

ABC OF PALLIATIVE CARE

SECOND EDITION

Edited by Marie Fallon and Geoffrey Hanks

Foreword by Derek Doyle



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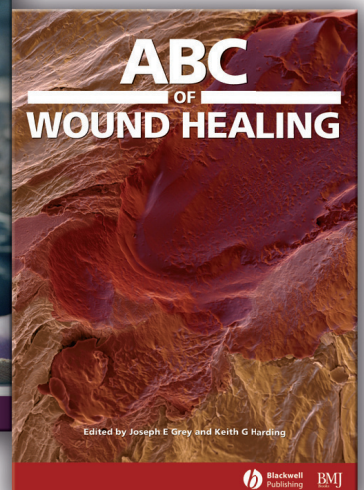
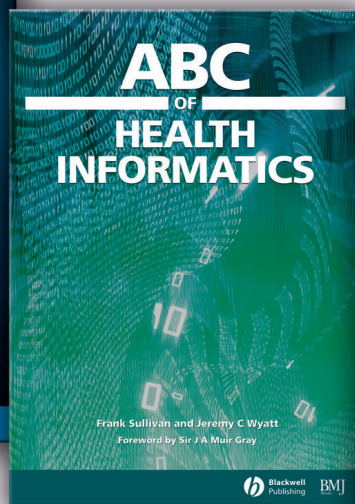
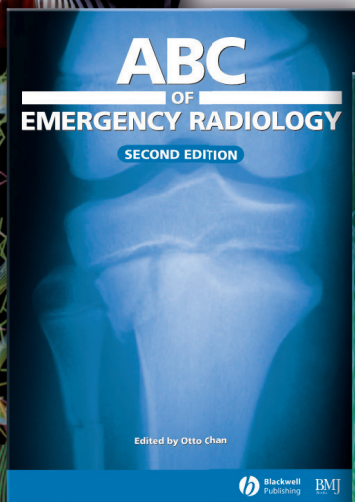
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ABC OF PALLIATIVE CARE

Second Edition

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Foreword

It is almost impossible for a health care professional to avoid being called upon to care for people getting frailer as life ebbs away, to care for them at their dying and to have to help and support their loved ones afterwards. Who can be insensitive to their pain, their breathlessness, their weakness and their fears? Who can forget how helpless they have felt at these times, how lost for words, how unskilled and unprepared. Doctors and nurses, whether generalist or specialist, can no more avoid these professional and personal challenges than they can deny or avoid death itself.

Palliative care – “*the care of patients with active, progressive, advanced disease where the prognosis is short and the focus of care is the quality of life*” – is a basic human right, not a luxury for the few. Its principles are not peculiar to the care of the dying but are the integral features of all good clinical care – freedom from pain and the alleviation so far as is possible, of all physical, psychosocial and spiritual suffering; the preservation of dignity; the utmost respect for honesty in all our dealings with these patients and their relatives.

The emergence in 1987 of palliative care as a medical sub-specialty (mentioned in the Preface to the first edition of this book) has brought about improvements in care, research, professional education and training, and in the understanding by the public and the politicians of what needs to be done and what can be done for those at the loneliest time on their life journey. It has also had a downside. Many have come to suspect that providing palliative care requires unique people to do justice to this demanding work, unique skills to do it well, and more time than today’s doctors and nurses ever have. So easy is it to phone a palliative care specialist whether working in a hospital, a specialist unit or in the community, and get advice or an admission that some are leaving the palliative care of their patients to them. In fact only about 10% of terminally ill patients have problems so rare or so complex that specialist expertise is needed. All the others can be cared for by non-specialists if they learn the principles of palliative care, if they develop the right attitude to it, if they are willing to share themselves as well as their therapeutic skills... and if they study this book. One thing is undeniable – no-one is born with a built-in ability to provide excellent care. It has to be learnt from a book such as this, and hopefully from watching others with more experience, but that is a luxury some never have.

In situations where too often the knee-jerk response can be “there is no more we can do”, the reader will find that there is always a means of helping and of caring. It may be pharmacological or psychological, nursing or physiotherapy, occupational therapy, music or art therapy, or complementary medicine. Often it may be no more, no less than enabling patients to open their hearts in that atmosphere of safety created by the doctor or nurse who has learned to be honest, and is humble enough to listen and to learn.

The reader will be surprised at how richly rewarding palliative care can be; how surprisingly often terminally ill patients speak of the sense of safety they feel when suffering has been relieved and they know everyone is being honest with them and the loved ones they will leave behind. This can happen anywhere – in a hospital, in a hospice, in a nursing home or in someone’s home.

This excellent book produced by editors and contributors with international reputations deserves to be read by every doctor and nurse who will ever offer palliative care – and that means most of us!

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