EAPC news and views

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Farewell to Cicely Saunders

Dame Cicely Saunders, founder of the modern palliative care movement, died peacefully at St Christopher's Hospice on 14 July 2005. A formal appreciation will appear in a later issue.

Report of the President of the EAPC 2005. Part 2

Europe is changing, borders are disappearing and people are moving faster than ever. The challenge is to develop palliative care further in a multicultural society. The new communication vehicles, such as the internet, mobile phones and other digital media, will also influence palliative care. I think we need to see how we can use these possibilities in communication to improve palliative care.

Education and standardisation

Palliative care has undoubtedly, especially during the last three to four years, been accepted in many countries as a separate entity within the healthcare system. Now it is time to formalise education, specifically for physicians and nurses, but also for all other professions within the multidisciplinary team. We need to develop standards and we need to have official endorsement of specialties within palliative care, such as palliative nursing.

Collaboration with the EU

The European Union (EU) is a major resource for funding within Europe, especially for research. The EAPC needs to play a more active role to give our members the possibility of applying for economic support through this system. The EAPC should be active in Brussels and lobby to develop and improve in the quality and quantity of palliative care within Europe.

Limited resources

The EAPC is an organisation with limited resources, which I think the Board needs to take into consideration when the planning strategy is made.

With limited resources, I am not only talking about economy, but also the number of people who are working actively for the organisation and who the organisation names as the leaders.

Collaboration with others

Palliative care and palliative medicine is nowadays included more and more in other organisations and meetings. Many of these other organisations are prominent in the medical field, such as ESMO, ESTRO, ASCO, MASCC and IASP. Our experience is that they do not always see the need to collaborate with EAPC. In order to be influential, we need to at least do two things at the same time – stay independent and collaborate with other organisations.

EAPC congresses

The EAPC congresses have been the best opportunity for the EAPC to be noticed. The development of the research forum has been very positive. From these meetings, new research has been developed within our field. However, it should be noted that other organisations (who are not predominantly interested in palliative care) have similar goals. I am convinced that the EAPC forum will still be in the forefront, by not compromising on quality as the main goal.

Gaining EU funding

The role of EAPC in the limited funding of palliative care is unclear. However, my recommendations will be to put resources into influencing the EU as one main strategic priority for the next two years.

Task forces

During my six years as the president of EAPC, I have worked for the EAPC to develop it as an 'open organisation', where the members can easily contribute. The main tool we have developed successfully is the concept of task forces. Under the auspices of the EAPC, all members can quickly organise an official working party.

I am convinced that the combination of openness and quality of delivery is the right strategic move.

A new era

An organisation like ours needs continuity. Therefore, I am happy to announce that Marilène Filbet will be the next president of the EAPC from 2005 to 2007. She will be the first female president of the organisation, which I think was due! I am convinced that she will bring enthusiasm and strong commitment to palliative care through her leadership of our organisation. I am also happy to announce that the Board is taking the responsibility for long-term planning into account. Therefore, during the last Board meeting, the Board appointed Lukas Radbruch as the incoming president of the EAPC. Given that he will be re-elected in 2007, the recommendation of this Board to the next is that he will become the next president.

Finally I would like to thank all of you for giving me the chance to work within the field of palliative care in Europe. My work as the president of the EAPC has given me six rich and fulfilled years and I would like to continue to contribute to palliative care in Europe through the EAPC ■

Stein Kaasa, Former President of the EAPC

Welcome message from the new President

It is a great honour to have been appointed President of the EAPC, and to follow in the footsteps of Professor Ventafridda, Professor Hanks and Professor Kaasa. I shall make every effort to prove myself worthy of this honour and to follow the good examples set by my predecessors. Thanks to them, the EAPC has grown in stature and now represents, as it stands in June 2005, 32 associations, collective members from 21 different countries and a total movement of around 50,000 people in Europe.

It is necessary to continue to make progress in improving the quality of palliative care throughout Europe, and we have to face up to a number of challenges in the development of this field.

The field of palliative care has extended well beyond patients suffering from cancer; the reality of an aging population must lead to progress in palliative care for the elderly and support for those close to them.

Palliative care must also be of benefit to those suffering from pathologies other than cancer, as well as to those with AIDS and severe disabilities.

The ways of organising and financing healthcare are different in each of the countries in Europe and, rather than putting forward a single model for the development of palliative care, we must establish standards that can serve as common reference points. Similarly, in the interests of fairness, we should affirm the necessity for all people to have access to palliative care services, whatever their financial situation may be, and we should promote among the various European institutions access to palliative care services as a right of all citizens.

Another challenge is that of the diversity within Europe – the various professionals and volunteers do not always have the same training or the same roles in each country and, furthermore, language barriers and cultural barriers can limit exchanges.

The socio-economic changes in our developed countries, the heavy financial burden of old age, individualism and the loss of cultural and religious bases, have contributed to a strong movement – promoted by the media – in favour of the legalisation of euthanasia. We must remain vigilant in our defence of the values that unite us and speak up for our more fragile patients.

It is these differences that give our association its richness and it is necessary to step up exchanges, establish links and build bridges between different countries, between professionals and volunteers, between different specialist fields, and with other European organisations, particularly those operating in the fields of pain management, care of the elderly and of children, cancer and bereavement. We must work creatively!

We have the means to meet these objectives, such as task forces in the areas of education, standards, ethics and the development of palliative care in Europe, and a research network. These groups must be very open to different professionals and to different countries so that each member organisation of EAPC, as well as its individual members, feel that they are represented and involved in our association. Each member of the EAPC can take the initiative to create a task force, and the publications of the various groups will be available on our site.

By way of our communication tools, such as the website and the EAPC's journals, the *European Journal of Palliative Care* and *Palliative Medicine*, you are invited to join us and to have your say. Do not hesitate to send us your proposals for publications, your experiences and your comments. Do not forget our forthcoming important meetings: the research forum in Venice in 2006 and the next congress in Budapest in 2007. All the details that you need in order to take part and send in your abstracts are available on our website: www.eapcnet.org

I hope that each one of you will have been able to organise or participate in an event to help make the first day for palliative care on 8 October 2005 a success.

I look forward to hearing from you ■

Marilène Filbet, President of the EAPC

The University Network of the Transmanche

Dr David Oliver, Honorary Senior Lecturer at the Kent Institute of Medicine and Health Sciences at the University of Kent, reports on the latest developments regarding the MSc in Palliative and Chronic Illness Care at the Reseau Universitaire Transmanche (University Network of the Transmanche). It has progressed well over its first year. This innovative programme has been developed as part of the collaboration between the University of Kent and the Université Charles de Gaulle in Lille, and is part of the celebrations of the centenary of the Entente Cordiale.

The MSc in Palliative and Chronic Illness Care is taught over two years in both Canterbury and Lille, with three separate weeks' educational blocks in both years, supported by distance learning packages. Lessons are in both English and French, giving the opportunity to look critically at the issues in palliative and chronic illness care within an international context, as well as to develop language skills.

Recruitment is starting for the programme, which begins in September 2005, and further details are available on the following website: www.kent.ac.uk/registry/european-office/transmanche/tmapply.html

Alternatively, contact: Stephanie Green, Transmanche Project Administrator. Tel: +44 (0)1227 824108 or email: transmanche@kent.ac.uk ■