

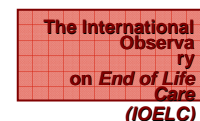
The EAPC Task Force Development of Palliative Care in Europe

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The EAPC Task Force Development of Palliative Care in Europe



A Collaborative Effort



- | | |
|---|--------------------------|
| • David Clark, LIVERPOOL (UK) | IOEL |
| • Luis Alberto Flores, VALLADOLID (SPAIN) | EAPC Member |
| • Javier Rocafort, BADAJOZ (SPAIN) | EAPC Member |
| • Anthony Greenwood, LIVERPOOL (UK) | IOEL, Research Assistant |
| • David Prail, LONDON, (UK) | HELP THE HOSPICES |
| • Liliana de Lima, HOUSTON (USA) | IAHPC |
| • Amelia Giordano, MILAN (ITALY) | EAPC Head Office |
| • Silvia Paz (ALICANTE, SPAIN) | Research Assistant |
| • Carlos Centeno (PAMPLONA, SPAIN) | EAPC Board, Chair |

52 *correspondent members*: one in each country
30 Boards of National Association

With partial financial support of...



Main Objective

- to assess the degree of development of palliative care in Europe

EAPC
ONLUS



The World Health Organization (WHO) definition of the European region has been considered to determine the countries to be included in the study

52

Secondary Goals

- To facilitate and spread information about the situation of PC in each country
- To facilitate access and communication between relevant hospice and palliative care associations as well as societies that operate in Europe
- To identify key people who have studied the process of hospice and palliative care development in their own setting and who may provide country-specific data to assist our Task Force and policy makers, planners and professional associations, now and in the future.

A Combination of 4 Research Methods

1

- Literature review of any published work about the development of PC in each of the countries

2

- International survey to boards of the National Associations of Palliative Care:
 - A qualitative study addressing opinions, strong and soft points of palliative care, challenges, etc

- International survey to an expert within each country
 - A quantitative study addressing facts, numbers of teams or beds, etc.

3

- Research reviewing the national Directories of Services, whether published, printed or online.

4

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PRELIMINARY RESULTS: Current status of the literature revision

