EAPC news and views

www.eapcnet.org

Major initiatives from India's national organisation for palliative care

The Indian Association of Palliative Care (IAPC), the country's national organisation for palliative care, was set up in 1994 in consultation with the World Health Organization and the government of India. It provides a forum for activities or support for the care of people with life-limiting illnesses such as cancer and AIDS, those at the end stages of chronic disease and the long-term bedridden. It is estimated that more than eight million people in India have cancer or HIV, but palliative care services are very limited.

The IAPC aims to promote and develop a sustainable network of palliative care throughout the country. It encourages, and provides support for, activities such as the development of infrastructure, awareness programmes and research and studies. The following are among its major initiatives.

Palliative care course

The IAPC has set up a training course leading to the Certificate in Essentials in Palliative Care for doctors and nurses in India, developed from a similar course from the Princess Alice Hospice, UK. The first course was launched in November 2007. It has now been decided to conduct this course twice a year. The IAPC has formed a pool of national faculties to provide training for course members.

Annual conference

Each year, the IAPC organises an international conference. Delegates from all over the world participate and it has become a venue for sharing knowledge and experiences in palliative care. The 16th International Conference of the IAPC will be held in New Delhi from 13 to 15 February 2009. *More information on this event is available at www.iapcon2009.org*

Project Kiran

Project Kiran is a joint venture by the IAPC, the Institute of Palliative Medicine and HelpAge India, with financial and collaborative assistance from two UK-based charities, Help the Aged and Help the Hospices. The main objective of this project, set up in November 2007, is 'Bringing palliative care to the doorsteps of those in need'. It puts great stress on supporting elderly people and providing them with palliative care if required ■

Home page of the Indian Association of Palliative Care website

For more information on palliative care in India, contact the National Information Officer for Palliative Care, Indian Association of Palliative Care, Institute of Palliative Medicine, Kozhikode, 673008 Kerala, India.
Tel: +91 495 3290 956.
nio.palliative.india@gmail.com
www.palliativecare.in

US policy evaluation resources for the practitioner

An article entitled 'Improving state pain policies: recent progress and continuing opportunities' was published in *CA: A Cancer Journal for Clinicians*. This article presents recent results from the US Pain and Policy Studies Group's national policy evaluation project. It describes three US national policy evaluations and looks at how the results are being used to document improvements in pain policies. It considers how practitioners can use each state's findings to inform and guide efforts to

improve policies affecting appropriate pain management and patient care ■
The document can be downloaded from: http://caonline.amcancersoc.org/cgi/reprint/57/6/341

Laval University in Québec to offer training course in pastoral healthcare

From September 2008, the University of Laval in Québec City, Canada, will be offering a unique training programme that will prepare students to work within a pastoral context in hospitals or social services.

The programme, which adopts an holistic and interdisciplinary vision of healthcare, fosters the acquisition of the knowledge, skills and attitudes necessary when working with people facing disease, suffering and death, with respect to their convictions and spiritual or religious beliefs.

The proposed curriculum contains both theoretical and practical activities that aim to develop personal and professional abilities. Students will be introduced to pastoral counselling and spiritual accompaniment, and exposed to ethical and theological issues related to suffering, illness and death. They are expected to develop an in-depth knowledge of professional ethics and learn how to function within an interdisciplinary team, execute and evaluate interventions, write bed-rest notes and conduct liturgical services.

This programme leads to a diploma that can be integrated into a master's degree programme in theology. The training is offered full-time, from September to April, in French, in Québec City by the Faculté de Théologie et de Sciences Religieuses in partnership with the Centre de Pastorale de la Santé et des Services Sociaux (CPSSS) of Québec, which has developed an exceptional expertise in this field ■
For more information, contact Mr Gilbert Nadeau. Tel: +1 418 656 2131. Ext: 7309.
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WHO releases new publications

Access and Control newsletter

In February 2008, the first issue of the *Access and Control* newsletter was published by the Department of Medicines Policy and Standards of the World Health Organization (WHO). It provides the latest news from the WHO on access to medicines controlled under international drug treaties and the evaluation of substances for their dependence-producing properties.

