

# Involving other providers in palliative care may help meet growing demand

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As baby-boomers age and the number of people with serious chronic illnesses continues to rise, the demand for experts in palliative medicine is sure to outstrip the supply, according to Timothy E. Quill, M.D., professor of Medicine, Psychiatry and Medical Humanities in the Center for Ethics, Humanities and Palliative Care at the University of Rochester Medical Center.

In a perspective published in today's [New England Journal of Medicine](#), Quill, who serves as president of the American Academy of Hospice and Palliative Medicine (AAHPM), suggests that arming generalists and other specialists with primary palliative care skills is a practical, cost-effective and sustainable way to expand the delivery of palliative care.

Born out of a hospice tradition, palliative care offers relief of pain and symptoms and assistance with [medical decision](#)-making to anyone with a serious illness, regardless of prognosis. The goal is to alleviate patient suffering through high-quality pain and symptom management and to provide added support for patients and their families – all while patients are receiving effective medical treatment of their underlying disease.

Quill says that with appropriate education and training, many fundamental aspects of palliative care can be provided by those already caring for a patient. This could avoid adding another team of caregivers to a patient's care or setting the expectation that certain palliative care tasks – such as basic symptom management and psychosocial support – are only the role of a palliative care provider.

"In a coordinated palliative care model, the primary care physician or treating specialist could manage many palliative care problems, initiating a palliative care consultation for more complex situations," Quill said. "When this occurs, the patient may eventually return to the referring specialist or the

primary care physician for ongoing palliative care management when that is deemed desirable by everyone involved. This model allows increased access to specialty palliative care consultation and reinforces delivery of primary palliative care by everyone caring for seriously ill patients."

"There has been increasing emphasis on including palliative care as a fundamental part of the care of people with serious illness because it leads to better quality of life, less depression, less health care waste, and maybe even longer survival," said Amy P. Abernethy, M.D., of Duke University School of Medicine, who co-authored the perspective. "Better symptom control, defining and aligning goals of care, and attention to the needs of the family are just some of the fundamental principles of palliative care to be included in the generalist and specialist [palliative care](#) toolbox."

**More information:** The perspective, "Generalist Plus Specialist Palliative Care – Creating a More Sustainable Model," appears in the March 6, 2013 issue of *NEJM*.

Provided by University of Rochester Medical Center

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