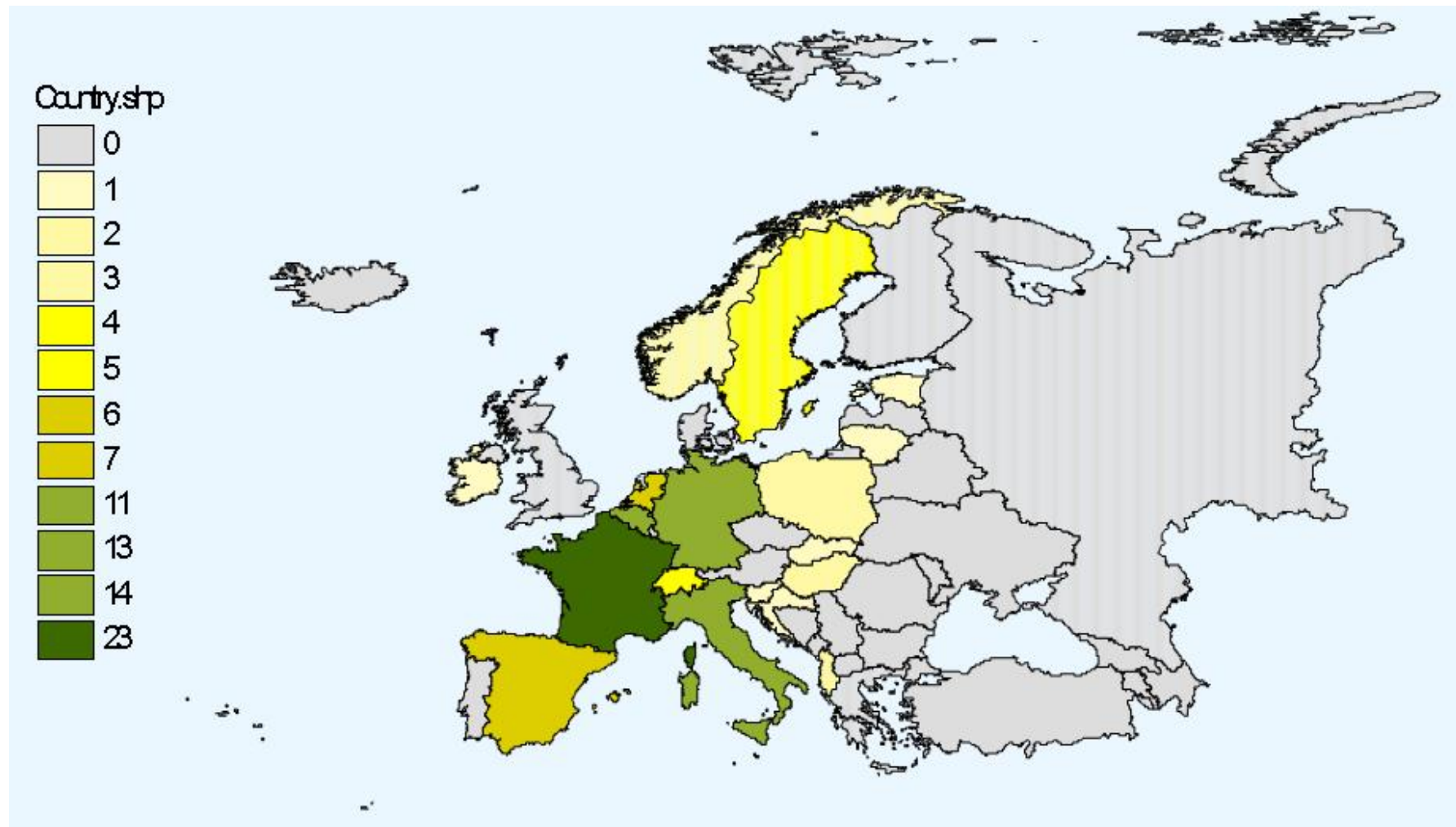
We have finished the work for:		
Country	N ^{er} of Articles	Enough information
Albania	2	Yes
Belgium	11	Yes
Croatia	1	
Cyprus	3	Yes
Eireland	1	
Estonia	1	
France	23	Yes
Lithuania	1	
Malta	1	
Slovakia	1	
Slovenia	1	Yes

Any articles found about other countries

Before finish the work, we have information for			
Country	N ^{er} of Articles	N ^{er} Revised	Enough information
Finland	2	0	
Germany	14	13	Yes
Greece	6	0	
Hungary	3	2	Yes
Israel	6	5	Yes
Italy	19	14	Yes
Netherlands (the)	15	3	Yes
Norway	6	3	Yes
Poland	5	3	Yes
Portugal	1	0	
Romania	3	0	
Russian Federation	1	0	
Spain	20	7	Yes
Sweden	7	5	Yes
Switzerland	6	4	Yes

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Number of Articles Revised



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Germany : Criterion for literature choice

- Search strategy
 1. "Palliative Care"[MeSH] or "Terminal Care"[MeSH] or "Hospices"[MeSH] or "Hospice Care"[MeSH]
 2. Germany
 3. #1 and #2
- Search limits
 1. Date: 1995 to 2004
 2. Languages: English, French or Spanish
- Choice after titles reading
- 2nd choice after abstracts reading

PUBMED

CINAHL

	Only pubmed	Only cinahl	Both Pub+Cin
Searched	24	8	8
After titles reading	6	5	7
After abstract reading	6	2	7
DEFINITIVE CHOICE	15 + 2 referenced by K people		
Achieved (apr 2005)	13		
Revised (apr 2005)	12		

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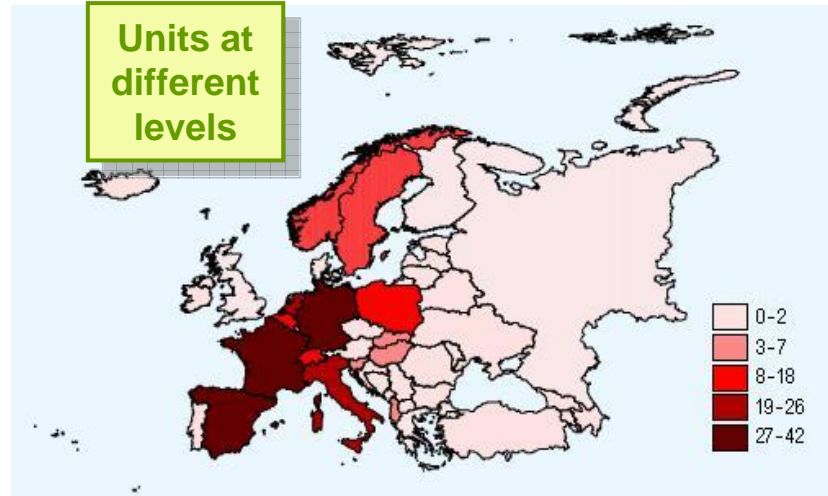
Articles selected for Germany

