

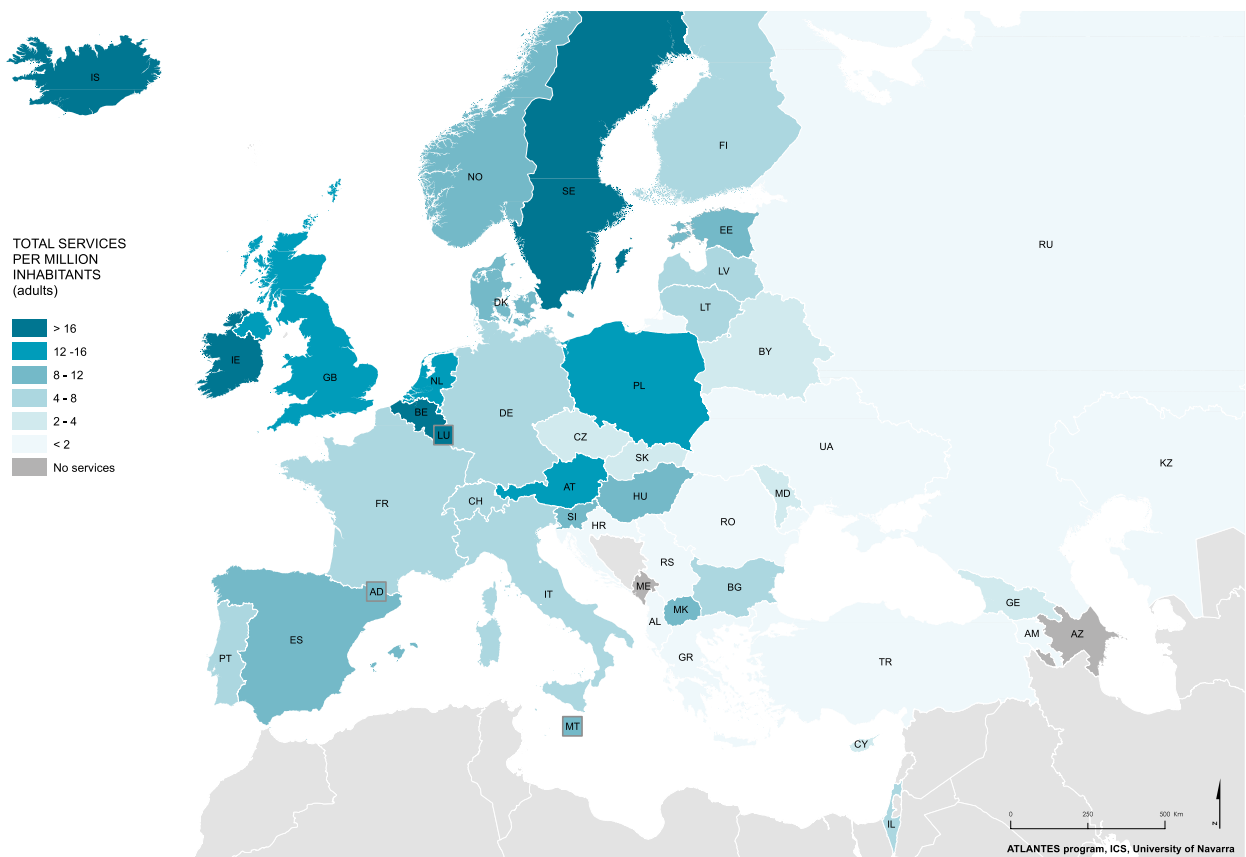
Chapter 2

Public health opportunities to improve palliative care integration across Europe

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The ageing of the European population results in a higher risk of suffering from cancer, neurodegenerative and chronic diseases. Currently, palliative care service provision is unevenly distributed across Europe (see figure below). As a direct consequence, the integration of palliative care in to the national healthcare systems, and in to those disciplines dealing with chronic and advanced diseases, is of the utmost importance to guarantee equal access to appropriate palliative care for citizens in Europe.

This chapter draws upon a previous European study addressing the development of palliative care development in 53 European countries (Centeno et al 2013). It aimed specifically to suggest how to overcome barriers and where to find the best opportunities for the integration of palliative care into healthcare systems. It employs a public health approach and uses a global framework for improving access to palliative care from a political, educational, implementation, and drug availability perspective as recommended by the World Health Organization as a strategy for further development of palliative care (Stjernswärd et al 2007).



Map of palliative care services per million inhabitants across Europe

STRENGTHEN PALLIATIVE CARE POLICIES

Integrating palliative care into policies means revising national health policies, regulations, and allocating funding and adopting specific service delivery models. The WHO in its sixty-seventh World Health Assembly in May 2014, "Urges member states" to develop, strengthen and implement palliative care policies to integrate palliative care services in the continuum of care, across all levels (World Health Assembly 2014).

