An update on the Budapest Commitments

Carl Johan Fürst, Liliana de Lima, David Praill and **Lukas Radbruch** share some of the commitments already made by European palliative care organisations – from the Czech Republic, Norway, Croatia and Austria – and explain how others can participate in the initiative

'Describe your commitments, your goals and the level of your success.' This is the challenging call to palliative care organisations, encouraging them to be partners in the Budapest Commitments. The concept was initiated by the European Association for Palliative Care (EAPC), with the International Association for Hospice and Palliative Care (IAHPC) and the Worldwide Palliative Care Alliance (WPCA), as an inspirational tool to support the development of palliative care in Europe and beyond.

Previous declarations by the EAPC, most often in collaboration with other palliative care partners, have outlined general aims in the fields of policy, education and research.

The Barcelona Declaration, adopted at the 4th EAPC Congress in 1995,[1] was followed by the Korea Declaration in 2005.[2] Both underlined the need to include palliative care in government policies and to integrate hospice and palliative care into national healthcare programmes. They also proposed access to palliative care as a human right.

The Declaration of Venice was produced as a joint initiative by the EAPC and IAHPC at the 4th EAPC Research Forum in Venice in 2006.[3] It focused on the need for research and declared a strategy to develop and promote global palliative care research, especially in developing countries.[4] A large number of palliative care associations with an academic interest have signed the Declaration of Venice.

The most recent initiative, the Budapest Commitments, was launched in partnership with the IAHPC and the WPCA at the 10th EAPC Congress in Budapest in 2007.[5] It gives each country and national palliative care or hospice organisation in Europe an opportunity to define its own priorities and goals for the coming years. This will enable them to assess their level of success against their own priorities and goals, rather than against other countries or organisations in Europe, which may have different agendas and different resources. With this approach, every organisation and country can become part of a common agenda. The Budapest Commitments provide a real opportunity to exert pressure to drive forward the development of palliative care.

Key points

- European palliative care organisations are being encouraged to join the Budapest Commitments, an initiative launched in 2007 to drive forward the development of palliative care.
- The initiative is a collaboration between the European Association for Palliative Care (EAPC), the International Association for Hospice and Palliative Care (IAHPC) and the Worldwide Palliative Care Alliance (WPCA).
- So far, commitments have been submitted by 18 organisations from 15 European countries, but the invitation to participate extends worldwide.
- Each country and organisation defines its own priorities and goals (a maximum of two or three goals is recommended) and then assesses its level of success against its own priorities and goals, rather than against others'.
- The quality circle – plan, do, check, act – can be applied to help structure the process and achieve results.

The quality circle

The quality circle – 'plan, do, check, act' – is a well-known concept for quality improvement in all sectors of healthcare. It could be applied to help structure the process and achieve results. We use it to explain the process of the Budapest Commitments (see Figure 1).

Step 1 – Plan

The first step is to bring together the executive board (or leading assembly) of your palliative care association (or organisation) and discuss problems and possible areas to prioritise on a national basis. The background document for the Budapest Commitments[6] suggests areas such as organisation, drug availability, policy, education and research. Most commitments will probably be within these areas. However, it is up to you to define your own priorities and set your own goals – and then describe them in detail. The EAPC provides a template to help you formulate your priorities and goals.[6] A maximum of two or three goals is recommended, with the ambition to achieve them within a year or two. A time plan should be set, and the methodology and outcome assessment should be defined. The EAPC also provides a template for submitting the commitments.

Step 2 – Do

After planning comes doing. Depending on your commitments, this second step could, for example, lead you to assess the current educational or research activities in your country. You will need project management skills, and continuous inspiration and coaching. It is also crucial to involve people and to follow up on planned activities. You may consider inviting people from other organisations, inside or outside your country, to support your project. Share your experiences and help each other! The EAPC 'National Associations Organisational Development Task Force' can offer support and advice at this stage.

Step 3 – Check

The third step is to follow up on the results and evaluate to what extent the goals have been reached. The 11th EAPC Congress in Vienna, in May 2009,[7] will provide a platform for you to share achievements and experiences and to get feedback from other participants. It is vital to follow up thoroughly and to write a report, which we recommend should be published and disseminated appropriately. This will reinforce your group and inspire further work.

