

EAPC-East Newsletter
NR 19 – February 2004

Travelling grant to spend 2 weeks at Stockholms Sjukhem's palliative care unit

Money for a travelling grant to Stockholms Sjukhem was collected on the event Voices for Hospices in October 2003. A travelling grant to stay two weeks at Stockholms Sjukhem was announced and there were 5 applicants.

Dr Elena Vvedenskaya from Niznij Novgorod in Russia was the recipient of the grant. We hope this grant will be useful to the involved parties.

There are discussions with sponsors for a project, a program with several travelling grants to palliative care units and hospices in Sweden but so far nothing is decided. We will of course let you know when decisions have been made.

International directory of palliative care

There is an international directory for all palliative care hospices and units in the world. It is administered by Hospice Information Service. It is very useful to have the list accurate as it gives the opportunity for contacts from all over the world. Please check if your hospice is listed and correctly so. If not then please let them know the needed information:

<http://www.hospiceinformation.info/findahospice/international.asp>

Moldova will have the option to prescribe opioids per os

Hospice "Angelus" has been working as a home care for incurable cancer patients since October 2001.

From the first step of our work we have understand how important to live without pain for our patients and how difficult for us to do it (because existence only morphine in ampoules in Moldova and it restriction in prescription). For the first time our team asked the Ministry of Health to introduce the oral Morphine in Palliative Medicine 1 year ago. During this period of time we organized press conferences, meetings with representatives of Ministry of Health and of oncological Institute , National conferences , where we explained importance of using oral morphine in Moldova (easily in dosage and chipper). Separate thanks to other Moldavian non-governmental Palliative Care organizations, which support us, to Professor Jacek Luczak from Poznan, Poland (he held conference concerning oral opioids for family doctors from Chisinau, met Ministry of Health of Moldova) and to Soros Foundation in Moldova (they organized the 1 satellite symposia in palliative care in Moldova and helped us to organize trainings , conferences, workshops).

In December 2003 the vice-ministry of health L. Catrinici made contract connected with supply of morphine in tablets, which after "some procedures" will appear in Moldova.

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ALS and Palliative care

The care for ALS - Amyotrophic Lateral Sclerosis is not very well described. Now a "A Consensus Document - Completing the Continuum of ALS Care" presents recommendations after three years of careful study and deliberations of the multidisciplinary Amyotrophic Lateral Sclerosis (ALS) Peer Workgroup in the USA, chaired by Hiroshi Mitsumoto, M.D. The recommendations address different aspects of care through the end of life for patients with ALS and their families.

You can find "Completing the Continuum of ALS Care: A Consensus Document" and supplementing appendices at: http://www.promotingexcellence.org/als/als_report/ where you can down load the 44 page document in PDF-format.

ABC on palliative medicine from BMJ

This 5th article has the theme of Anorexia, cachexia and nutrition and is written by Eduardo Bruera. Please find the full text article to download on www.eapceast.org

The IAHPC Palliative Care Faculty Development Program

The purpose of this new program is to support the development of palliative care faculty positions for nurses and physicians in developing countries. The IAHPC- International Association for Hospice and Palliative Care, Board members will identify and/or select potential outstanding physician and nurse candidates who have completed formal training in hospice/palliative care in a recognized institutional program. Candidates are required to have the intention to return to their home country (if they are abroad) and develop a hospice/palliative care program.

IAHPC will negotiate with the potential employer (university, hospital, or local government authorities) the terms of appointment in such a way that IAHPC will fund the salary and benefits of the candidate for a period of two years up to a certain amount in dollars. The local employer will then commit to provide employment for at least two more years full time salary. During the 2 year period the employee will be required to comply with mastering clearly defined goals in the clinical development, administrative, educational and research areas. Funding will be contingent on the demonstration of achievement in specific goals in each of these above mentioned four domains.

The first contract was signed with the Municipality of Rosario (Argentina) and we look forward to great results.

