

## Promoting palliative care in the community: a toolkit to improve and develop primary palliative care throughout Europe

In 2014, the World Health Organization made its first ever resolution concerning palliative care, adding to the definition of palliative care they had published previously. It resolved that all member countries should integrate palliative care in health services in all settings, especially in the community.[1] This is essential as most people prefer to spend their last months and indeed die at home if they and their family can be adequately supported there.[2] However, as documented in the European Association for Palliative Care (EAPC) publication *Promoting Palliative Care in the Community: Producing a Toolkit to Improve and Develop Primary Palliative Care in Different Countries Internationally* (<http://www.eapcnet.eu/LinkClick.aspx?fileticket=PXIXIRoSrXU%3D>), most people throughout Europe die in institutions, with notable exceptions such as Albania, Armenia, and Spain. Even in the Scandinavian countries with highly developed tax-financed healthcare services death has become institutionalized.

More patients with a variety of diagnoses will benefit from palliative and end-of-life care if it is more accessible and delivered systematically in the community by primary healthcare teams. For this to happen, general practitioners and nurses working together in the community will require training and support by specialist palliative care teams. They will also need adequate time, financial and practical resources, and the ability to prescribe opiates and other symptom-relieving drugs whenever appropriate.

To help integration of palliative care in a structured and systematic way, the EAPC Taskforce in Primary Palliative Care developed a *Toolkit for The Development of Palliative Care in The Community*. [3] This toolkit has been produced and refined to help primary care and specialist palliative care leaders throughout Europe advocate for and develop palliative care in the community (Primary Palliative Care) at country level.

The toolkit itself is structured around the WHO Public Health Strategy for palliative care, which

highlights the need for developments in the following four domains as a framework for improving palliative care services: appropriate policies; education and training; availability of medicine and appropriate services; and implementation at all levels.[4] The toolkit is available online from the EAPC website and downloadable as a small handy pamphlet at: <http://www.eapcnet.eu/LinkClick.aspx?fileticket=QDeFwspXKhA%3D>. It contains many active links to documents relevant to advocacy and how to identify patients and plan their care in the community.

In the last century, the family physician was the natural professional in charge of relieving suffering for terminally ill patients as well as home being the place to die of natural causes. However, with the increased complexity of both treatments and symptoms and a general denial in Western societies of the inevitability of death, palliative care has to some extent been institutionalized and specialized. Primary care as we approach 2020 has a great potential to access and deliver effective palliative care to patients as it can reach patients with all life-threatening illnesses,[5] start at time of diagnosis,[6] meet all dimensions of need – physical, social, psychological, and spiritual,[7] provide care in clinics, care homes, and at home, prevent unnecessary hospital admissions,[8,9] and support family caregivers and provide bereavement care.

Currently most people die without having benefited from any generalist or specialist palliative care unless they have cancer. With a growing ageing population and multi-morbidity becoming an ever-increasing challenge, the need for a generalist approach to palliative care has never been more important. Pain control and palliative care is now accepted as a human right and it is timely to develop this in the community and prevent unnecessary hospital admissions and suffering.

### References

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