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## **Introduction**

Palliative care, a multidisciplinary approach aimed at improving the quality of life for patients facing life-threatening illnesses, has been a growing global focus for the past decade. Many countries have invested in establishing high-quality palliative care programs and frameworks, emphasizing the importance of funding models, training, and education for healthcare providers. The United Kingdom, for instance, underscores the need for a sustainable funding model and robust training initiatives to ensure the delivery of high-quality palliative care [1]. In North America, Canadian palliative care associations have introduced a palliative care model to guide healthcare professionals in developing comprehensive palliative care services [2]. In Ireland, the landscape of palliative care is evolving, with a focus on integrating palliative medicine into family medicine residency programs and postgraduate training initiatives [3-5]. Despite the continuous growth in palliative care, Ireland's palliative care system is still in need of further development and integration. The period from 2011 to 2017 witnessed the progression of palliative care in Ireland from isolated service provision to preliminary integration into mainstream healthcare services [6]. While many hospitals provide some form of palliative care, whether through home visits or pain management, the extent of comprehensive palliative care programs varies. The heterogeneity of palliative care provision in different health jurisdictions underscores the

there is a lack of information regarding the specific aspects of palliative care that family practitioners provide, their confidence levels, and the proportion of family physicians offering palliative care. To address these gaps in knowledge, a survey has been initiated to determine the extent to which rural family physicians deliver palliative care, to identify any discrepancies between the services they offer and the expected competencies, and to highlight the challenges they encounter in the process. This survey aims to provide valuable insights for enhancing palliative care training programs and conducting the necessary needs assessments. Ultimately, the findings will be instrumental in improving and expanding palliative care services in rural areas. As the healthcare landscape continues to evolve, ensuring that palliative care is comprehensive, accessible, and of high quality is crucial, and family physicians have a central role in achieving this goal [12-15]. In conclusion, the field of palliative care in rural areas is experiencing remarkable progress, with a growing number of family physicians playing a vital role in delivering palliative care services. As the nation addresses ongoing challenges, it is essential to focus on professional development, training, and the continuous improvement of palliative care provisions. With this dedicated approach, rural areas can create a more robust, integrated, and patient-centered palliative care system that caters to the unique needs of its population.

## Discussion

Palliative care, a crucial element in healthcare systems worldwide, encompasses a broad spectrum of services aimed at enhancing the quality of life for patients dealing with life-threatening illnesses. Symptom management and end-of-life care, among other domains, are key components of palliative care that healthcare providers frequently offer and feel confident delivering. Conversely, grief and spiritual care are less commonly provided and evoke less confidence among respondents. To gain a deeper understanding of these findings, two distinct frameworks were employed for analysis. The first framework is the Model to Guide Hospice Palliative care by the Canadian hospice palliative care association. Rooted in the National Principles and Norms of Practice, this framework seeks to standardize palliative care and promote the establishment of hospice palliative care programs. It encompasses various aspects, including definitions, principles, significance, norms of practice, and management. Pertinently, this framework resides in the Domains of Issues Associated with Illness and Bereavement section, which presents an encompassing view of critical aspects that palliative care providers should focus on. These domains span disease management, physical symptoms, psychological care, social care, spirituality, grief, end-of-life care, and other practical concerns. Each domain is further elaborated, addressing issues such as pain management, function, nutrition, wound care, and habits within the physical symptoms domain. These domains essentially delineate scopes of practice or standardized care bundles that patients and their families should receive. Furthermore, our narrative analysis shed light on domains frequently addressed and those that warrant more attention, paralleling other well-recognized palliative care standard frameworks.

The second framework draws from family medicine residency

centered healthcare services for those facing life-threatening illnesses. As we move forward, the journey to enhancing palliative care services is ongoing. It is a testament to the commitment of healthcare providers in Maryland to continually improve and adapt to the evolving needs of patients and their families.

**Acknowledgement**

Not applicable.

**Conflict of Interest**

Author declares no conflict of interest.

**References**