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Message of His Holiness Benedict XVI for the 15th World Day of the Sick

From the Vatican, 8 December 2006

Dear Brothers and Sisters,

On 11 February 2007, when the Church keeps the liturgical memorial of Our Lady of Lourdes, the Fifteenth World Day of the Sick will be celebrated in Seoul, Korea. A number of meetings, conferences, pastoral gatherings and liturgical celebrations will take place with representatives of the Church in Korea, healthcare personnel, the sick and their families. Once again, the Church turns her eyes to those who suffer and calls attention to the incurably ill, many of whom are dying from terminal diseases. They are found on every continent, particularly in places where poverty and hardship cause immense misery and grief. Conscious of these sufferings, I will be spiritually present at the World Day of the Sick, united with those meeting to discuss the plight of the incurably ill in our world and encouraging the efforts of Christian communities in their witness to the Lord's tenderness and mercy.

Sickness inevitably brings with it a moment of crisis and sober confrontation with one's own personal situation. Advances in the health sciences often provide the means necessary to meet this challenge, at least with regard to its physical aspects. Human life, however, has intrinsic limitations, and sooner or later it ends in death. This is an experience to which each human being is called, and one for which he or she must be prepared. Despite the advances of science, a cure cannot be found for every illness, and thus, in hospitals, hospices and homes throughout the world we encounter the sufferings of our many brothers and sisters who are incurably and often terminally ill. In addition, many millions of people in our world still experience insanitary living conditions and lack access to much-needed medical resources, often of the most basic kind, with the result that the number of human beings considered 'incurable' is greatly increased.

The Church wishes to support the incurably and terminally ill by calling for just social policies which can help to eliminate the causes of many diseases and by urging improved care for the dying and those for whom no medical remedy is available. There is a need to promote policies that create conditions where human beings can bear even incurable illnesses and death in a dignified manner. Here, it is necessary to stress once again the need for more palliative care centres that provide integral care, offering the sick the human assistance and spiritual accompaniment they need. This is a right belonging to every human being, and one that we must all be committed to defend.

I would like to encourage the efforts of those who work daily to ensure that the incurably and terminally ill, together with their families, receive adequate and loving care. The Church, following the example of the Good Samaritan, has always shown particular concern for the infirm. Through her individual members and institutions, she continues to stand alongside the suffering and to attend the dying, striving to preserve their dignity at these significant moments of human existence. Many such individuals – healthcare professionals, pastoral agents and volunteers – and institutions throughout the world are tirelessly serving the sick, in hospitals and in palliative care units, on city streets, in housing projects and parishes. I now turn to you, my dear brothers and sisters suffering from incurable and terminal diseases. I encourage you to contemplate the sufferings of Christ crucified, and, in union with him, to turn to the Father with complete trust that all life, and your lives in particular, are in his hands. Trust that your sufferings, united to those of Christ, will prove fruitful for the needs of the Church and the world. I ask the Lord to strengthen your faith in his love, especially during these trials that you are experiencing. It is my hope that, wherever you are, you will always find the spiritual encouragement and strength needed to nourish your faith and bring you closer to the Father of Life. Through her priests and pastoral workers, the Church wishes to assist you and stand at your side, helping you in your hour of need, and thus making present Christ's own loving mercy towards those who suffer.

In conclusion, I ask ecclesial communities throughout the world, and particularly those dedicated to the service of the infirm, to continue, with the help of Mary, *Salus Infirmorum,* to bear effective witness to the loving concern of God our Father. May the Blessed Virgin, our Mother, comfort those who are ill and sustain all who have devoted their lives, as Good Samaritans, to healing the physical and spiritual wounds of those who suffer. United to each of you in thought and prayer, I cordially impart my Apostolic Blessing as a pledge of strength and peace in the Lord.

Benedictus PP XVI ■

This message can be viewed in English, Spanish and Italian on the Vatican website at: www.vatican.va/holy_father/benedict_xvi/messages/sick/index_en.htm (Click on 'XV World Day of the Sick, 2007'.)

