

## Journal Watch

Secondary and tertiary palliative care in US hospitals.  
von Gunten CF. *JAMA*, February 20, 2002 Vol 287, No 7

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Received during: Journal Club, Tertiary Palliative Care Unit, Grey Nuns Community Hospital

Abstract:

Palliative care services provide secondary and tertiary levels of palliative care, the interdisciplinary care of patients with the goal of comfort and quality of life. Primary palliative care refers to the basic skills and competencies required of all physicians and other health care professionals. Secondary palliative care refers to the specialist clinicians and organizations that provide consultation and specialty care. Tertiary palliative care refers to the academic medical centers where specialist knowledge for the most complex cases is practiced, researched, and taught. The case of Reverend J, a man with advanced cancer admitted to an acute palliative care unit in a teaching hospital, illustrates the use of secondary and tertiary clinical palliative care services in hospitals and health care systems.

Comments:

Strengths/uniqueness: This paper provides a helpful conceptual framework for different levels of palliative care services. It also offers a practical analysis of different models of palliative care units.

Weaknesses: The paper does not clearly distinguish between an “acute” and a “tertiary” palliative care unit. The former is defined by acuity of problems, whereas the latter is characterized by complexity. They are not necessarily the same, although substantial overlap exists. Also, some services do not fall neatly into one of the three levels of care (e.g. hospices in the Edmonton Regional Palliative Care Program have elements of all three levels). Finally, the paper reflects the American health care system and may not be fully generalizable to the Canadian setting.

Relevance to Palliative Care: This is a useful paper to consider in the planning of a palliative care program.