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Research Article

The Role of Family Medicine in Palliative Care: Review article

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Abstract:
Palliative care is an integrated approach that offers relief to people suffering from life- threatening illnesses and their families throughout their illness. This is mostly accomplished through the avoidance and alleviation of suffering by early detection, complete assessment, and management of physical, psychosocial, and mental
disorders. Patients in need of palliative care will increase as the global elderly population grows. Family physicians who are close to their patients and easily accessible play an important role in providing palliative care. Their enormous skills, long-standing relationships with patients and their families, capability to conduct home visits, and communicate and coordinate with various health care services place them in an ideal position to solve complicated difficulties faced by patients. Family physicians encounter challenges while providing palliative care, including staying current with knowledge, developing counseling skills, a lack of guidelines and drugs, a lack of team support, and time limits. With the aging population, demand for palliative care services will rise significantly in the next decades. Improving palliative care models, developing abilities, and providing opportunity for doctors to acquire strong palliative care principles must begin immediately in order to meet future problems.

Keywords: General professionals, primary health care, palliative care.

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Introduction:

The number of people living with chronic diseases has increased over the last few decades, owing primarily to population aging, resulting in greater dependency and significant social expenditures (1). These chronic, progressive, life-threatening, and burdensome diseases play a significant role in this new era of palliative care (PC) strategies. Palliative care is an integrated approach that offers relief to patients with life-threatening illnesses and their families. Most medical conditions try to cure the disease and relieve symptoms, but palliative care aims to enhance the quality of life of patients and their families who are dealing with complex disease concerns. This is mostly accomplished by preventing and alleviating suffering by early detection, complete assessment, and treatment of pain and other disorders such as physical, psychosocial, and mental (2).

Palliative care also promotes life and views death as a natural process. Because death is a natural process, there is no reason to expedite or delay it. As a result, treatment should incorporate the psychological and spiritual aspects of patient care. Palliative care necessitates the establishment of a support structure to assist patients in living the final stages of their lives as actively as possible, as well as for family members who must develop coping skills and deal with their own grief. To accomplish these objectives, a multidisciplinary approach is needed (2).

Most patients with chronic illnesses are managed in primary care for a long time (3) , and their family physicians (FP) can play an important role in the palliative care (PC) network; some existing research suggests that when an FP is involved, the administration of PC appears to improve, with benefits for both patients and their families (4,5) . The incidence of elderly individuals with palliative care issues might range from 8.0 to 17.3%, depending on the population investigated and the instruments employed (6,7).

It appears reasonable to believe that measures to assist FPs in entering the PC environment must be implemented to help them overcome the barriers to begin end-of-life discussions while employing a more efficient strategy to fulfill each patient's care goals (6,8) . The purpose of this study was to investigate and summarize the perspectives of FPs regarding the role of family medicine in the Palliative Care Network ,and to summarize benefits of palliative care and challenges faced by family physicians.

Palliative Care's Place in the Course of Illness:

Palliative care helps patients of all ages, including those with advanced cancer and HIV/AIDS, as well as those with cirrhosis and liver failure, brain injuries, and Parkinson's disease (9,10).

There are numerous services that provide palliative care in a range of settings, including hospitals, outpatient facilities, community programs within home health groups, and hospices. These facilities employ teams of physicians, primary care doctors, nurses, social workers, therapists, rehabilitation professionals, speech and language therapists, and other healthcare providers. These care providers are devoted to help patients who require particular palliative care, diagnose and treat pain together with other symptoms, allow patient-centered communication and decision-making, and organize regularity of care across locations along the disease spectrum (9).

Specialist Palliative Care versus General Palliative Care:

Palliative care services should be offered in stages of growing skills, and they are frequently classified into three levels: palliative care strategy, generalist palliative care, and specialist palliative care (11). A palliative care strategy believes that all healthcare workers possess fundamental palliative care abilities and can apply palliative care principles in non- specialist settings (11). Generalist palliative care is provided by healthcare professionals in primary and secondary care, such as general physicians and oncologists, who have completed further studies and developed extra knowledge of palliative care (11). Specialist palliative care refers to care provided by healthcare professionals possessing particular education, training, and skills in palliative care, whose major function is to deliver such care (12).

