Dear Editor,

We have read with enthusiasm the paper by Castro et al, entitled “Why is Palliative care training during the Portuguese Family Medicine Residency Program Not Mandatory?” and we would like to contribute to this discussion.

In the last few decades, the number of people living with chronic disease has increased, mainly due to population aging, leading to an increase both in the number of individuals with functional dependence status and in important social costs. These chronic, progressive, life-threatening, and burdening diseases play an important role in this new era of the palliative care approach.

Portuguese data recently published by us, shows that, both family physician (FP) specialists and residents believe that Family Medicine can play an important role in the provision of palliative care, namely in the early identification of patients with palliative care needs, initial treatment of patients with palliative care needs, symptomatic management, and in perceiving FP as patient advocates.

As for mandatory training in palliative care, as pointed out by Castro et al, there does not seem to be a consensual view. In our study, while some FPs assume palliative care training is beneficial, others consider that this training should only be optional and provided to those who have some affinity for this area. However, as well stated by Sarmiento Medina et al, it is expected that family physicians will increasingly provide palliative care measures to their patients, so we must find a way to deliver this message to FPs.

Another interesting point relates to the characteristics of the suggested training program. FPs suggested they would prefer short sessions addressing theoretical concepts, discussion of clinical cases through an interactive discussion of fictitious or real clinical cases and communication skills through a role-play training-based program. Finally, there was consensus about the benefits of a practical internship to complement the theoretical training program.

One point that seems to be undeniable is that the integration of primary care in the Portuguese palliative care network may improve the delivery of care in a more effective and consistent way. Palliative care or palliative measures must be introduced in our “daily clinical practice language”, and by allowing the humanization of care to take a step forward.

So, revisiting the prior question by Castro et al, we would like to ask Why is palliative care training promoted by each region for both FP specialists and residents, not strongly recommended, encouraged, and easily accessed?

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