EAPC news and views

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The Hospice on Mount Scopus

Mount Scopus is an 800-metre-high hill north-east of Jerusalem that affords a spectacular view of both the old and new city. Since 1921 it has been the site of one of the campuses of the Hebrew University and the Hadassah Hospital, which was inaugurated in 1939, consolidating several branches of the hospital that were formerly scattered throughout the city.

The Hebrew name of the hospice is 'centre for supportive care', and it does indeed serve as such. The Hadassah Hospital has 300 beds. The hospice, which was founded in 1986, is served by the hospital, although it has its own independent budget. Staff include nurses, doctors, a social worker, a secretary and a physiotherapist, as well as volunteers.

Patients who are referred to the hospice are at the end stage of their lives. They come from all over the country. The hospice admits patients with cancer (more than 90%) and cardiac and pulmonary diseases. From time to time, patients with amyotrophic lateral sclerosis are also admitted but, because their life expectancy can be long, the question arises of whether the hospice is the most suitable place for them. The average length of stay at the hospice is two to three weeks.

The home care unit is named after the Crown family, who gave a donation for its opening in 1989. The unit aims to help patients in their own homes. Visits are made according to a plan and the patient's needs. Every patient and family can ask for home care. There is a secretary who takes the referral and the staff discuss it before going to a home visit. Sometimes, patients from the hospice decide to go home with the help of our home care, which provides a quick solution.

Some of the inpatients at the hospice come for symptom control and some come for a short stay to give their families a break, but most of the patients come to be with us until the end.

The hospice cares for the patient and their family as one unit. Patients facing death sometimes lose hope and fear suffering. The hospice offers them a chance to experience the rest of their lives without pain as far as possible, providing security and support and enabling them to retain their dignity. Treatment in the hospice includes taking care of small details and involving the patient and the family as much as possible before and after admission.

Most of the decisions are made by nurses who know the patient and the family, and because we are talking about palliative care and not curative or lifesaving treatment, the dominant issue is nursing.

Before a patient is admitted, families are invited to come to see the hospice, meet staff and ask any questions. Alternatively, staff sometimes go to visit the patient so they can talk directly to staff and ask what they need to. Usually, this eases their transfer to the hospice.

After the patient's death, the hospice's social worker follows up families who are at risk – particularly young families, young children who have lost their parents, elderly widows and widowers, and those without families or relatives who are emotionally vulnerable.

Volunteers come in once or twice a week for a few hours to offer help such as escorting a patient to the cafeteria or sitting with them. The hospice has a special atmosphere, with garden paintings on the walls and special dishes prepared for patients, who can eat together in a large dining room.

The population of Israel is mixed in many respects – Jews, Arabs, Muslims, Druze and Christians. There are also old-timers and large groups of new immigrants from Ethiopia and the former USSR. Most of our patients are Jewish. Arabs tend to care for their relatives within the home because the extended family lives together under the same roof and is available to help with caring. The hospice is able to provide them with home care services, but there is rarely a need for inpatient admission.

Religious and spiritual differences are not a problem. Language differences, on the other hand, can make communication difficult, but the hospice copes.

There are two hospice units – a 14-bed inpatient department and a home care unit, which usually cares for around 20 patients (although it can take up to a maximum of 25).

All major opioids apart from heroin are freely available. Syringe drivers are frequently used for the administration of parenteral medications.

Virtually all citizens have comprehensive health insurance. One of the sick funds plus a ministry of health subsidy provides for hospice care. National health insurance in turn provides revenue to the sick fund.

Mount Scopus hospice and home care unit

	Hospice	Home care unit
No. of patients at one time	14	18–20
Length of stay	2–3 weeks	1 month
Patients per year	180	60

Hospice staff are employed on the basis of work agreements prevalent in Israel.

For a number of years now, home care programmes have provided hospice-type care in many of the smaller towns and communities throughout Israel. Jerusalem is also serviced by the French Hospital of the Notre Dame convent, which takes care of both chronic and terminal patients.

Mount Scopus Hospice has nursing students who participate in hospice training as part of their curriculum. Additionally, there are social work students and sixth-year medical students who study hospice care as part of their training in geriatric medicine. The current medical curriculum does not include hospice training as an independent subject, but students on various courses, such as oncology and geriatrics, spend time in the hospice as part of their clinical field training.

In conclusion, the one and only purpose of the Mount Scopus Hospice is to do its utmost to lighten the burden of embattled terminally ill patients and their close families ■

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Twinning links between hospice and palliative care

As the world of palliative care grows larger and more diverse, there is increasing opportunity to link communities, to share examples of good practice and innovations that exist around the globe, to learn from each relationship and to develop opportunities for collaboration. Many hospices and palliative care teams are already doing this by creating links through a 'hospice twinning'.

If your hospice or palliative care service is interested in twinning, but you don't know where to start, this may help to clarify your thoughts.

A twinning link is a formal or informal agreement between two communities or organisations to work together to develop friendship links, exchange experiences, knowledge and skills, and to develop mutual understanding, tolerance and respect.

The concept of twinning as applied to hospice and palliative care can be mutually beneficial, but for this to happen there needs to be much initial thought and planning, and clear guidelines need to be established.

Many relationships and links exist between different hospice and palliative care services. These may involve support and assistance in different forms, including:

- Information-giving: sharing documentation and new practices
- Educational initiatives, such as shared teaching, exchange visits and video-conference links
- Financial support, staff fundraising and help with applications to funders
- Peer support. Knowing people are there to help can make a tremendous difference
- Material resources
- Advocacy
- Evaluation.

As a UK and international resource on hospice and palliative care for professionals and the public, Hospice Information handles more than 8,000 enquiries a year from health professionals and members of the public, about a third of which relate to international palliative care. Many of our enquiries concern hospice twinning and we would be happy to share the information that we have collated and to help you identify possible twins.

Our information pack, *Hospice Twinning – a guide to twinning partnerships in hospice and palliative care (2003)*, contains a sample protocol, tips for successful twinning, hints on what to avoid, contacts and suggestions on how to identify a twin.

The pack is free to members of Hospice Information and is available from the address below. It may also be useful to contact some of the people already involved in hospice twinning to find out what they do to support each other. A list of twinning links between UK and overseas hospice and palliative care services is available at: http://www.hospiceinformation.info/docs/hospices_with_twins.pdf

To order a copy of the twinning information pack, or if you would like help in finding a twinning link, please contact:
Avril Jackson, International Information Manager
avril@hospiceinformation.info
or Vicki Stewart, International Information Assistant
vicki@hospiceinformation.info

- Hospice Information is a joint venture between Help the Hospices and St Christopher's Hospice. To find out more about our work, please visit: www.hospiceinformation.info
- Twinning, and ways of engaging UK hospices with the international palliative care arena, will be part of the programme at 'Hospice: the heart of end-of-life care', at the Harrogate International Conference Centre, UK, on 2–4 October 2007. www.helpthehospices.org.uk/2007conference ■

Atlas of palliative care

The European Association for Palliative Care (EAPC) Task Force on the Development of Palliative Care in Europe was created in 2003 and has developed with the collaboration of the International Observatory on End of Life Care, Help the Hospices and the International Association for Hospice and Palliative Care. Over the next three years, the task force will be working to disseminate results, making more information and materials available to contribute to palliative care development across Europe.

The results of its work will be available in the *Atlas of Palliative Care*, as a 335-page book or a CD plus 45-page book, scheduled to be presented at the EAPC congress in Budapest in June. Further details from: www.eapcnet.org/Policy/DevelopmentTF.htm
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