

# What is Palliative Care? Towards Better Understanding of a Core Health Care Discipline

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Palliative care is probably the most misunderstood and underrepresented discipline in health care compared to its potential impact and overwhelming needs. A better understanding of this concept would help advance the field to its full potential. So what is palliative care? I will not try to give a concise definition to this important term; however, I will mention some of the myths surrounding it, discuss a few of its characteristics, some of which are unique to the discipline, and then touch upon the future of this field. First myth is considering palliative care as equal to end of life care, limiting it to someone holding a dying patient's hand, uttering comforting words and pushing morphine. Fact one: end of life care is just one component of palliative care, not the whole of it. Palliative care includes supportive management and symptoms control for patients throughout the disease trajectory including early phases. The second myth is that palliative care is mainly pain management; it is all about pushing analgesic or narcotic up the pain management ladder. Fact two: pain management is an important part of palliative care and it deserves the emphasis received but it does not sum up palliative care. The third myth is that palliative care can be done by one person and does not require many specialists or health care professionals. Fact three: as I will explain later, palliative care is a true multidisciplinary team field and requires all level of expertise and skills. The fourth myth is that palliative is a soft and "mushy" field. This is an impression coming from lack of understanding of this new field. Fact four: evidence-based management guidelines and other evolving data and programs prove that palliative care is a hard-core science-based discipline.

The uniqueness of palliative care can be highlighted by its special characteristics that can be summarized in four main categories: Scope of care, targets of care, settings of care, and the providers team.

The scope of care involve handling very complex physical, emotional, psychosocial, cultural and spiritual problems. The care goes beyond handling numerous medical symptoms, that are difficult and challenging by themselves, to cover many dimensions of patients concerns that other disciplines may not address properly. Furthermore, the patient medical conditions covered by palliative care can be acute or sub-acute care, chronic care, dying process, death and even extend beyond death to bereavement services.

The targets of care for palliative care are also quite interesting! Providing care for the patients to address above concerns is obvious. It is important to highlight that it includes patients with curable diseases who have symptoms require palliation, and not limited to patients with incurable diseases. However, palliative care discipline can be credited largely to practically including two other targets of care: patient family/care givers, and health care providers. Involving family in the care unit and caring for them is a very critical aspect in palliative care. Family members and providers are not just involved in patient care, but also are provided certain care such as respite patient admissions, counseling and bereavement services.

Burnout, conflict resolution, bereavement, and improving communication skills are some of the issues that palliative care addresses in caring for health care providers/professionals. This is the first discipline which included health care providers in its scope of attention.

As for the settings of care, palliative care covers all the usual

settings for health care system such as inpatient and outpatient services of health care facilities, care in the chronic care facilities and nursing homes, in addition to having its special setting dedicated mainly for palliative care; namely hospices representing a unique spectrum of settings.

Due to the complexity of issues and covered domains, palliative care team should be a true multidisciplinary team that includes psychologist, social workers, spiritual counselor in addition to other obvious medical and non-medical members needed.

I am not claiming exclusivity of palliative care for all the issues mentioned, but certainly palliative care introduced new contributions to health care or it put older concepts into practice in more concert and practical way.

Palliative care, along with preventive care, acute care, and chronic care, are the major components of comprehensive future health care system. Attention to each of these components is prerequisite to address the needs and attain excellence in health care[1].

Therefore, it is critical that health care organizations pay attention to palliative care and prepare the appropriate infrastructure and manpower required to address this important discipline and provide appropriate care for their patients, families, and staff.

Finally, although in my attempt to crystallize distinct identity to palliative care, I described it as a discipline or a field etc. Palliative care is actually a philosophy and culture; in addition to being science and service (care). Every health care worker, provider and administrator should be aware of its importance as everyone has to play a role in adopting the concept. It is not just the responsibility of those subspecialists or individuals who are labeled as members of the palliative care team. It is the responsibility of every individual in the health care organizations. As all have the responsibility to prevent or alleviate the suffering of all patients, their family members and care givers, while maintaining healthy teams.

*Palliative care is not just about being humane to each other; but also about being prudent developers of better future health care systems for us and our children.*

## References

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