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Editorial

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Can the philosophy of palliative care change medicine?

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Editorial

Traditional medicine, which has neglected the importance of being able to "cure" when it can no longer heal, has found a strongly critical position in the principles of "palliative care." Palliative care has been nurtured and developed by the difficulties of responding to the suffering caused by pain from incurable and end-of-life diseases. The 'palliative care' approach, based on rational principles has enabled the spread of palliative care and its dignity as a medical discipline, demonstrating the poverty (impotence) and at the same time the irreducibility of "traditional" medicine, in the face of the situations created by incurable diseases. Palliative care is the "mirror of truth," in which a generation of physicians has seen its own image distorted, in the face of the extremist and vita list positions, through which the physician has always thought to fulfill that "mission," to which he was called. Palliative care has exposed and denounced the corruption of a relationship between parties who have different and disproportionate bargaining capacities: the power of the one who medicates and the powerlessness of the one who is to be medicated, and has demanded the reason for the lack of respect of a therapeutic pact, sketched out in the era of the so-called "family doctors" and with them disappeared. Palliative care, finally, has cast a beam of light on an area of medicine confined to the most shadowed areas in the physician's consciousness, illuminating the condition of the dying and arguing that-as in a Copernican revolution-the center of care is the sick person and his or her family: it is the sick person in the foreground, while caregivers are in the background, serving him or her.

The "gospel" of palliative care states: "low tech & high touch." Unconditional and uncritical adherence to this saying has brought together behind this banner individuals of diverse backgrounds and skills: doctors, nurses, psychologists, social workers, spiritual assistants, physical therapists, music therapists, diversionary therapists, jurists, philosophers, ethicists, funeral directors, sociologists, pharmacists, pedagogists, thanatologists, architects, art critics, volunteers and other people, more or less common. All, however, have been united by the discovery of ethics: the great inspirer of the decisions of those who care for the last moments. But many other revelations have been made, such as the one that says that it is not only with medical-scientific subjects, but also with the humanities that an answer to the problems of the dying can be attempted; that it is in the medicine of man-not diseases to be won, but sick people to be cured! - (holistic medicine) the solution to the question of whether continuity and totality of care can be guaranteed; that it is not the hospital facility that is the ideal place to deal with the discomforts of the seriously ill person, but the home or hospice, with its family affections.

What enlightenment made this group of individuals, devoted to the "care" of those who cannot heal, open their eyes to common sense, to vistas of dedication to the total man and his quality of life? The answer is: death and dying. The condition of the dying person and death, brought back to their dramatic and most authentic dimension, opened new horizons not only on "medicine," but especially on life, its values, and its limits. With this discovery, the history of palliative care as a further "arm" of medicine could have been considered accomplished, not proposing itself as an impossible "special" view on medicine and the life of the dying, but simply for opening a broader view on medicine, life and death. A view that cannot be limited to that of the "palliator," but must extend to the mindset of every doctor and every person, with a view to diminishing suffering through a broad cultural project on the humanization of medicine and solidarity among individuals. That genuine solidarity of which "palliative care" would be but a "surrogate." One often wonders: why only to the dying an enlightened, humanized medicine, open to the patient's choices, of continuous and total care? The history of palliative care was on the path of an adversarial relationship with the power of official medicine. When the mainstream of medicine recognized them, it also "granted" those training activities that led to the professional figure of the "palliator." One cannot deny that at the same time hierarchies, services, departments, nursing homes were created and to deepen research, trying to respect the principle of 'scientific evidence, opening the door to research that risks exceeding the limits suggested by ethics, when, for example, involving the dying in the last days - or hours! - of life. One has to wonder whether by creating centers of power and knowledge in this sphere as well, a sad prophecy may not come true: that a new/old medicine will also invade the end of life, medicalizing it, arrogating to itself the specialty of "accompaniment to death," exhibiting that power and omnipotence that-at the beginning of the palliative care adventure-was exhibited as the enemies to be opposed. Palliative "overkill"?

It is good then for this medicine to ask itself what can really be taught in the area of the great mystery of death and to recognize what is mystery and have respect for one of the most intimate and personal spheres of the individual. It is good, then, to recognize that no one will be able to overcome the pain of feeling mortal and that the physician's most important and concrete weapon is to act on physical pain, and to recognize that only those with special aptitudes will be able to compassionately assist the dying person, if the dying person so desires, in his or her journey toward death. For many of these motions,

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it may be difficult to recognize themselves in the politics of palliative care that come too close to a medicine we already know, the medicine whose arrogance many patients suffer or have suffered, or the futility of certain treatments is difficult, trolling toward the usual goals of prestige, political power and a certain scientific conceit. There is a strong critical potential on the worldview, from the perspective of those close to death and those close to the dying, which needs to be cultivated in order to pursue projects in the areas of "humanization" of medicine, information and communication with the public, and school "education" so that the new generations will mature a positive relationship with crisis situations, their own mortality, and a sense of solidarity will be enriched. It is a road full of possibilities, to reread the "care" of the human person through the lens of that "Copernican revolution" of the doctor-patient, caregiver-cured, stronger individual-weaker individual relationship that gives meaning and fills with value our commitment as social individuals and as physicians.

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Conflicts of interest

The author declared that there are no conflicts of interest.