



## What is happening in palliative care?

College of Family Physicians of Canada's Palliative Care Committee

**T**he mandate of the Palliative Care Committee (PCC) of the College of Family Physicians of Canada (CFPC) is to contribute to improvements in the quality of palliative care provided by Canadian family physicians. The PCC consists of five CFPC members from across the country representing urban and rural and clinical and academic palliative care practice.

### **Unique residency program in palliative care**

In 1999, the CFPC and the Royal College of Physicians and Surgeons of Canada agreed to accredit jointly 1-year residency training programs in palliative care. This was the first time a program in Canada had been recognized conjointly by both colleges. Family medicine and specialty certificants are equally eligible for the programs. As of this year, 10 universities have implemented these programs. For more information call Dr Paul Rainsberry, CFPC Director of Education, at 1-800-387-6197, extension 400.

### **Family Medicine Forum**

During Family Medicine Forum (FMF) 2000, the PCC presented a workshop entitled "Palliative Care — The Resident's Experience." Family medicine palliative care teachers from across Canada participated. The purpose of the workshop was to share what family medicine residents learn and experience in palliative care. Participants described a variety of curricula, program structures (longitudinal, block), and settings (family medicine, specialty services). Despite 1998 survey data from the Janus Project showing that 80% of family physicians were involved in palliative care, not all medical school programs have mandatory palliative care experiences. Participants stressed the importance of multidisciplinary education and effective modeling by physician preceptors.

There will be two palliative care workshops at FMF 2001 in Vancouver, BC. The first will focus on challenges in palliative care education, include a discussion of teaching resources, and offer a chance to try a method called "Build

a Case." The second, using a case-based approach, will deal with office management of common palliative care problems including neuropathic pain, dyspnea, and patients' requests for death.

### **C. Robert Kemp grants in palliative care**

Dr C. Robert Kemp, a Past President of the Ontario College of Family Physicians, has made a second donation to the CFPC's Research and Education Foundation to fund palliative care education. This donation supports grants to community-based CFPC members who wish to advance their knowledge and skills in palliative or hospice care. Recipients this year are Dr David Abriel (Mahone Bay, NS), Dr Isabelle Perusse (Granby, Que), and Dr Stephen Buchman (Mississauga, Ont). Information about these and other awards is available on the CFPC website ([www.cfpc.ca/awards/](http://www.cfpc.ca/awards/)) or by telephoning 1-800-387-6197, extension 432.

### **Ian Anderson Continuing Education Program in End-of-Life Care**

This initiative was funded by a donation of \$1 million to the University of Toronto by Mrs Ian Anderson, in memory of her late husband. The program is designed to provide educational opportunities in end-of-life issues to family physicians and specialists across Canada. It has a variety of components including opinion-leader workshops, small-group problem-based workshops, and distance learning opportunities. Ten modules cover pain and symptom management, decision making, communication, conflict resolution, and other topics. Each module includes useful content, a case, and teaching tips. Information can be obtained from [www.cme.utoronto.ca/endoflife](http://www.cme.utoronto.ca/endoflife).

### **Norms of Practice in Hospice Palliative Care**

Since 1993, the Standards Committee of the Canadian Palliative Care Association (CPCA) has been developing national Norms of Practice for Hospice Palliative Care.

## Resources ❖ Ressources

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These are intended to encourage services to provide consistent care to relieve suffering and to improve patients' and families' quality of life throughout their illnesses. Consensus-derived norms should improve access to and reliability of palliative care, and will contribute to fulfilling the recommendations of the Senate report, "Quality End of Life Care—The Right of Every Canadian." The Norms of Practice are available on the Internet ([www.cpcanet.net](http://www.cpcanet.net)); the CPCA hopes to publish them this fall.

### **Canadian Society of Palliative Care Physicians**

The Society has more than 160 members. Major issues of interest are the CPCA Norms of Practice and palliative care education for physicians at all levels. The Society hosts an annual

educational symposium; this year it will occur at the CPCA meeting in Victoria, BC, just before FMF 2001. The Society welcomes all physicians with an interest in palliative care. To join, contact the Secretary/treasurer ([swatanab@cha.ab.ca](mailto:swatanab@cha.ab.ca)) or the President, Dr Larry Librach ([larry.librach@utoronto.ca](mailto:larry.librach@utoronto.ca)).

### **Palliative care resources on the CFPC website**

Palliative care content for the CFPC website ([www.cfpc.ca](http://www.cfpc.ca)) is being developed. A list of palliative care journals, articles, and books, as well as teaching resources, will be available within the next few months. Included will be the PCC's 1998 Recommended Learning Objectives for Palliative Care in Family Medicine Residency Programs. Committee members are listed with their e-mail addresses. ❖