

Is palliative care synonymous with end-of-life care?

“ In the framework of palliative medicine and palliative care, there are many terms that start with ‘end of life’, such as end-of-life decisions, end-of-life issues and end-of-life provisions. There is no doubt at all that palliative care includes dealing with end-of-life issues and that people or their carers confronted with an incurable disease have to make end-of-life decisions. End-of-life provisions, however, are very common among the general public, such as last wills, living wills, and life insurance.

When searching the internet for end-of-life care, the results will almost certainly contain phrases like ‘end-of-life care is palliative care ...’, and on the whole we tend not to question this definition. The term end-of-life care is increasingly being used in medical literature, in the media and by the lay public, but it is undoubtedly a very imprecise phrase that describes a period of time without defining when the end of life starts.

What exactly do we mean by end of life? Death, some may say laconically. Others may say that in view of our mortality the end of life begins immediately after birth. If we look at it this way there can be no objection to using the term end-of-life care as a synonym for palliative care, as seems to be rather common these days. Professional modern-day palliative care started in the 1960s as a development of the historic concept of caring for the terminally ill in a very advanced stage of a progressive disease. Improved symptom control, mainly for cancer patients, was one of its priorities – together with a more holistic approach to the needs of these patients. More recent definitions show a wider focus, such as the definition of palliative care by the World Health Organization, which ends with the sentence, ‘Palliative care is concerned with both patients and their families and with the enhancement of quality of life from an early stage in a life-threatening illness’.¹

The latest development in palliative care, however, goes even further. Confronted with

the prospect of an aging society – at least in Western industrial countries – palliative care experts are approaching decision makers in politics and healthcare to expand the implementation of the wide-ranging expertise in palliative medicine within a much larger range of settings. This includes nursing homes, old people’s homes and also addresses patients who are by no means facing a life-threatening condition but suffer from age-related illnesses.

Additionally, there is increasing pressure on decision-makers in developing and underdeveloped countries to provide better care, mostly palliative care, for patients with infectious diseases such as HIV or tuberculosis. In this context, palliative care frequently serves as end-of-life care, because it is, in fact, the only care available at all, and will remain so as long as the world community continues to allow some diseases to mean almost certain death in the developing world, while they are treatable in other parts.

‘One voice – one vision’ is the EAPC’s slogan for its concerted work for the promotion and recognition of palliative medicine in Europe and beyond. Therefore, we would like to recommend that we talk ‘with one voice’ and stop using ‘end-of-life care’ as a synonym for ‘palliative care’. We should be careful not to create misunderstanding, insofar as we ourselves use the term end-of-life care misleadingly as a part of the whole instead of merely denoting the care in the final stage of a terminally ill patient. How will we be able to persuade other potential patient groups, who do not consider themselves to be anywhere near the terminal stage of an illness, of the great advantages of palliative care, if we ourselves restrict its definition and application to intervention at the end of life?

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Reference

1. Davies E, Higginson IJ (eds). *Palliative Care. The Solid Facts. A World Health Organisation Collaboration Project*. Draft circulated for comment. Submitted for review, 2003.

There is no doubt at all that palliative care includes dealing with end-of-life issues