Thus, the primary responsibilities of specialist palliative care services are to provide knowledge about complex challenges as well as to teach and support coworkers in providing effective palliative care techniques and generalist palliative care (12).

Additionally, specialist palliative care providers must continue to improve the evidence basis for palliative and end-of-life care, as many current approaches rely on expert opinion rather than strong evidence (13).

The Role of Family Medicine in Palliative Care

Palliative care is an essential component of the healthcare landscape, particularly in the management of patients facing serious, chronic, or life-limiting illnesses. It focuses on providing relief from symptoms, pain, and stress, improving the quality of life for both patients and their families. Within this framework, the role of family medicine emerges as a crucial element in delivering holistic, continuous, and patient-centered care. Family physicians, trained to care for individuals across their lifespan, are uniquely positioned to facilitate palliative care, emphasizing a comprehensive approach that integrates medical, emotional, social, and spiritual facets of healthcare (2).

Palliative care is often misunderstood as synonymous with end-of-life care; however, it is broader in scope. This type of care is applicable at any stage of a serious illness and can be provided alongside curative treatment. The World Health Organization (WHO) defines palliative care as an approach that improves the quality of life of patients and their families facing life-threatening illness. It aims to prevent and relieve suffering through early identification, impeccable assessment, and treatment of pain and other physical, psychosocial, and spiritual problems. The essence of palliative care lies in its patient-centered philosophy, focusing on dignity, autonomy, and support for the patient and their family (7).

The Family Medicine Perspective

Family medicine is a medical specialty dedicated to the comprehensive healthcare of individuals and families across all ages, genders, diseases, and parts of the body. Family physicians play a pivotal role in primary health care, emphasizing continuity, preventive care, and community health. Within palliative care, family medicine practitioners bring a distinctive perspective that enhances the overall treatment paradigm (14).

1. **Holistic Approach to Patient Care**: Family physicians are trained to consider the patient in the context of their family and community. This holistic approach allows for a deeper

understanding of the patient's needs, values, and preferences, facilitating more personalized care. By involving the family in care discussions, family physicians can better assess the psychological and social dimensions of the patient's experience, which are critical in palliative care (2).

2. **Continuity of Care**: One of the hallmarks of family medicine is the long-term relationship family physicians often establish with their patients. This continuity is particularly valuable in palliative care, as it allows physicians to understand the patient's medical history, preferences, and familial relationship dynamics. Patients often find comfort in seeing a familiar face during challenging times, having already established trust and rapport with their family physician (14).
3. **Coordination of Multidisciplinary Care**: Palliative care typically involves a multidisciplinary team, including nurses, social workers, pharmacists, chaplains, and specialists. Family physicians are adept at coordinating among these providers, ensuring that care is integrated and that everyone is aligned with the patient's goals. Their role as care coordinators is vital in navigating complex healthcare systems and facilitating timely consultations, medication management, and symptom control (15).
4. **Communication Skills**: Strong communication is fundamental in palliative care. Family physicians are trained to engage in difficult conversations about prognosis, preferences for care, and advance directives. They can help patients articulate their values and wishes regarding end-of-life care, ensuring that their voices are heard and respected. Effective communication not only aids in decision-making but also alleviates anxiety for patients and families by providing clarity and direction (4).
5. **Emotional and Psychological Support**: Chronic and terminal illnesses often bring emotional upheaval for both patients and their families. Family physicians are in a unique position to offer emotional support, providing reassurance, counseling, and referrals to mental health resources when needed. They can also help families navigate the emotional burden of caregiving, promoting resilience and coping strategies (9).

Integrating Palliative Care in Family Medicine

As the healthcare landscape shifts towards value-based care, the integration of palliative care into family medicine becomes increasingly critical. To achieve this, certain strategies can be implemented:

1. **Education and Training**: A robust curriculum that includes palliative care principles, communication skills, and symptom management should be integrated into medical training programs. Ongoing professional development for practicing family physicians can further enhance their competency in delivering palliative care (6).
2. **Interdisciplinary Collaboration**: Fostering partnerships with palliative care specialists, hospices, and community organizations can enhance resources available to family physicians. Collaborative models of care ensure comprehensive support for complex cases, leveraging the strengths of each discipline involved (6).
3. **Advocacy and Policy Engagement**: Family physicians can play an influential role in advocating for policies that support the integration of palliative care into standard practice. This includes promoting reimbursement models that recognize the value of palliative care services and ensuring access to such services for all patients (10).
4. **Community Education**: Family medicine practices can engage in community outreach to raise awareness about palliative care. Educational programs can demystify palliative care, encouraging patients and families to seek services early in the disease trajectory (2).

