## A career shaped by a father's death

Consider for a moment, says Dr. Romayne Gallagher, the number of specialists involved in providing care at the beginning of life, and then compare that with the number providing care at the end of life.

Gallagher, the acting head of palliative care at the University of British Columbia, says the disparity in numbers points to the need to change societal attitudes toward end-of-life care. She's trying to do this with a one-person crusade to ed-

ucate physicians, politicians, medical students and the public, all part of an attempt to give the field more recognition within both society and mainstream medicine.

In the political realm, she was the driving force behind a recent benefits program announced by the BC Ministry of Health for patients dying at home or in the community; it is designed to provide support during the last 6 months of life. She also started an innovative public symposium — the only one in Canada devoted to palliative care — and chairs the British Columbia Medical Association's working group in the same area.

Although medicine was always a calling for Gallagher, her passion for palliative care came later. The 43-yearold Vancouver native, who graduated from UBC in 1984, helped care for her dying father at home during her final year at medical school. "I experienced

many of the feelings that the family goes through, and that continues to help me today when I talk to family members. All in all, my father's death was a wonderful endowment of knowledge, wisdom and motivation that has helped shape my career."

After graduating she began a residency in radiation oncology, but she left that field after a year to take over a family practice that included many older patients, and then fell into palliative care by chance.

UBC's Palliative Care Program was launched in 1990, although Gallagher says the unit "still very much lacks a team. I'm pretty well it." There is no designated palliative care unit; patients are referred to Gallagher based on their age and diagnosis. She also consults to the extended care and psychiatric units at the UBC Hospital. However, Gallagher says that established palliative care hospital units are "not necessarily what it's all about," since about 40% of her patients leave hospital to spend their final days at home.

The most innovative aspect of Gallagher's program, a public symposium unique in Canada, came about in 1999 because of a joke she made to some colleagues. There were trade shows for everything, she said, except death and dying.

Why not? thought Gallagher. Taking a cue from the sizable public advocacy surrounding diseases like AIDS and breast cancer, Gallagher felt that her cause could only be ad-



Dr. Romayne Gallagher: innovator in palliative care

vanced if the public was better educated about death and dying. Most people she approached were lukewarm to the idea, but Dr. Carol Herbert, then head of family practice at UBC and now dean of medicine and dentistry at the University of Western Ontario, supported her. This year's third annual forum, bolstered by corporate sponsorship and newspaper advertising, attracted nearly 500 people — double the attendance in 2000. Since its inception, the 2-day event has combined a trade show with presentations on subjects such as innovative funerals.

This year's forum focused on euthanasia, an area in which Gallagher would like to see a shift in public attitudes. "Most people who are terminally ill still want to live — they simply want relief from pain — and I think people are beginning to understand this."

She says care for the dying, and particularly the ways people cope with suf-

fering, are areas that need more research. However, "there is not nearly enough going on" because the research deals with palliation, not curing.

Gallagher says palliative care includes helping patients understand their treatment choices and the possibility of less invasive care. "Helping to relieve suffering involves helping that person to transform the suffering into personal growth, and this is not always possible and not always easy. But I have seen many heroic people who have given me wonderful examples of how to live life with integrity."

Gallagher would like to see society accept death as part of life, and that's the message she takes to medical students and practising physicians.

Gallagher, who is married and has 2 teenage children, has no regrets about the career she has pursued. "I'm really happy with what I'm doing and seeing things bearing fruit," she says. — *Heather Kent*, Vancouver