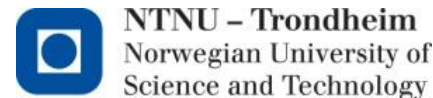




EURO IMPACT

International study on use of palliative care [Euro sentimelc]

October 19, 2012 EAPC-RN Ghent



Overview

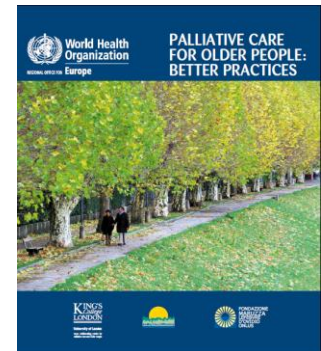
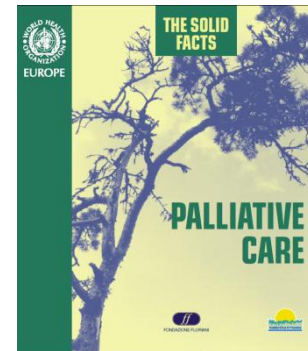
- Introduction
- EURO SENTIMELC study
- Results
 - Treatment goal
 - GP palliative care
 - Use of specialist palliative care services
- Conclusion

Overview

- **Introduction**
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Introduction

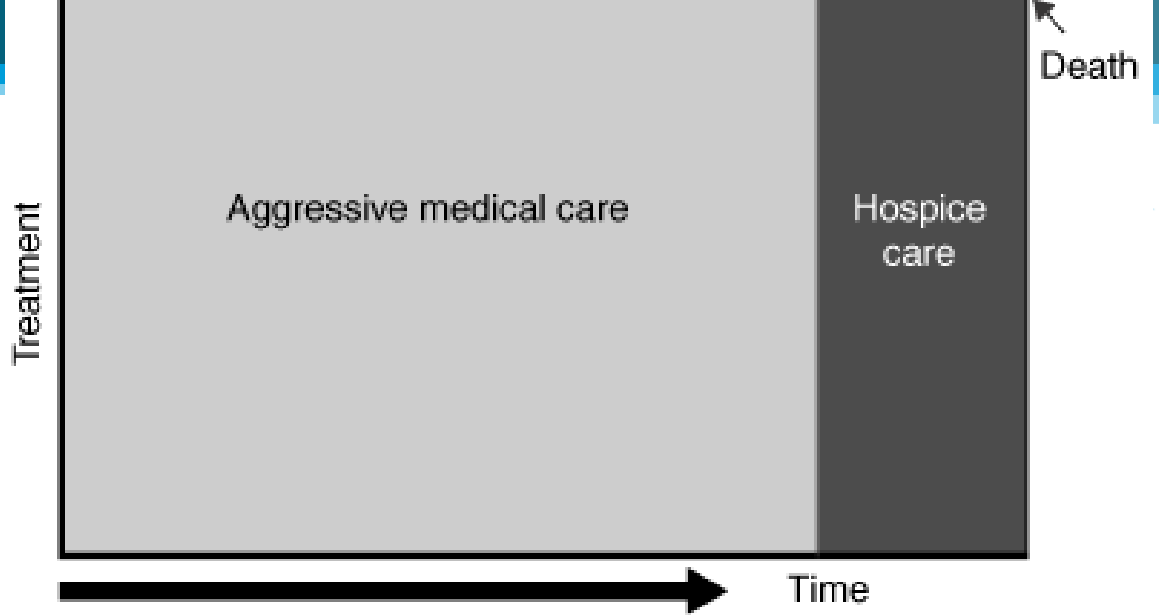
- Quality of care at the end of life is less than optimal in many countries
- Provision of high quality palliative care is a priority:
 - Clinical
 - Public health



