

Palliative care

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One of the hardest things for a physician is to tell a patient he has terminal illness. The phrase that is often used is, 'There's nothing more we can do.' What they mean is there's nothing more that can be done to stop the progression of the illness. But there's much more that can be done for the person, and this is where the palliative care team comes in. The professionals and volunteers involved in providing this care should be commended for their difficult but vitally important work – allowing people to die with dignity, respect and compassion. Palliative care improves the quality of life for patients with a life-threatening illness and for their families. Palliative care aims to relieve suffering by identifying, assessing, and treating pain and other physical, psychosocial, and spiritual problems. In this issue of the *Journal* an article by a physician and a team with a dedication to palliative care describe how this specialty was started in our country and their experience at Rathnapura General Hospital. This study concentrates on the carer perceptions and in our country where social services are limited, carers of patients who are mostly close family members play a crucial role sacrificing their own life issues. Despite the documented benefits, palliative care is underutilized in the management of advanced or terminal illnesses even in developed countries. It is time to include in our educational programs for family physicians, physicians and nurses, the principles of palliative care and how it can be implemented in local settings.

In this issue an audit carried out at a teaching hospital outpatients reveals the problem of misuse/overuse of clopidogrel in cardiovascular patients. Dual antiplatelet treatment with aspirin and clopidogrel has a clear place in managing such patients. But sometimes these are overlooked, forgotten and the prescriptions are just repeated. Audits of this nature in other institutions should be encouraged and are an useful measure to overcome this problem of over-treatment. Another study reports that emergency management of anaphylaxis is not optimal amongst first contact level doctors. Prompt and proper management of this life threatening condition is vital and educational programs to enhance this knowledge are welcome. In this respect the efforts of the College of Physicians should be commended as their teaching module on management of anaphylaxis deals with this dire need.

This year (2016) we have managed to publish two issues of the *Journal* and this is encouraging. Recognition of the *Journal* by the peers and contributors depend on the regular and frequent publication. We are striving to make the *Journal* a quarterly and the success of this effort will solely depend on our contributors. The editorial process is now streamlined with significant help from the College office and the editors and the editorial board are optimistic. 2017 is the College jubilee year and we hope to publish a special jubilee issue dedicated to the past, present and future of the College. All members are invited to contribute to this special issue.

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