In the European region, which comprises of 53 countries, national palliative care plans are identified in 18 countries (34%), and over 50% of countries possess palliative care national laws. Still there exist other possible policies to strengthen palliative care provision such as inclusion in general health care, public health or social care laws (Woitha et al 2016). In a study conducted in 2013, national palliative care leaders reported the main barriers to developing palliative care were: the lack of a national plan, the lack of an adequate regulatory framework and insufficient funding. For example, health insurance companies in Europe appear reluctant to reimburse palliative care consultations. Despite the importance of a legislative framework, the greatest issue is the lack of funding allocated specifically for palliative care as reported by 19 countries. The WHO in its declaration reminded governments of the need to ensure adequate funding for palliative care initiatives in policies, education, and quality improvement initiatives. They also support the availability of essential medicines for symptom management.

IMPROVE EDUCATION

Palliative care inclusion into curricula and courses at undergraduate and postgraduate levels, and continuing education for practicing professionals, are key elements for palliative care integration. Besides education, other elements are the engagement of media and public awareness, the development of specialised programmes to train and accredit palliative care experts, and training for family caregivers.

European universities are increasingly including palliative care in pre-qualification courses for future doctors and nurses. In 2015, a study reported that six countries provide mandatory palliative care courses for all medical students. It also indicated that good examples of education are to be found in the United

Kingdom, Belgium, France, Israel, Norway, Austria, Germany, and Ireland (Carrasco et al 2015). In these countries, an educational workforce is developing palliative care education at the undergraduate level. Official certification in palliative care might benefit younger generations in building their careers. Currently 18 countries have a specialty/sub-specialty or a specific competence area in palliative care and ten of these have established it within the past five years (Centeno et al 2015).

INCREASE PUBLIC AWARENESS

Public awareness represents another issue demanding educational efforts. New styles of naming palliative care services, explaining, or working jointly with social care agencies, can promote a better understanding and acceptance in society towards palliative care. Initiatives like caring communities, laws providing access to palliative care, international declarations and other social activities from foundations and civil societies play an important role in raising public awareness.

PALLIATIVE CARE FOR ALL

Implementing palliative care requires developing strategic and business plans that incorporate adequate resources and infrastructures to support palliative care programmes.

A new approach, which has recently been argued for in congresses and public discussions, is that if we aim to provide palliative care for all, we cannot focus only on specialised palliative care. The WHO itself highlights the need of palliative care to be embedded in the continuum of care, with a stress on primary, community and home-based care to achieve universal coverage. But how to find good, valid, feasible and measurable indicators to compare generalist palliative care provision remains an issue. Also, to find and compare promising or even best practices remains difficult to achieve.

MEDICATION AVAILABILITY

Based on the WHO public health model for palliative care, medication availability involves reviewing and improving drug availability policies and practices.

Across most European countries, morphine and other opioids are available and affordable. According to the European Association for Palliative Care Atlas studies, few countries identified problems in opioid availability (Centeno et al 2013). But this does not

mean that morphine, opioids and essential medicines are easily accessible. Availability, as a matter of fact, encounters several accessibility barriers such as “duplicate or triplicate prescription, special forms, accessibility of forms, pay-per-prescription, pay for prescription forms, maximum number of days supplied on one prescription, availability only in concrete designated pharmacies, and only special professionals authorised” to prescribe (Cherny et al 2010).

THE CHALLENGE OF PALLIATIVE CARE DEVELOPMENT

In conclusion, these are times of great opportunities for the development of palliative care (see box). More development and integration is possible if professionals and students are trained in palliative care, and if they have access to well-established palliative care certification programmes as recommended by palliative care national leaders. The expansion of business plans, resources and infrastructures; and widening the regulatory framework would improve the integration into the health care system and must be perceived as a true opportunity by policy makers.

KEY OPPORTUNITIES FOR PALLIATIVE CARE DEVELOPMENT IN EUROPE

- Incorporate palliative care into National Health Plans, regulations, health and social care budgets and service delivery models
- Teach palliative care core competencies at the undergraduate level for all health professionals
- Explain to the public and media what palliative care is and what the benefits are
- Train health professionals as palliative care specialists and provide them with official certification
- Take care of family caregivers by teaching them how to support the patient and take care of themselves
- Introduce a palliative care approach in health programmes for chronic and life threatening diseases
- Develop strategic and business plans that incorporate adequate resources and an infrastructure to support programmes
- Collaborate with palliative care national associations and institutions to find the appropriate path for each country
- Use the WHO public health framework as a guide for develop a National Strategy for palliative care
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- Collaborate with palliative care national associations and institutions to find the appropriate path for each country
- Use the WHO public health framework as a guide to develop a National Strategy for palliative care

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