

Evaluation of World Hospice and Palliative Care Day 2005

The first World Hospice and Palliative Care Day (WHPCD) was held on 8 October 2005. Initiated by the UK-based charity Help the Hospices, the purpose of WHPCD was to: raise awareness of hospice and palliative care; raise funds to support and develop hospice and palliative care services; and increase the availability of hospice and palliative care. The aim of the evaluation study was to assess the global impact of WHPCD on these stated objectives.

The evaluation was conducted through a online questionnaire, interviews with key people in national associations of hospice and palliative care, and an analysis of web-based materials, international reports and Help the Hospices data and documentation.

Study results

The evaluation study evidence demonstrates that 74 countries across five continents organised activities for the day, and a further 28 countries signed the petition (see Figure 1). We estimate that there were approximately 1,100 WHPCD events worldwide, plus 500 Voices for Hospices concerts in 60 countries. The activities were wide-ranging and included, for example, music and arts performances, seminars and conferences, organised walks, school competitions, TV documentaries, religious services and active lobbying of state officials.

Some examples of key outcomes from and linked to WHPCD include:

- Opioid regulations and policy change in Romania and Colombia
- Worldwide media coverage in most of the 74 participating countries

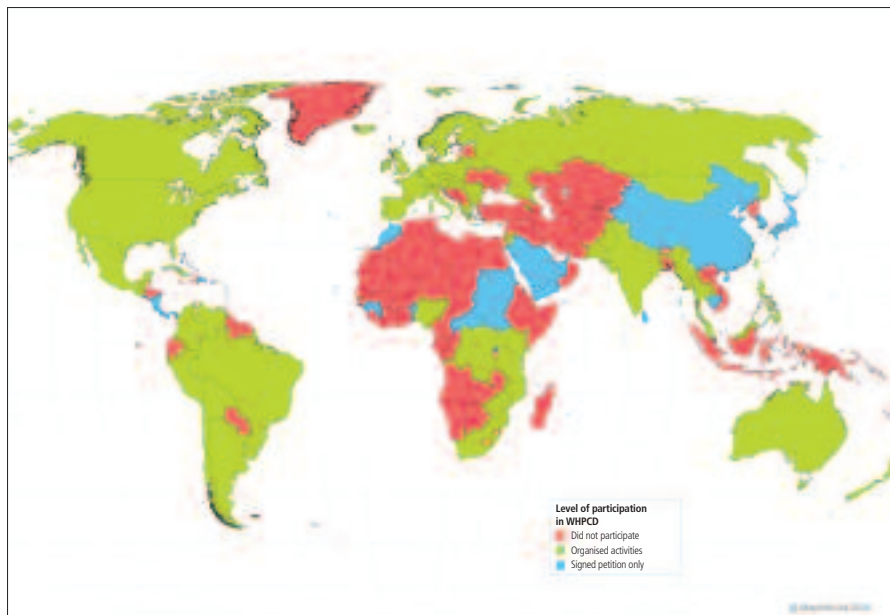


Figure 1. Global participation in World Hospice and Palliative Care Day 2005

- New service developments; for example, in the Philippines, Nigeria and Hungary
- Guatemala celebrated the opening of the country's first palliative care unit
- Increased demands on services such as in Moldova and South Africa
- Advocacy with government and state officials; for example, Slovenia, Austria and Kenya
- Capacity building, such as the launch of the African Palliative Care Association in Uganda
- New hospice and palliative care collaborations, such as in Brazil
- Funds raised (a concert in Trichur, India raised US\$5,000)
- Over 5,500 signatories to the WHPCD petition.

Conclusions drawn

The evaluation demonstrates that WHPCD was an extremely successful global event. The day has increased the awareness of hospice and palliative care in the general public, healthcare professionals, school students, government and state officials,

voluntary and community groups and the business community. WHPCD events brought about an increase in the availability of hospice and palliative care through new service developments and widening access to already existing services. Funds were raised to support and develop hospice and palliative care via a dazzling array of activities.

Future WHPCDs need to build on the success of last year to widen global participation and increase the impact of WHPCD on hospice and palliative care, worldwide. A full copy of the report is available at: www.eolc-observatory.net/global/whpcd.htm

This year's World Hospice and Palliative Care Day will be held on 7 October 2006. See www.worldday.org ■

Elizabeth McDermott, International Observatory on End of Life Care, Lancaster, UK

The WHO analgesic ladder turns 20

An appraisal of the WHO Analgesic Ladder on its 20th anniversary is the

focus of the current issue of *Cancer Pain Release*, the publication of the WHO Pain and Palliative Care Communications Programme.

