

"People with serious illness have priorities besides simply prolonging their lives," writes Dr. Atul Gawande in *Being Mortal*. "If your problem is fixable, we know just what to do. But if it's not? The fact that we have had no adequate answers to this question is troubling and has caused callousness, inhumanity, and extraordinary suffering."



WHO PRACTICES HOSPICE AND PALLIATIVE MEDICINE AND WHAT DO THEY DO?

A physician specializing in hospice and palliative medicine provides care and support as patients and their families face the many challenges of living with a serious illness. While other physicians focus on patients' general health or treating their disease or condition, palliative medicine physicians concentrate on preventing and alleviating suffering and improving quality of life. Research shows that people often live longer when they receive palliative care along with other treatments that are targeted at their illness.

Palliative medicine physicians work in hospitals, hospices, outpatient palliative care clinics, nursing facilities, and assisted living facilities seeing adult and/or pediatric patients. While many work in academic settings, others spend their time in the community seeing patients at home. Compassionate palliative care succeeds when there is a team approach, usually including physicians, nurses, social workers, and other professionals.



AAHPM's delegation to the AMA House of Delegates on



"I was practicing the full gamut of family medicine in a rural community and discovered I was doing hospice and palliative medicine without knowing it. When I looked further, I realized there were things I needed to know and learned more. Over time, I switched

to full-time hospice and palliative medicine because it became obvious that was where I could make the biggest difference for the most people."

-Ron Crossno, AMA Alternate Delegate, Texas, @rjcrossno

WHY DID THESE PHYSICIANS CHOOSE HOSPICE AND PALLIATIVE MEDICINE?



"Palliative care gives me the opportunity to know my patients as humans first (with life's stories) rather than being defined by the medical conditions that highlight their problem lists. That gives me the power to bring hope and healing in the setting of seemingly unfixable

problems, sometimes by controlling their physical or psychological stressors and many times by just being there."

-Ankur Bharija, California, @DrAnkurB



"Palliative care allows me to meet the patient as a person first. It finds creative ways to 'fit' what's medically proportionate with what matters most to them."

-Andi Chatburn, Washington, @achatburn



"I chose hospice and palliative medicine because it allows me to be the doctor I always hoped I would be. I have the privilege of having very close and intimate doctor-patient relationships and provide patients with hope when they're most in need."

-Kim Curseen, Georgia, @curseen

why they chose hospice and palliative medicine



"It allows me to practice the type of medicine I'd always imagined—learning enough about patients to see them in the context of their lives, beyond any acute medical issues."

Kyle Edmonds, AMA Young Physician Delegate, California,
@kpedmonds



"We can't make patients live forever, but we can help our patients to live good, fulfilled lives."

-Chad Kollas, AMA Delegate, Florida, @ChadDKollas

HOW DO YOU BEGIN? RESIDENCY FIRST



While completing medical school, you'll select a residency program at an accredited teaching hospital. These programs vary in length from 3 to 7 years, depending on your specialty. If you'd like to subspecialize in hospice and palliative medicine, you can choose from one of 10 primary specialty residencies (anesthesiology, emergency medicine, family medicine, internal medicine, obstetrics and gynecology, pediatrics, physical medicine and rehabilitation, psychiatry and neurology, radiology, and surgery). After you complete your residency program, you are eligible to take your board certification exam and practice medicine in your chosen primary specialty.

MOVING ON TO A HOSPICE AND PALLIATIVE MEDICINE FELLOWSHIP

Following your residency program, you can pursue additional specialized training in hospice and palliative medicine by applying for a fellowship (130 are currently available). The program is 1 year in length and will provide you with the necessary training to be eligible to take your subspecialty board certification exam. The exam assesses your knowledge of providing quality care to seriously ill patients. Learn more about fellowships in hospice and palliative medicine at aahpm.org/career/clinical-training.

IS THERE A NEED FOR HOSPICE AND PALLIATIVE MEDICINE SPECIALISTS?

Yes. Hospice and palliative medicine was recognized in 2006 as a subspecialty by the American Board of Medical Specialties and the American Osteopathic Association Board of Specialties, and the need for specialists to care for seriously ill patients is rapidly increasing. Adults are living longer, and many have serious or multiple chronic conditions that are best managed by a physician who specializes in hospice and palliative medicine. Today there are nearly 7,000 physicians who are certified in this subspecialty.

WHAT TYPES OF PATIENTS REQUIRE HOSPICE AND PALLIATIVE MEDICINE?

According to the World Health Organization, more than 20 million people worldwide require palliative care each year, with the vast majority being adults over 60 years old. Cardiovascular diseases, cancer, and chronic obstructive pulmonary diseases are the most common conditions of patients receiving palliative care.



WHERE CAN YOU LEARN MORE?

To learn more about hospice and palliative medicine and why it may be the right specialty for you, visit aahpm.org. To help others better understand palliative care, direct them to PalliativeDoctors.org.

Follow @AAHPM on Twitter and Facebook and subscribe to *Hospice and Palliative Medicine SmartBriefs* at SmartBrief.com/aahpm for the latest news.



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