Palliative care in the 7th Framework

The European Union has started the 7th Framework Programme of the European

Community for research, technological development and demonstration activities, which will fund research projects for the next seven years.

Following the lobby work of the EAPC with members of the European parliament, palliative care was implemented in the 7th Framework. In Annex 1 of the decision of the European Parliament and the Council of the European Union (PE-CONS 3666/1/06), the scientific and technological objectives with the broad lines of themes and activities are listed.

Four pillars

The 7th Framework uses four pillars for funding (co-operation, ideas, people, capacities). Ten major topics, including health, will be covered in the cooperation section. Translational research is listed among the specific activities that will be considered in the health topic: 'Translational research in major diseases: cancer, cardiovascular disease, diabetes/obesity; rare diseases; other chronic diseases including arthritis, rheumatic and musculo-skeletal diseases and respiratory diseases, including those induced by allergies: to develop patient-oriented strategies from prevention to diagnosis with particular emphasis on treatment, including clinical research and the use of active ingredients. Aspects of palliative medicine will be taken into account' (see page 38 of the decision).

Major breakthrough

Although palliative care seems to be mentioned only as a sideline, its appearance in the 7th Framework is a major breakthrough in the development of the field. This offers not only the opportunity for funding of international research collaborative, pushing the doors wide open for top-level research in palliative care for all EAPC members, but also gives acknowledgment to the high quality that the provision of care as well as research activities in palliative care have already reached in Europe. We hope that this exciting new window of opportunity will be used amply by our members! For more information, go to: www.eapcnet.org/organisations/ECframework.asp ■

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Travelling grants for delegates from Central and Eastern Europe

The Open Society Institute in the USA has generously allocated funds for travelling grants for delegates from Central and Eastern Europe for active participation in the 10th EAPC conference in Budapest, 7–9 June 2007. The objective for the grants is to provide the possibility for professionals to actively participate in the conference, for example, with an oral or poster presentation. The grant includes travelling and accommodation and the EAPC has waived the registration fee for delegates who are awarded these grants.

We received 43 grant applications for the Budapest congress. Decisions about the applications were made in February 2007, and applicants received notification in good time to plan for their active participation in the congress ■

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Subspecialty in palliative medicine

Palliative medicine was initiated in Israel in 1983, when the first hospice department opened its doors at the Sheba Medical Center, Tel Hashomer. This hospice has functioned for 23 years, caring for over 10,000 patients and teaching the secrets of palliative medicine to physicians and nurses all over the country.

Other departments have opened over the years, including home care hospice services. However, neither physicians nor nurses were recognised as specialists in this area of medicine. Several teaching courses have been offered over the past ten years, the largest of these being a postgraduate course in palliative medicine at Tel Aviv University, which awards students a diploma after 400 hours of study.

Recognition of our work

Four years ago, fourth-year medical students began receiving palliative education. However, we, the senior physicians who have been working in this field for so long, have never been recognised as specialists. We created the Israel Palliative Medical Society (IPMS, held meetings, wrote a journal, published papers and taught, but our work had never been recognised as a scientific part of medicine. In 2003, I was elected Chair of the IPMS and promised to begin the process of attaining recognition of our work as an important part of modern medicine.

The Board of the IPMS submitted a proposal for the recognition of palliative medicine to the Scientific Medical Committee for the first time in November 2005. One year passed before our first meeting took place. On 8 November 2006, we were invited to present our proposal before 22 academic professors and to explain the importance of our work. Professor Ehud Grossman, President of the Specialty Committee, chaired this meeting. Representatives of the Israel Palliative Medicine Society were Dr Nathan Cherny, Dr Itshal Berner, Chairman of the Israel Geriatric Society, and myself – Chairman of the IPMS.

At the meeting, I conveyed the importance of palliative medicine in caring for people at the end of life. I explained why medical specialists are necessary in this period of life and demonstrated the differences between conventional medicine and medicine at the end of life.

Dr Cherny revealed the international developments in this field, and Dr Berner explained the specificity of end-of-life care. Furthermore, Dr Berner stressed that as nurses had received approval to organise the palliative

nursing specialty, our recognition was of major importance.

