Editor’s Note

Most medical specialties carry a moniker that’s pretty descriptive. Recently added specialties such as hospital medicine and electrophysiology seem self-explanatory. Other new areas such as reproductive medicine and intensive care straddle two or more specialties. Admittedly, the list of medical specialties found on Wikipedia includes a few head-scratchers including phthisiology, physiurgy and neurotology. Palliative medicine, this month’s theme, should be easy to understand. After all, palliation is a word we learn early in medical school, and most physicians would claim that palliation is part of what they do every day. Yet, during its early years, palliative medicine struggled to claim an identity in the minds of practicing physicians.

One of palliative care’s hurdles has been hospice. Entrenched in the practice of medicine since the 1970s and given the approval stamp of Medicare reimbursement, hospice has become a humane final pathway for many patients. Its comfort-first principle is well-known to patients and physicians. Palliative medicine, this month’s theme, should be easy to understand. After all, palliation is a word we learn early in medical school, and most physicians would claim that palliation is part of what they do every day. Yet, during its early years, palliative medicine struggled to claim an identity in the minds of practicing physicians.

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So in recent years, palliative care has begun making a name for itself. Inpatient services are multiplying and the consult business is booming. Now we can figure out what neurotology is.

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What’s in a name?

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