

50 years, cancer left eye
Severe pain: radiotherapy, opioid ↑
Discharge home after 17 days
Readmission after 8 weeks
Severe pain: opioid ↑ fentanyl 400 µg/h, morphine 60 mg prn
Inpatient hospice after 15 days



Problem	Percentage
Pain	58%
Physical symptoms	55%
Nutrition	36%
Terminal care	16%
Nursing problems	15%
Social problems	14%
Psychol. problems	14%
Others	13%
Multiple entries	74%

Radbruch et al. JPSM 23 (2002) 470-482



Associations: 35
Countries: 22

The image shows the cover of the 'EAPC Atlas of Palliative Care in Europe'. The cover features a map of Europe with various countries highlighted in different shades of grey. The title 'EAPC Atlas of Palliative Care in Europe' is prominently displayed at the top. Below the map, there is a section titled 'EAPC Atlas of Palliative Care in Europe' with a list of countries: Austria, Belgium, Denmark, France, Germany, Greece, Ireland, Italy, Netherlands, Norway, Portugal, Spain, Sweden, Switzerland, and the United Kingdom. A CD-ROM is also shown, labeled 'EAPC Atlas of Palliative Care in Europe' and 'CD-ROM'. The bottom of the cover lists the publishers: 'EAPC' and 'Taylor & Francis'.

Number of services

- Inpatient Units
- Hospices
- Hospital Support
- Respite
- Home Care
- Teams
- Total Specific Personnel

Total services / million of inhabitants

- < 2 per million
- 2 - 4 per million
- 4 - 6 per million
- 6 - 8 per million
- 8 - 12 per million
- > 12 per million
- No data

0 30 60 Miles
0 30 60 Kilometers

0 10 20 Miles
0 10 20 Kilometers

0 150 200 Miles
0 150 200 Kilometers

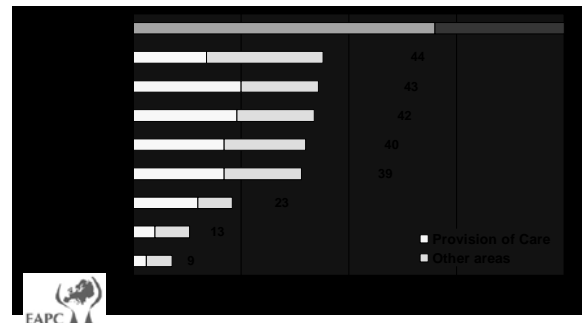
0 500 1 000 Miles
0 500 1 000 Kilometers

University of Navarra, Department of Geriatrics

EAPC Task Force on Development Palliative Care Services



EAPC Taskforce on Development Euro-Barometer



EAPC Task Force on Development Palliative Care as a Speciality

Recognized speciality

England (1987), Ireland (1995)

Sub-speciality

Germany, Poland, Romania, Slovakia, France.

Certification process

Czech Republic, Denmark, Finland, Iceland, Latvia, Malta, Norway, Israel, Spain, Sweden.

EAPC Task Force on Ethics

Palliative Medicine 2003; 17: 97-101

Euthanasia and physician-assisted suicide: a view from an EAPC Ethics Task Force

Lars Johan Materstvedt, David Clark, John Ellershaw, Reidun Forde, Anne-Marie Boeck Gravgaard, H Christof Müller-Busch, Josep Porta i Sales and Charles-Henri Rapin

The provision of euthanasia and physician-assisted suicide should not be part of the responsibility of palliative care.

'Terminal' or 'palliative' sedation in those imminently dying must be distinguished from euthanasia.

Palliative Care in Europe Challenges

Terminology and norms

differences in concepts, different m

Decision making

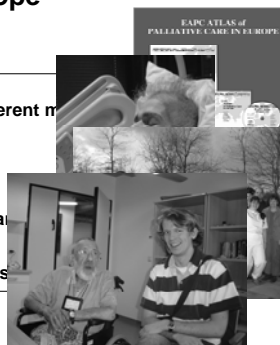
between wish and will

Health care economics

model projects vs. mainstream

Emotional strain

compassionate professionals



EAPC White Paper Standards and norms

Inpatient palliative care units

50 (-80) beds per million inhabitants

1.2 nurses per bed, 0.15 physicians per bed

Hospital palliative care support team

1 team per hospital with 250 beds

Home care team

1 team per 140 000 inhabitants

4 - 5 full time professionals in core team

EAPC Budapest Commitments

Palliative Medicine; 2007 21: 269–271

Editorial

The Budapest Commitments: setting the goals
A joint initiative by the European Association
for Palliative Care, the International Association
for Hospice and Palliative Care and Help the Hospices

**The provision of palliative care is far below an acceptable
standard in many regions of Europe.**

**...many patients in Europe with advanced disease still do not
receive even a minimum of symptom relief or
psychosocial care.**



European Organisations

Support palliative care

- support Rec. 24 (2003) of the Council of Europe
- support European Association of Palliative Care
- support standards and norms

Empower patients and families

- provide access to palliative care
- establish palliative care as a human right

Develop palliative care

- include palliative care in European research agenda
- establish long-term research collaboratives
- develop ethical framework (care leave, passive euthanasia)
- describe best practice models



Palliative Care: Making a difference www.eapcnet.org

