

BELGIUM



Population: 10,364,388

Current Directory:

Printed version

Online version * www.palliatief.be

None identified

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Palliative Care Services

NK = not known

Number of Palliative Care Services

	Inpatient Palliative Care Units	Hospices	Consultant Teams in Hospitals	Home Care Teams	Day Centres	Total
Adult/Children	29	0	77	15	6	127
Paediatric only	0	0	0	2	0	2
				Inpatient Palliative Care Units/hospices	Chronic Hospitals/Nursing Homes	Total
Number of beds allocated to adult palliative care inpatients				216	0	216
				Adults	Children	Total
Number of Bereavement Support Teams				15	0	15

Comments/Sources

- All figures apply to the Flanders region only. The Flanders region is one of the three autonomous regions of federal Belgium, the other two being Wallonie (French speaking) and Brussels (bilingual).

- Belgium has 10 million inhabitants of which 60% (6 million) are living in Flanders.
- There are 28 inpatient palliative care units in Flanders and one Dutch speaking inpatient palliative care unit in Brussels.
- There are 204 beds allocated to adult palliative care inpatients in Flanders, and 12 beds allocated to adult palliative care inpatients in Sint-Jan ziekenhuis, Brussels.
- There are no beds exclusively allocated to palliative care in nursing homes.
- In 1990, the children's oncology departments of three academic hospitals (Antwerp, Ghent and Louvain) took the initiative to develop palliative home care projects for children. The projects are financed entirely by fund-raising. The most important sponsor is the Flemish League against Cancer, a non-governmental organisation which finances the largest part of the salary and working expenses of these projects. The remaining funds are provided by companies, service clubs, schools and other individual actions.
- Children who require palliative care and who can no longer stay at home are transferred to the children's oncology department.
- The paediatric home palliative care teams also take care of the children in the oncology departments.
- Ghent and Louvain have their own paediatric home palliative care teams (Antwerp has one palliative care nurse).
- In Flanders, three kinds of bereavement support exist: several visits are paid to the family after the death of the patient; commemorations; people can talk to a bereavement specialist (There are 15 individuals who provide bereavement support - all 15 Flemish networks for palliative care have a bereavement specialist in their team).

['Hospital care teams' data provided by Rudy Verbinnen, *Gespecialiseerde palliatieve zorg in de context van medicalisering*, 2004-2005]

['Number of beds allocated to adult palliative care inpatients' data provided by Ann Schrauwen, Federation Palliative Care Flanders, Rosa Merckx, Network Brussels, and Christine Van Der Heyden, Vlaams Ministerie WVC]

['Paediatric palliative care services data provided by Ilse Ruysseveldt, Federation Palliative Care Flanders]

['Inpatient palliative care units' data provided by Ann Schrauwen, Federation Palliative Care Flanders]

['Day centre' data and 'Number of bereavement support team' data provided by Dr. Mullie, Federation Palliative Care Flanders]

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Adult Palliative Care Population

82%	of patients receiving palliative care have a cancer diagnosis	
18%	of patients receiving palliative care have other incurable conditions	
	Cancer	(n)
Number of patients who die at home	NK	3,609
Number of patients who die in a general hospital	NK	6,000
Number of patients who die in other healthcare institutions	NK	2,857

Comments/Sources

- Percentage of patients with cancer/non-cancer diagnoses receiving palliative care is an estimate only.
- Place of death data are estimates only.

[Federation Palliative Care Flanders]

[*Palliative Care for All - Evaluation of a geographic model*, Trudie Van Iersel (figures 2001, abstract EAPC The Hague 2003) Workgroup Research, FPCF]

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Palliative Care Workforce Capacity

	Full-time	Part-time	Total
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Physicians	14	879	893
Nurses	466	2,772	3,238
Social Workers	NK	NK	86
Psychologists	NK	NK	86
Physiotherapists	NK	NK	29
Occupational Therapists	NK	NK	29
Spiritual/Faith leaders	NK	NK	115
Volunteers	NK	NK	1000

Comments/Sources
<ul style="list-style-type: none"> • All palliative care workforce capacity figures are minimum estimates only. • In half of the palliative care units (on average) there is one full time physician: $29/2 = 14$ approximately. • In the other half of the palliative care units: (on average) there is one part time physician = 15 approximately; on average there is one part-time physician/hospital = 63 (Flanders) + 8 (Dutch speaking hospitals in Brussels) = 71; on average there is one part-time physician/nursing home = 793 (879 in total). • There are approximately 324 nurses employed full-time in palliative care units, and 126 nurses employed full-time in hospitals. • There are approximately 1,042 nurses employed in hospitals; 1,586 nurses employed in nursing homes; 144 nurses employed in home palliative care teams (2,772 in total). <p> [www.wvc.vlaanderen.be/ouderenzorg/programma] [www.wvc.vlaanderen.be/ziekenhuizen/links/index.htm] [www.bruxelles.irisnet.be/nl/citoyens/home/sante/hopitaux.shtml] [http://aps.vlaanderen.be/statistiek/cijfers/gezondheid/verzorgingsvoorzieningen/indicator_11 E_bedden_artsen.xls] [RIZIV study of July 2004] [Trudie Van Iersel, <i>Palliatieve Zorg in Vlaanderen : evaluatie van een geografisch model</i>, 2003] [Federation Palliative Care Flanders] [EAPC Palliative Care Facts in Europe Questionnaire 2005] </p>

