

A chance for end-of-life care to become mainstream

“ Palliative care has been associated with several euphemisms over the years. End-of-life care (EOLC) is one of these. It has the merit of honesty and does not seek to obscure the true nature of the activity. Earlier this year, the Department of Health published its long-awaited *End of Life Care Strategy*,¹ which had been delayed to coincide with Lord Darzi’s *NHS Next Stage Review*.² These policy documents have laid out the UK’s vision for investment in healthcare for the next few years. It is significant that EOLC has been included as one of the main strands of this policy.

The strategy notes the research evidence concerning voluntary hospice care provision; the various programmes that have been developed, such as the Gold Standards Framework (GSF), the Liverpool Care Pathway for the Dying Patient (LCP), the Preferred Priorities for Care, the Marie Curie Cancer Care Delivering Choice Programme and other innovations. It seeks to ensure access to such care provision by stipulating that local healthcare commissioners include EOLC in their funding plans.

Other features of the EOLC strategy include the need to identify people approaching the end of life and record their care preferences. This activity clearly requires that healthcare professionals have a high degree of expertise in communication skills. Care planning and co-ordination of such care have not always been as effective as they could have been. Similarly, the provision of rapid access to care, especially in the patient’s home, has been made a priority. Finally, workforce education, and development and research, are emphasised, so that it will be possible to sustain a credible EOLC programme and audit its impact. It would not be too much of an exaggeration to think that this report is one of the most significant statements in health policy for many years.

In November 2007, a working party of the Royal College of Physicians (RCP) published its report on palliative care services.³ This is a well written and readable booklet that covers the

history of palliative care and emphasises recommendations for service development and provision, workforce requirements including training, and research into palliative care efficacy and cost-effectiveness. The RCP publication complements the later Department of Health strategy document, and very much supports the argument that satisfactory EOLC must include all diagnostic groups, not just cancer.

What is the relevance of this to the rest of Europe? Over the lifetime of the European Association for Palliative Care (EAPC), policies for the provision of EOLC in Europe have been varied, yet they have also displayed common features. Such features are the primacy of individual patient needs, the availability of patient choice, the need to care for the concerns of families – especially bereavement care – and research into the effectiveness of any such interventions. Although EOLC in the UK has been reasonably developed, it has been a peculiarity that the majority of the funding has been found from voluntary sources. Thus 80% of all specialist inpatient beds are in the voluntary sector. This UK initiative now provides the template for integrating the best of voluntary EOLC into mainstream clinical care. European states, however, have tended to cater for EOLC within the existing healthcare system rather than apart from it. These documents insist that, for any civilised, developed country, EOLC is not an optional extra but an essential part of healthcare. Resources must be made available from baseline budgets and not found from the patchwork of a multitude of local charities alone. Whatever euphemism we choose, the activity described is still our crucial core business.

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References

1. Department of Health. *End of Life Care Strategy*. DH: London, 2008. <http://www.dh.gov.uk/en/Healthcare/IntegratedCare/Endoflifecare/index.htm> (last accessed 14/10/2008)
2. Department of Health. *High quality care for all: NHS Next Stage Review Final Report*. London: DH, 2008. http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_085825 (last accessed 14/10/2008)
3. Royal College of Physicians. *Palliative care services: meeting the needs of patients*. Report of a working party. London: RCP, 2007.