



## Welcome to our new look

The Comment in this issue of *European Journal of Palliative Care (EJPC)* highlights new developments for the new millennium. The *Newsletter* of the European Association for Palliative Care (EAPC) will appear on the website ([www.eapcnet.org](http://www.eapcnet.org)) and will therefore have far more immediacy than has been possible with the bimonthly appearance of the *EJPC*. Instead, the EAPC Board wish to encourage information exchange in the journal as a 'news and views' section. We will therefore welcome feedback about articles which we publish. We will also carry any copy which we think may be of interest to the readership. The only restrictions are those of space and topicality. We suggest an absolute limit of 200 words per item.

The *EJPC* is your journal, so over to you.  
*Andrew Hoy, Editor; Marilyn Marks, Deputy Editor, UK; Philippe Poulain, Deputy Editor, France*

## 1st Congress on Research and Development in Palliative Care

The 1st Congress on Research and Development in Palliative Care was held from the 7–10 December in Berlin. The Congress was organised by the Research Steering Committee of the European Association for Palliative Care (EAPC). More than 350 participants from 40 countries took part in the discussions on problems currently facing research in palliative care. Experts from Europe and overseas reported on research of symptom control in patients with advanced disease and in dying patients, problems with communication and the discussion of ethical problems. Topics such as the legalisation of euthanasia in the Netherlands, and sedation in palliative care, were also discussed in great detail.

The Scientific Committee has received much positive feedback both during and after the Congress. Participants stated that the exchange of information and the expert discussion was very enlightening. The sessions with a combination of invited speakers and free communication were

well received, as were the poster presentations. Three book prizes for the best posters were awarded. Further information about the Congress and presented abstracts are available on the website

([www.kenes.com/eapcresearch](http://www.kenes.com/eapcresearch)).

The Research Steering Committee is confident that the Congress has provided a valuable input to the development of palliative care within Europe, and hopes that many new ideas and plans for future projects will stem from the events in Berlin.

Finally, we would like to thank all those involved in the preparation and running of the Congress, who helped to make this event such a success.

*Lukas Radbruch, Chairman of the Scientific Committee, Germany; Franco De Conno, Chairman of the Research Steering Committee, Italy*

## US and UK horizons in palliative care

On 11–12 December 2000, about 50 senior experts in palliative care or policy development gathered at the Royal Society of Medicine in London to discuss new horizons in palliative care, pertinent to both the USA and the UK. The meeting focused on HIV and AIDS, social exclusion and public policy. Social exclusion was chosen because it is important to understand and describe palliative care and its implications for people who are living on the margins of our societies. There was also a focus on the future need for services, improving access to care, and financing care and research.

For each theme there was a position paper giving both countries' perspectives. Dame Cicely Saunders provided the keynote address, describing the evolution of palliative care and her identification of what is good and bad in both countries.

It is clear that there is much that these two countries can learn from each other. The different structures of care, funding arrangements, training programmes for palliative medicine and approaches to financing healthcare offer a great opportunity to learn. Many of the UK participants were already aware of the

concerns regarding the six-month time limit for hospice reimbursement under MediCare. However, it was news to many to learn that the USA has more than 40 million uninsured Americans who rely on government support for their healthcare (the population of the UK is only 59 million), and that the developed country with the worst inequalities in health is the USA, with the UK following closely behind.

The presentations on education were equally fascinating. Drs Richard Hillier and Bee Wee reminded participants that mortality has 100% prevalence. Dr Kathy Foley from the Project on Death in America for the Open Society Institute outlined the steps in the USA to introduce broader education programmes for doctors and nurses. Professors Finlay and Cassell reviewed the future trends in palliative care in both countries with their increasingly diverse populations, focusing on some of the issues facing patients and families with progressive illness in the future.

The second day was taken up with workshops with the aim of coming up with specific recommendations and action plans for the future. Dr Robin Fox, Editor of the *Journal of the Royal Society of Medicine*, was present throughout the meeting and it is our intention to publish the papers from the meeting as a supplement to this journal so that the information and conclusions can be made widely available.

The meeting was the brainchild of Dr Joseph O'Neill, Director of the HIV/AIDS Bureau in the Health Resources and Services Administration (HRSA) in the US Department of Health, and Professor Irene Higginson. Many individuals and organisations supported the meeting, notably the HRSA, the Robert Wood Johnson Foundation, the Project on Death in America, the Nuffield Trust, St Christopher's Hospice, the UK Association for Palliative Medicine, the NHS Executive Research and Development Programme in the UK, Kensington, Chelsea and Westminster Health Authorities, the GKT School of Medicine, Brown University, and the Royal Society of Medicine.

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