

# Palliative Care: What?

....an approach that improves the **quality of life** of patients and their families facing the problem associated with **life-threatening illness**, through the **prevention and relief of suffering** by means of early identification and impeccable assessment and treatment of pain and other problems, **physical, psychosocial and spiritual**.

*World Health Organization 2002*

# Palliative Care

- **holistic** (physical, psychological, social, spiritual)
- focused on **quality of life**
- based on **need, not** limited by diagnosis or prognosis
- applies at any stage, across all age groups

# Palliative Care: When?

‘Consider for any patient with  
metastatic cancer  
and/or high symptom burden’

*Smith et al. 2012. (ASCO) J Clin Oncol 30: 880-887.*

# Palliative Care: Who?

## Country-specific:

palliative care tends to fill the gaps in existing provision for continuing care

**UK:** lymphoedema

**Moldova:** ostomy care

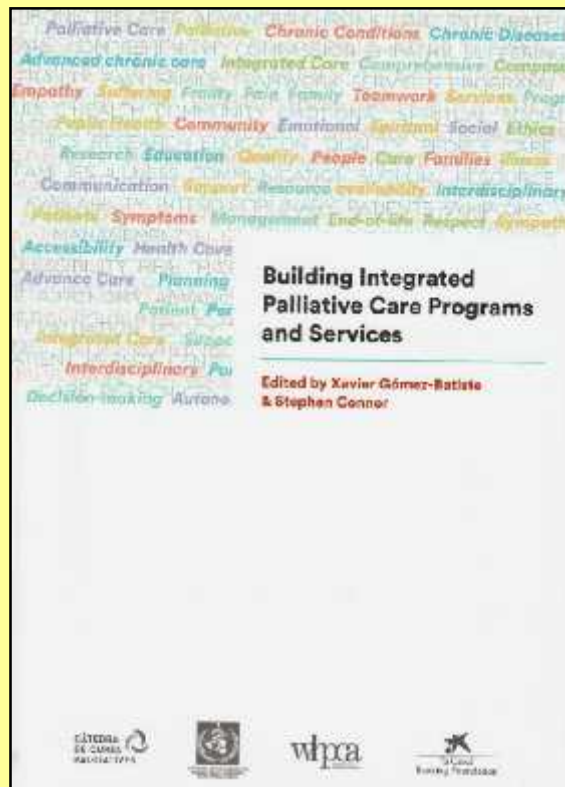
**Moscow:** post-stroke, long-term ventilation

# Palliative Care: How?

‘... the need for health services to provide **integrated palliative care** ...  
in the context of  
**universal health coverage.**’

*World Health Assembly 2014*

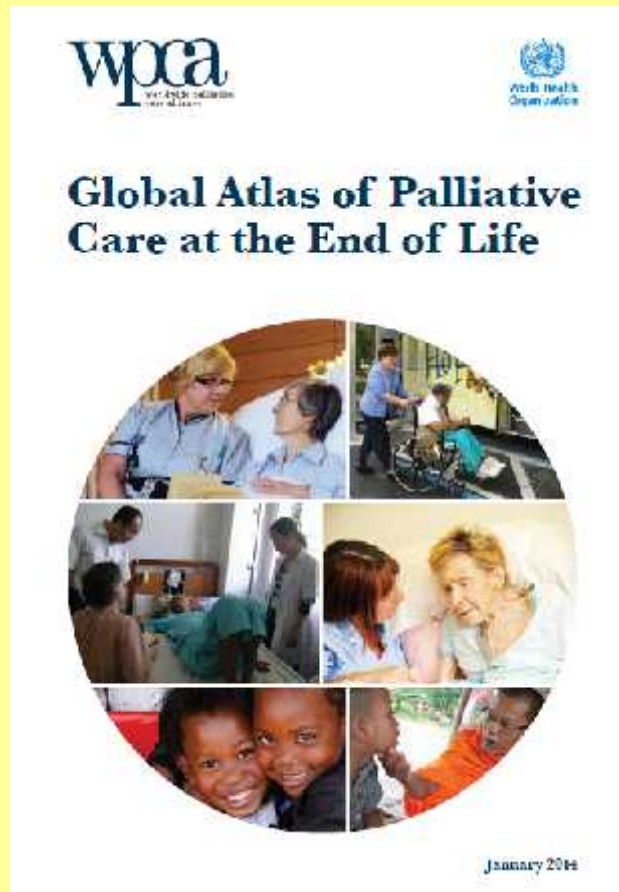
# Palliative Care: How?



- Inpatients
- Outpatients
- Home care
- Day care
- Support Teams
- Bereavement support

