

ITALY



Current Directory:

Printed version * Palliative Care Units and Non-Profit Organizations in Italy (2000)

Online version * <http://www.sicp.it>

None identified

Key Contact/National Association

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Palliative Care Services

Number of Palliative Care Services

| | Inpatient Palliative Care Units | Hospices | Consultant Teams in Hospitals | Home Care Teams | Day Centres | Total |
|--|---------------------------------|----------|-------------------------------|---|----------------------------------|-------|
| Adult/Children | 5 | 90 | NK | 153 | 10 | 258 |
| Paediatric only | 0 | 0 | 0 | 0 | 0 | 0 |
| | | | | Inpatient Palliative Care Units/ hospices | Chronic Hospitals /Nursing Homes | Total |
| Number of beds allocated to adult palliative care inpatients | | | | 1095 | 0 | 1095 |
| | | | | Adults | Children | Total |
| Number of Bereavement Support Teams | | | | 0 | 0 | 0 |

Comments/Sources

- Estimates are based on a combination of palliative care units operating in the health service and non-profit organisations which supply palliative care.
- There are also approximately 100 palliative care beds in acute hospitals.
- There are no specific palliative care centres or hospices for children in Italy. However, in about 5 paediatric oncology units, there are beds or palliative care teams for the palliative care of children (based on personal information).



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- Although there are no specific bereavement support teams, counselling and bereavement support is provided by psychologists in approximately 40% of palliative care centres (PCU and NPO).

[Osservatorio Italiano Cure Palliative (O.I.C.P.) www.oicp.org]

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Adult Palliative Care Population

| | | |
|---|---|------------|
| 60% | of patients receiving palliative care have a cancer diagnosis | |
| 40% | of patients receiving palliative care have other incurable conditions | |
| | | |
| | Cancer | (n) |
| Number of patients who die at home | 75% | 45,000 |
| Number of patients who die in a general hospital | 10% | 6,000 |
| Number of patients who die in other healthcare institutions | 15% | 9,000 |

Comments/Sources

- Adult palliative care population data is based on estimates and refers to all palliative care patients (not just cancer).
- There are approximately 630,000 deaths in Italy each year – approximately 160,000 of these deaths are due to cancer.

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Palliative Care Workforce Capacity

| | Full-time | Part-time | Total |
|-------------------------|-----------|-----------|-------|
| Physicians | 1000 | 0 | 1000 |
| Nurses | 1200 | 0 | 1200 |
| Social Workers | - | - | 50 |
| Psychologists | - | - | 140 |
| Physiotherapists | - | - | 100 |
| Occupational Therapists | - | - | 30 |
| Spiritual/Faith leaders | - | - | - |
| Volunteers | - | - | 1400 |

Comments/Sources

- All Palliative Care Workforce Capacity figures are based on estimates from 2001.
- At the present time it is very difficult to evaluate the full-time and part-time palliative care workforce capacity in Italy, because the situation is continually evolving. It is possible that since this data was collected (2001), there may have been a 30-40% increase in palliative care workforce capacity.
- The number of spiritual/faith leaders is unknown.

[Corli, O. 2003. Risorse professionali e umane. In: D. Amadori e F. De Conno “Libro italiano di Cure Palliative” Poletto Ed. Gaggiano (Milano), pp. 401-404]

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Funding of palliative care services

| | |
|---|-----|
| Total number of palliative care services funded by the government | 250 |
| Total number of palliative care services funded privately or by NGO's | 137 |

Comments/Sources

- There are 155 palliative care services funded by a combination of private and public funds. These palliative care units are part of the National (or Regional) Health Service, where a part of professional resources are supported by private or non-profit organisations.

[Osservatorio Italiano Cure Palliative (O.I.C.P.) www.oicp.org]

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

| Perceived use of main opioids in palliative care | | |
|---|-----------|------------------------------|
| Order of frequency | Opioid | Estimated cost per month (€) |
| First opioid | Fentanyl | 190,00 euros |
| Second opioid | Morphine | 70,00 euros |
| Third opioid | Methadone | 30,00 euros |
| Comments/Sources | | |
| [EAPC Palliative Care Facts in Europe Questionnaire 2005] | | |

Key issues and challenges

- There are insufficient education curricula and insufficient academic recognition within palliative care. At the moment, depending on regional differences, palliative care services are directed by oncologists or by anaesthesiologists.
- There are inadequate quality requirements and a lack of homogeneous standards for services. In 2003, the Italian Association for Palliative Care and the Palliative Care Federation published a joint document on the technological and organisational requirements for palliative care services (including hospices). The document was accepted by some committees at the Health ministry level but is not yet officially used to define the overall standard of palliative care services.
- Many GPs are uncertain about their role in the integration of palliative care with specialist services.
- The bureaucratisation of services without professional certification and academic role does not support personal motivation or guarantee to offer patients high quality services.
- Some GPs and specialists know little about pain, resulting in inappropriate prescription and insufficient prescription.

[EAPC Palliative Care Euro-Barometer, 2005]

Palliative care accreditation

“At the present time in Italy there are no University chairs or specialist schools for palliative care. However, several Masters courses and other palliative care specialisation courses are organised by Universities, scientific societies and private schools.”

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Palliative care milestones

- *2001*: The law on opioid prescription is passed.
- *2004*: The Italian Association of Palliative Care 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 translating the document ready for publication and dissemination.
- *2005*: All opioids for strong and moderate pain are made reimbursable by the public health care system (including oxycontin, oxycodone, methadone, codeine, tramadol, morphine, fentanyl and buprenorphine patches).

[EAPC Palliative Care Euro-Barometer, 2005]

Health policy

- The devolution of many political decisions concerning health care from the central government to the regional government has made it difficult to propose homogeneous standards for the provision of palliative care, with the development of very different reimbursement and accreditation models all over the country.
- In some cases this has resulted in different attitudes of non-profit organizations which have been developing models of care providers in competition with and in substitution to hospital-based and NHS professionally driven models.
- There is a national programme called 'Ospedale senza dolore' ('Hospital without pain') which has no specific funds and which has been developed in different ways by different regional governments but is slowly penetrating in most hospitals.
- A discussion about palliative care has reached the level of the Education and University Ministry with a meeting between oncology, anaesthesia, and internal medicine specialties representatives and the proposal of a post-specialty master's course of one year to qualify as palliative medicine specialists.
- At the current time, there are no initiatives in Italy that are seeking the legalisation of euthanasia or assisted suicide, although there is a bill about advanced directives which is currently in the process of discussion at the parliament health commission.

[EAPC Palliative Care Euro-Barometer, 2005]

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