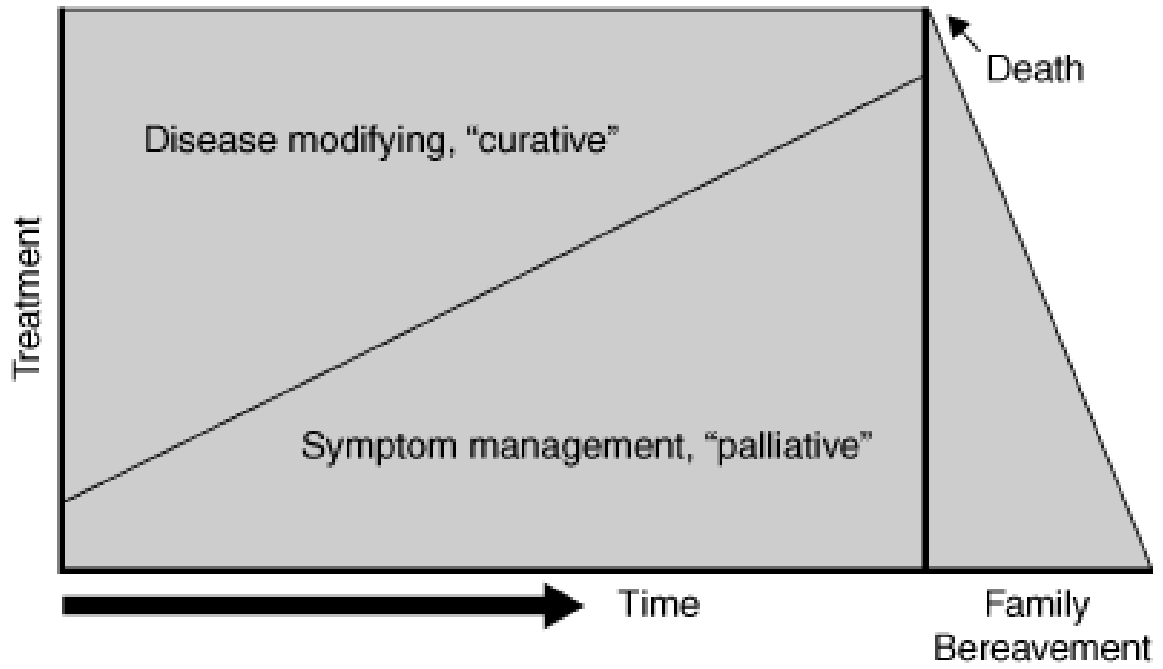
Introduction

- The concept of palliative care has evolved:

Traditional concept



New concept



Introduction

- WHO Definition of Palliative Care: “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”
- the preferred approach to care for people with life-threatening illnesses



applicability of palliative care early in the course of illness, in conjunction with disease modifying and life prolonging therapies

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EURO SENTIMELC

- Designed to **m**onitor **e**nd of **l**ife **c**are using representative **Sentinel** GP networks in different **European** countries
- 2009-2010 Belgium, the Netherlands, Spain and Italy
 - Nationwide representative sentinel networks of GPs in BE and NL
 - Representative sentinel network in Castilly y Léon and Valencia, SP
 - Representative GP network newly established in IT

Design EURO SENTIMELC study

- Mortality follow-back study i.e. retrospective quantitative research design
- Continuous weekly registration of all deaths
 - > 18 year old
 - part of GP practice (certified or informed about afterwards)
- Selection of “the dying”: where end of life care provision is theoretically possible
 - *“Was this death sudden and totally unexpected?”*
yes / no
- Exclusion of nursing home deaths in the Netherlands

