

So, is Palliative Care part of Medical Care Now?

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Ending 2019 Sars-Cov-2 virus was detected in China's city of Wuhan (1) and in the early 2020 the coronavirus pandemic was declared by the WHO. (2) The array of clinical manifestations includes asymptomatic, mild condition or potentially mortal symptoms like pneumonitis and pulmonary embolism, especially in elders. (3) Consequently, global health care and economy collapsed.

Health care systems were unable to meet the ongoing demand, due to high propagation rate, slow recovery time for in-patients, continuous respiratory support, and the high morbidity of critical care patients. (4) Healthcare workers were faced with an impossible task, strained with the overwhelming stress and anguish derived from social, ethical, and family responsibility. Having to assist family members, coworkers, and acquaintances. The need for mandatory quarantine for all possible contacts, adding to the growing contagiousness of healthcare workers, the implied risk for family members and the companion-banning from health centers, all relapses on the same overtired and proficiently overworked health care team.

Then the entire society, including the health team, realized the depersonalization, the vulnerability, the dehumanization that was generated in health care in infected patients.

The protocolization of each of the clinical situations began, and ideas rise in different places. The identification of health personnel with photographs and names attached to the medical gown, in some institutions relatives could enter for only 15 minutes a day with all the protective equipment, in some institutions the order of the beds was changed so relatives can be together. Quarantines, infections, hospitalizations continued to increase, in some places there were no more beds, or there were no more respirators, or there was no more medication, deaths were more and more frequent, exceeding 15,000 per day. (5)

In institutions with Palliative Care units, consultations began to increase, and where there were none, the systems began to realize how necessary they are. Because we all had to think about the patient, their families, and the community, we had to learn to communicate better and to give bad news, to adapt the therapeutic effort, to work as a team. Each of which are the objectives, the mission, and the form of palliative care work. Because in its definition, Palliative Care is "the active and comprehensive care of patients whose disease does not respond to curative therapies.

Its foundation is the relief of pain and other accompanying symptoms and the consideration of psychological, social and spiritual problems". (6) Those who do not have basic training in palliative care have attended and are continuing this pandemic without basic tools for managing patients, families, and their own team.

Now the health systems of the world speak of the humanization of medicine and they turned on their shoulders and realize that it already exists, but that few have had the opportunity to train in it. Now, doctors, nurses, psychologists, social workers, nutritionists, physiotherapists and all components of the health system ask, demand, need to learn the discipline Palliative Care.

It took a pandemic, with millions of deaths, for humanity to understand that we are mortal and that it can be a less bitter drink if someone who understands what you need takes your hand through thick and thin.

It is now that from the basic formation of all the components of our (and all) the health system, we have the responsibility of incorporating the Palliative Care discipline into the curricula of medical, nursing, psychology, and social work students, because this pandemic will pass, but we will continue to be mere mortals.

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