Palliative care in primary care - introduction to the workshop

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Workshop plan

• Introduction (this presentation) by moderator Danica Rotar Pavlic – 10 minutes
• Statements by Marie Lynch, José Augusto Rodrigues Simões, Heleen Burghout, Hüseyin Can
• Questions to the presenters, opportunity for presenters to elaborate, comments and questions from the audience – 25 minutes (by moderator Marie Lynch, Danica Rotar Pavlic will take notes)
• Conclusions (interactive with audience) and wrap up
Background to this workshop

• Since 2005 the European Forum for Primary Care publishes a series of Position Papers, including the approach by Primary Care of specific diseases and system and functional characteristics of Primary Care.

• EFPC now develops a review of Primary Care’s best offer to palliative patients.

• This review will result in a Position Paper.

• This workshop discusses some of the main challenges addressed by the Paper.
Primary Care, especially for palliative patients?

• Strong primary care adequately addresses the needs of all patients for which it is responsible, irrespective of age, gender, creed and ethnic background.

• Primary care adjusts the care to the composition + needs of the patient population

• What are specific health issues of palliative patients, their families and carers?
How does palliative care in primary care differ from hospital palliative care?

- How many people are dying at home?
- What is the role of primary health care team?
- A variety of myths
- A variety of assessment tools
- Education of palliative care in primary care
- Research of palliative care in primary care
- Primary Care delivery: establishing an effective palliative care
- Lack of trust
- Practical: distance to services, unavailability of services
• Is integrated palliative care feasible and cost-effective solution for primary care?

• How can primary health teams help people with chronic advanced diseases and reduced functional or cognitive capacities and their relatives in their homes?

• Which is the role of primary care team in the interdisciplinary structure?
Support to GP’s, nurses, physiotherapists, pharmacists, social workers and other primary care staff to engage with palliative patients?

- Training and CME?
- Messages from the top?
- Who provides stewardship?
Conclusion

Although preserving life is a central goal of medicine, in the end, death is an unavoidable outcome. Exposure to death and dying had a strong influence on the present life. End-of-life experiences may be positively transformed the way people live, teaching them to live in the present, cultivate relationships, open questions about spiritual life and reflect deeply on the continuity of life. Sinclair S. Impact of death and dying on the personal lives and practices of palliative and hospice care professionals.

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