1. **Strumpf M, Zenz M, Donner B.** Germany: status of cancer pain and palliative care. *J Pain Symptom Manage.* 1996 Aug;12(2):109-11
2. **Farnon C.** A personal exploration of the German hospice system. *Am J Hosp Palliat Care.* 1996 Jul-Aug;13(4):32-7. Erratum in: *Am J Hosp Palliat Care* 1996 Sep-Oct;13(5):5
3. **Voltz R, Akabayashi A, Reese C, Ohi G, Sass HM.** Organization and patients' perception of palliative care: a crosscultural comparison. *Palliat Med.* 1997 Sep;11(5):351-7
4. **Voltz R, Akabayashi A, Reese C, Ohi G, Sass HM.** End-of-life decisions and advance directives in palliative care: across-cultural survey of patients and health-care professionals. *J Pain Symptom Manage.* 1998 Sep;16(3):153-62
5. **Radbruch L, Nauck F, Fuchs M, Neuwohner K, Schulenberg D, Lindena G.** What is palliative care in Germany? Results from a representative survey. *J Pain Symptom Manage.* 2002 Jun;23(6):471-83
6. **Ostgathe C, Nauck F, Klaschik E, Dickerson ED.** German medical education in pain therapy and palliative medicine: a comparison of British, Canadian, and United States models. *J Pain Symptom Manage.* 2002 Jul;24(1):13-5
7. **Radbruch L, Nauck F, Sabatowski R.** Germany: Cancer pain and palliative care--current situation. *J Pain Symptom Manage.* 2002 Aug;24(2):183-7
8. **Sabatowski R, Radbruch L, Loick G, Grond S, Petzke F.** National viewpoint. Palliative care in Germany -- 14 years on. *Eur J Palliat Care* 1998 Mar-Apr; 5(2): 52-5 (18 ref)
9. **Klaschik E, Nauck F.** National viewpoints. The German experience. *Eur J Palliat Care* 1998 Nov-Dec; 5(6): 203
10. **Tuffs A.** Germany drafts guidelines for care of the dying. *Lancet* 1996 May 4; 347(9010): 1256
11. **Kloke M, Scheidt H.** Pain and symptom control for cancer patients at the University Hospital in Essen: integration of specialists' knowledge into routine work. *Support Care Cancer.* 1996 Nov;4(6):404-7
12. **Binsack T.** Caring for terminally ill patients. The Johannes Hospiz in Munich: a palliative care unit in Southern Bavaria, Germany. *Support Care Cancer.* 1999 Nov;7(6):377-8
13. **Schreml W, Staub JP.** Integrated palliative care within a general hospital. *Support Care Cancer.* 2000 Mar;8(2):80-3
14. **Sahm SW.** Palliative care versus euthanasia. The German position: the German General Medical Council's principles for medical care of the terminally ill. *J Med Philos.* 2000 Apr;25(2):195-219
15. Principles of the German Medical Association concerning terminal medical care. *J Med Philos* 2000 Apr; 25(2): 254-8
16. **Zenz M, Zenz Th, Tryba M, Strumpf M.** Severe undertreatment of cancer pain: a 3-year survey of the German situation. *J Pain Symptom Manage* 1995;10:187-191.
17. **Bausewein C, Hartenstein R.** Oncology and Palliative Care. *Onkologie.* 2000 Dec;23(6):534-537

