

Palliative Medicine In Europe: Values, Care, Organisations and Goals

EUGMS Palliative Care Interest Group
Prof Nele Van Den Noortgate
University Ghent, Belgium

Content

- Presentation of the EUGMS palliative Care Interest Group
- Survey on palliative care for the geriatric patient in Europe

EUGMS Palliative Care Interest Group, Glasgow
17/09/2009



Geriatric Palliative Care Interest Group

Founded in March 2007
Officially recognized interest group by EUGMS

Steering committee:

Coordinator: Sophie Pautex, MD, Switzerland
Secretary: Nele Van Den Noortgate MD, PhD, Belgium
Treasurer: Mathias Pfisterer, MD, Germany
Lourdes Rexach, MD, PhD, Spain
Vito Curiale, MD, Italy
Prof. Miel Ribbe, MD, PhD, Netherlands

Members:

European physicians involved in geriatric palliative care
Recommended by their national geriatric society

EUGMS Palliative Care Interest Group, Glasgow
17/09/2009



First steps ...

- Define some rules for participation
 - To have equal representation by each country
 - To assure an active participation, twice a year
- Search to add some members from missing countries
 - 16 members from 11 different countries
- Setting the goals of our group and defining Geriatric palliative medicine

EUGMS Palliative Care Interest Group, Glasgow
17/09/2009



Definition

■ Geriatric palliative medicine is the medical care and management of older patients with health related problems and progressive, advanced disease, for which the prognosis is limited and the focus of care is the quality of life.

■ Geriatric palliative medicine:

- focuses on geriatric assessment, relief from pain and other symptoms and management of physical and psychological problems, integrating social, spiritual and environmental aspects
- recognises the unique features of symptom and disease presentation, the interaction between diseases, the need for safe drug prescribing and the importance of a tailored multidisciplinary approach for older palliative patients and their family
- emphasises the importance of independence and autonomy, the involvement in decision making, the existence of ethical dilemmas
- addresses the needs of older patients and their families across all settings: home, long term care, hospices and hospital
- pays special attention on transitions in and between settings of care
- offers a support system to help the family cope during the patients illness and in their own bereavement

WHO definition of palliative Care
Duursma et al, JNHA 2004; 190-5
Definition by different European organisations

EUGMS Palliative Care Interest Group, Glasgow
17/09/2009



Goals of working Group

Main goal:

Establish a European network of physicians to improve palliative care for geriatric patients.

Secondary goals:

- Establish a link between national and European palliative care and geriatric societies (share of information, expertise and innovations)
- To offer advice to EUGMS and national European geriatric societies to improve geriatric palliative care
- To offer advice via EUGMS to European policy makers, governments and health care planners to improve geriatric palliative care
- Communicate a definition and specificities of geriatric palliative care
- Make a European survey about existing structures (services, teaching, research) in geriatric palliative care
- Establish a research network for geriatric palliative care
- To collect and disseminate evidence and guidelines

EUGMS Palliative Care Interest Group, Glasgow
17/09/2009



Survey: Aim & Methods

- Aim
 - To map the existing structures for geriatric patients in different countries of Europe
 - To look for differences between care, teaching and legislation for geriatric patients in Europe
- Methodology
 - Questionnaire send to Geriatric and Palliative Medicine Societies of European countries through existing contact persons
 - Mailing/ Total Design Method

EUGMS Palliative Care Interest Group, Glasgow
17/09/2009



Survey: Questionnaire

- Available services for the management of geriatric patients
 - Services for overall population
 - Services for vignette patients
 - Older cancer patient
 - Older patient with chronic heart failure
 - Older patient with dementia
- Legislation of palliative care
- Education in palliative care for the geriatric patients

EUGMS Palliative Care Interest Group, Glasgow
17/09/2009



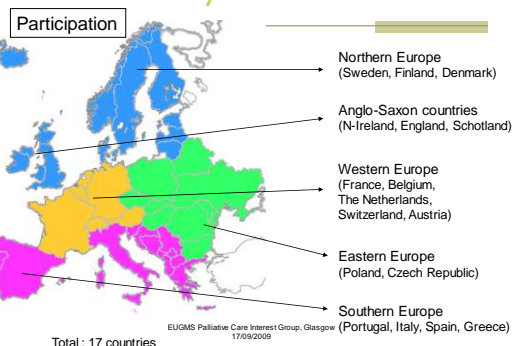
Survey: Care Organisations

- Questionnaire
 - Available kind of services for patients
 - To which kind of services will you send the vignette patients
 - What kind of services seems most appropriate to you (vignette patients)
 - Which caregivers are available in the different settings?

