

IRELAND



Population: 4,015,676

Current Directory:

Printed version



Directory of Palliative Care Services in Ireland (2005). Dublin: Irish Association for Palliative Care.

Online version

None identified

Key Contact/National Association

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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	8	0	22	14	5	49
Paediatric only	0	0	1	0	0	1
				Inpatient Palliative Care Units/Hospices	Chronic Hospitals/Nursing Homes	Total
Number of beds allocated to adult palliative care inpatients				147	0	147
				Adults	Children	Total
Number of Bereavement Support Teams				8	0	8

Comments/Sources

- Specialist teams require multi-disciplinary input.
- In-patient specialist palliative care unit and hospice are used interchangeably.
- Children with specialist palliative care needs remain under the direct medical care of paediatric trained doctors and nurses. Specialist advice is provided by specialist palliative care teams in hospital and community settings.

- There are no dedicated children's hospice beds, and a recent needs assessment study suggests that such a facility is not required.
- Patients/families are supported by medical, nursing and psychosocial professionals during the patient's illness. Family members deemed to be a risk may be invited to avail of additional support.

[Directory of Palliative Care Services in Ireland, 2004]

[EAPC Palliative Care Facts in Europe Questionnaire, 2005]

Adult Palliative Care Population

95%	of patients receiving palliative care have a cancer diagnosis	
5%	of patients receiving palliative care have other incurable conditions	
	Cancer	(n)
Number of patients who die at home	26%	NK
Number of patients who die in a general hospital	42%	NK
Number of patients who die in other healthcare institutions	32%	NK

Comments/Sources

- Number of patients who die in other healthcare institutions: 14% die in hospice; 18% die in other settings.

[EAPC Palliative Care Facts in Europe Questionnaire, 2005]

Palliative Care Workforce Capacity

	Full-time	Part-time	Total
Physicians	20-40	0	20-40
Nurses	346	NK	346
Social Workers	30.5	NK	30.5
Psychologists	NK	NK	NK
Physiotherapists	13	NK	13
Occupational Therapists	9	NK	9
Spiritual/Faith leaders	11.5	NK	11.5
Volunteers	NK	NK	NK

Comments/Sources

- There are 20 fully trained consultant specialists. A further 9 doctors are in an approved national training programme to become consultants/specialists. There are approximately a further 31 other doctors who are working in both full-time and part-time posts, or who are spending 3 or 6 months in palliative care for experience.
- There is limited data available on the palliative care workforce capacity. The main source is the recently published 'Baseline Study on the Provision of Hospice and Specialist Palliative Care Services'. At present, palliative care units are funded by both statutory and voluntary sources.

[EAPC Palliative Care Facts in Europe Questionnaire, 2005]

Funding of palliative care services

Total number of palliative care services funded by the government	NK
Total number of palliative care services funded privately or by NGO's	NK

Comments/Sources

- The government provides variable levels of funding to all services. In some instances, this might be a very small percentage of the total costs. In other situations, it might be in excess of 90%. All services rely to some extent on voluntary/non-statutory funding.

[EAPC Palliative Care Facts in Europe Questionnaire, 2005]

Perceived use of main opioids in palliative care

Order of frequency	Opioid	Estimated cost per
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		month (€)
First opioid	Morphine	NK
Second opioid	Fentanyl	NK
Third opioid	Oxycodone	NK
Comments/Sources		
<ul style="list-style-type: none"> • This is a subjective opinion and not supported by firm data. • Estimated costs are not known; they are dose dependent. 		
[EAPC Palliative Care Facts in Europe Questionnaire, 2005]		

Key issues and challenges

- There is a lack of sufficient public funding for health care generally.
- There is a serious infra-structural deficiency.
- There is a serious deficit in terms of education and training which will have a negative impact on recruitment in the years ahead.
- The new health care structures being set up in Ireland presently may not deliver an integrated health care service. This, in turn, will have implications for the delivery of specialist palliative care.
- Non-availability of certain staff grades i.e. doctors, nurses and allied health care professionals with specialist palliative care training.

[EAPC Palliative Care Euro-Barometer, 2005]

Palliative care accreditation

- There is specialist accreditation for palliative care professionals in Ireland at the present time.

[EAPC Palliative Care Facts in Europe Questionnaire, 2005]

Palliative care milestones

- 1994: The role of palliative care services in improving quality of life is recognised in the *Health Strategy*.
- 1995: Ireland becomes the second country in Europe to recognise palliative medicine as a distinct medical speciality.
- 1996: The documents 'Cancer Services in Ireland: a national strategy' and 'Position paper on development of hospice and specialist palliative care services in Ireland' support the development of palliative care in Ireland.
- 1999: The Minister for Health and Children establishes the National Advisory Committee on Palliative Care.
- 2001: The 'Report of the National Advisory Committee on Palliative Care' is published. It provides a framework from which to develop specialist palliative care in Ireland by developing and co-ordinating growth and by establishing regional and national structures.
- 2003: Publication of the *Council of Europe* Report
- 2005: Government establishes the *National Council for Specialist Palliative Care*.

[EAPC Palliative Care Euro-Barometer, 2005]

- ‘*Health Strategy: Shaping a Healthier Future*’ (1994) recognises the role of palliative care services in improving quality of life.
- ‘*Cancer Services in Ireland: a national strategy*’ (1996) and the ‘*Position paper on development of hospice and specialist palliative care services in Ireland*’ (1996) supports the development of palliative care in Ireland.
- 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) is circulated to IAPC members, funded by the Department of Health and Children.
- The Irish Association for Palliative Care participates in the Council of Europe discussions about euthanasia (the Marty Report) by lobbying politicians who sat on the Council of Europe, and informing the membership of the IAPC through a presentation delivered by Andre Rhebergen at the AGM.
- At the current time, are there no initiatives in Ireland that are seeking the legalisation of euthanasia or assisted suicide.
- Palliative care is being placed under the authority of the Primary, Community and Continuing Care Directorate, which will have 32 Local Health Offices and seek greater involvement of service users, their families and communities in the planning and design of services in this area.

[EAPC Palliative Care Euro-Barometer, 2005]

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EAPC Task Force on the development of Palliative Care in Europe

