EAPC news and views



5th Research Forum in Trondheim: facts and figures

The 5th Research Forum of the EAPC (European Association for Palliative Care) took place on 29–31 May 2008 in Trondheim, Norway.

- A group of 66 experts contributed to the success of the scientific programme, acting as chairmen and women, speakers and poster guides.
- In all, 531 abstracts were submitted and classified in categories (see Table 1). They were considered by three independent reviewers in a blind process in which only the country and the profession of the first author were disclosed. The scientific committee made the final decisions and selected abstracts for oral and poster presentations. A total of 446 abstracts were selected (100 for oral and 346 for poster presentation), 69 were withdrawn and 16 were rejected.
- The four best abstracts were presented as free communications in plenary.

- 96 oral presentations were delivered in the new research data sessions, which were managed by the chairs to dedicate time to both the presentation and the discussion of the papers in a productive spirit.
- 346 posters were presented in the dedicated poster sessions.
- The Forum was attended by 1,085 participants including exhibitors. The countries and global geographical areas they came from are shown in Table 2 (see page 309)

The full scientific programme can be viewed at: http://www.eapcnet.org/research2008
The online report can be viewed and the selected abstracts (both oral and poster) can be downloaded at: http://www.eapcnet.org/congresses/Research2008/Research2008.html Information about the next Research Forum, which will take place on 9–12 June 2010 in Glasgow, UK, can be found at: http://www.eapcnet.org/research2010

Categories	Total received	Selected for oral presentations	Selected for poster presentations	Withdrawn	Rejected
Symptoms	151	presentations	presentations		
Pain	61	11	40	9	1
Dyspnoea and breathlessness	13	2	11		
Fatigue and cachexia	27	7	16	4	
Cognitive symptoms and delirium	5	2	3		
Other symptoms	45	6	31	7	1
Topic areas	334				
Assessment and measurement tools	58	14	39	5	
Audit and quality control	39	2	30	5	2
Basic and translational research	3	1	2		
Bereavement	6		4	1	1
End-of-life care and quality of death	60	12	38	8	2
Epidemiology	8	2	6		
Ethics	23	9	10	2	2
Evaluation of education programmes	16	3	9	4	
Family and carers	17	4	9	3	1
Medical sociology	9	3	4	1	1
Psychology and communication	18	1	15	2	
Research into organisation of services	33	4	19	8	2
Research into policy	16	2	10	3	1
Research methodology	28	3	23	1	1
Specific pathologies and patient groups	46				
Cardiopulmonary diseases	3	1	2		
HIV/AIDS	3		2	1	
Neurological disorders	4	2	2		
Other non-cancer	9	3	5		1
Palliative care in children and adolescents	14	3	6	5	
Palliative care in the elderly	13	3	10		
	531	100	346	69	16

Table 2. Trondheim 2008: where did the participants come from?

Western Europe		Serbia	1
Austria	14	Slovakia	14
Belgium	78	Slovenia	2
Denmark	45	Total number of	
Finland	16	participants	111
France	44	Number of countries	9
Germany	61	Rest of the world	
Greece	9	Argentina	1
Iceland	2	Australia	12
Ireland	44	Brazil	1
Italy	41	Canada	17
The Netherlands	48	Israel	6
Norway	114	Japan	7
Portugal	11	Jordan	1
Spain	98	Kenya	1
Sweden	39	New Zealand	2
Switzerland	22	Saudi Arabia	1
United Kingdom	180	South Africa	1
Total number		South Korea	2
of participants	866	Taiwan	2
Number of countries	17	Uganda	1
Eastern Europe		USA	46
Bosnia Herzegovina	3	Zimbabwe	1
Czech Republic	7	Total of participants	102
Latvia	1	Number of countries	16
Poland	71	In addition, there were six	
Romania	4	participants whose country	
Russia	8	of origin was unknown	

An invitation to the EAPC 11th Congress in Vienna

We are delighted to invite you to the 11th Congress of the EAPC (Vienna, Austria, 7–10 May 2009), which we hope will provide an inspirational forum in which to share palliative care practice, research and education across Europe and the world.

The programme of the 11th Congress will reflect both continuity and the need to respond to the ever-changing dynamic that is 21st-century palliative care practice. It will offer a combination of key topics from previous meetings and reflect our attempt to represent the large number of requests received for particular topics. As in previous congresses, it will include Meet the Expert, Plenary Speakers, Symposia and Free Communication sessions, as well as poster presentations. As always, the programme will be firmly based on submitted abstracts of the highest scientific quality. From these submitted abstracts, nearly 100 speakers will be selected to present their work and so demonstrate, through research and practice, a dynamic response to the needs of our palliative care patients and their families.

Certainly, the success of the 11th Congress will be aided by the wonderful city of Vienna. We look forward to meeting you all in this magical city!

Friedemann Nauck, Chairman, Scientific Committee, EAPC Phil Larkin, Member, Scientific Committee, EAPC Further information can be found at: www.eapcnet.org/vienna2009

Ukraine makes major strides in palliative care

Last April, Ukraine took a step forward when the Minister of Health, Vasyl Knyazevich, signed an order to create a Co-ordination Council on Palliative and Hospice Care. Its main task is to develop Ukraine's palliative care programme for 2010–2014 and to monitor its implementation.

Thanks to the co-operation between central and regional authorities and non-governmental organisations (NGOs), and to the support of international organisations (in particular, the Open Society Institute), the number of hospice care facilities in the Ukraine has increased. In 2002, there were 12 inpatient units with 400 beds. This year, there are 19 facilities with 600 beds.

The change really began in 2006. The process was initiated by the NGO All-Ukrainian Council for Patient Rights and Safety and the All-Ukrainian Association of Palliative Care. State policy on palliative care then began to be developed. That year, the Task Force on Improvement of the Legislation on Palliative Care was established. One of the Association's priorities is to develop educational programmes for workers and volunteers in end-of-life care, for which we need technical assistance. We would also welcome dialogue with NGOs on the subject of involving the public in the improvement of public health services

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Vittorio Ventafridda

It is with deep regret that we announce the death of Vittorio

Ventafridda, who passed away at the
Hospice Pio Albergo Trivulzio in Milan, Italy,
on 23 October. Professor Ventafridda was the
founder of the European Association for Palliative Care, and a
full homage and obituary will follow in the next edition of the
European Journal of Palliative Care