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Interview ▸ We talk to a doctor who will participate in the first day of palliative care that will ta

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Doctor Jordi Amblàs in a conference.

Jordi Amblàs

Doctor specializing in Geriatrics

«We are a society that lives with its back to reality, death, aging and loss»

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Jordi Amblàs is a specialist in Geriatrics. He works as a lecturer at the Faculty of Medicine of the University of Vic and is also in the Department of Health of the Generalitat de Catalunya. Next April 27th, he will participate in the first day of palliative care «When the end of the road is near: giving support from a palliative perspective». This event will take place in the congress center of Andorra la Vella.

–Tell us what the palliative care workshop you will teach in Andorra will consist of.
– My session, which will be the first of the day, will basically serve to explain both the population and the rest of the people attending, what is the situation and the challenges of palliative care: what can it offer, what objectives and finally, from the perspective of the people who can choose this palliative care, what should be the answer to our needs.

–Why did you decide to participate?
–For several reasons. First of all, because it is clear that all initiatives carried out around the world that aim to improve people's palliative care deserve support. In this case my support, both in the academic world and as a person who is dedicated to planning care for these people in different locations in Catalonia.

–What exactly is palliative care?
–Palliative care is an approach that allows responding to the needs of people when they have an advanced disease situation. They must allow you to respond to your needs related to physical aspects such as pain control, which is what everyone has in mind. But also to aspects related to the values and preferences of these people. See how we can help make these last programs in the movie of your life can be lived with your values and preferences. Many times, in the past there was a very dichotomous view of palliative care, that is to say, doctors and hospitals did everything possible to cure and when it seemed that there was nothing to be done, palliative care began and all active treatment was withdrawn. Today, palliative care is also offered earlier to all those people who, even for many years, combine basic treatment with treatments in order to have a better quality of life. For example, a person who has a chronic and evolving respiratory problem, there will come a time in the evolution of this disease that although it is not clear that he can die in a few days or weeks, this person has a suffocation that does not allow what he likes to do more. A person who lives on the first floor and what he likes to do most is to go outside to walk his dog. At that point, why not combine the treatment with low doses of morphine, a drug that has a lot of bad press, but is very useful in these cases to help relieve suffocation. This person with the combination of the two treatments can have a better quality of life.

> «They are an approach that allows responding to the needs of people with an advanced disease»

–The talk you will lead is entitled «Palliative care in our times». Does that mean it has changed over the years?
– Of course. Traditionally, palliative care is an answer that was gi-

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ven to people who were in the last days or weeks of their lives. Usually linked to an oncological disease, cancer. In addition, this palliative care was provided in specific units which were the palliative care units. In the 21st century and in most countries where palliative care has been developed. Palliative care is no longer just for people with cancer, but also for those with any type of disease or chronic condition. It can be cancer, organ disease such as lung or it can be related to advanced dementia. The idea is to be able to identify these people early in order to be able to qualify together the last stage of their life. Fortunately, the majority of people with palliative needs live in their homes and, therefore, all health services must know how to respond to the needs of these people. Approximately 1% of the population is in an end-of-life situation. These people are in the last year or two of the film of their life. They are living in their homes or in a residence.

–Do you think there is a lot of ignorance in this area on the part of the population?

–I would say that it is due to several factors, but there is a very important component of social taboo. The society we live in today, lives with its back to reality, death, aging and loss. Somehow, all this does not make it easy for us to value everything that palliative care can offer us. As Stop Murray says «if you want to live well, you must be prepared to die well». This is the relevant element that I will discuss in the conference that will take place here in Andorra. Learn to incorporate death as a natural element of life.

–What do you currently do?

– Right now I'm a kind of orchestra man because I do a few things. My main job right now is that I am in the Department of Health of the Generalitat de Catalunya working to create an integrated care program between the social and health sectors. This also has a lot to do with palliative care. When people get older and need health and social care, we often find that as the health and social system is planned, they do not serve you in an aligned and harmonized way, but are very fragmented. Right now, Catalonia is betting on integrated care that has a lot to do with helping people to age in their homes, improving care for people living in nursing homes, etc. I share this with a more academic job at the University of Vic both in the Seminar Room of Palliative Units and in the Faculty of Medicine. I also continue to be on guard at a hospital that has a Palliative Care Unit.

–Why did you decide to specialize in geriatrics?

– Basically and in a way because it is the specialty that most answered my personal concerns. Being able to care for people, especially the elderly, who very often have many diseases at the same time and also have social, functional needs and cognitive problems. All this requires an approach that has a lot of science, but also a lot of humanism. I believe that this area attracted my attention and I have never regretted choosing it.

–What is it like to combine education with medicine?

– It is a symbiotic reality, that is to say, the fact of being able to share the learning and the methodology with students and, therefore, share the experience, gives more meaning to the existential practice. But, it also makes a lot of sense from the point of view of knowledge and teaching, to incorporate the learning that all this gives you into your everyday existence. They are two realities that I would say are two sides of the same coin that need each other.

–You are a professor at the UVic–UCC of the subject «Life continuity. Changes in the body: Aging». What is the objective that you want the students to learn?

–The objective, first of all, is for the students to know a reality that, sometimes, during the school year does not become sufficiently obvious. The first class and the most important one we do is to bring older people to the class so that they are the ones who explain what is important to them and what is not important and what they ask for future doctors. From this starting point based on real facts, we try to make the students learn both aspects related to the processes that condition the aging of people, but above all we teach them the specifics of care for the elderly: what diseases they have, what is the aging process, what preventive measures can we take, how to incorporate people into care planning, etc. Finally, a small part to see how the health and social services systems are organized to respond to these people.

«From the Department of Health of the Generalitat I am working to create an integrated care program»

–What is the most complicated situation you have had to live through?

–Each complex and complicated situation has been a great learning opportunity. More than complicated, I would say high-intensity situations and obviously, very often these situations come from the process of firing a person you love a lot. In addition, when there are young people and children in between, these are particularly intense situations. They are also situations that personally end up enriching you a lot and that give you great learning in the personal and professional sphere.

–Of these situations, have you experienced any during the pandemic where these people could not do this process accompanied?

– The situation we experienced during the pandemic and especially during the first wave, was a paradigmatic situation. Personally, I ended up getting sick during the first wave and experienced situations that I had never experienced and especially with this level of intensity. It was hard to see so many very sick people in a situation of great uncertainty and ignorance of this disease. With a moment also where the health system put our situation to the limit, since we were not prepared for what we had to experience. ≡

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▸▸ The doctor specialized in Geriatrics, Jordi Amblàs.

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