

bridge the gap between primary health care and public health, that investigate how professionals, civil society organisations, and populations can interact to strengthen primary care, and what are the best ways of organising the 'microsystems' that deliver care (for which theories of complex adaptive systems may be helpful).<sup>21</sup>

At the micro-level a better understanding of how the concept of 'patient-orientation' can be put into practice in different cultures is needed alongside more insight concerning the experiences of patients in the healthcare system. A focus on evidence-based medicine and implementation of guidelines should complement, not replace 'contextual evidence'.<sup>22</sup> Certainly for patients with multimorbidity, there is a need to deviate from the disease-orientated guidelines, integrating context as an important frame of reference.

Political will, sound research, committed providers and population-participation are needed to tackle the challenges of the changing world through comprehensive, accessible and quality primary health care.

We need it now more than ever.

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### Competing interests

The authors have stated that there are none.

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## WHY PALLIATIVE CARE?

'It's a fascinating line of work — in a truly humanistic way, you really feel you do achieve something. And every person with a life-threatening illness presents a new challenge. I end up by seeing the more difficult ones, the ones with complex pain. Lots of psychological angst that manifests itself in physical symptoms. I see people who are getting buckets of drugs and nothing works — and you know and they know the drugs are not the issue. There's nothing more satisfying than working someone around, whose pain ends up being well controlled on a minimal amount of drugs, because you've dealt with the underlying psychological and existential issues. In fact, it's addictive doing this work.'

Actually knowing when someone is dying is the hardest thing, recognising that there's nothing more you're going to do to change the course of events. That's the biggest barrier — and that's what I do day after day, helping nurses to come to the realisation that 'hey, guys, we've done all we can for this patient now — there isn't anything more and the kindest thing is to back off.' Some families can be very pushy about wanting to maintain treatment that's futile, so it's being able to recognise when it is — and convey that to families and patients. You have to be very clear in your own mind that this is where you're at — and that's hard.'

### Ann Richardson

From *Life in a Hospice: reflections on caring for the dying* by Ann Richardson. Published by Radcliffe Publishing at £19.95. (ISBN 9781846192432). Highly Commended in the Medicine section of the 2008 BMA Book Awards.

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