Development of Palliative Care services in different countries

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EONS leadership summit, 2017
Do you have any interest to declare?

No, I don’t have any interest to declare.
Objectives

• To familiarize the auditorium to the WHO Public Health Strategy (PHS) for Palliative Care (PC);

• To acknowledge the different pathways in which PC developed across Europe;

• To emphasize de need for collaboration among European nurses working in similar & different clinical settings & specialties.
The WHO PHS addresses:
1) appropriate policies;
2) adequate drug availability;
3) education of policy makers, health care workers, and the public; and
4) implementation of palliative care services at all levels throughout the society.

Stjernsward et al. 2007, The PHS for PC
Detailed PHS model for PC

**Policy**
- Palliative care part of national health plan, policies, related regulations
- Funding / service delivery models support palliative care delivery
- Essential medicines
  (Policy makers, regulators, WHO, NGOs)

**Drug Availability**
- Opioids, essential medicines
- Importation quota
- Cost
- Prescribing
- Distribution
- Dispensing
- Administration
  (Pharmacists, drug regulators, law enforcement agents)

**Implementation**
- Opinion leaders
- Trained manpower
- Strategic & business plans – resources, infrastructure
- Standards, guidelines measures
  (Community & clinical leaders, administrators)

**Education**
- Media & public advocacy
- Curricula, courses – professionals, trainees
- Expert training
- Family caregiver training & support
  (Media & public, healthcare providers & trainees, palliative care experts, family caregivers)

Stjernsward et al. 2007, The PHS for PC

www.hospice.ro
Overview of PC development

• Worldwide PC Alliance

1. Level 1: **No known activity**; ex. Monaco, Liechtenstein.

2. Level 2: **Capacity building** (no PC services established, but evidence of initiatives); ex. Azerbaijan.

3. Level 3a: **Isolated provision** (the development of PC is patchy, often home-based, not well supported, with limited availability of morphine); ex. Armenia, Bulgaria, Estonia, Greece, Kazakhstan, Kyrgyzstan, Latvia, Macedonia, Moldova, Russia, Ukraine.

4. Level 3b: **Generalized provision** (the development of PC in a number of locations with the growth of local support, multiple sources of funding, availability of morphine, provision of training and education initiatives); ex. Albania, Belarus, Bosnia & Herzegovina, Croatia, Cyprus, Czech Republic, Georgia, Lithuania, Malta, Portugal, Turkey.
Greece

- “Galilee” PC home care team (2010) and inpatient unit (2018) in Spata, Athens (Holy Metropolis of Mesogaia and Levreotiki Attica Greece)
Greece

- “Merimna” Society for the Care of Children and Families Facing Illness and Death
  - Team for disaster interventions
  - Bereavement Counseling Center
  - Paediatric Palliative Home Care service (Jan. 2010)
Moldova

- 1st EurAsia International Conference on PC, Ivano-Frankovsk, Ukraina, 2017
Albania

6 palliative care teams operate in Albania

- MARY POTTER – Korce (1993)
- RYDER Albania – Tirane, Durres.
- Shkoder, Elbasan, Lezhe
Overview of PC development

• Worldwide PC Alliance

5. Level 4a: Preliminary integration (the development of critical mass of PC in a number of locations, a variety of PC providers and type of services, availability of morphine and other strong pain-relieving drugs, limited impact of PC on policy, provision of substantial number of training and education initiatives); ex. Denmark, Finland, Hungary, Luxembourg, Netherlands, Serbia, Slovakia, Slovenia.

6. Level 4b: Advanced integration (the development of critical mass of PC in a wide range of locations, comprehensive provision of all types of PC by multiple service providers, broad awareness of PC, unrestricted availability of morphine and all other strong pain-relieving drugs, substantial impact of PC on policy, in particular on public health policy, the development of recognized education centers, academic links forged with universities, the existence of a national PC association); ex. Austria, Belgium, France, Germany, Ireland, Italy, Norway, Poland, Romania, Sweden, Switzerland, UK.
Poland

1981 – Cracow Hospice
1983 – Gdansk Hospice
1987- Poznań Palliative Clinic
1994 - Warsaw Child Hospice

- 442 hospice/palliative care units (2011)
- 321 home care hospices (>120 non-public)
- 145 out-patient clinics (> 50 non-public)
- 145 in-patient units: almost 80 hospital-based in-patient departments; about 70 stationary hospices (>30 non-public]
- 48 home care hospices for children
- day care centers; hospital-based supportive teams; bereavement support; are not financed by NHS at all; Hospice Foundation, NGO
Poland

I like to help– educational tools for professionals, volunteers and society

- over 150 volunteer coordinators for hospices
- over 400 teachers involved in volunteering
- Churches, NGO-s, Long Life Learning, media
- trainings, publications, webside, e-learning
PC in the UK

- The modern hospice movement;
- PC as a specialty;
- National Institute for Clinical Excellence (NICE), 2008;
- The Liverpool Care Pathway;
- The Gold Standard Framework;
- Advance Care Planning.
PC in the UK

• Settings of care;

• Nursing roles
  • Nurse consultants:
    • Expert practice function
    • Professional leadership and consultancy function
    • Education training and development function
    • Practice and service development, research and evaluation.

• The future of PC in the UK
Education for nurses in PC

- EAPC: “Guide for the development of palliative nurse education in Europe”
Conclusions

• Internationally agreed frameworks and guidelines are important for orienting the providers and beneficiaries in the process of planning the development of PC;

• Each country finds its own way of establishing, developing, improving PC services, education and policies;

• Strong, opinionated leaders make the difference in the process of transferring the theory into reality.
“If you do not intend even for the impossible, you will never find it. If there is no quest for it, you will never open the road leading to it”

Heraklitus