Putting the plans for French palliative care into action

Following on from the success of the first national palliative care plan, **Marilène Filbet** examines the proposals from the second development plan for French palliative care for the period 2002–05

The development of palliative care in France began in the 1980s with doctors and professional carers expressing their views on care for the terminally ill. This led to the publication in 1986 of a circular on caring for the dying.[1] It described and defined palliative care, the patients likely to benefit from it and the various organisations that might practise palliative care, with reference to specific palliative care units and the home.

The evolution of palliative care

The first French unit opened in Paris in 1987, followed, in 1988, by units in Lyon and St Malo and, later, in several other French regions. The development of these units was, however, not a planned process, and early examples were developed mostly through the determination of a number of doctors and professionals working in palliative care across a wide variety of organisations. These first units were created in geriatric institutions and local hospitals, sometimes as a result of a difficult restructuring process (maternity beds, for example, were turned into palliative care beds). In addition to these units, other forms of palliative care practices were also developed.

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This included mobile or ‘support’ units (HPCTs), which did not have beds, and instead worked with patients and hospital teams giving advice without, however, taking the place of the patient’s referring medical staff.

There were also ‘home support teams’ that left the hospitals to visit patients’ homes, and only then to fulfil an advisory role. The French healthcare system is idiosyncratic – combining a public and a private system, both of which are financed by social security. Traditionally, hospitals have not involved themselves in the community, and public professionals may conflict with co-ordinating freelance practitioners, who are paid for items of service.

Specific beds have been set aside for palliative care in acute units. These beds continue to belong to the original department.

The French Palliative Care Society has laid down a number of standards for staff, depending on the type of palliative care activity offered, the number of beds and the tasks of the various units.[2]

At the 1998 National Palliative Care Congress in Lyon, two political figures committed themselves to the development of palliative care – Bernard Kouchner, the then Minister of Health, who published a three-year development plan for palliative care; and Senator Lucien Neuwirth, who led a unanimous vote on a palliative care law.

The development plans

The three-year plan 1999–2001

This plan was financed to the tune of €57,930,000 and was dedicated to developing palliative care units and HPCTs. The aim was to widen the availability of palliative care and to reduce the imbalance that existed between various regions.

Palliative care requirements in France have been estimated at 150,000 to 200,000 patients per year, and this first plan significantly increased the quantity of care offered. The number of palliative care beds increased from 657 at the end of 1998 to 1,040 in 2001, with 70

Key points

- Palliative care requirements in France have been estimated at 150,000 to 200,000 patients per year.
- The French Government wishes, by means of an ambitious programme, to allow every patient whose condition dictates it the opportunity to benefit from palliative care.

units containing more than five beds. Twenty-four units have been identified as accepting palliative care patients within departments not dedicated to palliative care. The number of hospital and support teams increased from 84 to 265. Action has concentrated particularly on taking care of patients at home, with the creation of the home care networks (which rose from 18 in 1998 to 30 in 2002).

The setting-up of this plan gave rise to much thought within the various regions regarding the organisation of palliative care. In the Rhône-Alpes region, this thinking has led to the creation of a list of conditions for setting up a regional palliative care project.[3]

The palliative care law

The law on palliative care was voted in unanimously by the French Parliament in 1999.[4] It guarantees access to palliative care for those whose condition dictates it, and defines palliative care and the care centres that practise it. It also recognises the right of every person to refuse any investigation or course of treatment.

The law covers palliative care in the regional health organisation schemes and places an obligation both on public and on private establishments to develop a response to the need for palliative care and the fight against pain.

In addition, it states that French teaching hospitals, in association with other healthcare institutions, are required to fulfil a palliative educational role, as well as carrying out research.

The law introduces the theme of palliative care into the medical care provision aspect of the medical information system, and introduces specific payment for acts of palliative care for freelance practitioners. It recognises the role of volunteers in patient support, and allows the relatives of a person receiving palliative care to take a three-month break from work to support and care for their sick relative. This break is taken unpaid, but employers may not oppose it.

The development plan for 2002–2005

To support the success of the first development plan, Mr Kouchner decided to continue with a new development plan for 2002–05[5] which has three main aims:

- To develop palliative care in the home by:
  - Specific training for healthcare professionals
  - Specific payments for healthcare practitioners providing palliative care in the home[6,7]
  - Developing palliative care programmes in the context of hospital at home
  - Establishing palliative care networks
  - Developing home support programmes by volunteers
- To continue with the development of palliative care in health institutions by:
  - Strengthening and developing palliative care structures. Each region should have a unit of ten beds, with the threefold mission of providing care, teaching and carrying out research
- To make the public aware and informed by:
  - Carrying out a campaign of communication relating to palliative care
  - Creating a national documentation centre
  - Organising the compilation of general statements on palliative care.

Opportunity to benefit

The French Government wishes, by means of an ambitious programme, to allow every patient whose condition dictates it the opportunity to benefit from palliative care. The results of the first programme are very promising, even though there are still some imbalances and areas of difficulty, and the aim of the second programme is to improve the provision of care still further. At the same time, efforts made in education and training, especially in undergraduate medical courses,[8,9] will strengthen the postgraduate training programmes. It is our hope that one day the creation of chairs in palliative care, such as those that already exist in other European countries, will allow consolidation of the development of palliative care in France.

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References
1. Direction Générale de la santé. Circulaire relative à l'organisation des soins et l'accompagnement des patients en phase terminale. Paris: DGS, 1986.
2. La Société Française d'Accompagnement et de Soins Palliatifs. *La lettre de la SFAP: les structures de soins palliatifs*. Paris: SFAP, 1997.
3. Groupe de travail Rhône Alpes. Cahier des charges pour la création d'une structure de soins palliatifs Rhône-Alpes: ARH Rhône-Alpes, 2001.
4. Loi no 99-477 visant à garantir le droit à l'accès aux soins palliatifs. 9 juin 1999. www.adminet.com/jo/19990610/MESX9903552L.html
5. Ministère de l'emploi et de la solidarité. Programme national de développement des soins palliatifs 2002-2005 (www.santé.gouv.fr).
6. Caisse Nationale d'Assurance Maladie des Travailleurs Salariés. Contribution du Fonds National d'Action Sanitaire et Sociale à la mise en place de mesures de maintien à domicile dans le cadre des soins palliatifs. Paris: CNAMTS, 2000.
7. Décret n°2000-100 du 16 octobre 2000 relatif à la convention type prévue à l'article L .1111-5 du codée la santé publique.
8. Circulaire DGES-DGS n°15 mai 1995 relative aux enseignements de premier cycle et du deuxième cycle des études médicales.
9. Arrêté du 4 mars 1997 relatif à la deuxième partie du 2ème cycle des études médicales.

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