



HANDBOOK *of* PALLIATIVE CARE

THIRD EDITION

EDITED BY

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 WILEY-BLACKWELL

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Yvonne Carter has been very much in our minds throughout the preparation of the third edition of the *Handbook of Palliative Care*. Sadly, she was not part of the team on this occasion. After many years living with cancer, she died in 2009 but her voice has been heard loudly by us, giving encouragement and direction throughout the process. We dedicate this edition to her.

Handbook of Palliative Care

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Foreword

Every minute over 100 people die in the world but far too many people still do not get the palliative and end-of-life care they need or want. Even patients in countries with well-developed health-care systems such as Europe, Australasia, and North America, who could benefit from the full range of palliative care support and services, never have that opportunity. The consequence is that many die with the distress of uncontrolled symptoms and with relatives and carers who are unsupportive. A difficult time may be made worse because no one has established the wishes of the patient, and they die in a place they would not have chosen and are perhaps subject to inappropriate and futile interventions, such as resuscitation, that they would have declined. Furthermore, it is still unfortunately true that access to palliative care services varies according to age, diagnosis, gender, and geography, and the basic levels of palliative care that are available are of inconsistent quality. The time has come to change this and to change it for good.

My vision is for a “good death” to be the norm. We only get one chance to get it right for people living in the late stages of incurable illness and those who are dying. I believe the *Handbook of Palliative Care* will undoubtedly contribute to achieving this vision by providing evidence-based knowledge for doctors and nurses, and for other members of the multiprofessional team. This new edition is highly impressive and should be required reading for all those involved in delivering palliative care at any level wherever they work in the world. As a practicing general practitioner, I know on a daily basis how a clinician can be faced with complex clinical and ethical dilemmas in patient management. I would find a resource like this book very

reassuring, providing as it does a wide range of trusted knowledge, experience, and expertise.

An ageing population with complex health and social care needs requires a new caring approach and a new deal for the dying. All health-care systems need to effect a change in clinical practice to recognise the dying patient earlier and improve access for these patients to the palliative care and hospice approach—for example, through use of supportive and palliative care registers—particularly for patients with conditions other than cancer. The development of better generalists is a must, as is implementing comprehensive evidence-based guidelines for palliative care. Key to grasping this opportunity is development of the workforce.

And we need to achieve fundamental changes in public and professional attitudes. A society that is more comfortable with talking about death, dying, and bereavement is much needed. I am therefore delighted that the handbook includes a chapter on communication skills. I also welcome the new chapter on spirituality in this edition. Spirituality is often the missing piece in palliative care plans, even though meeting the individual spiritual needs of a patient is an important part of that person's journey at the end of life.

In 2008, readers of the British Medical Journal voted “palliative care beyond cancer” as the area of health care in which doctors could make the most improvement. This is an outstanding book that is to be thoroughly commended for its broad range of clinical issues and particularly for its focus on noncancer palliative care. All clinicians will recognise that the noncancer patient presents challenges when we are trying to determine the starting point for the last few months of life, but this is critical if we are to identify those patients who need palliative attention and for whom we should be starting advance care planning discussions. I am glad to see practical guidance on this area of practice.