



Palliative Care: A Compassionate Imperative for Our Society

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Introduction

In our ever-evolving healthcare landscape, one aspect remains constant and vital: the need for compassionate care at the end of life. Palliative care, a medical specialty that focuses on improving the quality of life for patients facing serious illness, is a beacon of hope and comfort for countless individuals and their families. However, it is an area of healthcare that often goes underappreciated and underutilized, despite its immense potential to alleviate suffering and provide solace during life's most challenging moments [1].

Palliative care is not synonymous with end-of-life care, nor is it limited to hospice care. It encompasses a comprehensive approach to addressing the physical, emotional, social, and spiritual needs of patients facing serious illnesses, such as cancer, heart disease, dementia, or advanced organ failure. This approach aims to alleviate pain and suffering, enhance comfort, and promote dignity, regardless of whether a cure is still within reach.

One of the fundamental tenets of palliative care is its patientcentered approach. It recognizes that each individual's experience with illness is unique, and the care provided should reflect this individuality [2-6]. This holistic perspective acknowledges not only the physical symptoms but also the emotional and psychological burdens that come with serious illness. It encourages open and honest communication between patients, their families, and healthcare providers, fostering a supportive environment where patients' wishes and values are respected. Moreover, palliative care is not only about providing comfort to patients but also offering much-needed support to their families. Serious illness affects not only the patient but also their loved ones, who often grapple with feelings of helplessness, anxiety, and grief. Palliative care professionals offer guidance and counseling to family members, helping them navigates the complex emotional terrain that accompanies a loved one's illness.

Despite its proven benefits, palliative care faces several challenges. One significant obstacle is the misconception that it is synonymous with "giving up" on a patient. Nothing could be further from the truth. Palliative care can be provided alongside curative treatments and is often most effective when introduced early in the course of an illness. Early integration of palliative care not only improves the patient's quality of life but can also extend their survival. Another challenge is the uneven access to palliative care services [7]. Disparities in healthcare exist, and palliative care is no exception. Rural areas and underserved communities often lack adequate access to palliative care, leaving vulnerable populations without the support they need during difficult times. As a society, we must work toward ensuring that palliative care is accessible to all, regardless of their geographic location, socioeconomic status, or ethnicity. In conclusion, palliative care is not just a medical specialty; it is a compassionate imperative for our society. It offers a holistic approach to healthcare that enhances the quality of life for individuals facing serious illnesses and provides vital support to their families [8-10]. To truly advance the cause of compassionate care, we must raise awareness about the importance of palliative care, dispel misconceptions, and work toward equitable access for all. By embracing palliative care as an integral part of our healthcare system, we can ensure that no one faces the challenges of serious illness alone and that dignity and comfort remain at the forefront of our healthcare priorities.

References

- 1. Asia Pacific Hospice Palliative Care Network (APHN) (2021) The current status of palliative care in India.
- Wajid M, Rajkumar E, Romate J, George AJ, Lakshmi R, et al. (2021) Why is hospice care important? An exploration of its benefits for patients with terminal cancer. BMC Palliat Care 20:70.
- Jeba J, Ponissery J, Ramaswamy A, Johnson JR, Thelly AS, et al. (2020) Developing evidence-based clinical guidelines in palliative care for home care setting in India Indian. J Palliat Care 26:319-322.
- Bruera E (2004) The development of a palliative care culture. J Palliat Care 20:316-319.
- Kaur D, Kumar G, Billore N, Singh AK (2016) Defining the role of physiotherapy in palliative care in multiple sclerosis. Indian J Palliat Care 22:176-179.
- Khosla D, Patel FD, Sharma SC (2012) Palliative care in India: Current progress and future needs. Indian J Palliat Care 18:149.
- Kaur A, Sharma MP, Chaturvedi SK (2021) Felt needs of cancer palliative care professionals working in India: A qualitative study. Indian J Palliat Care 27:544-551.
- Sagar Sinha S (2021) No End to Care-Palliative Care in India. Piramal Swasthya.
- Sawyer JM, Asgr R, Todd Fordham FN, Porter JDH (2018) A public health approach to palliative care in the response to drug resistant TB: An ethnographic study in Bengaluru, India. BMC Palliat Care 17:120.
- 10. WHO (2021) Palliative Care.

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Received: 06-Sep-2023, Manuscript No. jpcm-23-116126; Editor assigned: 08-Sep-2023, PreQC No. jpcm-23-116126(PQ); Reviewed: 14-Sep-2023, QC No. jpcm-23-116126; Revised: 20-Sep-2023, Manuscript No. jpcm-23-116126(R); Published: 26-Sep-2023, DOI: 10.4172/2165-7386.1000570

Citation: Nicholas A (2023) Palliative Care: A Compassionate Imperative for Our Society. J Palliat Care Med 13: 570.

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