allied academies

Res Rep Gynaecol Obstet, Volume 3
DOI: 10.4066/2591-7366-C1-003

Joint Event on

International Conference on
Palliative Care, Obstetrics and Gynecology

&

International Conference on
Stroke and Clinical Trials

February 28-March 01, 2019 | Paris, France

Specialist palliative care: Quo vadis – back to the future or time to change our spots?

Amy Proffitt
Association For Palliative Medicine of Great Britian and Ireland, UK

The demography of dying is changing and so must specialist palliative care. We were a niche market managing selected people dying with single diseases such as cancer, and a few others like motor neurone disease, or amongst progressive services, a multisystem problem such as AIDS or single organ failures. And we are good at it, but too many people with equivalent suffering, but the wrong diseases cannot access services because they are not there. Data show that more of the same is unaffordable and probably will not work anyway because the population is different. Now, growing numbers of people have partially treatable constellations of comorbidities or are just old and their bodies are wearing out. They may not be dying of anything specifically but together their comorbidities are killing them. This is palliative care's emerging epidemic. Is the way in which we have always managed the dying as specialists fit for this new future? Yes and no. We propose in this session to explore these challenges. We will use two different approaches that are developing for just such populations: one for people with far advanced heart failure and an approach known as 'age-attuned palliative care' services so that they can accommodate the frail and elderly. The approach is different although our core values to help people conclude their lives well remain and early data show that they are successful.

e: amyproff@doctors.org.uk

Notes: