

Palliative Care or Palliative Medicine? Palliative Patient? Does Semantics Matter? A New Idea

Lyubomir Kirilov Kirov*

Department of Neurology, Psychiatry, Physiotherapy and Rehabilitation, Sofia University, Bulgaria

*Corresponding author: Lyubomir Kirilov Kirov, Department of Neurology, Psychiatry, Physiotherapy and Rehabilitation, Sofia University, Bulgaria, Tel: +35 9887626562; E-mail: kirov.lyubomir@gmail.com

Received date: Aug 11, 2017; Accepted date: Sep 11, 2017; Published date: Sep 16, 2017

Copyright: © 2017 Kirov KL. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Palliative Care

The term “palliative care” has been in use for more than 40 years now. It was first introduced by the Canadian doctor Balfour Mount in 1973 [1], as he set up a hospital ward for care of the terminally ill. He named it palliative care ward – in other words a place where you are unable to cure the condition but try to improve the quality of life by means of relieving the suffering. The original idea was to call it “hospice”, it however turned out to be already in use with the meaning of a nursing home for the poor and the destitute. So Mount coined a new term, however the activities that it signifies have been there for much longer under other, even if more descriptive, names. The American general practitioner and lecturer Alfred Worcester for example writes about those same activities in his book “The Care of the Aged, the Dying, and the Dead”, published in 1935 [2]. If we go further back to the times, when medicine was rather capable of relieving suffering and very rarely cured successfully, we would convince ourselves that “palliative care”, though “unnamed”, has been around ever since pain and its healers first appeared. The term “palliative care” itself is commonly accepted, but with the introduction of the holistic approach to patients and of integrated medicine as a way to achieve the desired healthcare outcome there is still no consensus as to the definition of palliative care [3]. Does palliative care refer only to patients with incurable diseases, mainly in their terminal stage [4], or should it also involve patients with conditions incurable because they are chronic but with a strong worsening effect on quality of life, so that special “relieving”, “palliative” care is needed to counteract [5]. And why not broaden the definition by also including those patients with curable diseases in which the suffering, although temporarily, brings the quality of life drastically down and there is the need of special care to ease the symptoms, thus providing better quality of life and facilitating healing? Could we assume that palliative care means actions intended to relieve pain and mental suffering and improve vitality no matter what cause brought the suffering patient to that condition – be it life-threatening or not – which leads to the conclusion that “palliative care” ≠ “care for a terminally ill patient; end-of-life care”.

The Palliative Patient

It makes sense to use this term for the patient in need of “palliative care”. But the varying definitions of the content of “palliative care” also transfer their ambiguity to the definition of “palliative care”. What is the condition: curable, chronic non-life-threatening or incurable with inevitable fatal end? The definition of the WHO also includes the patient’s relatives as the object of palliative care: “Palliative care is an approach improving the quality of life of patients and their families when they are facing a problem related to a life-threatening disease”. However, the care or support given to the people closest to the patient

to help them deal with problems connected to his/her condition are by nature not, and cannot be, equivalent to the care for the patient since the relatives are not “ill” – they do not suffer from an illness. The care for them is primarily psychological support, counseling and training for appropriate behavior towards the suffering patient. For this reason, when we refer to care related to the people closest to the patient it is within the context of the “palliative care” for the patient, whom we will from now on call “palliative patient”.

Palliative Medicine

The terms “palliative medicine” and “palliative care” have frequently been used interchangeably. Actually the medical specialty of “palliative medicine” was introduced in the UK in November 1987 [6] - that is fourteen years after the introduction by Mount of the term “palliative care”. I will not comment on the contents of the definition of “palliative medicine”. It should also reflect the latest tendencies – the broadened scope of “palliative care”. But is that the correct term to name the specialty? And is it correct to use the terms interchangeably?

Despite the mentioned potential differences in interpretation, some unclear points or inaccuracies, the existing publications unanimously agree that “quality of life” and “relieving suffering” are the main objective of palliative care. Another commonly accepted definition is that palliative care does not mean medicine leading to cure [3].

Does Semantics Matter?

In this case it does. We need to “clear” the ambiguities/contradictions in meaning, to identify what is common, to broaden the content while at the same time making it simpler and introducing a causation-based sequence.

The term “palliative” is derived from the Latin Pallium (cloak). Palliata/Palliatum then stands for “covered in a cloak”, figuratively meaning protected or covered. In the medical context the Latin (and same in English – translator’s note) verb “palliate” is to mitigate, to alleviate, to lessen the severity of the degree of impact of pain or other negative effects of the (no matter temporary or permanent) disease. In both the medical and the non-medical context the general meaning of the word is “providing protection and safeguarding”; interpreted in a broader sense it is reducing the influence of something but not eliminating the original cause.

Medicine (Lat. ars medicina – the art of healing, the word comes from the Latin verb medeor-cure). This is a system of scientific knowledge and practical activities meant to cure diseases, strengthen and maintain people’s health and their life [7]. Although with different wording, the definitions of the objectives of medicine are identical in meaning, which can briefly be summarized as diagnosing and treating

of conditions as well as strengthening and maintaining health (prevention and prophylaxis of diseases). That is, medicine either cures illnesses or protects and helps the healthy people who aren't ill. As stated above, palliative care is not the medicine that leads to healing. It is only logical then, taking into account the general definition of medicine, to ask ourselves if it is correct to combine "palliative" with "medicine". Should we accept the term "palliative medicine", it would then be expected that there would be a certain process of curing some kind of "palliative" disease. But there is no such healing process. There is no definition of a palliative disease either; furthermore no such definition is needed because palliative care does not cure. What it does is to have an impact relieving the adverse effects from some disease or condition by means of giving palliative care.

Based on all of the above I suggest the following definitions:

Palliatology: A sub-specialty of medicine combining theoretical knowledge and practical skills to give the full range of palliative care by doctors specially trained for this, with the assistance of specialists from any other medical or non-medical specialty, selected by these doctors when this is required by the condition of the palliative patient.

Palliative care: A certain kind of activity, the practical application of palliatology, protecting patients from the negative effects of their impaired health status caused by a disease or condition – not necessarily life-threatening or incurable – but such diseases/conditions that significantly worsen the quality of life, or even put the patient's life at higher risk. The volume and duration of palliative care are determined on the basis of the „quantum satis“ principle.

Palliative patient: A patient suffering from the negative effects of his/her impaired health status caused by a disease or condition – not necessarily life-threatening or incurable – but such diseases/conditions that significantly worsen the quality of life, or even put the patient's life at higher risk. The palliative patient does not have to necessarily be terminally ill!

Palliative diseases or conditions: Such diseases or conditions that, without being necessarily life-threatening or incurable, significantly worsen the quality of life, or even put the patient's life at higher risk by damaging him/her and leading to undesired effects, requiring specific knowledge and skills to handle.

Palliatologist: A doctor qualified in palliatology.

References

1. Billings JA (1998) What is palliative care? J Palliat Med 1: 73-81.
2. Worcester A (1935) The Care of the Aged, the Dying, and the Dead. (1st ed), CC Thomas.
3. Pastrana T, Jünger S, Ostgathe C, Elsner F, Radbruch L (2008) A matter of definition - key elements identified in a discourse analysis of definitions of palliative care. Palliat Med 22: 222-232.
4. <http://www.who.int/cancer/palliative/definition/en/>
5. Groninger H (2013) Regarding a definition of the palliative care patient. Palliat Med 27: 954-955.
6. Hillier R (1988) Palliative medicine. BMJ 297: 874-875.
7. Arnaudova P(2012) Terminologia medica 2012.