Benefits of Palliative Care:

Symptom Control

Our research group and others (14-19) have found that patients with advanced cancer benefit from palliative care consultations. In a recent study, our group examined 406 new consultations received at our outpatient palliative care clinic (20) . We discovered that patients improved significantly in the majority of cancer-related symptoms at their first follow-up visit following the consultation. Follwell et al. (18) and Rabow et al. (17) found major improvements in the symptoms of patients receiving palliative care in outpatient clinics. Inpatient palliative care units demonstrated comparable improvements in physical and psychological symptoms, as well as other patient-related quality-of-care outcomes (21), mobile team consultations (22,23) , as well as intensive care unit palliative care evaluations (24) . According to a recent study by Casarett et al (25)., patients committed to palliative care units had better symptom control than patients visited by palliative care teams at usual sites of care. These findings are quite remarkable because patients hospitalized to palliative care units had more severe symptom distress than patients in other inpatient settings (20,25,21,24,26).

There are various reasons why palliative care is more effective than normal oncology care in relieving symptoms. Palliative care teams undertake systematic symptom evaluations using established methods like the Edmonton Symptom Assessment System (27,28) , and they regularly document symptom distress. Palliative care teams also conduct regular assessments of emotional distress, delirium screenings, and risk factors for opioid addiction using instruments such as The Cut Down, Annoyed, Guilty, and Eye Opener (CAGE) questionnaire (29).

Lower Cost

Several studies by our group (30,31,32,33-37) have been demonstrated that patients with advanced disease, including cancer, who had palliative care consultations had lower medical costs near the end of life. The researchers also discovered that higher prices were connected with a poorer end-of-life experience. Morrison et al. (30) discovered that palliative care consulting teams can reduce hospital expenses for Medicaid patients with terminal diseases.

Palliative care consultations can reduce the cost of care for a variety of reasons, including the possibility of reducing intensive care unit deaths, the number of days patients spend in acute inpatient care (26) , and the avoidance of unnecessary and excessive procedures (38).

Survival

Temel et al. (38) and Bakitas et al. (39) reported preliminary

evidence of a survival benefit in patients who received palliative care. This benefit could be the consequence of several things. First, improved symptom control and physical and psychosocial function may lead to a better ability to commit to cancer treatment plans. Second, both physical (pain, dyspnea, exhaustion) and emotional (anxiety, depression) discomfort have been connected to increased cancer mortality (40) and other illnesses (41-43) . Bakitas et al. (38) , Temel et al. (38,39) , and our team (20,23,24) discovered that access to palliative care was associated with lower levels of sadness and anxiety. Finally, an effective transition to end- of-life care may protect patients from undergoing potentially dangerous therapies (38,44).

Challenges Faced by Family Physicians:

When caring for patients with terminal illnesses, Family physicians/general practitioners (GPs) must stay current on the newest management approaches for physical and psychosocial symptom control, as well as develop counseling abilities. Some general practitioners are apprehensive when presented with dying patients because they believe they lack understanding of the most recent care approaches (45). Patients, on the other hand, valued the attention provided by their GP, especially when he or she took the time to explain what was going on (46). GPs' understanding of physical symptom control has been demonstrated to be adequate, but they recognize the necessity for specific psychological and counseling abilities to engage in palliative care (45).

Conclusion

Primary care physicians are responsible for meeting the palliative care needs of their communities. They are uniquely positioned to give complete treatment to the patient. To allow terminally ill patients to live at home for the majority or all of their remaining lives, they should have access to a GP who is informed and trained in palliative care. He should be prepared to make home visits and provide after-hours coverage, as well as have access to a palliative care team and an inpatient hospital to treat acute changes in the patient's condition . Developing palliative care models, as well as enhancing the skills and chances for all doctors to learn sound palliative care principles, must begin immediately if the profession is to be as equipped as possible to face the difficulties of an aging society.

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