EUGMS Palliative Care Interest Group, Glasgow
17/09/2009



Survey: Results



Survey: Results

- General population
 - Available settings
- Case vignettes
 - Care organisations used for the moment
 - Organisations considered as most appropriate

EUGMS Palliative Care Interest Group, Glasgow
17/09/2009

Dementia

Dementia:

An 85 year-old woman is cared for at home by her 87 year-old husband. Over the past ten years she has suffered from dementia of the Alzheimer's type, general osteoarthritis and severe osteoporosis. At this moment she is in a FAST scale stage 7b of her dementia. The family refers her to hospital because of pneumonia. After recovering from pneumonia, she is seen by the speech therapist that discovers a swallowing problem indicating a major risk of lung aspiration. Although dehydration and malnutrition are severe, the care team concludes to use all possible conservative measures for feeding the patient in order to avoid aspiration without percutaneous endoscopic gastrostomy being inserted. The family agrees and confirms that the patient would not have accepted prolonging life measures at such stage of her dementia. They thus accept the palliative approach.

Cancer

An 81 years-old woman with long standing chronic ischemic cardiomyopathy bearing an implantable cardioverter defibrillator and suffering from COPD is admitted to the emergency room for acute right upper quadrant pain. He lives and cares for his severely disabled wife and is independent in performing the basic and instrumental activities of daily living (Barthel Index 100/100 and Lawton Index 8/8). No cognitive impairment is reported by his daughter. After laparoscopic surgery a cholangiocarcinoma is diagnosed. Due to his comorbidities a palliative bilio-digestive anastomosis is performed. After discharge home, he is able to live for the next 6 months with the help of formal caregivers. Then, he starts complaining of right upper quadrant pain radiating to the back, nausea, constipation, hiccup, fatigue, and anorexia. He's still independent in ADL (Barthel Index 100/100) but he feels very tired after 3-4 steps and he is now dependent in performing IADL. No cognitive impairment is present. Additional tests confirm progressive advanced disease. Symptom control and palliative approach are offered to the patient.

Organic failure

Organic failure:

An 84 years-old woman with long standing mitro-aortic valvulopathy, atrial fibrillation and chronic heart failure is admitted to the emergency room because of atypical chest pain, dyspnea and peripheral edema. She lives alone although she's severely disabled in performing the instrumental activities of daily living (1/8 function preserved on Lawton Index) and mildly disabled in performing the basic activities of daily living (Barthel Index 86/100), no cognitive impairment is reported by her daughter, a fall occurred in the last week with consequent large facial ecchymosis. After treatment adjustment the signs of heart failure slightly improve within one week. Nevertheless careful assessment of symptoms reveals severe prostration, anorexia, nausea, dyspnea, peripheral edema and leg pain. We explain to the patient and her daughter that these symptoms were the consequence of her severe heart failure. Symptom relief and a palliative approach is offered to the patient.

Results: General Population

Available setting		Often/routinely available (total number is 17) (%)
In - hospital	Palliative care unit	5 (30%)
	Consultation team	9* (56%)
	PCU in geriatric ward	5 (30%)
Hospices		9 (56%)
Long Term Care	Palliative care unit	2 (12%)
	Consultation team	2* (12%)
Home Care	Consultation team	12* (75%)
	Palliative day centre	1 (6%)

*1 missing value

3 countries were reporting only marginal developed palliative care structures in every setting

EUGMS Palliative Care Interest Group, Glasgow
17/09/2009

Results: General Population

	In Hospital			Hospices	Long term care		Home Care	
	PCU	Consult Team	PCU on Geriatric		PCU	Consult Team	Consult Team	P Day centre
Anglo-Saxon (3)	Orange	Dark green	Dark green	Red	Red	Yellow	Green	Yellow
Northern Europe(3)	Red	Light green	Red	Light green	Red	Red	Light green	Red
Eastern Europe(2)	Red	Red	Red	Red	Red	Red	Red	Red
Southern Europe(4)	Red	Yellow	Red	Red	Yellow	Red	Light green	Red
Western Europe(5)	Light green	Light green	Yellow	Yellow	Yellow	Yellow	Green	Red

Red: rarely or not available in most countries

Orange: routinely or often available in less than half of countries

Light green: routinely or often available in more than half of countries

Dark green: routinely or often available in all countries

EUGMS Palliative Care Interest Group, Glasgow
17/09/2009

Results: Elderly with dementia – used structures for EOL

Available setting		Often/routinely available (total number is 17)
In - hospital	Palliative care unit	0
	Consultation team	0
	On geriatric ward	9
Hospices		1
Long Term Care*	Palliative care unit	2
	Consultation team	2
	Without PC	12
Home Care	Consultation team	1
	Palliative day center	0
	Without PC	14

