Beyond the borders

“The palliative care movement has always looked beyond conventional boundaries. During the mid-twentieth century, a frame of reference was developed outside the orthodox biomedical model. Not only was symptom control as opposed to disease control embraced as a legitimate aspiration, but the professional oligarchy was challenged by the idea of the expert patient. Patient-centredness became a reality. Consumerism was applied to healthcare. The patient’s social milieu gained importance, and family and bereavement care was accepted as an obligatory part of whole person palliation. These were breaches of biomedical, professional and social borders.

Of course, there were some elements of palliative care that were not new, but simply rediscoveries of a philosophy of caring which had been lost or temporarily mislaid in the enthusiasm to cure all ills. Such enthusiasm has undoubtedly produced very considerable benefits to mankind, especially in the decline of premature mortality and morbidity in children and economically active adults. However, it has also been associated with failure to recognise the continuing inevitability of our own deaths. This death denial has clearly been a major factor in the evolution of the palliative care movement. Thus, there has been a recognition that the border surrounding conventional care has required redefinition to include holistic considerations once again.

Not all innovations are necessarily acceptable without careful consideration and debate. The legal matters concerning euthanasia are examples, and are discussed in this issue by Coblence and her colleagues. The border for some is the absolute sanctity of life, yet for others it is the frustration of the basic autonomy to determine the timing of one’s death. The review reflects the heterogeneity of approach throughout Europe and prompts the idea that we can learn much from studying attitudes beyond our state borders.

It would be wrong to imagine that the palliative care movement has always enjoyed universal approval. Douglas held up a satirical mirror to the voluntary hospice movement when he pointed out that within the UK, the needs of a minority of a minority (cancer patients) were being offered hospice care. He questioned the fact that such a large and general need should be left to the ‘scanty and scandalously choosy efforts of a patchwork of local charities’.[1] These criticisms were explored by Clark rather more sympathetically in his 1993 book, *The Future for Palliative Care*.[2] More recently, Addington-Hall and Higginson[3] have strongly advocated that palliative care should be extended to many non-cancer chronic life-threatening conditions. Although there is some evidence that the percentage of non-cancer patients being cared for in the UK hospital palliative care teams is increasing, Addington-Hall in her Aachen EAPC congress plenary suggests that this is not yet the trend in the rest of Europe.[4]

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Addington-Hall also points out that to extend care beyond cancer requires recognition of differences between patient groups and, therefore, of limitations in the knowledge and skills of the current palliative care workforce. She encourages us to look beyond a ‘non-cancer’ patient group and to try to understand the particular problems of each diagnostic category.

There is little doubt that the dynamic and growing palliative care movement will continue to look, reach, extend and grow beyond its original borders. This is to be expected of an innovative and thoughtful philosophy. Long may it continue.”

Andrew Hoy, Editor

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3. Addington-Hall JM, Higginson IJ. *Palliative care for non-cancer patients.* Oxford: Oxford University Press, 2001.
4. Addington-Hall J. Extending palliative care to chronic conditions. *Eur J Palliat Care* 2005; **12**(Suppl 2): 14–17.

Dr Carol Davis

We are very pleased to announce that Carol Davis is ‘coming from beyond the editorial border’ into the *EJPC* team. She has been appointed as the Deputy Editor (English) to replace Marilyn Marks, who has now stood down. Carol will be well known to readers as the originator of the Case Study Masterclass series over the last few years. She is a palliative physician working in Southampton, with special interests in hospital practice and respiratory symptoms ■