He maintains that the complexities found within palliative care are as wide and demanding as any within medicine. There may be a host of medical problems, any or all of which medicine has been unable to control. Yet above all, the physician must be practised in the art of listening to the voices of the dying. "It is not enough to hear what you think the patient should be saying," he maintains. "You must truly listen to what they are trying to tell you. This takes practice and patience."

Dr. John Scott, director of the Institute of Palliative Care, believes that Seely's decision to work in the field is a natural career progression. "During his years as physician-in-chief and dean he was a tireless supporter in building the [palliative care] program," Scott states. "His vision always included a division of palliative medicine in medical school. We are extremely fortunate to have such a man in our midst."

Yet Seely seems a little like a man surveying himself through the wrong end of a telescope. When asked for an interview, he was dubious. "I won't be offended if you can't find anything to write," he said. Today, he points out that everything he has learned and done so far was preparation for his current work. The desire to help the dying was always present, but until now the time was never quite right.

Practising medicine may have equipped him with everything he needs for a career in palliative care, but he claims that this emerging field can offer far more that he can give: an opportunity to help others, a chance to teach a new generation of clinicians and a place on a team of highly motivated people involved in every aspect of care for the dying.

The most important thing palliative care offers physicians, he says, is the privilege of learning from patients and seeing in palliative care a world that reflects all one needs to know about living. ?

"We die badly in Canada," Montreal expert says

For decades, palliative care was the realm of nurses, social workers and hospital volunteers. Physicians did the diagnostic work and prescribed when needed, but palliative care, the work of *easing* pain, was done largely by those whose daily concerns were to comfort and provide solace to those facing death.

Today, explains Dr. Ina Cummings, director of Dalhousie University's Palliative Care Program and past president of the Canadian Palliative Care Association, more physicians are becoming interested in palliative care and developing skills in the field. A recent conference on palliative care attracted 650 delegates — only 400 were expected — and the proportion of physicians was the highest ever, at about 20%.

Cummings says there are two reasons for the surging interest. One is the increasing number of patients with progressive illnesses such as cancer, HIV-disease and end-stage organ failure. The number will continue to increase as the country's demographics change. The second reason is that as palliative care develops as a specialty, more physicians will be aware of what can be done and of the specialty's compelling nature.

Some physicians entering the field chose the challenge while in the latter years of medical practice, but most make the change in mid-career. Cummings suggests there are two forces at work. "Many come from a family practice background, drawn into it from a personal interest in this kind of care. Others have a strong holistic view of medicine, and they recognize a need for this in palliative care."

The specialty clearly benefits from the wealth of life experience brought to it by those physicians. Dr. Balfour Mount, director of the Palliative Care Program at Montreal's Royal Victoria Hospital and one of Canada's pioneers in palliative care, agrees with Cummings' assessment. "Physicians, after the first 2 decades of their career, perhaps in family medicine, will recognize the problems associated with the dying, both emotional and physical." Nonetheless, he points out a discrepancy in Canadian health care. "In the United Kingdom and in Australia and New Zealand there is wider acceptance of [palliative care as] a recognized specialty. Because this brings more job security . . . the young will enter it as a field of choice. This contributes greater energy as well as academic excellence." (Although it meets the criteria for recognition by the Royal College of Physicians and Surgeons of Canada, palliative care has not yet achieved specialty status in Canada.)

Mount also stresses the need for a holistic approach and for a palliative care physician to be interested in more than the biology of disease. He said physicians need to combine competent medical skills with the ability to listen, and to be thoroughly sensitive to every aspect of suffering. This combination is fundamental to the practice of palliative care.

"We die badly in Canada," Mount is convinced, "because 85% of us will die in isolation." He believes that the situation will not improve until medical schools develop a generation of physicians who look beyond disease and see further than diagnosis and therapy.

Development of programs that could redress this imbalance is coming, but slowly. Currently, programs are available in Ottawa, Montreal, Winnipeg, Edmonton and Halifax.