EAPC news and views

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Palliative care in Serbia: a personal perspective

It was 16 years ago when I first heard about palliative care. At that time, I was working as an oncologist in Serbia and I was sent on a two-week course on palliative cancer care in Oxford. I was not enthusiastic, having no desire to learn more about terminally ill cancer patients and dying. However, what I learned there totally changed my attitude towards the treatment of malignant diseases, life, death and dying.

Since then, I have not only tried to learn more about palliative care, but have also sought ways to apply this knowledge in my own country. I became a member of the European Association for Palliative Care in 1993 and attended several courses, congresses and conferences on palliative care. However, although I had acquired a certain amount of knowledge and experience, both in oncology and palliative care, I felt that I needed to be better educated on the subject. I therefore enrolled to do a diploma in palliative medicine at Cardiff University.

Belgrade's first hospice

When I got my diploma in 2004, there were just three pain clinics in Serbia and only a few professionals who were interested in palliative care and educated about pain relief. There were no hospices and no specialised palliative care services. But as well as my diploma, 2004 brought Serbia's first national evidence-based clinical practice guidelines for palliative cancer care, with recommendations for the management of pain, chronic nausea and dyspnoea. That same year, too, the 'BELhospice' – a centre for palliative care and palliative medicine – was established in the capital, Belgrade, as a non-governmental and not-for-profit organisation.

The goal of the BELhospice is to provide good-quality palliative care for patients and their families, to organise education, and to promote the idea and the philosophy of hospice and palliative care in Serbia. BELhospice has also established a school of palliative care. Since its establishment, more than 100 professionals have attended basic courses and many presentations have been given both to those working in the field and to the general public.

Natasa Milicevic (sixth from left) with co-founders of Serbia's BELhospice

A good deal of progress

Since then, there have been changes to the law and a good deal of progress. Despite this, Serbia continues to have problems. No records are kept of how many people require palliative care, even among cancer patients, not to mention those with other progressive advanced illnesses. Oral morphine is still not available. Palliative care is not recognised as a holistic approach even among many professionals and policy makers, let alone the public. We need to continue with postgraduate education for professionals, but we also need to ensure that palliative care becomes part of the curricula for all medical and nursing schools.

The BELhospice is still the only specialised palliative care service in Serbia. Our existing legal framework does not provide adequately for real partnership between governmental and non-governmental organisations and the development of palliative care services. I believe that wider public education about the goals and possibilities of palliative care is required. Only by solving all these problems and issues can we hope to develop better palliative care here and enable it to become an integral part of our healthcare system ■

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The 10th EAPC Congress: how the media reported it

For those who attended the 10th Congress of the European Association for Palliative Care (EAPC) in Budapest, there was no doubt that it was a success. But what of its wider impact? Will it have succeeded in popularising hospice and palliative care among a more general audience? To go some way to answering this question, we did an evaluation of media coverage of the congress during the period 18 May 2007 to 3 July 2007.

Amount of coverage

During the period under examination, 53 appearances in the media were registered. These were broken down as shown in Figure 1.

All sectors of the media were reached. The major part of the coverage was generated by the online sector, which is generally over-represented in healthcare-related media – there are a lot of sites dealing with medical subjects.

It is important to mention that *Metro*, Hungary's most popular national newspaper, had two items on the congress. RTL Klub, the country's most-watched TV station, also reported on it. It is expected that there will be additional coverage in professional journals.

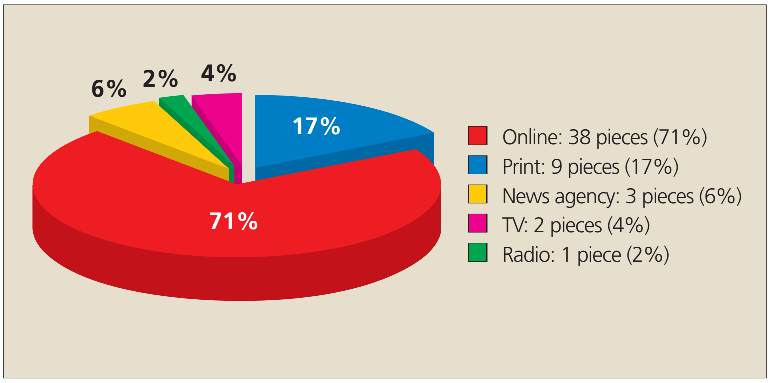


Figure 1. Distribution of coverage by media sector

Interviews

Dr Katalin Hegedüs, Head of the Hungarian Hospice-Palliative Association, was interviewed by the national news agency, Magyar Tavirati Iroda (MTI), and RTL Klub. Several other media organisations based their coverage on these interviews. Dr Katalin Muszbek was also frequently interviewed by the media; for example, by the weekly German-language newspaper *Pester Lloyd*.

