Palliative Care: the international perspective. The importance of National Strategies.

Jan Stjernswärd
MD, PhD, FRCP (Edin)

Palliative care relieves suffering and improves the quality of life of the living and dying sick people.

The Quality of Life of at least 100 million people will improve --if today’s great knowledge in palliative medicine is applied so as to reach all in need of it. Only a few lucky get it though. This is unethical as simple effective methods and approaches for palliative care exists that can be applied, also at community level and thus with the possibility of covering all. Out of today’s 58 million deaths in a year 33 million are estimated to need palliative care. With the rapidly aging world population and the associated increase of multiple "non communicable" diseases, the need for palliative care will increase dramatically over the next 50 years.

**National Strategy**: A Public Health Strategy (PHS) offers the best approach for translating new knowledge and skills into evidence-based, cost-effective interventions that can reach everyone in the population. For PHSs to be effective, they must be incorporated by governments into all levels of their healthcare systems and owned by the Society. This strategy will be most effective if it involves the community through collective and social action.

The World Health Organization (WHO) has pioneered a PHS for integrating palliative care into countries healthcare systems. This includes advice and guidelines to governments on priorities and how to implement national palliative care programs so as to cover all, regardless of the cause for needing palliative care.

The WHO strategy addresses: 1) appropriate policies, 2) adequate drug availability, 3) education of the public and healthcare workers 4) implementation of palliative care services at all levels throughout the society. This process is always implemented within the context of the culture, disease demographics, socioeconomic and the healthcare system of the country. For each component there are short, intermediate and long-term outcomes that must be measured. This approach has demonstrated that it provides an effective strategy for integrating palliative care into a country.

**Policy**: Good policies lay the groundwork for an effective healthcare system and society. Right policies facilitate the implementation of palliative care programs aimed at providing care for all people in need of these services. Good policies can ensure equitable access to affordable medications and therapies, lack of policies or bad ones can lead to unnecessary suffering and costs for patients, families and society.

With the rapid ageing of the worlds populations the elderly will in many countries be the main group in need of palliative care. We ought to give those who are to leave life, the elderly, the terminally ill, the same care and attention that we give to those who enter life - the newborn.

Jornadas de Presentación de la “Estrategia en Cuidados Paliativos”
(Madrid, 5 de junio de 2007)
Because of the size of the problem, and the suffering associated with cancer, development of a national cancer control policy is sometimes a common point of entry for integrating palliative care into a country’s health care system. To be comprehensive, a cancer center must include palliative care. This is especially important as over ¾ of the cancer patients globally are incurable when diagnosed. Ideally, pain relief and palliative care are incorporated as priorities within the national health plan so as to cover all sufferers including patients dying of chronic diseases and the terminally ill children and elderly.

Drugs: The policy that address essential medicines that every country should have, should also include a list of palliative care medications. This include policies to ensure that there is an adequate supply of affordable, generic, “equally efficient”, medications especially opioids so that everyone will have access to them in the community where they live. Most patients’ pain will be easily and most cost-effectively managed if the country ensures that they have a supply that includes 30% immediate release morphine, 60% slow release morphine, 5% parenteral morphine and 5% other opioids. In most countries the rules for prescribing opioids must be changed to allow good medical practice.

Education: the education of the public/society, and the health care professionals must also be addressed in a National Strategy and it is important that the 3 key components of policy, drugs and education are addressed in a coordinated fashion, if to be effective. Advocacy should be done so the public, including policy makers, realize the need for palliative care and what can be done as well as for incorporating the concepts of aging, chronic illness and death in elementary and secondary school education. It should be ensured that all health care workers (doctors, nurses, social workers, psychologists, pharmacists, etc.) are knowledgeable and skilled in the core competencies of palliative care. This could include policies that encourage or mandate palliative care education in the curricula and examinations of undergraduate and postgraduate healthcare students, in continuing education programs for practicing healthcare professionals and for healthcare professionals requesting or renewing licenses. Furthermore a process should be developed for educating and recognizing doctors, nurses, social workers and pharmacists with expertise in palliative care for official recognition.

Implementation: To close the “KNOW-DO-GAP” it has repeatedly been shown that three things are essential: Finances, Manpower, and Institutionalisation.

Finances. It will be important to ensure that there are funding and service delivery models in place that provide the financial and manpower resources and the service structure needed to support the delivery of effective palliative care services throughout the country. Palliative care services will need to be available in all settings where patients receive care, ie, through homecare in the communities where they live and in acute and long-term care facilities.

Manpower. As the education of the necessary Manpower is being addressed it should be ensure that there is adequate funding to support the healthcare professionals working in palliative care, eg, adequate reimbursement for services provided (through salaries or fees for service). Support by the family members to those in need of palliative care will be essential for ultimately achieving a satisfactory coverage as much of day-to-day palliative care is provided by family caregivers. Thus to be fully effective, policy makers must ensure that
policies adequately support this essential “workforce” through: Compassionate family caregiver leave and homecare support through professionals, home support workers, volunteers.

Institutionalisation: For an effective implementation of a National Strategy both the institutionalised highly specialized Palliative Medicine Centers and the Community approaches are needed, being interdependent and complementary in approach. Palliative care should be part of every country’s health care system, at all levels, from Centers of Excellence to the Primary Health Care and Home care. Regional palliative care centers of excellence needs to be develop and support community palliative care staff and services A Hospice approach alone will not achieve needed coverage.

Technology Acquisition: In face of the enormous pressure to have the latest of everything, and the aggressive marketing by drug –and medical technology companies, a policy that specify what is essential drugs and technology versus what is optional and “nice to have” if sufficient resources are available to purchase them is many times useful, especially in low-and middle income countries, where a cost effective approach will be essential.

**Spain showing the way**: Spain has already lead the way and shown the world the validity of the above Strategies in e.g. Catalonia, the Canaris and Extremadura. The pioneering Catalonia WHO Demonstration project is the first to reach the long term outcomes having covered 80 percent of all, regardless of cause, needing palliative care, in a 6 million (now 7) population It has 15 years of well documented follow-up and results that now serves as a model for the world what should and can be done and how. Navarra, the Balears and Rioja are starting to get coverage and Madrid, Andalucia, Galicia, Asturias, Aragon and Murcia are well on their way. After today’s launching of a National Strategy Spain will clearly become a Lighthouse leading the way in palliative care strategies for many countries in the world.

Examples of failures and successes in other countries will be presented.

[JanStjernsward@hotmail.com](mailto:JanStjernsward@hotmail.com)
Tel/Fax: +46 40 483125
Mobil:+46 708 488229