

The Role of Family Doctor in Palliative Care †

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Abstract: Physical and social isolation, modified addressability of patients to specialists, changed patient monitoring. Prophylaxis of complications was difficult, choosing the option by consultations and therapeutic interventions online. Most terminally ill and elderly patients prefer to be cared for at home. For this reason, the home is becoming a significant location for long-term care. The paper presents the most important good medical practice guidelines and algorithms for monitoring and treatment in palliative care. The family doctor, who attended the courses or completed the palliative care competence within the multidisciplinary team, collaborating with the other specialties, can take care of the patient competently and holistically. The family doctor knows the patient consultation sheet, the family, the habitat, and the lifestyle. The trust capital provided by the patient can intervene in primary, secondary, and tertiary prevention. A family doctor is an interface between specialties through collaborate interdisciplinarily, integrates the data provided by the patient with those provided by colleagues, and can develop good change management. In palliative care, family doctors centralize information collection, identification of the population at risk, and identification of people with different needs in palliative care. Based on evidence-based medicine guidelines, the family doctor has initiatives in collaboration with the assertive patient to care for the disease. Also, the family doctor improved access to palliative care by giving medical records for home care and finding a multidisciplinary collaboration with the oncologist, Hospice Centre or other palliative care centers, radiologist, or other specialties, for quality improvement.

Keywords: palliative care; treatment algorithm; holistic care; guidelines and practice protocols.

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Conflicts of Interest

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