

## Rebuttal: Should palliative care be a specialty?

### YES

Joshua Shadd MD CCFP

I thank Dr Vinay for his eloquent and impassioned argument for keeping palliative care as a core part of family medicine. I agree wholeheartedly that palliative care really is just good family medicine and that family physicians are ideally suited to providing this care.

Like Dr Vinay, I too think that we train solid consultant-level physicians with 1-year programs. The question must be, How do we improve management of patients who require palliative care in Canada?

Historically, the creation of a specialty has been good for patients served by that specialty. Heart disease, mental health, and perinatal care are all part of family medicine's "core business," but no one could seriously argue that patients' health is worse off because cardiology, psychiatry, and obstetrics are specialties.

Contrary views boil down to 1 of 3 arguments: it will be bad for patients, it will be bad for health care providers, or the benefits will not be worth the costs. Dr Vinay makes no such contentions. Dr Vinay's thesis—palliative care is integral to family medicine—is true, but it is not an argument against palliative medicine having specialty recognition.

Dr Vinay is also correct that it would be different from other specialties, but again this is not an argument against its recognition. As family physicians, we must be at the centre of this new specialty, while recognizing that there are other specialists as committed to the whole-patient, family-focused, patient-centred approach as we are.

If our goal is to make things better, we cannot simply embrace the status quo. ❁

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#### Competing interests

None declared

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### NO

Patrick Vinay MD

Clearly, palliative care could become a specialty or, as Dr Shadd has proposed, a subspecialty of family medicine. The real question is, Should it become a specialty? And will this generate a benefit of some sort? Will it help disseminate a relevant palliative approach across Canada? Will it engender immediate training for family physicians in this area? Our first social objective is to enable all of our citizens approaching the end of their lives to benefit from the palliative approach as quickly as possible, regardless of where they live.

Before we create a subspecialty that would reduce the number of people who actually deliver palliative care (as we would quickly rely exclusively on those accredited to deliver this care), should we not enhance the training and involvement of all family physicians? Family physicians work across a vast area, and there will never be enough subspecialists to meet the needs of patients. Do family physicians understand the urgency of trying to fill this need? Have all our faculties of medicine incorporated adequate training in palliative medicine into their curriculums? Have they demonstrated the conviction that all physicians should be comfortable with the palliative approach, regardless of their field of practice? As a society, we already have a tendency to solve problems by changing our structures and making them even more complex. What we need to do here is trust the excellent practitioners we are training and help them to take up this challenge. When we have done that, we can talk about creating a subspecialty. But will we still need one? ❁

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#### Competing interests

None declared

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