Funding of palliative care services	
Total number of palliative care services funded by the government	935
Total number of palliative care services funded privately or by NGO's	2

Comments/Sources
<p> [Rudy Verbinnen, <i>Gespecialiseerde palliatieve zorg in de context van medicalisering</i>, 2004-2005] [Rosa Merckx, Network Brussels] [Ann Schrauwen, Federation Palliative Care Flanders] [www.wvc.vlaanderen.be/ouderenzorg/programma] [EAPC Palliative Care Facts in Europe Questionnaire 2005] </p>

Perceived use of main opioids in palliative care		
Order of frequency	Opioid	Estimated cost per month (€)
First opioid	Durogesic	10 @ 7.6 € = 76 €
Second opioid	MS Contin	0.2 € @ 2/day @ 30 days = 12 €
Third opioid	Diamorphine	6 @ 4.2 € = 25.20 €
Comments/Sources		
<p> [Federation Palliative Care Flanders] [EAPC Palliative Care Facts in Europe Questionnaire 2005] </p>		

Key issues and challenges

- Insufficient financial support from the government for local and national palliative care initiatives and research. Lack of financial support may lead to the development of systems that are not professionally-based.
- Lack of palliative care guidelines and standards for palliative care education.
- Lack of an up-to-date registration system for minimum data sets.
- There is a taboo relating to the use of morphine; there is often resistance from the patient, the family or the doctor.

[EAPC Palliative Care Euro-Barometer 2005]

Palliative care accreditation

- “In Flanders, there is no specialist accreditation for palliative care professionals at the present time. Palliative care networks and the Federation Palliative Care Flanders are organising a lot of training for professionals but the training is not yet accredited.”

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Palliative care milestones

- 1987: The first palliative home care team is established.
- 1991: The first palliative care unit is established (in Brussels hospital).
- 1991: The first palliative care support teams form in hospitals.
- 1995: Regional “Networks for Palliative Care” are installed (by law).
- 1998: The first palliative day care centre is opened.
- 2001: A palliative care support team is active in 72% of hospitals.
- 2001: A specialised nurse or support team is active in 50% of nursing homes.
- 2002: Five palliative day care centres become active (involving a specialised nurse, physician, psychologist or social worker) on an experimental basis.
- 2002: The law on euthanasia is established.
- 2002: The law on palliative care is established.
- 2002: The notion of ‘palliative sedation’ is developed (key person: Prof. Dr. Bert Broeckart, Katholieke Universiteit Leuven).
- 2004: The Federation Palliative Care Flanders marks the publication of the Council of Europe (2003) report on palliative care (Recommendation 24 of the Committee of Ministers to member states on the organisation of palliative care) by using the publication to argue for more governmental support for the further development and financial support of palliative care (oral presentation by the Chairperson of the Federation Palliative Care Flanders during the Conference for Palliative Care, organized by the National Health Insurance Organization on November 24th 2004).

[EAPC Palliative Care Euro-Barometer 2005]

Health policy

- There are 15 palliative care networks covering Flanders (one per 400,000 inhabitants). These networks are centres of palliative care coordination that stimulate cooperation between different health care institutions and professionals, organise courses for health care professionals and volunteers, and inform the public about the possibilities of palliative care support.
- Each of the 15 network regions has a multidisciplinary palliative home care

team (specialised nurses, physician, psychologist or social worker), that support the regular home care professionals (and to a lesser degree care for individual patients).

- Palliative care has been built from the “bottom-up”. From the development of palliative care in the late 1980s, there have been many working groups where palliative care professionals and volunteers meet and exchange experiences. These working groups focus on a theme, a discipline or a health care setting. In this way there is very wide-spread support among both professionals and volunteers for the present palliative care policy.
- There has been a development of covenants between the government and national and regional palliative care organisations. In these covenants, tasks and finances are regulated, national guidelines are developed, and palliative care standards are set.
- The importance of palliative care as an alternative to euthanasia is continuously emphasized. Palliative care and euthanasia are not considered antagonistic but complementary: when sound palliative care is offered, most requests for euthanasia will disappear; euthanasia (under strict conditions) is now available for those patients who persist in their request even when all possibilities of palliative care have been offered. As a consequence not only was the law on *euthanasia* accepted in 2002, but also the law on *palliative care*.
- The Federation Palliative Care Flanders has not participated in any way in the Council of Europe discussions about euthanasia (the Marty Report).

[EAPC Palliative Care Euro-Barometer 2005]

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N.B. This report has been compiled by the *Federation Palliative Care Flanders* (FPCF), and therefore relates to the Flanders region of Belgium only.

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