

Navigating Palliative and Hospice Care: Challenges and Opportunities for Primary Care Physicians in Providing End-of-Life Support

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Abstract

In the mid-1900s, Hospice and Palliative care emerged as end-of-life medical services, offering comfort and support to dying patients and their families. These two services share common goals while also exhibiting distinct characteristics. However, many healthcare providers, including physicians, physician assistants, and nurses, lack comprehensive training and knowledge in these areas. In this paper, we aim to provide an extensive review of Hospice and Palliative care for internist and primary care physicians, covering various aspects such as indications and eligibility criteria, similarities, and differences between the two types of care, factors that might disqualify a patient from enrolling, and the role or application of these services during the COVID-19 pandemic.

Keywords: Palliative care; Hospice care; Primary care physicians; End-of-life support; Australian palliative care; Underlying conditions

Introduction

Hospice and Palliative care emerged as end-of-life medical services, offering comfort and support to dying patients and their families. These two services share common goals while also exhibiting distinct characteristics. However, many healthcare providers, including physicians, physician assistants, and nurses, lack comprehensive training and knowledge in these areas. In this paper, we aim to provide an extensive review of Hospice and Palliative care for internist and primary care physicians, covering various aspects such as indications and eligibility criteria, similarities, and differences between the two types of care, factors that might disqualify a patient from enrolling, and the role or application of these services during the COVID-19 pandemic.

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• In addition, the authors also discuss the importance of providing emotional support to the family. The authors also discuss the importance of providing emotional support to the family.

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Based on the above, the authors conclude that the importance of providing emotional support to the family is a key component of perinatal palliative care. The authors also discuss the importance of providing emotional support to the family.

Conclusion

As discussed above, the authors conclude that the importance of providing emotional support to the family is a key component of perinatal palliative care. The authors also discuss the importance of providing emotional support to the family.

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Conflict of Interest

The authors declare no conflict of interest.

References

1. Wool C (2013) State of the science on perinatal palliative care. *J Obstet Gynecol Neonatal Nurs* 42:372-382.
2. Rusalen F, Cabicchiolo ME, Lago P, Salvadori S, Benini F (2021) Perinatal palliative care: a dedicated care pathway. *BMJ Support Palliat Care* 11:329-334.
3. Jansen L, Sulmasy D (2002) Proportionality, terminal suffering and the restorative goals of medicine. *Theor Med Bioeth* 23:321-337.
4. Maselli K, Badillo A (2016) Advances in fetal surgery. *Ann Transl Med* 4:394.
5. Balaguer A, Martin-Ancel A, Ortigoza-Escobar D, Escribano J, Argemi J (2012) The model of palliative care in the perinatal setting: a review of the literature. *BMC Pediatr* 12:25.
6. Marty CM, Carter BS (2018) Ethics and palliative care in the perinatal world. *Semin Fetal Neonatal Med* 23: 35-38.
7. Howard E (2006) Family-centered care in the context of fetal abnormality. *J Perinat Neonatal Nurs* 20:237-242.
8. Cortezzo DE, Bowers K, Cameron Meyer M (2019) Birth planning in uncertain or life-limiting fetal diagnoses. Perspectives of physicians and parents. *J Palliat Med* 22:1337-1345.
9. Kersting A, Wagner B (2012) Complicated grief after perinatal loss. *Dialogues Clin Neurosci* 13:187-194.
10. Wilkinson D, de Crespigny L, Xafs V (2014) Ethical language and decision-making for prenatally diagnosed lethal malformations. *Semin Fetal Neonatal Med* 19:306-311.
11. VanderWeele TJ (2019) Suffering and response: directions in empirical research. *Soc Sci Med* 224:58-66.
12. Cassell EJ (1982) The nature of suffering and the goals of medicine. *N Engl J Med* 306:639-645.
13. Ellis J, Cobb M, O'Connor T, Dunn L, Irving G, et al. (2015) The meaning of suffering in patients with advanced progressive cancer. *Chronic Illn* 11: 198-209.
14. Daneault S, Lussier V, Mongeau S, Paille P, Hudon E, et al. (2004) The nature of suffering and its relief in the terminally ill: a qualitative study. *J Palliat Care* 20:7-11.
15. Montoya-Juarez R, Garcia-Caro MP, Campos-Calderon C, Schmidt-RioValle J, Gomez-Chica A, et al. (2013) Psychological responses of terminally ill patients who are experiencing suffering: a qualitative study. *Int J Nurs Stud* 50:53-62.
16. Dufee CM (2021) Pain versus suffering: a distinction currently without a difference. *J Med Ethics* 47:175-178.
17. Dufee C (2021) An intellectual history of suffering in the encyclopedia of bioethics, 1978-2014. *Med Humanit* 47:274-282.
18. Thornton R, Nicholson P, Harms L (2019) Scoping review of memory making in bereavement care for parents after the death of a newborn. *J Obstet Gynecol Neonatal Nur* 48:351-360.
19. American College of Obstetricians and Gynecologists (2019) Perinatal palliative care: ACOG committee opinion, Number 786. *Obstet Gynecol* 134:84-89.
20. Ulivi G, Breeze A (2018) Advances in fetal therapy. *Obstet Gynaecol Reprod Med* 28:159-163.