

What is Palliative Care?

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Our patients, our families, and every one of us have a very personal sense of what brings the greatest meaning, value and quality to our lives. Our choices are very personal. They are the root source of our pleasure and contentment with life.

With the success of modern medicine over the last 60 years, the experience of illness and bereavement is dramatically different from what it was even 30 years ago. In 2004 and beyond, as we approach the end of our lives, most of us will experience several months to years of a chronic illness with all of the manifestations and predicaments that come with the underlying disease. We will face multiple issues, and develop very personal expectations, needs, hopes, and fears related to each issue as it arises. Most of us hope that our healthcare team will be highly skilled at managing our disease process and relieving our suffering quickly, so that we can live to the fullest for as long as possible, and then die safely and comfortably.

Palliative care is the evolving body of knowledge and skill that *aims to relieve suffering and improve quality of life* by treating to relieve all symptoms, preventing predictable issues, and promoting opportunities for growth whenever possible. Basic palliative care is provided by all healthcare practitioners through each patient's and family's illness and bereavement experience. To do so, each primary care physician needs to be knowledgeable and skilled at:

- whole patient assessment
- the management of pain and other common symptoms, including breathlessness (dyspnea), nausea/vomiting, constipation, diarrhea, anorexia/cachexia, fatigue/weakness, fluid balance/edema, skin, insomnia
- the management of depression, anxiety, delirium
- approaches to effective communication and decision-making, including:
 - breaking both “good” and “bad” news
 - negotiating goals of care and treatment priorities
 - advance care planning
 - during sudden illness
 - how to respond to requests for assisted suicide and euthanasia, requests for futile therapy, and requests to withhold or withdraw therapy
- preparation for and care in the last hours of life
- care for family members who are bereaved

Clinicians will find that the integration of the wealth of new knowledge and skill in palliative care into their day-to-day practice will be both rewarding and stress reducing. Their patients and families will thank them as their opportunities for meaningful and valuable experiences increase, particularly as they approach the end of their lives. Isn't that what you would want for yourself when it's your turn?

*“The standard of practice we create, and the people we train,
will look after us when it is our turn to receive care. Are you ready?”*

Resources for Clinicians Providing Palliative Care

A Model to Guide Patient and Family Care: Ferris F, Balfour H, Bowen K, Farley J, Hardwick M, Lamontagne C, Lundy M, Syme A, West P. A model to guide patient and family care. Based on nationally accepted principles and norms of practice. *Journal of Pain and Symptom Management* 2002;24(2):106-123. Available at:

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=12231127&dopt=Abstract. The full model is available at <http://www.chpca.net>.

The Center to Advance Palliative Care: Available at <http://www.capc.org>

The End-of-life Nursing Education Consortium (ELNEC) Curriculum: Available at <http://www.aacn.nche.edu/elneec/>

The Education for Physicians on End-of-life (EPEC) Curriculum: Emanuel LL, von Gunten CF, Ferris FD. The EPEC curriculum (education for physicians on end-of-life care). American Medical Association, Chicago, IL, 1999. Available at <http://www.epec.net>.

The End-of-Life Physician Education Resource Center: Available at <http://www.eperc.mcw.edu>

The Toolkit for Nurturing Excellence at End-of-Life Transition (TNEEL): Available at <http://tneel.washington.edu/>