

Medical Boards Endorse Palliative Care Subspecialty

BY MITCHEL L. ZOLER
Philadelphia Bureau

The pending designation of hospice and palliative medicine as a subspecialty by the American Board of Medical Specialties is expected to hasten the spread of palliative medicine into routine medical care, and may boost the number of physicians who train and seek certification in this field.

The American Board of Internal Medi-

cine (ABIM) submitted an application in September 2005 to the American Board of Medical Specialties (ABMS) to make hospice and palliative medicine a subspecialty of internal medicine.

Joining the ABIM as cosponsors of the new subspecialty application are the American Board of Family Medicine, the American Board of Anesthesiology, the American Board of Physical Medicine and Rehabilitation, the American Board of Psychiatry and Neurology, and the Amer-

ican Board of Surgery. Possible cosponsorship by the American Board of Pediatrics was pending at press time.

A decision by the ABMS is expected in September 2006, with the first certification examination probably to be administered in 2008.

"Almost every physician needs to know the basics of palliative medicine. The more legitimacy and visibility [palliative medicine] gets, the more likely that will happen. Patients don't need to be terminally

ill to benefit from palliative care," said Dr. Christine K. Cassel, president of the ABIM in Philadelphia.

The availability of board-certified specialists provides the experts who in turn write textbooks, teach, and lead the major programs, Dr. Cassel added.

"I believe that the majority of future palliative medicine specialists will come through internal medicine programs, with smaller numbers from family medicine, and quite likely pediatrics and surgery," said Dr. Diane E. Meier, director of the Palliative Care Institute at Mount Sinai Medical Center in New York.

"It takes time for practicing physicians to adopt and incorporate new approaches to patient care. That process is well underway [for palliative medicine] as a result of the rapid growth in the number of palliative-care services in U.S. hospitals. Word of the value added for the sickest and most complex patients spreads fast," added Dr. Meier, who also is a professor of geriatrics and internal medicine at Mount Sinai.

Recognition by the ABMS "is a very positive sign that hospice and palliative medicine is becoming an accepted part of routine medical care," said Dr. Ronald S. Schonwetter, chief medical officer for LifePath Hospice and Palliative Care Inc. in Temple Terrace, Fla., and president-elect of the American Academy of Hospice and Palliative Medicine.

The emergence of hospice and palliative medicine has been on a fast track. The American Board of Hospice and Palliative Medicine was created in 1995 as the first credentialing organization for this new branch of medicine. In 2004, this board as well as its sister organization, the American Academy of Hospice and Palliative Medicine, made a formal request to the ABIM to sponsor a subspecialty certificate. The ABIM responded with unanimous support.

"That [process] generally takes a very long time. Some areas of medicine try and try to get the ABIM's approval," Dr. Cassel told this newspaper. "What we look at is how many physicians actively practice, what training programs exist, and is there a science base and a substantial body of knowledge."

As of early 2005, about 1,900 physicians had been credentialed by the American Board of Hospice and Palliative Medicine, and by early this year 60 fellowship training programs were in place in the United States.

The number of training programs "will increase dramatically with the advent of ABMS subspecialty approval," Dr. Meier predicted. ■

Allergy impaired?

Clinical study reveals:

Claritin® is proven to make allergy sufferers alert and focused.

To get the results from the Clear Study presented at the 2005 ACAAI Annual Meeting, visit www.claritin.com/clearstudy

Claritin® is clinically proven to make patients as alert and focused as people without allergies¹ so they can do the things they want to do. And Claritin® gives powerful non-drowsy relief from their worst sneezing, runny nose, and itchy eyes for 24 hours...so patients can think more clearly and won't miss a thing.

Help your patients. Live Claritin® Clear.™

Reference:
1. Wilken JA, Kane RL, Sullivan CL, Nowak R. Cognition and allergy: CLEAR study results. Poster presentation at the 2005 ACAAI Annual Meeting.

✓ Itchy, watery eyes ✓ Runny nose ✓ Sneezing

©2005 Scheering-Plough HealthCare Products, Inc.