Foreword

Completing the Circle of Care

Palliative care completes the circle of medical care. It makes medical care whole. Palliative care exists because the manifestations of illness are not delimited by diagnosis, nor are symptoms necessarily eradicated by disease-specific treatment. When patients are left on their own to deal with difficult and long-lasting, even life-altering, symptoms like pain, dyspnea, anorexia, and debilitating grief, care becomes fractional. Likewise, care becomes fragmented when patients turn to their principal providers, be they primary care providers or specialists, for help with these life-altering symptoms, and those principal providers are not as skilled in symptom management as they may be in diagnosis and treatment.

The field of palliative care exists to provide patients with more comprehensive care, addressing symptom management and complementing diagnosis and disease treatment. Whether that care is provided by a palliative care specialist and team, brought in for the purpose of managing debilitating symptoms, or provided by the patient’s principal provider, is likely to be determined by local resources, and patient and provider preferences. Who delivers the high-level palliative care is not a key issue. What is critical, however, is that the patient receives the best possible palliative care. Our commitment as health care professionals demands nothing less.

This issue of Medical Clinics of North America titled, Palliative Care, is as important as it is timely. Much of palliative care is, and likely will be, delivered by patients’ principal providers. They, myself included, need to know about the latest advances in palliative care and be armed with the most up-to-date, evidence-based information the discipline has to offer.

That is how the field of palliative care completes the circle of medical care. It allows medical care to be more holistic and humanistic: holistic, not in the sense of melding traditional with complementary approaches, although it may do that to some extent, but to bring to patients for the entirety of their journeys, the same level of expertise that characterizes diagnosis and treatment. Palliative care also enables providers to
practice medicine more humanistically. Palliative care embodies our concerns for the patient as a person. Francis Peabody’s essay,1 “The Care of the Patient,” cannot be read often enough. It ends as follows: “One of the essential qualities of the clinician is interest in humanity, for the secret of the care of the patient is in caring for the patient.”

Editor Eric Widera and his team of authors have produced an important volume of great value to physicians, and therefore, to their patients as well. I hope you find it enriching and educational.

Jack Ende, MD, MACP
The Schaeffer Professor of Medicine
Perelman School of Medicine of the University of Pennsylvania
Hospital of the University of Pennsylvania
5033 West Gates Pavilion 3400 Spruce Street
Philadelphia, PA 19104, USA
E-mail address: jack.ende@uphs.upenn.edu

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