Bringing palliative care on to the European agenda

“**Since Recommendation 24 of the Council of Europe,[1] palliative care has gained significant public support. In the two years following its publication in 2003, there were important advances in Austria, the Czech Republic, Denmark, France [see pages 100–101], Germany, Greece, Hungary, Latvia and Romania.**

Since then, a dozen other European countries have passed new measures to support adequate care for citizens with terminal illnesses. It would be fair to say that this official recognition by European authorities has encouraged activists and patient groups across the continent.

When, in November 2007, the opportunity arose to conduct an independent review, encompassing the new member states, for the European Parliament, our core research team* proposed a comprehensive report that would provide a framework for analysis, current data allowing for comparisons and a gamut of alternatives for future action. Our bid was chosen and, thanks to contributions from more than 100 researchers, policy makers and patient-centred associations, the invaluable support of the European Association for Palliative Care (EAPC) and the help of national health authorities, we produced a well-rounded picture of palliative care in Europe.[2]

The image that emerges is promising, with numerous examples of dynamic action. Citizens recognise that one true measure of a humanitarian society is how it cares for the dying. Palliative care specialists and healthcare professionals share the merit of this success with volunteers, advocates and, of course, with patients and families, who increasingly assert their right to adequate care. In response, governments are turning their attention, slowly but steadily, to this important field.

While there are reasons to be optimistic, we cannot be complacent. End-of-life care remains inadequate in many parts of Europe – and not only in the Eastern member states. Virtually no country meets the international standard for the ratio of beds to population. Paediatric palliative care remains marginal. There are deep inequalities in access to care, within and between countries. Inequalities within countries can reflect an economic divide between north and south (as in Italy); a social divide between rural and urban populations (as in Hungary); or the inability of central governments to impose care standards on regional health authorities (as in Spain or Denmark). Inequalities between countries reflect differences in the access to opioids, the medical training and the per capita investment in health. Interestingly, income does not seem to be a crucial factor – political will, grassroots support and effective healthcare management would seem to matter more.

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Dying remains an eminently personal process, and one that does not benefit from models formulated at the other end of the continent. A report like ours should encourage, rather than replace, the in-depth policy research needed at a national level, and generate creative proposals on what can work in each country.

Unfortunately, since its publication in July 2008, this report has not yet given birth to specific actions promoted by the European Parliament. The EAPC has stepped up efforts to bring the issue on to the European agenda. It needs a coherent chorus of voices reaching out to European policy makers to ensure palliative care is recognised as the urgent humanitarian issue it already is for so many people in need.”

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2. Martin-Moreno JM, Harris M, Gorgojo L *et al. Palliative Care in the European Union.* Brussels: European Parliament, Policy Department, Economic and Scientific Policy (Ref. PE 404.899), May 2008. www.europarl.europa.eu/activities/committees/studies/download.do?file=21421 (last accessed 12/01/2009)

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