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PRIMARY PALLIATIVE CARE

Palliative care: training the primary care workforce is more important than rebranding

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Our two recent editorials on whether palliative care should be rebranded and the urgent need to pay attention to primary palliative care stimulated debate and two polls on bmj.com.1,2

In the first poll, only 50% of readers thought that palliative care should be “rebranded” but in the second, a month later, 89% called for primary care staff to have more training in palliative care.1

Most rapid responses to the first editorial said that training generalists was more important than rebranding. Our second editorial drew responses from family doctors around the world, saying that primary palliative care had a major role in palliative care delivery and strategy. Brazil is progressing rapidly in this field owing to a strong primary care programme.3 In Colorado, USA, the primary care system has service and policy barriers but strong advocates for palliative care.4 Indian national family practice and palliative care organisations have published a strategic joint plan, which they will follow-up with a detailed national curriculum for training general practitioners in India.5

In May the European Association of Palliative Care and the World Organisation of Family Physicians launched the 2019 Primary Care Toolkit to 3000 delegates at a palliative care world congress.6 It provides key steps to ensure a primary care workforce that is competent to deliver palliative care in the community for everyone with advanced illnesses.

Palliative care in primary care is coming of age, but further progress at all levels is essential to tackle the global burden of health related suffering identified by the recent Lancet Commission, with most people worldwide having little access to palliative care.8

Early identification of such patients is key, so that the palliative care approach can be triggered early. The burning question is how can early identification be best mainstreamed?

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