Step 4 – Act

By this stage, you will have gone through all the different steps of completing and promoting your commitments. Using the feedback you will have had, for example at the Vienna Congress, you will be able to reconsider your goals, make the necessary changes to your original commitments and/or make new ones.

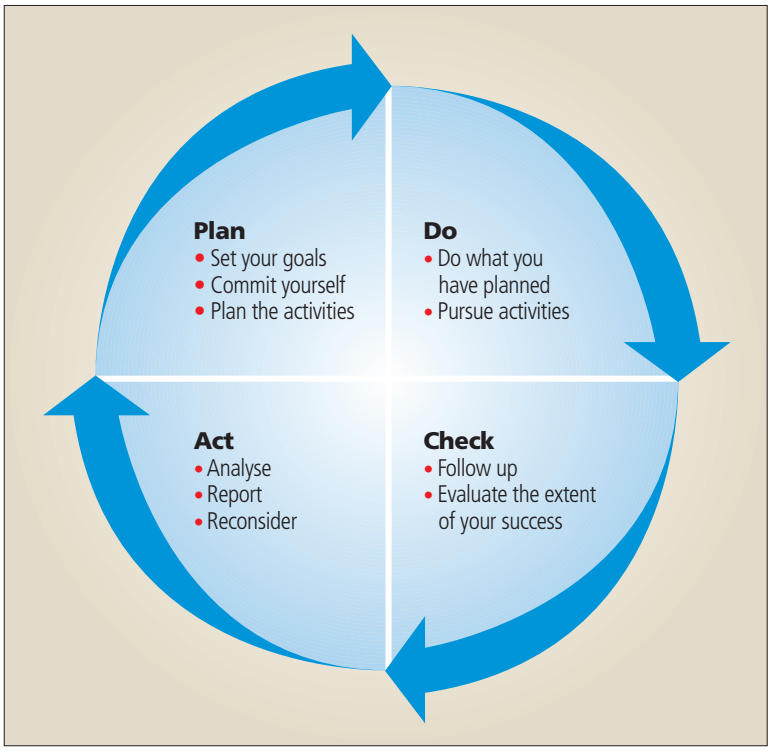

Figure 1. The quality circle adapted for the Budapest Commitments

First commitments and results

At the 5th EAPC Research Forum in Trondheim, in May 2008, as many as 18 organisations from 15 countries submitted their commitments. The organisations include general palliative care associations, palliative care providers and the WHO Collaborating Centre for Public Health Palliative Care Programmes in Barcelona, Spain, as well as associations of educators, researchers and social workers (see Table 1, page 24).

The commitments submitted cover a variety of topics, including research, networking, education, policy, public awareness, quality and standards, and volunteers.

In the field of research, the commitments include, for example, increasing the involvement of researchers in Belgium, and creating databases or other infrastructures for research purposes in Austria. Several commitments cover courses, training and the development of curricula at different graduate levels, as well as the inclusion of palliative care in undergraduate and postgraduate education. For example, the Swedish commitment involves contacting all universities, high schools and nursing schools to find out if palliative care is included in their curricula. Education is also on the agenda in Greece, Romania, Switzerland and Italy, while the education of volunteers is part of Austria's commitment.

Table 1. European countries and palliative care organisations that had joined the Budapest Commitments by September 2008

Country	Organisation	
Austria	OPG	Austrian Society for Palliative Care (Österreichische Palliativgesellschaft)
Belgium	FPCF	Federation Palliative Care Flanders
Croatia	CAHF	Croatian Association of Hospice Friends
Czech Republic	AHPCP	Association of Hospice and Palliative Care Providers
Denmark	DSPaM	Danish Society of Palliative Medicine
Germany	DGP	German Society for Palliative Medicine (Deutsche Gesellschaft für Palliativmedizin)
Greece	HAPCPC HSPSCCNCP	• Hellenic Association for Pain Control and Palliative Care • Hellenic Society of Palliative and Symptomatic Care of Cancer and Non Cancer Patients
Italy	SICP	Italian Society for Palliative Care (Società Italiana di Cure Palliative)
The Netherlands	NPTN	Netherlands Palliative Care Network for Terminally Ill Patients (Netwerk Palliatieve Zorg voor Terminale Patiënten Nederland)
Norway	NFPM	Norwegian Association for Palliative Medicine (Norsk Forening for Palliativ Medisin)
Romania	SRPT	Romanian Society of Palliatology and Thanatology
Spain	SECPAL WHOCC	• Spanish Society for Palliative Care (Sociedad Española de Cuidados Paliativos) • WHO Collaborating Centre for Public Health Palliative Care Programmes
Sweden	NRPV	Swedish Council for Palliative Care (Nationella Rådet för Palliativ Vård)
Switzerland	SSMSP	Swiss Society for Palliative Care and Medicine (Société Suisse de Médecine et de Soins Palliatifs)
UK	PCRS APCSW	• Palliative Care Research Society • Association of Palliative Care Social Workers

