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——姑息治疗与安宁疗护基本用药指南

王一方(北京大学医学部教授):《姑息治疗与安宁疗护基本用药指南》不同于其他疾病的用药指南,在适应证与用药细则解读之前,对其中的医学人文内涵进行了阐释和建构。首先是目标人群的界定:“罹患各种现代医学尚无法治愈的,慢性疾病患者及临终患者”。在姑息治疗的谱系里,靶点不是最高诉求,临床疗愈是指目的性疗愈、过程性疗愈。其次在“原则”上:该指南关注的中心是患者,而不仅限于疾病本身。姑息治疗团队需要根据临终患者的用药感受调整用药的种类或剂量,权衡用药的不良反应。第三,该指南面向临床专科医师。姑息医疗的宗旨是“全人医学”模式引领下的全科、全队、全程、全家服务,姑息医学科是专科中的全科,如何协调好“专”与“全”的辩证关系,是一个理论难题,更是实践难题。

张波(北京协和医院药剂科主任):目前我国姑息学科的相关知识、理论和技能缺乏系统全面的介绍。李玲教授团队按照国际药物指南制定标准制定了我国首部《姑息治疗与安宁疗护基本用药指南》,从循证的角度,全面、系统的介绍了23种症状控制药物,基本覆盖终末期患者常见的躯体和精神心理症状以及临终期难治性症状的姑息镇静用药,并多选自我国现行的基本药物目录,为从事姑息治疗与安宁疗护相关专科的医务人员提供了药物治疗风险获益评估和实践的参考依据,也为满足不同层次医疗机构和学科的使用奠定了坚实的基础。

胡毅(中国人民解放军总医院肿瘤医学部主任):姑息治疗与安宁疗护的核心是症状控制。李玲教授团队发布的《姑息治疗与安宁疗护基本用药指南》针对各种疾病终末期常见33个躯体及精神心理症状(涵盖了肿瘤终末期患者的常见症状),基于充足的循证医学证据,既确保推荐药物的证据性,也确保各级医疗单位的可及性。本指南有助于提升各层级医疗机构和临床各个专科医护人员对姑息医疗的认识,并提高临床服务技能和质量。

(全文更多内容扫描二维码查看)



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