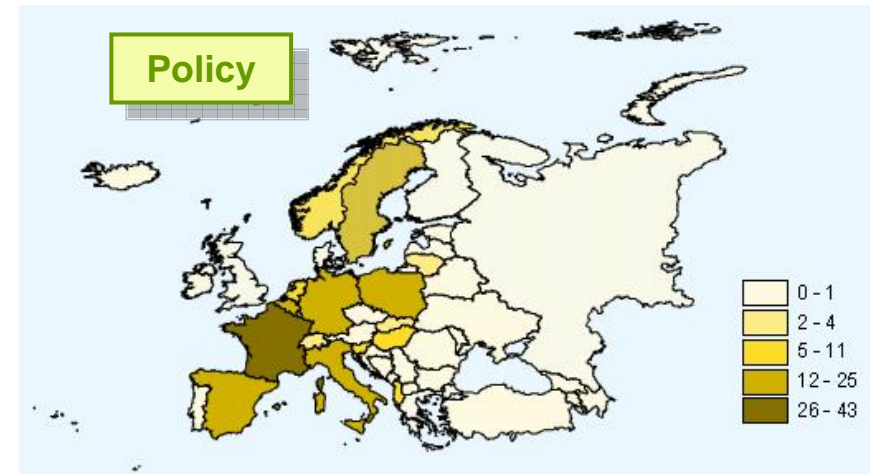
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Quality of information gathered: number of sentences about each topic

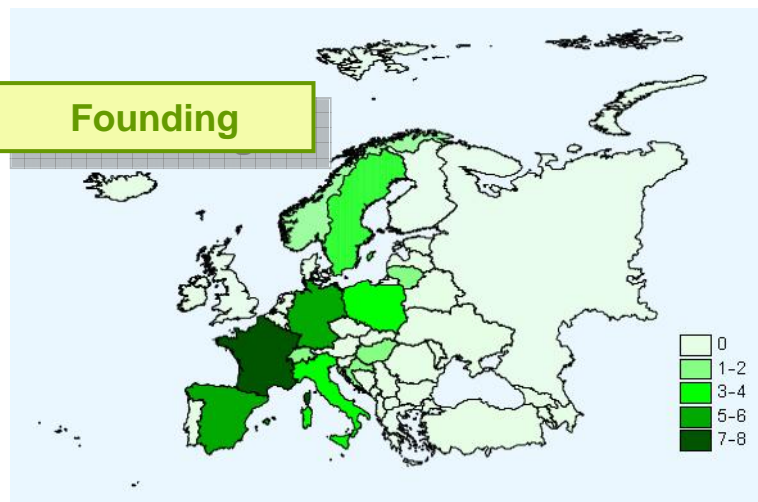
Units at different levels



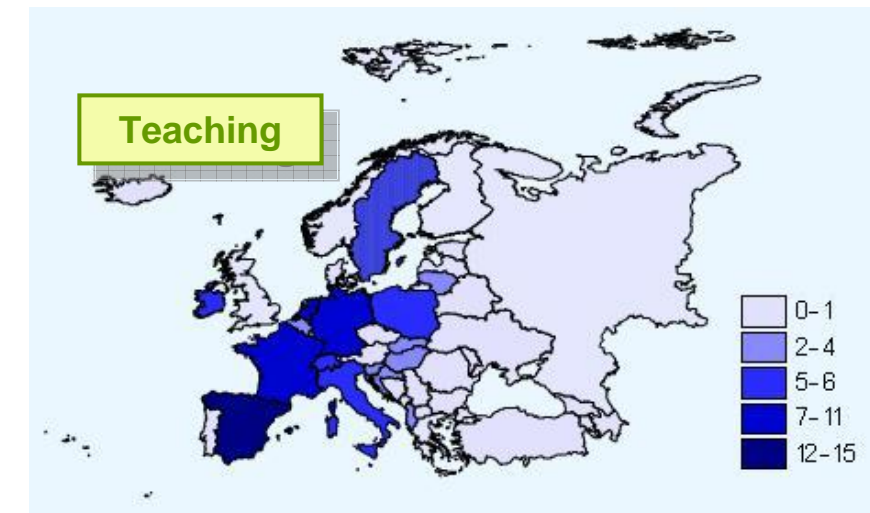
Policy



Founding



Teaching



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Germany: Some results about Palliative Care funding