The newsletter, which will be produced on an irregular basis but not more than once a month, will provide updates on issues of drug control and access to controlled medicines, especially in cases where the WHO is involved. It will cover any matter related to the evaluation of substances within the framework of the United Nations drug conventions – especially the 1961 and 1971 conventions – and any matter related to the WHO's Access to Controlled Medications Programme (ACMP) ■
To subscribe to the controlled substances newsletter, please email:
accessandcontrol@who.int

Biennial report on controlled medicines

The *Access to Controlled Medications Programme: Biennial Report 2006–2007* is now available on the WHO/Medicines website. It gives an overview of activities undertaken by the ACMP during 2006 and 2007. It also lists the publications the AMCP has produced in the past two years ■
The document can be downloaded from: http://www.who.int/medicines/areas/quality_safety/ACMP_Biennial_Report_2006-07_EN.pdf

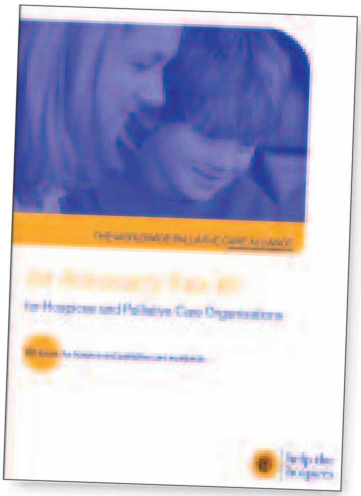
Special 20th anniversary issue of *Cancer Pain Release*

On the occasion of the 20th anniversary of the WHO three-step analgesic ladder, the Collaborating Centre for Policy and Communications in Cancer Care published a special issue of its journal *Cancer Pain Release* (Volume 19, No 1, 2006), commissioned by the WHO in English, French, Spanish and Russian. Additionally, the Collaborating Centre added a Japanese version ■
The document can be viewed at: http://www.whocancerpain.wisc.edu/

Royal College of Physicians publishes report on access to palliative care in the UK

A new report from the Royal College of Physicians (RCP) says that all patients who are suffering and dying should have the opportunity for a good death, with management of symptoms and psychological, social and spiritual support. Yet the report highlights that access to palliative care services in the UK is inadequate and inequitable, with unacceptable variations geographically, across different demographic groups and patients with different illnesses and needs. There is particular disparity between patients with cancer and those suffering from non-malignant conditions. The best care is excellent, the worst may be non-existent.

The voluntary sector and charity funding support about 70% of the costs of specialist care, with the NHS providing only about 30% of funds. Without this charitable funding, and the commitment of local communities, palliative care would not have developed. But the lack of NHS funding has also led to poor integration of services. Sustainable and adequate core funding is essential to allow cohesive development of services across the country.



Research into the efficacy and cost-effectiveness of care is also inadequate, in particular with regard to new treatments for symptom control. It is difficult to undertake randomised controlled trials in such a vulnerable group of patients, and there is little commercial incentive to develop new drugs. Most patients would prefer much of their care to be provided in the community, and to die at home with appropriate support. Inadequate integration between health and social services, ineffective co-ordination and communication between service providers, and lack of expertise and resources all present major barriers to providing good care in the community.

The report makes many recommendations covering service development and provision, the workforce, training and research.

Dr Mary Armitage, Chair of the Working Party and immediate past Clinical Vice-President of the RCP, said: 'The UK led the development of modern palliative care. Generic palliative care skills should be embedded in the training and practice of all healthcare professionals.

'Specialist palliative medicine physicians have a key role to play in leading the development of services, in strategic planning and support for education and training as well as the delivery of care to patients with complex needs. They need the resources to ensure that all patients receive timely and excellent end-of-life care' ■

Palliative care services: meeting the needs of patients *is available from the RCP Publications Department (tel: 020 7935 1174; ext 358), priced £12 including p&p.*

Document provides advocacy toolkit for hospices and palliative care organisations

In March 2003, many national hospice palliative care associations came together for the 1st Global Summit of the National Hospice and Palliative Care Association in The Hague, the Netherlands. This led to the 2nd Global Summit – in 2005 – at Seoul, Korea, where the Korea Declaration was written. In preparing the content and agenda, one of the key issues heard repeatedly was access to both hospice and palliative care programmes and services and to essential medicines, including morphine. Access is a major issue for developed and developing countries. Advocacy becomes a key response to the access issue. Help the Hospices took the lead to help prepare an advocacy document, *An Advocacy Tool Kit for Hospices and Palliative Care Organisations,* using resources and references from around the world.

There are many useful documents and guides available on how to approach advocacy work. This document is not attempting to replicate or improve on what is already available. Its aim is to highlight the key advocacy tools that are specifically of relevance to hospices and palliative care organisations that wish to develop their advocacy work, and to provide examples of how these tools have been used and have worked in practice.

The document is divided into three parts. Part one provides a general summary of what advocacy is and suggests a basic framework to follow when approaching an advocacy issue. Part two lists the main advocacy tools identified as useful to hospices and palliative care organisations and includes examples of how these have been used. Part three lists the key documents and guidelines that can help hospices and palliative care organisations. Annexes have been included to provide a more detailed step-by-step guide to some of the most commonly used tools ■

The document can be downloaded from: http://www.wwpca.net/publications/advocacy_toolkit_05april.pdf