga di layanan primer dan rumah sakit; serta menyusun draft pathway paliatif berbasis PCC antar layanan primer-rumah sakit.
Tujuan: memetakan tantangan, hambatan, dan dukungan implementasi PCC dalam perawatan paliatif kanker; menjelaskan peran dokter keluarga di layanan primer dan rumah sakit; serta menyusun draft pathway paliatif berbasis PCC antar layanan primer-rumah sakit. Metode:
Metode: Scoping review mengikuti pedoman PRISMA-ScR 2020. Pencarian dilakukan di PubMed, Scopus, dan EBSCO host serta *grey literature* hingga September 2025. Studi terpilih dipetakan ke delapan domain Picker (*respect*, informasi-edukasi-komunikasi, koordinasi, kenyamanan fisik, dukungan emosional-spiritual, keterlibatan keluarga, kontinuitas, akses) dan dikategorikan sebagai tantangan-hambatan-dukungan. Mutu metodologis 10 studi dinilai menggunakan JBI dan MMAT, sintesis dilakukan secara naratif kemudian ditranslasikan menjadi draft pathway.
Hasil: Sepuluh studi memenuhi kriteria (6 kualitatif, 3 kuantitatif, 1 campuran). Tantangan muncul pada 7 dari 10 studi, hambatan dibahas 6 dari 10 studi dan dukungan terdapat pada 7 dari 10 studi. Tantangan dan Hambatan terutama terkait keterlambatan diskusi prognosis, komunikasi yang terfragmentasi, koordinasi antarprofesi dan antar fasilitas yang lemah, serta transisi RS-rumah yang tidak terstruktur. Dukungan muncul ketika tersedia tim paliatif interprofesional, penggunaan PROMs, dan forum formal seperti family meeting dan tumor board. Dokter keluarga berpotensi berperan strategis pada tiga lokus: di layanan primer/homecare, dalam tim paliatif rumah sakit, dan sebagai navigator klinis lintas fasilitas.
Kesimpulan: PCC dalam paliatif kanker masih menghadapi tantangan klinis dan hambatan sistemik, terutama pada aspek komunikasi dan koordinasi. Dokter keluarga berperan kunci sebagai penyedia asuhan komprehensif dan koordinator lintas fasilitas. Draft pathway yang disusun memberikan kerangka awal integrasi PCC dan peran dokter keluarga dalam pelayanan paliatif kanker dan perlu diuji untuk implementasi nyata.

Kata kunci: *patient-centered care*, perawatan paliatif, kanker, dokter keluarga, *pathway*, layanan primer, rumah sakit

Abstract

Background: Cancer is one of the leading causes of morbidity and mortality in Indonesia, with many patients diagnosed at an advanced stage and therefore requiring comprehensive and continuous palliative care. Patient-centered care (PCC) is recognized as a key quality pillar in palliative cancer care and is aligned with family medicine values, yet its implementation often remains at a conceptual level. National guidelines have encouraged integration of palliative care across levels of care, but operational pathways that explicitly position family physicians remain limited.

Objectives: To map the challenges, barriers, and facilitators of PCC implementation in palliative cancer care; to describe the role of family physicians in primary care and hospital settings; and to develop a draft PCC-based palliative care pathway linking primary care and hospitals.

Methods: A scoping review was conducted using the Arksey and O'Malley framework and PRISMA-ScR. Searches were performed in PubMed, CINAHL, Scopus, and grey literature up to September 2025. Included studies were mapped to the eight Picker principles and categorized as challenges, barriers, or facilitators. Methodological quality was appraised using JBI and MMAT, and synthesized findings were translated into a draft pathway.

Results: Ten studies met the inclusion criteria (6 qualitative, 3 quantitative, 1 mixed methods). Challenges were reported in 7 of 10 studies, barriers in 6 of 10 studies, and facilitators in 7 of 10 studies. Challenges and barriers mainly related to delayed discussions of prognosis and goals of care, fragmented communication, weak interprofessional and inter-facility coordination, and poorly structured hospital-home transitions. Facilitators appeared when interprofessional palliative care teams were available, patient-reported outcome measures (PROMs) were used, and formal forums such as family meetings and tumor boards were in place. Family physicians have the potential to play a strategic role at three loci: in primary care/homecare, within hospital palliative care teams, and as clinical navigators across facilities.

Conclusion: PCC in palliative cancer care continues to face clinical and system-level challenges, particularly in communication and coordination. Family physicians are key actors in providing comprehensive care and coordinating across facilities. The proposed pathway offers an initial framework for integrating PCC and the role of family physicians into palliative cancer care and needs to be tested in real-world implementation.

Keywords: patient-centered care, palliative care, cancer, family physician, pathway, primary care, hospital