- 26 palliative care units exist in hospitals. Sixteen institutions are supported by grants from the Ministry of Health and three by grants of “Deutsche Krebshilfe” (Strumpf 1996)
- Whereas palliative care units are affiliated with a hospital, receiving full funding from the national health insurance system, reimbursement from the health insurance system is much less for hospice beds than for palliative care beds, and patients must pay part of the costs in many hospices. (Radbruch 2002)
- In hospices, reimbursement follows the lines for nursing homes, which means that part of the expenses are put forward to the patient and his family. (Radbruch 2002)
- Inpatient hospice units and palliative care wards received financial support from a variety of institutions, including state subsidies and funding by churches, charities and private groups. The German Cancer Foundation (Deutsche Krebshilfe eV) is a prominent supporter of palliative care services. (Sabatowski 1998)
- Palliative Care Units receive funding if they are on the hospital planning lists. In 1997, the Government passed a law that gives hospices partial funding of 350 deutschmarks per patient per day. (Klaschik 1998)

DIRECTORY OF GERMANY

- Hospiz- und Palliativführer 2003.
Stationäre und ambulante Palliativ- und Hospizerichtungen in Deutschland.

Sabatowski R, Müller M, Nauck F, Zernikow B. MediMedia

BAG Hospiz (Bundesarbeitsgemeinschaft Hospiz e.V.)

DGP (Deutsche Gesellschaft für Palliativmedizin e.V.)

DGSS (Deutsche Gesellschaft zum Studium des Schmerzes e.V.)

Eigenes Leben – Hilfen für Kinder mit Schmerzen oder lebensverkürzenden Erkrankungen e. V.)

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GERMANY

PALLIATIVE CARE SERVICES IN GERMANY, YEAR 2003(*)

Total Services	947	
Hospital Care	197	
- PALLIATIVE CARE UNIT	84	
- HOSPICE	107	
- PEDIATRIC PC UNIT or HOSPICE	6	
Home Care	750	
- HOME CARE TEAM	703	
- PEDIATRIC HOME CARE TEAM	47	

(*) Hospiz- und Palliativführer 2003.

Stationäre und ambulante Palliativ- und Hospizerichtungen in Deutschland.

2 International Surveys

Preliminare Results

We identified key people in 47/52 countries

1. We fail in Monaco, San Marino, Tajikistan, Turkmenistan, Uzbekistan,
2. This network could become more important in others studies in the future

Preliminare Results

•Two questionnaires have been produced and sent on 01/March /05

- The 'Euro-barometer' questionnaire, to be answered by 'boards' of national associations or equivalent
- This questionnaire looks into general views and opinions on the development of palliative care in the country (qualitative data)
- The 'Facts' questionnaire, to be answered by 'key informants'
- It explores specific data relevant to the development of palliative care in each country (quantitative data)

Preliminare Results

- The 'Euro-barometer' questionnaire

Completed questionnaires
received:

16/42 (38%)

01 / April / 05

- The 'Facts' questionnaire

Completed questionnaires
received:

13/42 (31%)

01 / April / 05

GERMANY

– Euro-barometer' questionnaire

- DEUTSCHE GESEKKSCHAFT FÜR PALLIATIVMEDIZIN
- Contact: Birgit Jaspers
- Questionnaire sent on 14/FEB/05



WANTED

– 'Facts' questionnaire

- Key contact: Dr. Friedeman Nauck
- Questionnaire sent on 14/FEB/05



The EAPC Task Force Development of Palliative Care in Europe



The poster features a green background with a faint map of Europe. On the left, a vertical beige bar contains the text 'EAPC' and a large green number '4'. The main text is in white and green, announcing the 4th Research Forum of the European Association for Palliative Care. The theme is 'Collaborate to catalyse Research'. The location is Venezia Lido (Italy), Palazzo del Casinò, from May 26-28, 2006. The website is www.eapcnet.org/research2006. The deadline for abstract submission is 30 October, 2005. The EAPC logo, featuring a globe held by two hands, is at the bottom.

4th Research Forum of the European Association for Palliative Care

"Collaborate to catalyse Research"

*Venezia Lido (Italy),
Palazzo del Casinò
26-28 May 2006*

www.eapcnet.org/research2006

Deadline for abstract submission **30 October, 2005**

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www.eapcnet.org