The issue features an interview with Dr Kathleen Foley, former Chair of the WHO Expert Committee on Cancer Pain Relief and Active Supportive Care, the group that drafted the WHO guidelines. Praised for its simplicity and clarity, criticised for its omissions, the WHO ladder remains an icon for analgesic drug therapy.

The issue highlights research supporting and refuting the WHO analgesic ladder and provides online links to the WHO source documents about methods to relieve cancer pain.

To read this issue online, visit: www.WHOcancerpain.wisc.edu/eng/19_1/19_1.html

To receive your own printed copy of *Cancer Pain Release*, visit: www.WHOcancerpain.wisc.edu/feedback.html

Free membership to the AAHPM for physicians from countries on the HINARI list

We wish to draw your attention to a new category of membership that was approved recently by the American Academy of Hospice and Palliative Medicine (AAHPM) board of directors. We now offer a free 'international corresponding' membership to physicians from countries on the HINARI list. The description is as follows: 'International Corresponding membership is available to physicians at the postgraduate level for whom a significant portion of their professional activity is related to palliative care, and who reside in a nation included on the HINARI lists of eligible countries (www.who.int/hinari/eligibility/en/). Applicants must provide documentation that they reside in an eligible country. International Corresponding members receive electronic access only to

periodicals and may not vote, hold office, or serve on AAHPM committees or task forces.'

The direct link to the online membership page is: www.association-office.com/aahpm/etools/memberships/membership.cfm

The first palliative care unit in Lebanon

Since 2005, Our Lady's Convent in Beirut, Lebanon, has been able to admit palliative care patients to a unit that is fully adapted to the needs of the patients and their families.

Through Sister Bernadette's tenacity and energy, this establishment, which previously only took in religious figures, has opened to lay people and has chosen to focus on palliative care. The renovation, which lasted five years, has made it possible to offer those nearing the end of their lives a warm welcome with single rooms for the basic essentials, but large enough to allow the family to stay around the clock. Specific rooms, such as lounges and bathrooms, are also available for their use. The fittings in the room reflect the comfort of a hotel. Safety has also been taken into account, while at the same time respecting the person's independence (for example, the bathrooms have been adapted for those with mobility difficulties).

The unit takes in terminal patients, making no distinction regarding pathology, age, religion or social background. The establishment is a charity. Since opening, more than 30 patients have already been admitted and a medical and paramedical team put together especially for this unit is at their disposal, providing occupational therapy, physiotherapy, speech therapy and so on. Spirituality is part of life in the unit and those patients who wish to can even attend services in bed thanks to the presence of mezzanine floors in the church. Spiritual support can be provided in any religion, without distinction.

Large terraces and a garden allow patients and those close to them to leave the room and enjoy the Mediterranean sun under large parasols.

This unit spreads the principles of palliative care through teaching activities, by taking in trainees from all over Lebanon and by organising awareness days based on this theme. For more information, please contact: S. Bernadette Rouhaïem, Our Lady's Convent, BD Camile CHAMOUN, HADETH B.P. 166546 Beirut, Lebanon. email: badete1@inco.com.lb ■

Marilène Filbet, EAPC President

Reconnecting to the Magic of Life by Joyce Mills

Le Courrier du Livre, Paris 2006

This book is written by Joyce Mills, a psychologist and hypnotherapist who wrote *Therapeutic Metaphors for Children* with Richard Crowley.

Joyce Mills' book is profound. It seeks to help the reader reconnect with him/herself through the use of symbols and stories. The book combines the tradition of therapeutic stories and Ericksonian hypnosis with traditional Native American rituals, as well as those from Hawaii, where she lives. 'Rituals and ceremonies are important in our daily life, to reconnect us to something which is higher than our material possessions and ourselves – to instil in us a sense of community and the sacred nature of life.'

In this book, Mills discusses both Native American and Hawaiian stories, but also simply recounts stories from her own life. This simple, very human, yet profound book can help not only a patient who is suffering or who has lost someone dear to them, but is also a marvellous tool for the psychologist or hypnotherapist. Finally, it may help a doctor to recharge when confronted with weariness and fatigue ■

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