Preface

Primary Palliative Care

Palliative care focuses on improving quality of life for patients with serious illness and their families. This type of care includes providing relief from pain and/or other distressing symptoms, integrating psychosocial and spiritual aspects of care, assisting with difficult decision making, and supporting patients, families, and other medical teams. Palliative care can be provided concurrently with life-prolonging or curative therapies as needed from time of diagnosis, and it is appropriate at any age or stage of serious illness.

Specialty palliative care consists of care by an interprofessional team of doctors, nurses, social workers, chaplains, and other individuals with expertise in palliative medicine, who work with patients’ other doctors to provide care that matches patients’ goals. The vast majority of palliative care delivered in the United States is delivered not by these specialists in hospice and palliative care but by clinicians ranging from internists, family medicine doctors, oncologists, and others who care for seriously ill patients. This type of palliative care provided by clinicians who are not palliative care specialists is called “primary” palliative care, and it is the focus of this issue of Medical Clinics of North America.

All clinicians who care for seriously ill patients should be able to deliver competent primary palliative care. This issue is directed at primary palliative care clinicians who are aiming to improve their own abilities to care for those living with serious illness. This issue contains many of the most important primary palliative care topics, beginning with a comprehensive overview of the field of hospice and palliative care. The issue continues with articles that bring expert perspective on having goals-of-care discussions with patients and family members, prognostication, and recognizing and managing polypharmacy in advanced illness.

In addition, this issue covers an approach to managing pain and nonpain symptoms in those with serious illness, including respiratory and gastrointestinal symptoms, delirium, and the role that cannabis plays in symptom management. Further articles
go over how best to manage grief and depression in those with serious illness, urgent medical conditions at the end of life, an overview of options of last resort (palliative sedation, physician aid in dying, and voluntary cessation of eating and drinking), and how to care for oneself while delivering primary palliative care.

I am grateful to the authors for their outstanding contributions to this issue and to the publisher for allowing us this opportunity to highlight the importance of primary palliative care and to enhance the skills of all clinicians providing care for those with serious illness.

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