



## Palliative care: a practice of dignity and morality

Samadhi Wishvanath Rajapaksa<sup>1-3\*</sup>

<sup>1</sup> International Honorary Professor of Palliative Medicine.

<sup>2</sup> President of the College of Palliative Medicine, Sri Lanka.

<sup>3</sup> Chairman of the institute of Palliative Medicine, Matara, Sri Lanka.

\*Corresponding author: Professor Samadhi Wishvanath Rajapaksa, MD, Ph.D. President of the College of Palliative Medicine, 06, Wijerama house, Wijerama Mawatha, Colombo, Sri Lanka.  
Email: samadhirajapaksa@gmail.com

DOI: <https://doi.org/10.54448/jcpmsl23104>

Received: 06-06-2023; Revised: 08-08-2023; Accepted: 08-11-2023; Published: 08-20-2023; JCPMSL-id: e23104

Palliative care has a rich history where through the passage of time and development of medical practices its core philosophy remained constant. Palliative care is a medical philosophy which seeks to assist the terminally ill through the erasure of pain and the control of symptoms, allowing the patient to have a painless, dignified death. The WHO defines palliative care as "an approach that improves the quality of life of patients – adults and children – and their families who are facing problems associated with life-threatening illnesses. It prevents and relieves suffering through the early identification, impeccable assessment and treatment of pain and other problems, whether physical, psychosocial, or spiritual. "The goals of palliative care are realised through the holistic approach adopted by modern palliative care, where its patients are treated in mind, body and spirit [1]. The term 'Palliative care' is derived from the Latin word "pallium" which means to cloak [2], perhaps cloaking the patient in a shroud of medical expertise to protect them from their pain or cloaking and hiding away the symptoms and any pain that ails the patient.

### Palliative Care Before The 20th Century

The exact origin of palliative care as a practice is difficult to trace, with many doctors and historians labelling it as a rather modern phenomenon, however, there is a plethora of reasoning to suggest otherwise. A recent analysis stated that many of the civilizations that have advanced to the level of medicine creation and physical therapy have practised some form of convoluted palliative care. This history does not extend only to highly esteemed civilizations of human history but to the Palaeolithic era as well. This contrived

variation is largely different to what is considered palliative therapy, and such practices would progress to be similar to modernity only in the Mesolithic era [3]. In a more modern setting Dr Nicolaus Eschenbruch claims that its origins can be traced back the earliest to the nineteenth century, his rationale being that it was only modern medicine that allowed death to be perceived as a longer, natural part of life rather than the divine judgement of god, and it was that separation that gave room for hospices to come into play. This argument however, holds little water when looking at the physician's records of the past, specifically in the 16th century, where they depict the pursuit of palliative treatment, with even the term 'palliative care' being used before it was coined in 1974 by Dr Balfour Mount. While not institutionalised, there were treatments with the intent of erasing pain rather than curing the disease, either when there was no curative treatment or the treatment carried too much risk. Such practices were placed under the term *cura palliativa*, or when dealing with those on death's door, *euthanasia medicinalis* [4].

Within the 16th century there is a plethora of doctors' records of patients and their experiences with diseases, a special emphasis was given to the 3 major diseases of the time, cancer, consumption (tuberculosis) and dropsy. These records depicted in vivid detail the patient's circumstances, from their pain-filled screams to the stench of their rotting ulcers, and in it the physician's attempts to decrease their pain. The Hippocratic records which were heavily referenced during the time contradicted itself here, stating that one should not waste time in treating the incurable, however, there exist several records in it regarding the treatment of the terminally ill. While there was contention about this the



common consensus remained that it was a doctor's duty, to not only attend to those with curable afflictions but to those condemned to an early death as well. Dr Daniel Sennert maintained that one's humanity compelled them to attend to those who were at their most vulnerable, Guido Guidi (Vidus Vidius) has been recorded stating that even incurable cancer patients should be treated if it possesses the chance to extend life or decrease the pain they experience. When it came to incurable diseases curative therapies were ineffective as such alleviating the symptoms of the disease became the primary concern. Physician Franciscus Sylvius stated that the doctor had to curb and control the symptoms even if it meant ignoring the disease itself, inadvertently allowing it to grow [5].

As time moved on the practice of palliative care became more and more widespread among the medical community, with the details on how to combat pain becoming more prominent in recordings. Even in the 17th century, doctors attempted a pseudo-holistic approach to palliative care, with them offering prostheses for missing limbs or body parts, cosmetics for scarred skin and a form of imperfect plastic surgery for rather prominent wounds, perhaps to give peace of mind to their patients and allow them to live life as they normally would. When it came to combatting the pain of the body physicians primarily relied on opium and later on morphine, opium specifically, was used when it came to consumption where it was used to treat coughing fits even though its use was fundamentally detrimental to the health of the patient. As time moved on palliative care grew with the rest of the medicine world, albeit at a much slower pace, unfortunately, there was no revolution in the approach to palliative care till the 20th century with Dame Cicely Saunders [6].

### Palliative Care After The 20th Century

The palliative care revolution dawned only in 1967 due to the creation of the Hospice movement by Dame Cicely Saunders. However, the soul of this movement was inspired by the clergy. Hospices as we know them were first invented by Madame Jeanne Garnier when she built the "L'Association des Dames du Calvaire" in France. This was a building for those who were weak to die in. The institution is meant to provide an environment for the dying, where they would be able to experience something rather than loneliness and pain. This caused a ripple effect, influencing the clergy to build institutions of the same function and to prevent the streets from overflowing with dead poor citizens. The Sisters of Charity established "Our Lady's Hospice" as a region for people to pass peacefully [7]. The organisation recurred the idea by building 5 more of the

same system in London, of which "St Joseph's Hospice" would motivate Saunders.

