

Editor's comment



It was while I was a house officer in the Department of Radiotherapy at Groote Schuur Hospital that my interest in palliative care started. One Friday afternoon, the start of a rare weekend off, an elderly couple came in. She had a relapse of lymphoma and was arriving for a weekend of chemotherapy. Reading through her notes I became aware that this was almost certainly the beginning of the end.

They arrived late, and in true house officer style, I was anxious to clerk her so that I could go home. He was fussing around her, trying to ease her into the ward setting. As I hovered around, trying to start the clerking process, I was suddenly struck by a wave of loss radiating from the devoted old couple. I withdrew, and allowed them some time to sort themselves out, and come to terms with what they obviously knew was the start of many long hours together during her final days in hospital. When I came back, more than an hour later, she was calm and relaxed, ready to face the weekend away from her lifelong companion.

That experience coloured the whole of my subsequent clinical practice. I never forgot the importance of understanding the human needs of both the patient and their families. This, to me, is the essence of good palliative care. You can no longer cure, but you can ease and comfort.

As palliative care has developed as a medical speciality over the years, it has become apparent that this is a difficult and complex branch of medicine. It does not simply require an empathic approach to one's patient, but an enormous amount of knowledge of the disease process and the ways in which medication and adjuvant therapies can help with discomfort and pain. The balance

between appropriate and inappropriate intervention is difficult to achieve and requires a detailed knowledge of pathology, physiology and pharmacology.

Palliative care has been a speciality in Europe for some years now. It is pleasing to see that there is a move in this direction in South Africa. We will finally have arrived at a true appreciation of the worth of good palliative care when not only cancer and AIDS patients benefit from its principles and practice, but also those in the terminal stages of other illnesses.

Bridget Farham

Reminder

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