Metastatic breast cancer is considered an incurable disease. The choice of drug or drug combination in palliative therapy is determined by the subjective symptoms of the patient and by the more objective parameters age and general health status, localization of metastases and aggressiveness of the disease, which is described by the necessity to achieve remission. The relation between the effectiveness aimed for and the subjective quality of life is described by the term 'therapeutic index'. With receptor-positive tumours and under low remission pressure, endocrine therapy is the method of choice when considering sustaining the quality of life - here aromatase inhibitors have replaced the former gold standard anti-estrogen tamoxifen. With receptor-negative tumors or under high remission pressure the therapy decision is far more difficult. The cytostatic therapy can be performed as mono- or polychemotherapy. In both cases taxanes show a higher effectiveness when compared to standard therapies, with Docetaxel giving the highest response rate and (as shown in a recent Cochrane analysis) increasing overall survival with a HR of 0.88. We describe taxane-containing therapy regimes in the context of modern therapy options. Current data presented by 4 chosen studies are described, as well as AGO recommendations on palliative therapy.