Extent of appearances

More than 70% (38 pieces) of the total coverage was extensive (see Figure 2). This clearly shows that the topic generated interest among journalists and there was enough information for longer pieces. It is significant that newspapers, which usually carry short articles, handled the topic at length. The purpose of shorter articles was mostly to draw attention to the topic.

Tone of coverage

The majority of the coverage – 46 pieces (88%) – was positive and dealt with the issue at length. The neutral appearances were detached and shorter. There was no negative coverage.

Recognisability of the message

Most coverage (91%) dealt with the present state of palliative care and its challenges. Sixty-eight per cent of the coverage mentioned the congress. This outcome shows that the communication was successful because the presentation of palliative care appeared in nearly all messages and more often than the topic of the congress itself. Thirty per cent of all coverage displayed the results of the EAPC European survey and 26% presented the Budapest Commitments programme on palliative care in depth (see Figure 3). The extent to which these were mentioned (appearing in more than a

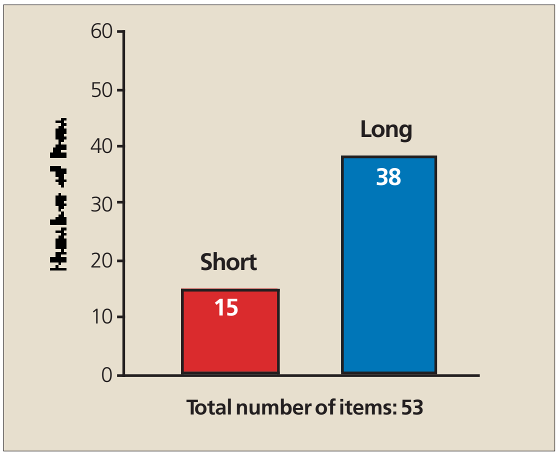
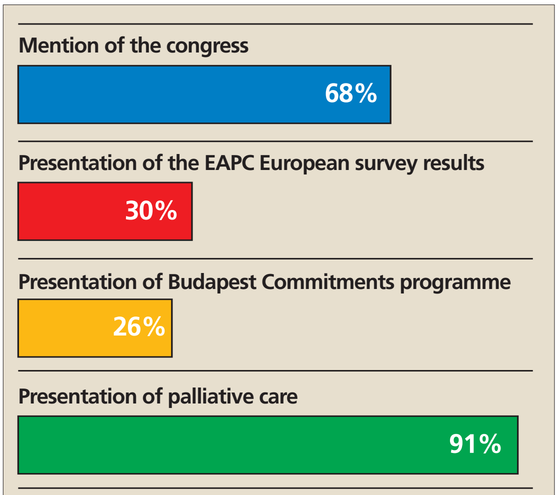


Figure 2. Extent of coverage



Figures show what percentage of the total coverage included a specific mention

Figure 3. The message that came across

quarter of all coverage) shows that media awareness was successfully raised.

While examining the coverage, we did not find any connection between the type of media and the message they carried.

Results in numbers

Over the period of evaluation, media coverage of the congress reached a potential audience of around 7.25 million.

Summary

Based on the results of the communication campaign, more than 75% of those people in Hungary who consume some form of media would have become acquainted with the topic during the evaluation period. Both professional journals and lay media were interested in the subject, in Hungary as well as abroad. This helped the congress to achieve its aim of introducing palliative care to the general public ■

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Source: VM.komm Communications

Standards of care for children

The European Association for Palliative Care (EAPC) Task Force Palliative Care in Children, which was established in autumn 2006, has recently published a paper, *IMPaCCT: standards for paediatric palliative care in Europe*, outlining standards of care for children with life-limiting and life-threatening illness. This paper, which can be downloaded from the EAPC website (www.eapcnet.org/projects/Paediatric.asp) is the first in a series planned by the task force. It is hoped that these will become a pivot for the development and improvement of palliative care services for children and contribute to bringing about the changes that are much needed in all European countries.

If you have any questions or suggestions regarding the task force, please contact the task force secretary at international@maruzza.org ■

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Atlas of palliative care

The European Association for Palliative Care (EAPC) launched the first *Atlas of Palliative Care in Europe* during the Congress in Budapest in June. The atlas, which is available as a 335-page book or a CD plus 45-page book, is the result of a four-year project by a special EAPC task force and represents the largest palliative care research collaboration of its kind.

It carried out an assessment of palliative care development, taking into account political, social and healthcare policy and compiled reports from 42 out of 52 participating countries (www.eapcnet.org/Policy/CountriesReport.htm). The information is presented in the atlas in an attractive format with tables and maps. To access the details and the report, read more at www.eapcnet.org/Policy/EAPC.Atlas.htm ■

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