

## P7. POSTER

# History of Palliative Care: From Charity to the Science of Care

Ivone Duarte<sup>1</sup>, Amélia Ricon Ferraz<sup>1</sup>

<sup>1</sup> Center for Bioethics of the Faculty of Medicine of the University of Porto  
✉ [iduarte@med.up.pt](mailto:iduarte@med.up.pt)

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## I. INTRODUCTION

The emergence of modern hospitals shifted care from the family setting to highly technical and specialized environments, reinforcing a certain degree of institutional paternalism. This movement fostered a new way of looking at dying, involving patients, families, professionals, and society, and paved the way for the development of palliative care as an ethical and humanized response to the end of life. We propose to recall the individuals and institutions that most contributed to the evolution we know today in this field.

## II. HISTORICAL MILESTONES



**Francis Bacon (1561–1626)**, one of the founders of Modern Science, was a pioneer in linking physicians responsible for the care of terminally ill patients. He proposed principles of Palliative Medicine, arguing that dying in peace is a source of happiness, and introduced the term “euthanasia” into the English language as a synonym for a good physical and psychological death.



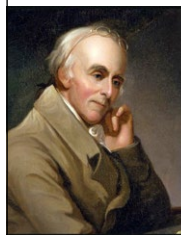
**Thomas Browne (1605–1682)** and **Theophile Bonet (1620–1689)** were two physicians who, through their example, advocated for medical care for incurable patients.



**Samuel Bard (1742–1821)** wrote the first treatise on medical ethics in the United States. He demonstrated a profound humanization of care for terminally ill patients and advocated the training of new graduates in this field.



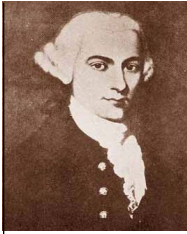
**John Gregory (1724–1773)** considered the fourth dimension of medical practice to be a good death, but left this dimension unexplored.



**Benjamin Rush (1746–1813)** believed in the existence of a contract between the physician and the patient in which the subject was human life. He advised against declaring incurability and instead encouraged the preservation of hope.



**John Ferrier (1761–1815)** advocated minimizing pain and promoting absolute rest for the patient, and condemned cruel practices of stimulation.



**Thomas Percival (1740–1804)** published *Medical Ethics*, an ethical code guiding physicians' conduct that influenced subsequent ethical codes and future medical associations.



**Thomas Gisborne (1758–1846)**, a medical ethicist, condemned all forms of medical paternalism that conceal the truth and emphasized the importance of a physician's presence alongside a clergy member in patient care.



**Robley Dunglison (1798–1869)** demystified the terror associated with death through physiological knowledge. It was the physician's duty to guide the patient toward euthanasia, or a good death.



**Alfred Worcester (1858–1951)** was a strong advocate of the physician–patient relationship and one of the leading proponents of undergraduate education in palliative care.



**Walter Alvarez (1884–1978)** published *Care for the Dying*. He highlighted the value of palliative care, lamented the lack of attention to this field in medical literature and practice, and criticized the excessive focus on curative medicine.



**Elisabeth Kübler-Ross (1926–2004)**, during hospital rounds, is renowned for her work *On Death and Dying*, which sought to raise awareness of and promote understanding of the emotional needs of terminally ill patients (through writings, lectures, seminars, and accredited courses).



**Edward Heyman (1904–1974)**, in his work *You Are Standing at the Bedside of a Patient Dying of Untreatable Cancer*, presented the essential components of care for terminally ill patients.



**Cicely Saunders (1918–2005)**, the first physician dedicated to palliative care with experience in hospital centers. She was the founder and first Director of St. Christopher's Hospice.

*“The care of the dying demands all that we can do to enable patients to live until they die. It includes the care of the family, the mind, and the spirit as well as the care of the body.”*

### III. CONCLUSIONS

For centuries, patients had little voice, and many end-of-life decisions were made paternalistically. However, some professionals consistently advocated for the importance of patient information and autonomy.

The evolution and internationalization of palliative care have brought a profound shift from medicine focused solely on disease to a person-centered approach. Understanding this journey helps us promote a more humane and responsible healthcare.

### REFERENCES

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