

# Surgical palliative care: coming back to the future of care

We are delighted to present this compendium of papers for this special series of the *Annals of Palliative Medicine* on the intersection of surgery and palliative care. As was emphasized by the American College of Surgeons Task Force on Palliative Care in 2005, the historical traditions and present practice of surgery are solidly motivated by the relief of suffering. Even when cure of disease is the immediate goal, bringing comfort to a patient and extending a life of quality are what ultimately makes many surgeons tick. By embracing this ethos and championing the incorporation of palliative care principles into surgical practice—and conversely, creating a space for surgical disciplines as valued contributors to the specialty of hospice and palliative medicine—two generations of surgeons have succeeded in defining the field of surgical palliative care (1). It is our pleasure to gather this series of works that describe the evolution of this process over time, review best practices for delivery of palliative care services and education, and signal exciting areas of progress and opportunity for further knowledge-generating work in this important niche.

One common thread uniting the contributions is the theme of persistent evidence gaps in surgical palliative care. This collection highlights experiences from surgical oncology, trauma, and emergency general surgery that have helped to build a case for greater incorporation of primary and specialized palliative care expertise into surgical practice. At the same time, these works remind us that shortfalls in available evidence continue to exist. Areas of opportunity for expansion of the evidence base for surgical palliative care include addressing racial and socioeconomic disparities, focusing on patient-reported outcomes of goal concordance and quality of life, and improving our understanding of the impact of educational interventions on surgical culture and practice.

Also uniting the works in this series is the notion that surgical palliative care can no longer be marginalized to the fringes of the surgical profession. Several authors provide us with insight into the development, refinement, and expansion of surgical palliative care—from an inspiring historical review of community building in surgical palliative care up to the present day, to novel analyses of when and how palliative care should be delivered to unique specialty populations such as surgically ill children or lung transplant patients, to an in-depth primer on minimally invasive pain management techniques that can be incorporated into surgeons' symptom management armamentarium. We hope you will appreciate from this collection just how much palliative care has grown in relevance and impact within the field of surgery over the past decades—a process firmly rooted in the principle that palliation is, and has always been, at the core of surgical practice.

We invite you to enjoy the following works and join us in gratitude to the authors for their contributions.

### **Acknowledgments**

Funding: None.

## Footnote

Provenance and Peer Review: This article was commissioned by the Editorial Office, Annals of Palliative Medicine for the series "Palliative Care and Surgery". The article did not undergo external peer review.

*Conflicts of Interest:* Both authors have completed the ICMJE uniform disclosure form (available at https://apm.amegroups. com/article/view/10.21037/apm-22-64/coif). The series "Palliative Care and Surgery" was commissioned by the editorial office without any funding or sponsorship. AB and FMJ served as the unpaid Guest Editors of the series. FMJ served as an unpaid editorial board member of *Annals of Palliative Medicine* from October 2019 to September 2021. The authors have no other conflicts of interest to declare.

*Ethical Statement:* The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

## Annals of Palliative Medicine, Vol 11, No 2 February 2022

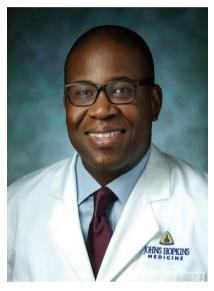
*Open Access Statement:* This is an Open Access article distributed in accordance with the Creative Commons Attribution-NonCommercial-NoDerivs 4.0 International License (CC BY-NC-ND 4.0), which permits the non-commercial replication and distribution of the article with the strict proviso that no changes or edits are made and the original work is properly cited (including links to both the formal publication through the relevant DOI and the license). See: https://creativecommons.org/licenses/by-nc-nd/4.0/.

# References

1. Task Force on Surgical Palliative Care; Committee on Ethics. Statement of principles of palliative care. Bull Am Coll Surg 2005;90:34-5.



Ana Berlin



Fabian M. Johnston

### Ana Berlin

Department of Surgery, Columbia University Irving Medical Center, New York, NY, USA. (Email: ab1254@cumc.columbia.edu) Fabian M. Johnston Division of Surgical Oncology, Department of Surgery, The Johns Hopkins Hospital, Baltimore, MD, USA. (Email: fjobnst4@jbmi.edu) Submitted Jan 07, 2022. Accepted for publication Jan 24, 2022. doi: 10.21037/apm-22-64 View this article at: https://dx.doi.org/10.21037/apm-22-64

**Cite this article as:** Berlin A, Johnston FM. Surgical palliative care: coming back to the future of care. Ann Palliat Med 2022;11(2):850-851. doi: 10.21037/apm-22-64