Several commitments concern legal issues, funding, and the official recognition of palliative care in the heathcare system. Models of organisation, and the development of standards and audit tools, are also quoted.

Czech Republic: definitions and conditions

In the Czech Republic, the underlying problem highlighted by the Association of Hospice and Palliative Care Providers (AHPCP) is the lack of definition regarding the provision and funding of palliative care within the healthcare system. The Association's main commitment is to formulate the necessary definitions of, and conditions for, palliative care. Negotiations with decision-makers from the government and insurance companies will be necessary to reach this goal. The time frame set by the AHPCP was 12 months. If it can keep to the schedule, first results will be reported at the Vienna Congress.

Norway: education, medical specialty and standards

The Norwegian Association for Palliative Medicine (Norsk Forening for Palliativ Medisin [NFPM]) has set out to improve the education of medical students in the field of palliation. At the Norwegian University of Science and Technology in Trondheim, the undergraduate palliative medical education includes lectures, problem-based learning groups and weekly bedside education involving patients. The Norwegians will try to introduce this model in Bergen, Oslo and Tromsø. They have also begun the process of establishing palliative medicine as a medical specialty – it is expected that this will take the next five years. The implementation of the Norwegian Standards for Palliative Care has been planned and should be completed by the end of 2008.

Croatia: standards, education and public awareness

Palliative care in Croatia is included in the country's Health Protection Law of 2003. To make some progress in implementing palliative care in the healthcare system, there is a need to define national standards for palliative care. Croatia has also pledged to include palliative care in the undergraduate and postgraduate curricula of medical, nursing, social worker and psychologist schools. A third commitment is to increase the public's awareness of the benefits of palliative care.

Austria: inconsistencies within the system

In Austria, there is insufficient integration of the different hospice and palliative care services in the national healthcare plan and social security system. The responsibilities are not clear enough, funding is not secured and access to care is not equal. The funding of palliative care

European *in*sight

The *European Journal of Palliative Care* launches a new section, 'European insight', in which European palliative care organisations are invited to explain their goals, express their hopes and voice their concerns.

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services comes from different sources. While palliative care units are supported by the national health system (and financed within the framework of the social security system), other services, such as hospices and mobile palliative care units, are not. The latter rely on inconsistent support from provinces and communities, on variable contributions from patients or on private institutions and donations. The Austrian commitments include raising the public's awareness of the deficiencies in the public funding of palliative care and in the integration of palliative care into the healthcare and social care systems. Lobbying is planned to give sufficient information, on these matters, to politicians and representatives from the healthcare and social care systems.

The Budapest Commitments in future

All the commitments made so far originate in Europe, but there is a standing invitation for organisations from other continents to join in. We are in contact with the African Palliative Care Association (APCA), and other international and regional associations, to promote the initiative outside Europe.

In view of the next EAPC Congress, all participating associations will be invited to send a report outlining their commitments and results, and a workshop is planned in Vienna for discussion of the process and the results.

References

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6. The Budapest Commitments – a framework for palliative care development, 2007. http://www.eapcnet.org/congresses/Budapest2007/Budapest2007Commitments.htm (last accessed 11/11/08)
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Carl Johan Fürst, Director, Palliative Care Centre, Stockholms Sjukhem Foundation, Stockholm, Sweden; Liliana de Lima, Executive Director, International Association for Hospice and Palliative Care, Houston, USA; David Praill, Chief Executive, Help the Hospices, London, UK; Lukas Radbruch, Professor of Palliative Medicine, Department of Palliative Medicine, RWTH Aachen University, Aachen, Germany, and President of the European Association for Palliative Care (EAPC)