Know-how and expertise

After the presentation, members of the committee asked many questions about the organisation of services and about the specificity of the end-of-life period, and realised that conventional medicine is currently not equipped for taking care of patients with incurable diseases during the last period of their lives. They wanted to know why it would not be sufficient to recognise a fellowship, and Dr Cherny explained that caring for patients in this period of life requires know-how, expertise, skills, special clinicians and, of course, places of work that a simple fellowship is unable to offer. The meeting was adjourned on an optimistic note.

A few days later, we received the written conclusions of the committee. Although we had presented and answered all questions, the question of subspecialty and fellowship remained unanswered, and we were requested to prepare the subspecialty syllabus and to send it, together with the postgraduate courses and a list of potential 'founder figures' in this specialty, to the Scientific Medical Committee to help them make their final decision.

We lost no time fulfilling this request, and organised a consensus between the various specialties of medicine. So far, we have received recommendations from eight specialties to recognise palliative medicine as a subspecialty. These are internal medicine, family medicine, oncology, paediatric hemato-oncology, gynaecology, anaesthesiology, neurosurgery and geriatrics.

We are trying to obtain the same from paediatrics, nephrology and neurology. We have also asked for recommendations for our proposal from international organisations, such as the EAPC, the International Association for Hospice and Palliative Care (IAHPC) and the National Hospice and Palliative Care Organisation (NHPCO). In addition, the Israel Ministry of Health and the Director of the Sheba Medical Center have expressed their support.

Discussing the syllabus

At the same time, Dr Cherny and I called for a meeting with all the physicians who work in the field of palliative care and on 27 December 2006, 15 of the 22 physicians invited to the meeting convened to discuss the syllabus and the programme for this future subspecialty. Dr Cherny presented the Australasian and American syllabuses, and we suggested adopting the form of the Australasian syllabus, and adapting it to Israeli reality and necessities.

We all agreed that the programme would be for two years and proposed various schemes of rotations. The first proposal included the following:

- Six months in an inpatient palliative care department
- Six months' home care palliative care
- Three months' geriatric palliative care, subacute
- Three months' oncology
- Six months' free rotations in paediatric, AIDS and pain clinics.

There was a debate about geriatric rotations and most of the members agreed that this was obligatory in the course of the rotations.

The IPMS also suggested that the postgraduate course at Tel Aviv University should be an obligatory part of the subspecialty process. Some of us argued that frontal teaching might not be practical in other countries, but the final conclusion was to include the course in the training period. On the other hand, the resident physicians would need to prepare case discussions for the end of each rotation and, of course, for the end of the two years' specialty, after which a final examination would be held. We are currently writing the syllabus and preparing the rotations programme. We agreed to submit our suggestions for 'founder figures' to the Israel Scientific Medical Committee at the end of January 2007.

We stand before a historical moment in Israeli medicine; and, although we have waited for this moment for 23 years, we have a very good chance of obtaining the recognition of palliative medicine as a subspecialty in medicine.

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10th EAPC Congress, Budapest, Hungary 7–9 June 2007

More than 1,000 abstracts have been submitted to the scientific committee of the 10th EAPC Congress. This number and the trend of the last five years shown in the table below have led us to assume that the EAPC research forum helps to expand and strengthen the EAPC congress.

We are glad to announce that the abstracts from eastern countries have increased. There are 122 abstracts from eastern European countries for the Budapest congress: 31 from Hungary; 24 from Poland; 18 from Romania; seven each from Russia and Georgia; six from Slovenia; five each from Macedonia and Serbia-Montenegro; four from Bulgaria; three each from Lithuania, Latvia and Albania; two from Croatia; and one each from Bosnia, the Czech Republic, Slovakia and Estonia ■

EAPC Congress	The Hague, 2003	Aachen, 2005	Budapest, 2007
Abstracts received	593	606	>1,000
Participants	1,585	1,904	
Research Forum	**Lyon 2002**	**Stresa 2004**	**Venice 2006**
Abstracts received	216	397	575
Participants	525	720	1,037