For additional information about this program and how to apply, please contact Liliana De Lima, the Executive Director: ldelima@iahpc.com

Availability of regulated pain medications in the European region: East vs. West

The World Health Organization continues to emphasize that opioid analgesics must be adequately available for the relief of pain due to cancer.¹⁻³ This is particularly important in low and middle income countries where most cancer is not diagnosed until the late stages, when pain is prevalent. Opioid analgesics are also needed for the relief of pain due to HIV/AIDS.⁴ When opioids are not available, the tremendous and growing burden of cancer and AIDS is increased further by unrelieved pain and suffering. Improvements will occur only if health system and regulatory barriers, including excessive restriction of opioids, are identified and overcome.

Most governments are party to the 1961 Single Convention on Narcotic Drugs, and thus are *obligated* to ensure the adequate availability of opioid analgesics for the relief of pain and suffering. According to the International Narcotics Control Board (INCB), many governments have yet to examine their laws and regulations for unduly restrictive regulatory provisions.⁵ Examples include burdensome licensing requirements, punitive legal sanctions, complex prescription regulations and limits on dose and prescription quantity. Patients who need pain relief seldom receive the pain treatment that was recommended by the WHO in 1986, more than 15 years ago.

A review of INCB statistical data reported by governments and controlled for population reveals that, in 2001, Western European countries accounted for 88% of all medical morphine

consumed in the European region.¹ The corresponding data for fentanyl, hydromorphone, oxycodone, and pethidine are 85%, 100%, 99.6%, and 57%, respectively. In fact, consumption of opioid analgesics in Western Europe has consistently exceeded that of the rest of the region over the past 15 years. This persistent disparity, especially in light of the increasing incidence of HIV/AIDS and cancer in Eastern Europe should be addressed if European goals for palliative care are to be met.⁶

The PPSG/WHO Collaborating Center for Policy and Communications in Cancer Care is developing a resource program to improve the medical availability of opioid pain medication in Eastern Europe through a grant from the Open Society Institute (see http://www.medsch.wisc.edu/painpolicy/internat/E.Europe/Eastern_Europe.htm)

Reference List:

- (1) World Health Organization. *National Cancer Control Programmes: Policies and Managerial Guidelines*. Second ed. Geneva, Switzerland: World Health Organization; 2002. (Available at <http://www.who.int/cancer/nccp/nccp/en/>).
- (2) World Health Organization Cancer and Palliative Care Unit. *Consultation on Strategies to Improve and Strengthen Cancer Control Programmes*. World Health Organization; Geneva, Switzerland. Meeting held in Geneva, Switzerland; 25 - 28 November 2003. (Available at <http://www.who.int/cancer/nccp/europeanconsultation/en/index.html>).
- (3) World Health Organization. *Achieving Balance in National Opioids Control Policy: Guidelines for Assessment*. Geneva, Switzerland: World Health Organization; 2000. (Available at <http://www.medsch.wisc.edu/painpolicy/publicat/00whoabi/00whoabi.htm>).
- (4) World Health Organization. *Progress Report: Community Health Approach to Palliative Care for HIV/AIDS and Cancer Patients in Africa*. Geneva, Switzerland: 2002.
- (5) International Narcotics Control Board. *Report of the International Narcotics Control Board for 1995: Availability of Opiates for Medical Needs*. New York, NY: United Nations; 1996. (Available at http://www.incb.org/e/ind_ar.htm).
- (6) Council of Europe. *Recommendation (2003) 24 of the Committee of Ministers to Member States on the Organisation of Palliative Care*. Adopted by the Committee of Ministers at the 860th meeting of the Ministers' Deputies; 12 November 2003. (Available to download via <http://www.eapceast.org>).

All the best!

Sylvia Sauter

Carl Johan Fürst

¹ The European region is defined as the member countries of the World Health Organization EURO region, which includes Western, Central and Eastern Europe, and the former Soviet Union countries. A complete listing of EURO member countries can be found at <http://www.who.dk/countryinformation>