WHAT IS PALLIATIVE CARE IN GERMANY? RESULTS FROM A REPRESENTATIVE SURVEY

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Introduction: A core documentation has been developed for German palliative care units since 1996 as a first step for quality assurance.

Methods: The core documentation form consisted 35 items, documenting physical and psychosocial symptoms at the time of admission, diagnostic and therapeutic procedures and outcome of physical and psychosocial dimensions.

Results: Fourtyfour of the 65 palliative inpatient units in Germany participated in the second phase of the evaluation in 2000. A total of 1087 patients were documented. There was a high variability between units in all items of the core documentation. Eight units affiliated to anaesthesiology departments performed less chemotherapy, but more immunotherapy, gave less infusions and blood transfusions but more skin and wound care, more lymphatic drainage and massage and documented psychosocial interventions more frequently for patients as well as for relatives than the 31 units affiliated to internal medicine departments. In one third of the patients a consent of omission of therapeutic options was documented. Inpatient treatment ended with the death of the patient in 45.3% of patients and with discharge in 51.6% (not documented 3.1%). The efficacy of inpatient treatment was rated very high by the staff.

Conclusions: We found large variations in the documentation of palliative care patients at the time of admission as well as for inpatient treatment between palliative care units in Germany. This was related to the affiliation of the units at least to some degree, but also to differences in interests and documentation discipline. We suggest that training procedures for documentation should be included in cross-sectional surveys, as the results may not be comparable otherwise.