The first standard hospice that provided palliative care was made by the British doctor, Dame Cicely Saunders in 1967. The motive was to treat and manage patients that are terminally ill and to make sure that they evade suffering in the time that they have left. The hospice, named St Christopher's Hospice, was a pillar in the community that protected the fatally ill. During this period, she published her idea of "total pain", mentioning the multiple facets of suffering and the areas that Palliative Care should target. She identified that physical, mental, social and spiritual aspects of pain should be regarded during treatment, a mechanism and practice put into action to date [8,9].

Advancements in psychological sciences were imperative to the development of palliative care methods. One such important concept was from the works of Elisabeth Kubler-Ross. The 5 stages of grief provided an outline for bereavement counselling and also provided healthcare workers with ideas on how patients were to react to the news. While these were debunked to a certain degree, and not everyone was to follow all such phases, it empowered palliative care workers.

It would only be in 1974 that the term "Palliative Care" would be created and coined in modern medicine. Prior to this, it was called Hospice care. Palliative care is distinct from Hospice care, and the use of a blanket term may dissuade patients from being involved due to the negative social ideas surrounding the term Hospice care. This was done by Dr Balfour Mount and then he was the first to practise the holistic approach targeting the four domains of pain [10]. The WHO would go on to recognize the validity and the importance of Palliative medicine in 1990 and would define it as the active, total care of patients with progressive, far-advanced diseases and limited life expectancy whose disease is not responsive to curative treatment. It refers to the control of pain and of other symptoms as well as the treatment of social, psychological, and spiritual problems [11]. This definition would change later.

### The State of Palliative Care in the Modern World

The modern palliative care community has come to a consensus on the 5 principles of palliative care:

1. "Affirms life and regards dying as a normal process"
2. "Neither hastens nor postpones death"
3. "Provides relief from pain and other distressing symptoms"
4. "Integrates the psychological and spiritual aspects of care"



5. "Offers a support system to help patients live as actively as possible until death" [12].

Palliative care has always been about the patient and how to best ensure their dignity and humanity, and thereby allowing them to die a "good death", and it is important that we keep such ideals close to our hearts as we make strides to develop palliative care as a service and philosophy.

## Acknowledgement

Not applicable.

## Ethics approval

Not applicable.

## Informed consent

Not applicable.

## Funding

Not applicable.

## Data sharing statement

No additional data are available.

## Conflict of interest

The authors declare no conflict of interest.

## Similarity check

It was applied by Ithenticate®.

## About the License

© The authors (s) 2023. The text of this article is open access and licensed under a Creative Commons Attribution 4.0 International License.

## References

1. World Health Organization. (2020, August 5). Palliative care. World Health Organization; World Health Organization. Available at: <https://www.who.int/news-room/factsheets/detail/palliative-care>. Accessed on: 07/04/2023.
2. Garcia-Baquero Merino MT. Palliative Care: Taking the Long View. *Frontiers in Pharmacology*, 2018, 9(1140). <https://doi.org/10.3389/fphar.2018.01140>.
3. Journal of the USP School of Nursing. (2022, April 7). SciELO. <https://www.scielo.br/j/reusup/>.
4. M. Stolberg. A History of Palliative Care, 1500–1970, 2017, volume 123 [https://link.springer.com/book/10.1007/978-3-](https://link.springer.com/book/10.1007/978-3-319-54178-5#:~:text=About%20this%20book&text=He%20traces%20the%20origins%20of,sparked%20between%20physicians%20and%20patients.)

319-54178

5#:~:text=About%20this%20book&text=He%20traces%20the%20origins%20of,sparked%20between%20physicians%20and%20patients.

5. M Stolberg. A History of Palliative Care, 1500–1970, volume 123, 16-19 <https://link.springer.com/book/10.1007/978-3-319-54178-5#:~:text=About%20this%20book&text=He%20traces%20the%20origins%20of,sparked%20between%20physicians%20and%20patients.>
6. E. Kutchler, 1692, *Dissertatio inauguralis medica, de cura palliative*.
7. Women pioneers in 19th century hospice care. (2014, April 8). *End of Life Studies*. Available at: <http://endoflifestudies.academicblogs.co.uk/women-pioneers-in-19th-century-hospice-care/>. Accessed on: 05/06/2023.
8. Richmond C. Dame Cicely Saunders, founder of the modern hospice movement, dies. *BMJ*; BMJ Publishing Group Ltd. 2019. Available at: <https://www.bmj.com/content/suppl/2005/07/18/331.7509.DC1>. Accessed on: 06/06/2023.
9. Richmond C. Dame Cicely Saunders. *BMJ: British Medical Journal*, 2005, 331(7510), 238. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1179787/>.
10. Loscalzo MJ. Palliative Care: An Historical Perspective. *Hematology*, 2008(1), 465–465. <https://doi.org/10.1182/asheducation-2008.1.465>.
11. Ddugu H. Palliative care: what approaches are suitable in developing countries? *British Journal of Haematology*, 2011, 154(6), 728–735. <https://doi.org/10.1111/j.1365-2141.2011.08764>.
12. O'Neill B, Fallon M. ABC of palliative care. Principles of palliative care and pain control. *BMJ*. 1997 Sep 27;315(7111):801-4. doi: 10.1136/bmj.315.7111.801.