Palliative care and its impact on public health policy

The early enthusiasts for palliative care have been committed clinicians backed by local service users. Policy makers and politicians have usually followed in the wake of these initial innovations to promote, support and expand what has been seen to represent excellence in healthcare. Nearly 40 years after the opening of St Christopher's Hospice, integration and adaptation of its philosophy into mainstream healthcare is clearly important.

Three significant publications have become available in 2004.¹⁻³ All of them are concerned with the development of palliative care services in Europe. The World Health Organization's European Office has published two booklets pulling together ideas and evidence, and drawing policy implications from the discussion for all health service leaders. Both WHO papers have been edited by Davies and Higginson, based at King's College London, and include contributions from leading figures across Europe and North America.

Palliative Care - The Solid Facts discusses different aspects of the issue, which include: (i) why changes in populations make care towards the end of life a public health issue; (ii) the emerging needs for care; (iii) what palliative care is; (iv) the importance of individual rights, preferences and options; (v) the evidence for effective palliative care; (vi) the need to ensure access to palliative care for vulnerable groups; (vii) how to develop programmes to improve the quality of palliative care; (viii) how to improve education and training in palliative care for healthcare professionals; (ix) the need to increase public awareness of palliative care issues and options; and (x) the kinds of research and development of palliative care that will help policy makers.1

Better Palliative Care for Older People is a more detailed, well-referenced discussion of the specific problems created by the changing demography and vulnerability of an aging population.²

The third publication is a practical guide that has been developed by the National Council for Hospice and Specialist Palliative Care Services to assist the planning process in the 34 cancer networks across England.³ It is in the form of a 25-step manual that assesses the volume of cancer and non-cancer deaths in the particular locations under consideration. This information is then modified to take into account other factors, including preferred and actual place of death, ethnic and religious diversity, age and gender structure of the population, and socio-economic deprivation. Palliative care needs can then be assessed and compared across the individual network and with all other networks.

The immediate purpose of the needs assessment manual has been to act as a tool to implement the *Guidance on Improving Supportive and Palliative Care for Adults with Cancer* issued by the UK's National Institute for Clinical Excellence.⁴ The various forms of specialist palliative care service provision have therefore been taken into account, such as inpatient bed provision, community palliative care, palliative day therapy and hospital palliative care support. Although intended for UK use, this manual will also act as a template for any country to address its own palliative care development.

These publications are a most welcome synthesis of the idealism of clinical palliative care with the practical implications for health policy. As such, they are required reading for clinicians, politicians and the general public. I would hope that, as with the previous WHO booklet on cancer pain, the results of publication will be profound and have far-reaching consequences.

Andrew Hoy, Editor

References

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3. Tebbit P. Population-Based Needs Assessment for Palliative Care. A Manual for Cancer Networks. London: National Council for Hospice and Specialist Palliative Care Services, 2004.

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