EUGMS Palliative Care Interest Group, Glasgow
17/09/2009

Results: Elderly with dementia – most appropriate structures

Available setting		Often/routinely available (n=17)	Most appropriate
In - hospital	Palliative care unit	0	0
	Consultation team	0	3
	On geriatric ward	9	9
Hospices		1	3
Long Term Care*	Palliative care unit	2	5
	Consultation team	2	7
	Without PC	12	3
Home Care	Consultation team	1	12
	Pall day center	0	3
	Without PC	14	2

EUGMS Palliative Care Interest Group, Glasgow
17/09/2009

Results: Elderly with non oncological disease - used structures for EOL

Available setting		Often/routinely available (total number is 17)
In - hospital	Palliative care unit	0
	Consultation team	2
	On geriatric ward	10
Hospices		1
Long Term Care*	Palliative care unit	2
	Consultation team	2
	Without PC	11
Home Care	Consultation team	4
	Palliative day center	2
	Without PC	14

EUGMS Palliative Care Interest Group, Glasgow
17/09/2009

Results: Elderly with non oncological disease - most appropriate structures

Available setting		Often/routinely available (n=17)	Most appropriate
In - hospital	Palliative care unit	0	5
	Consultation team	2	6
	On geriatric ward	10	10
Hospices		1	5
Long Term Care*	Palliative care unit	2	5
	Consultation team	2	7
	Without PC	11	0
Home Care	Consultation team	4	13
	Pall day center	2	3
	Without PC	14	1

EUGMS Palliative Care Interest Group, Glasgow
17/09/2009

Results: Elderly with oncological disease - available structures for EOL

Available setting		Often/routinely available (total number is 17)
In - hospital	Palliative care unit	6
	Consultation team	12
	On geriatric ward	8
Hospices		10
Long Term Care*	Palliative care unit	2
	Consultation team	5
	Without PC	7
Home Care	Consultation team	14
	Palliative day center	6
	Without PC	6

EUGMS Palliative Care Interest Group, Glasgow
17/09/2009

Results: Elderly with oncological disease - most appropriate structures

Available setting		Often/routinely available (n=17)	Most appropriate
In - hospital	Palliative care unit	6	12
	Consultation team	12	11
	On geriatric ward	8	5
Hospices		10	11
Long Term Care*	Palliative care unit	2	5
	Consultation team	5	7
	Without PC	7	0
Home Care	Consultation team	14	17
	Pall day center	6	9
	Without PC	6	0

EUGMS Palliative Care Interest Group, Glasgow
17/09/2009

Results: care givers with interest in PC & geriatrics

	Hospital			Long Term Care*		Home Care	
	PCU	Consult Team	Geriatric ward	PCU	Consult Team	Consult Team	Day center
Nurses	5	5	10	4	5	8	6
Physicians	5	7	9	4	4	7	5
Psychologist	3	2	3	2	1	2	1

Data available from 14 countries
* Data available from 12 countries

EUGMS Palliative Care Interest Group, Glasgow
17/09/2009

Survey: Conclusion care organisation

- Most European countries have
 - Residential palliative care units
 - Home care consultant teams
- Palliative care in long term care facilities is less developed
- Caregivers are not well prepared on caring for the elderly palliative patient
 - Especially psychologists are lacking

EUGMS Palliative Care Interest Group, Glasgow
17/09/2009

Survey: Conclusion care organisation

- Dementia and non-cancer elderly patient:
 - Should be offered palliative care at home (first) and long term care facilities (second)
 - In hospital care (also at EOL) is most appropriate on geriatric ward (especially for dementia)



Develop palliative care in LTC facilities
& geriatric wards
Educate PC home teams in geriatrics

EUGMS Palliative Care Interest Group, Glasgow
17/09/2009

Survey: Conclusion care organisation

- Older cancer patient:
 - Palliative care settings (PCU, hospices, consultant teams; day centers) are most appropriate
 - Geriatric ward is less advisable for those patients at the EOL



Ageism in accepting cancer patients in
palliative care facilities should be avoided

EUGMS Palliative Care Interest Group, Glasgow
17/09/2009

Thank you for your attention

More information can be obtained
Sophie.pautex@hcuge.ch
Nele.vandenoortgate@UGent.be

EUGMS
 European Geriatrics Society
 Promoting geriatric medicine across Europe

EUGMS Palliative Care Interest Group, Glasgow
17/09/2009