

# Education is the key to the provision of quality palliative care

Stephen A Margolis

*You matter because you are you, and you matter to the end of your life. We will do all that we can not only to help you die peacefully, but also to live until you die.*

– Cicely Saunders

In the mid-twentieth century, the care and symptom management for patients with advanced malignant disease sat on the margins within the developing specialty of oncology. This reflected the focus on the potential for curative treatment, with patients dying from cancer 'at best, overlooked and, at worst, abandoned by physicians who told their patients to go home, as there was nothing more that could be done.'<sup>1</sup> By 1960, a paradigm shift in thinking was underway, where the social and clinical aspects of care for patients dying from cancer entered the equation. An important milestone was when Cicely Saunders was invited to write a single chapter, *The management of patients in the terminal stage*, within a major six-volume series on cancer, published in 1960.<sup>2</sup>

Australians mostly wish to die at home,<sup>3</sup> suggesting that general practitioners (GPs) have an integral role in helping to facilitate this. However, as recently as 2004, one-quarter of GPs were not willing to provide palliative care.<sup>4</sup> The response to this apparent disparity between patient desire and GP provision has included an expansion of education and training in palliative care medicine for all GPs.<sup>5</sup> Fortunately, there is now evidence that this approach is helpful, as recent investigations have found that GPs now

view themselves as significant members of the palliative care team.<sup>6</sup>

With education a key component of integrating GPs into the palliative care framework, The Royal Australian College of General Practitioners (RACGP) has outlined a number of core education requirements, including physical and psychological aspects of care, socioethical cultural issues and carer support.<sup>7</sup>

In this edition of *Australian Journal of General Practice (AJGP)*, we continue the tradition of updating and informing GPs of the latest developments in palliative care. Yoong and Poon consider the latest developments in the principles of cancer pain management, including pharmacological and other interventional strategies.<sup>8</sup> Tran et al reflect on the challenges for GPs in helping their patients with advance care decision-making.<sup>9</sup> Reymond et al review home-based palliative care, where GPs have a key role.<sup>10</sup> Eastman and colleagues contemplate those patients with non-cancer related palliative care, a group traditionally less well considered in the palliative care curriculum.<sup>11</sup>

Palliative care has progressed from the margins to having a key role and responsibility within the discipline of General Practice within a relatively short period. Education is a key component in the development and support structures that GPs require to undertake this important task. As always, the RACGP through *AJGP* is there to support our GP colleagues as they support their patients through this key life stage.

*Suffering is only intolerable when nobody cares.*<sup>2</sup>

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