EAPC news and views

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Annex 3 of the EAPC Board meeting minutes – proposal

There is nothing in the EAPC by-laws that the EAPC has two official languages, it is just tradition. As a result, the EAPC Board of Directors has decided on the following internal rules.

- Internal communication – all communication between the Board of Directors, the Head Office and the members of the different committees is to be in English.
- Information to members – communications from Head Office and the Board and the *European Journal of Palliative Care* to its members will continue to be in both languages, English and French, as far as possible. Due to time and resources, this may be limited depending upon the contribution of French-speaking board members.

Official EAPC documents will be in both English and French, as long as financial resources are available. The French-speaking EAPC board members will contact palliative care associations in French-speaking countries to obtain translations of official documents of the EAPC. All EAPC board members shall check with their national associations to see if they would be prepared to translate important EAPC documents into languages other than French. All costs must be incurred by the collective members.

- EAPC Congresses – all communication by our professional congress organiser (PCO) to our members will be in English and French, as will the congress websites and programmes. The French-speaking board members will be responsible for reviewing the translations provided by the PCO.

During the EAPC congresses, the official language for presentations and speakers will be English. One-way translation (English to French) will be provided for the plenary sessions, and for one parallel session into French and possibly into four or five other European languages (decided according to the number of participants from the last two Congresses). National associations shall be approached to raise funding for these translations. Reporters shall be nominated for these sessions to present a résumé of the outcome of the sessions in English in the plenary sessions.

Abstracts will only be accepted in English, except for those sessions to be held in other languages. The scientific committee shall select an advisory board to guarantee that foreign language abstracts can be reviewed. The collective members will be approached to propose members. All EAPC board members must help in this task. An invitation to join the advisory board or to review abstracts for the Congress does not automatically include any special support for congress participation.

New committee

The Council of Europe has recently established a committee of experts to examine and report on the organisation of palliative care services across Europe. The multidisciplinary committee is composed of members from Austria, Belgium, Finland, Hungary, Republic of Ireland, Italy, Romania and Switzerland. In addition, there are representatives from the Czech Republic and Portugal, and also observers from Holy See and the EAPC. Dr Willems from Amsterdam has been appointed to act as consultant to the committee.

The first meeting of the group, which was held in Strasbourg in March 2001, was hosted by officials from the secretariat of the Council of Europe. At this meeting, Dr Tony O'Brien was appointed to act as chairman. The committee is expected to complete its report by December 2002.

Specifically, the committee of experts is required to:

- Carry out a survey on the existence, extent and nature of palliative care available in member states, both in the public and private sectors
- Examine the environment in which palliative care is practised, in particular: equity in access to palliative care; excessively prolonged treatment; assessment of palliative care needs; difficulties for older people in accessing healthcare; ethical issues of clinical trials in palliative care; medical practice in hospitals and institutions; training of health professionals; co-ordination and co-operation between the health and social sector, government and non-governmental organisations (NGOs) and special needs groups
- Make proposals on the legislative framework needed for the development of palliative care; the development of structures for the practice of palliative care in the widest sense and to the enlarged family circle; the reform of medical practice with regard to terminally ill persons, and particularly in cases of excessively prolonged treatment; innovative approaches such as palliative day care and home care and the improvement of training of health professionals on their role in the proper use of palliative care.

The committee is pleased to invite submissions from national associations, healthcare professionals and any other interested parties. All submissions must be in writing and may be forwarded to Dr Tony O'Brien, Marymount Hospice, Wellington Road, Cork, Republic of Ireland. email submissions are welcome (obrient@shb.ie or d.l.willems@amc.uva.nl). As the committee is working within strict time constraints, please respond quickly.

Tony O'Brien, Consultant Physician in Palliative Medicine, Republic of Ireland

From survey to strategy

In 1999 and 2000, the Swiss Society for Palliative Care (SSPC), in collaboration with the Swiss Cancer League, launched three projects to provide better access to palliative care for Swiss citizens. These were:

- A national survey to assess the situation regarding the number and quality of services available
- A definition of national standards for palliative care as well as recommendations for education
- A national strategy designed to implement palliative care over the next five years in Switzerland.

The survey consisted of three search strategies to identify and qualify the current availability of palliative care in Switzerland. The standards and recommendations were integrated with proposals from other countries, such as Australia, Canada and the UK, and a review process by experts from other healthcare professions and disciplines was established. A national strategy was then formulated that considered the results of the national survey, as well as the standards and recommendations of other countries.

Twenty-one institutions were identified that provide continuous palliative care. There are significant differences regarding the geographic distribution, composition of teams, availability of 24-hour services, and governmental support, as well as specific training in palliative care.

The definition of national standards and recommendations for education proved to be essential for initiating the discussion and need-assessment with politicians, other healthcare professionals, education institutions and the public. Finally, the entire process culminated in the first national consensus meeting on palliative care in February 2001, which brought together the public, journalists, politicians and representatives from many different professions and disciplines.

This comprehensive process of assessing, defining and setting goals and strategies for palliative care seems to be a promising approach towards implementing palliative care in a highly developed healthcare system focusing on curative treatment.

Steffen Eychmüller, Consultant in Palliative Medicine; Françoise Porchet, Nurse, Palliative Care Educator and Vice President of SSPC, Switzerland

Annual awards

The International Association for Hospice and Palliative Care (IAHPC) has announced the introduction of the IAHPC Annual Institutional Award.

The IAHPC will present an annual award of $1,000 to an institution that has implemented, and is actively operating, a successful palliative care unit, programme or department. The award is directed at both public and private non-profit institutions and aims to strengthen healthcare services for terminal patients to improve their quality of life, to promote the formation of alliances and to work in co-operation with health, academic and/or governmental institutions. The main objective of the award is to fulfil our mission statement by supporting the development of palliative care models throughout the world.

Institutions will be selected according to the following criteria:

- The person in charge of the unit, department or service is a current member of the IAHPC
- Institutions must not have received the IAHPC award in the past
- Oral opioid analgesics must be available
- An appropriate infrastructure to provide adequate care for patients and their families must exist
- Appropriate treatment protocols, including interdisciplinary care, must be in place. If the institution is unable to provide evidence, it should be able to demonstrate that it has attempted to provide care in partnership with others
- It must demonstrate the commitment of clinical and administrative staff to improve the care of those with progressive incurable illness and their families, including the involvement of patients and families in determining the courses of treatment
- The level of involvement of the institution with the community
- The extent to which the proposed initiative will be used as leverage for changes in the healthcare system and in the community
- The quality, clarity and completeness of the application.

Applications must be received before 30 September 2001, any received after this date will be considered for the following year. The winner will be selected by an IAHPC committee and announced in December of each year. Instructions on how to apply and application forms can be obtained from IAHPC, 1515 Holcombe Blvd. Box 08, Houston TX 77034, USA. Fax: +1 (713) 339 9041. email: LIDELIMA@aol.com

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