2017: <https://www.thewhpcapca.org/resources>

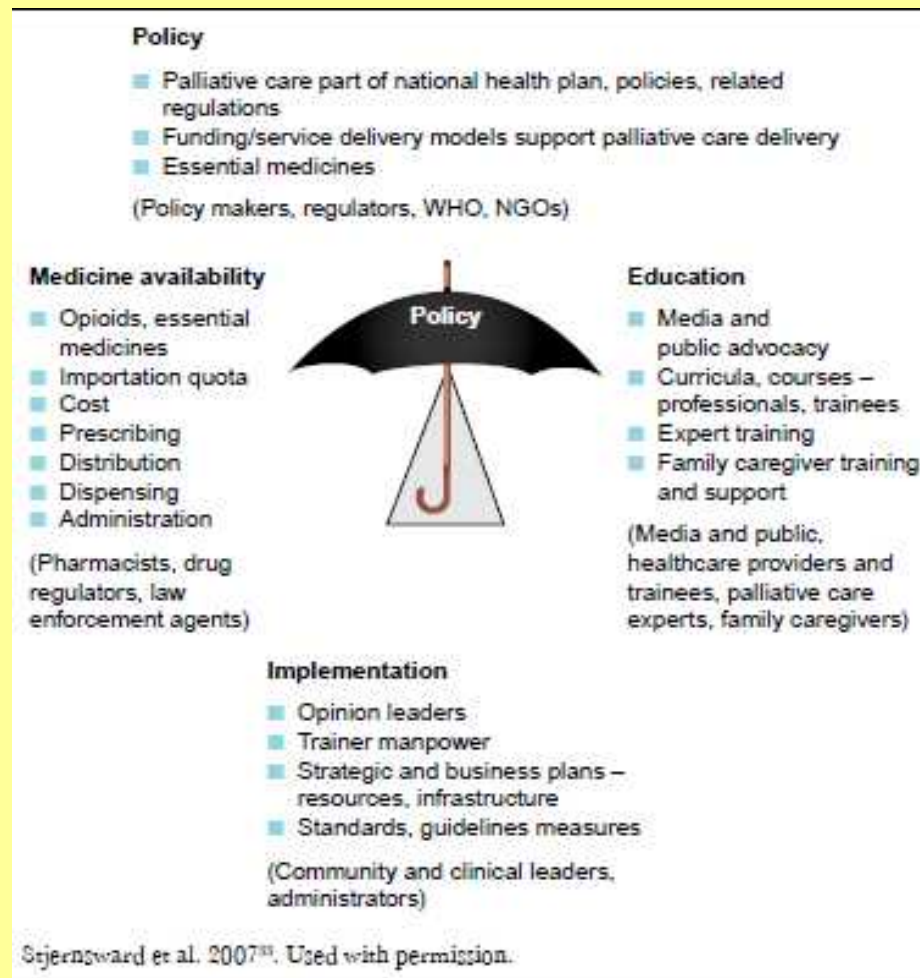
# Palliative Care: How?



- Hospice Casa Serantei, Brasov, Romania
- St Giles Hospice, UK

*Chapter 5: Existing models of palliative care*

# Essential Components for PC development ('Public Health Model')



Reproduced in  
Georgian  
National Plan  
for Palliative  
Care,  
Action Plan  
2011-2015



# **Barriers to PC Development: absence of basic components**

‘All these barriers can be overcome.  
Existing resources are available that  
can be adapted... to fill these gaps’

**THIS IS NOT TRUE!!**

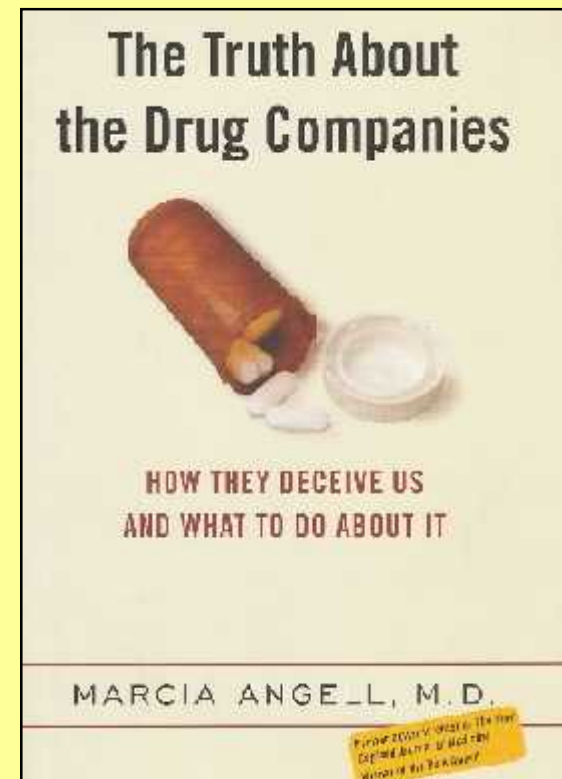
# Barriers to PC Development

- opposition from other specialists, including many oncologists!!
- cultural taboos about death

# Pharmaco-economics

Prescribe generic drugs

‘New’ does not mean  
‘better’



2004

# Lancet Commission on Global Access to Palliative Care

Knaul FM, Farmer PE, Krakauer EL et al.  
Alleviating the access abyss in palliative care and pain  
relief: an imperative of universal health coverage.

*Lancet 2017*

[http://dx.doi.org/10.1016/S0140-6736\(17\)32513-8](http://dx.doi.org/10.1016/S0140-6736(17)32513-8)

# Palliative Care takes Time and requires Attention to Detail

## Initial consultation

median = 55 minutes [20–120]

- symptom management 20 [0–75]
- coping 15 [0–78]
- understanding 10 [0–35]

*Jacobsen et al 2011. J Pall Med 14: 459–64*

# Underlying Systemic Values of Health 'Industry'

Competition, rationalism, productivity,  
efficiency, and profit

Incompatible with compassion and  
caring

*Youngson & Blennerhassett, BMJ 2016;355:i6262*

# Incompatible Approaches

## **Biomedical    Palliative care**

Doctor

Boss

Partner

Focus

Disease

Patient

Goal

Cure

Comfort

Death

Failure

Accepted

# Teamwork

...is the fuel that allows  
ordinary people to achieve  
extraordinary results