

AUTHORS CONTRIBUTION

TF: Draft of the paper, critical review, and copyedit.

PAS: Draft of the paper, critical review.

M RTP: Conception of the work, draft of the paper, and supervision.

COMPETING INTERESTS

The authors have declared that no competing interests exist.

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Recebido: 28 de outubro de 2021 - Aceite: 29 de outubro de 2021 - Online issue published: 03 de janeiro de 2022

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<https://doi.org/10.20344/amp.17407>



Letter to the Editor Concerning “Why is Palliative Care Training During the Portuguese Family Medicine Residency Program Not Mandatory?”

Carta ao Editor Relativa a “Porque é que a Formação em Cuidados Paliativos no Internato de Medicina Geral e Familiar em Portugal Não é Obrigatória?”

Keywords: Education, Medical; Internal Medicine; Internship and Residency; Palliative Care

Palavras-chave: Cuidados Paliativos; Educação Médica; Internato e Residência; Medicina Interna

Dear Editor,

The issue raised by Castro *et al*¹ in your latest issue is of utmost importance. The authors argue that palliative care (PC) training should, more than ever, become mandatory during the Family Medicine residency program. As the authors highlighted, an ever-ageing population in whom the management of multimorbidity is incredibly complex demands the redefinition of the goals of care.

In Portugal, Internal Medicine (IM) is likely to be the secondary care specialty which manages such patients more closely. Death and dying have moved from the community

setting to hospitals, and internists care daily for terminally ill patients. In a recent study,² most patients (54%) admitted to a Portuguese IM ward had PC needs.

PC is not a mandatory rotation in the Portuguese IM residency program (PIMRP), but residents' demand for elective training in the field is increasing. In fact, several studies³ in North America have shown that IM residents perceive a lack of preparedness in end-of-life training. Even though similar studies have not yet been conducted in Portugal, it is widely acknowledged (mostly informally) by residents and national organisations - namely the Portuguese Medical Association (Ordem dos Médicos) and the Portuguese Society of Internal Medicine - that improving PC training during the PIMRP is imperative. Several calls have been made,³ but they tend to go unnoticed.

In 2016, the National Palliative Care Commission, on behalf of the Portuguese National Healthcare System, published the “Strategic Plan for Palliative Care Development”.⁴ In line with the recommendations of the European Association for Palliative Care, this government document proposes ‘intermediate training level’ for IM physicians. In 2019, the Portuguese College of Palliative Care reinforced this same recommendation. Contrary to popular belief, this

level of PC training requires proper education in technical skills such as end-of-life communication, symptom assessment, psychosocial and spiritual support, and bereavement care. However, the PIMRP does not formally train or evaluate the competence of residents on these topics. It tends to focus on curative medicine instead.

We advocate for mandatory PC training and the development of a PC curriculum with clear goals that are aligned with the competencies of IM residents and expected expertise. We need to adjust our training to our patients' needs. To defend this is to defend a more rigorous and humane medical practice!

We should not be shy in standing for PC. It is already the present and unarguably the future of healthcare. Therefore, we hereby urge decision makers to take the lead and raise the bar of IM training.

AUTHORS CONTRIBUTION

BP, MB, PCF: Lead authors, all contributed equally to the writing of the letter with overall responsibility and topic conception.

TNG, FR, IGN: Critical review of the paper with signifi-

cant intellectual contribution

PROTECTION OF HUMANS AND ANIMALS

The authors declare that the procedures were followed according to the regulations established by the Clinical Research and Ethics Committee and to the Helsinki Declaration of the World Medical Association updated in 2013

DATA CONFIDENTIALITY

The authors declare having followed the protocols in use at their working center regarding patients' data publication.

COMPETING INTERESTS

The authors have declared that no competing interests exist.

FUNDING SOURCES

This research received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors

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Recebido: 31 de outubro de 2021 - Aceite: 04 de novembro de 2021 - Online issue published: 03 de janeiro de 2022

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<https://doi.org/10.20344/amp.17422>



Fortificação Alimentar com Vitamina D em Portugal

Food Fortification with Vitamin D in Portugal

Keywords: Food, Fortified; Health Policy; Ultraviolet Rays; Vitamin D

Palavras-chave: Comida Fortificada; Política de Saúde; Raios Ultravioleta; Vitamina D

Caro Editor

O Sol, quando nasce, é para todos! Esta expressão popular traduz a disponibilidade da radiação solar ultravioleta (RSUV) no ambiente sem custos associados e a liberdade de cada um poder usufruir dela. Sendo a concentração

sérica de vitamina D um bom indicador da exposição ambiental à RSUV, em virtude de esta ser a sua principal fonte, a constatação da existência de uma "pandemia" de deficiência de vitamina D – um verdadeiro problema de Saúde Pública – comprova a necessidade de encarar a exposição ambiental insuficiente a RSUV como um fator de risco relevante.

Em Valência (latitude 39°; Espanha), na primavera e verão (março a setembro), cerca de 10 minutos de exposição solar entre as 11h30 e 12h30 com 25% da área corporal exposta (pele fototipo III) serão suficientes para alcançar as necessidades diárias de vitamina D; o tempo mínimo de exposição aumenta para cerca de 25 minutos pelas 09h00