EAPC news and views

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Bridging the gap

Palliative care research in developed and developing countries: setting a global strategy

Palliative care has been promoted and implemented all over the world in recent years. Research in palliative care also has increased tremendously, with new journals being established, new meetings initiated and many research projects running all over the world.

Still, much of the research efforts are focused on cancer pain management, while other areas of symptom control or psychosocial interventions are neglected. New ideas, such as resilience, take a long time until they are researched in depth and become everyday practice, and systematic assessment of research needs is neglected. The European Union has identified pain, depression and fatigue as predominant areas for research in advanced cancer.

Over 80% of the global disease burden occurs in developing countries but the proportion of research conducted in these countries accounts for less than 10% of all the global research activity. The articles published in scientific journals are based on studies of patients in developed countries, resulting in treatment protocols that are not necessarily applicable in developing countries. In addition, the majority of the journals are published in rich countries and the subscription costs are extremely high for developing countries.

This may be the result of several barriers, including lack of infrastructure, poverty and insufficient knowledge in research methodology. Researchers will encounter additional organisational and administrative barriers if no research culture is available.

How can we transfer the know-how from developed to developing countries and help the researchers to overcome the barriers?

We need a global strategy for bridging the gap in palliative care research between developed and developing countries. This could be a first step towards individual research agendas in developed and developing countries. For several years, many research experts and palliative care leaders have stressed the importance of establishing and adopting research programs in developing countries as a tool to measure cost-effectiveness and to increase the visibility of programs, but little has changed in the practice since.

At the 4th Research Forum of the European Association for Palliative Care (EAPC) to be held in May in Venice, the EAPC and the International Association for Hospice and Palliative Care (IAHPC) will join forces to collaborate and initiate a global strategy to promote and develop research in developing countries. Other regional associations, such as the Asia Pacific Hospice and Palliative Care Network (APHN), the African Palliative Care Association (APCA), the Latin America Association of Palliative Care (ALCP), the Eastern and Central Europe Palliative Task Force (ECEPT), Palliative Care Australia and the American Academy of Hospice and Palliative Medicine (AAHPM), have been invited to participate in a joint meeting and discuss the need for worldwide collaboration in a session of the Research Forum.

This process will be important not only for developing countries, which need to identify their own research agenda based on the characteristics and needs of their patient population and the challenges they face. It will be as important for developed countries, which will be able to reflect their research priorities and needs assessments against other cultures and settings, thereby evaluating the use of resources and identifying gaps and neglected areas.

For those who are interested in attending or registering, additional information and registration guidelines for the EAPC Research Congress can be found at: www.eapcnet.org/research2006/index.html

If you have any questions about this initiative, please contact:

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Neurology and palliative care

The 18th World Congress of Neurology, held in November 2005 in Sydney, Australia, included an afternoon on the palliative care of neurological patients for the first time. Following an approach by Professor Raymond Voltz, from Cologne, who is a member of the Research Committee, the World Federation of Neurology invited speakers to hold a session on palliative care. The Congress is held every four years and over 5,000 delegates attended from all over the World.

An international group of speakers was invited to lead the sessions, which looked at the various aspects of neurological palliative care:

● Dr Susan Mathers, from Calvary Health Care Bethlehem in

Melbourne, spoke on the care of people with multiple sclerosis

- Professor Bruce Brew, Head of Neurology and Neurosciences at St Vincent's Hospital in Sydney, discussed the neurological problems associated with HIV
- Dr Sandy Macleod, a palliative care physician and psychiatrist from Christchurch, New Zealand spoke on the care of people with dementia – in particular with Huntingdon's disease and Alzheimer's disease
- Dr David Oliver, a palliative care physician from the Wisdom Hospice in Rochester, UK gave a presentation on the role of palliative care for people with amyotrophic lateral sclerosis (ALS)
- Professor Ian Maddocks, from Adelaide in Australia, spoke on the problems of assisting patient choice and advance care planning in neurological disease
- Dr Yugo Narita from Japan discussed his work on the discussion of end-of-life care planning with people with ALS, including the completion of advance directives.

Over 50 delegates attended the session and the afternoon was well evaluated. There was interest from delegates from all over the world and there was wide-ranging discussion after the presentations and throughout the congress.

Dr Oliver commented, 'It was an honour for us to be invited to speak at the congress. The care of neurological patients will often involve palliative care and this area is of interest to both palliative care professionals and neurologists. I hope that the contacts can be continued and neurological palliative care can be considered more widely at other meetings and that neurologists could be invited to be involved in sessions on this area at the next EAPC Congress in Budapest.'

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Collaboration between the EAPC and the ESMO

Most patients in palliative care have a cancer diagnosis and a substantial number of patients in oncology wards receive palliative treatment.

Oncologists today pay more attention to the comprehensive management of patients and use the conventional armamentarium, such as chemotherapy, biological therapy and radiotherapy to prevent or relieve symptoms.

Due to new developments in oncology, more patients are living longer and thus receiving anti-cancer treatment for a longer period. 'New cohorts' of patients may potentially suffer longer with a more complex symptom pattern and will receive care at various institutions. How this is organised will vary substantially between countries within Europe. Independent of organisational differences, a close collaboration needs to be established between palliative medicine specialists and oncologists.

An initiative has been taken to promote collaboration between the European Society for Medical Oncology (ESMO) and the EAPC with the overall aim of improving patient care, as well as exploring how to collaborate in teaching and research.

Raphael Catane from Israel has been appointed as the contact by the ESMO and Stein Kaasa on behalf of the EAPC.

During the next Research Forum in Venice, a joint session will take place titled 'Palliation with oncological treatment: a joint ESMO-EAPC session' ■

Stein Kaasa, EAPC Past-President

McGill University, Faculty of Medicine

Eric M Flanders Professor in Palliative Care Medicine

We are seeking a highly qualified academic for senior leadership of the McGill Palliative Care Program. McGill has long been an international pioneer in palliative care medicine, known for its excellence in clinical care, clinical research and teaching programs. Candidates must have:

- Demonstrated academic accomplishment in palliative care and a relevant area of research
- A clear vision of the evolving nature of this discipline, a demonstrated ability to share and promulgate this vision, and the capacity to nurture junior colleagues
- Knowledge of the clinical activities of a palliative care service and an interest in assuming a leadership role
- A working knowledge of French, or the interest and capacity to learn French.

The Eric M Flanders Professor is eligible for tenured Full Professorship in the Faculty of Medicine at McGill University. Salary will be commensurate with education and performance.

Interested applicants are asked to submit a copy of their curriculum vitae, names and contact information for three references, and a signed letter of interest describing relevant experience and qualifications to the following address: Dr Gerald Batist, Chair, McGill University, Department of Oncology, 546 avenue des Pins ouest, Montréal (Québec) H2W 1S6. email: gbatist@onc.jgh.mcgill.ca

In accordance with Canadian immigration requirements, all qualified candidates are encouraged to apply, however, Canadian citizens and permanent residents will be given priority. McGill University is committed to equity in employment. The search committee will begin reviewing applications immediately, and will continue until a suitable candidate is found ■