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Number of deaths identified

- N=6858 deaths registered
- N=4466 non sudden deaths

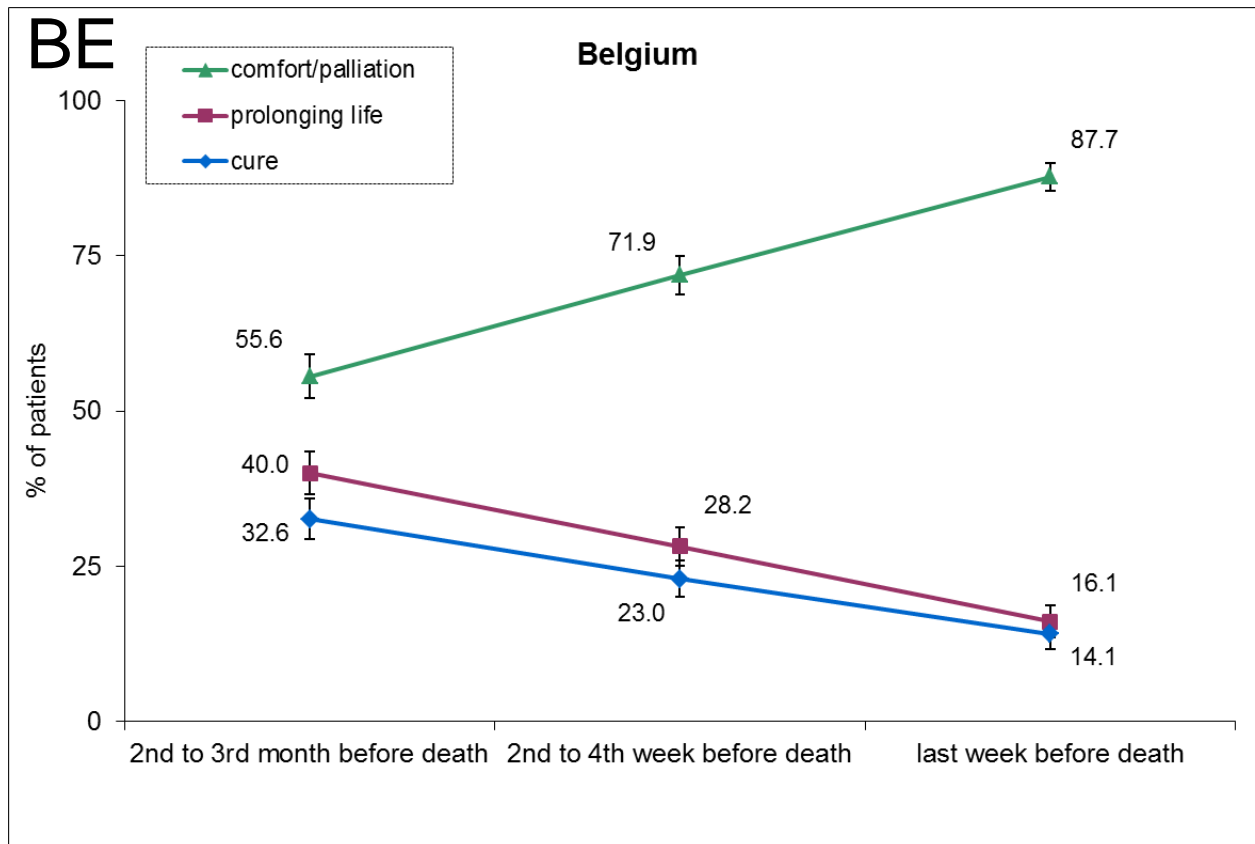
BE (2009-2010)	NL (2009-2010)	IT (2009-2010)	SP (2010)
N=1604	N=635	N=1839	N=388

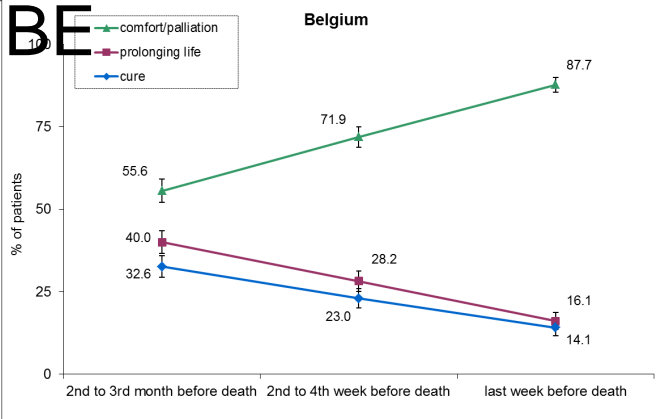
- Small but statistically significant differences between countries (age, sex, cause and place of death)

Treatment goal

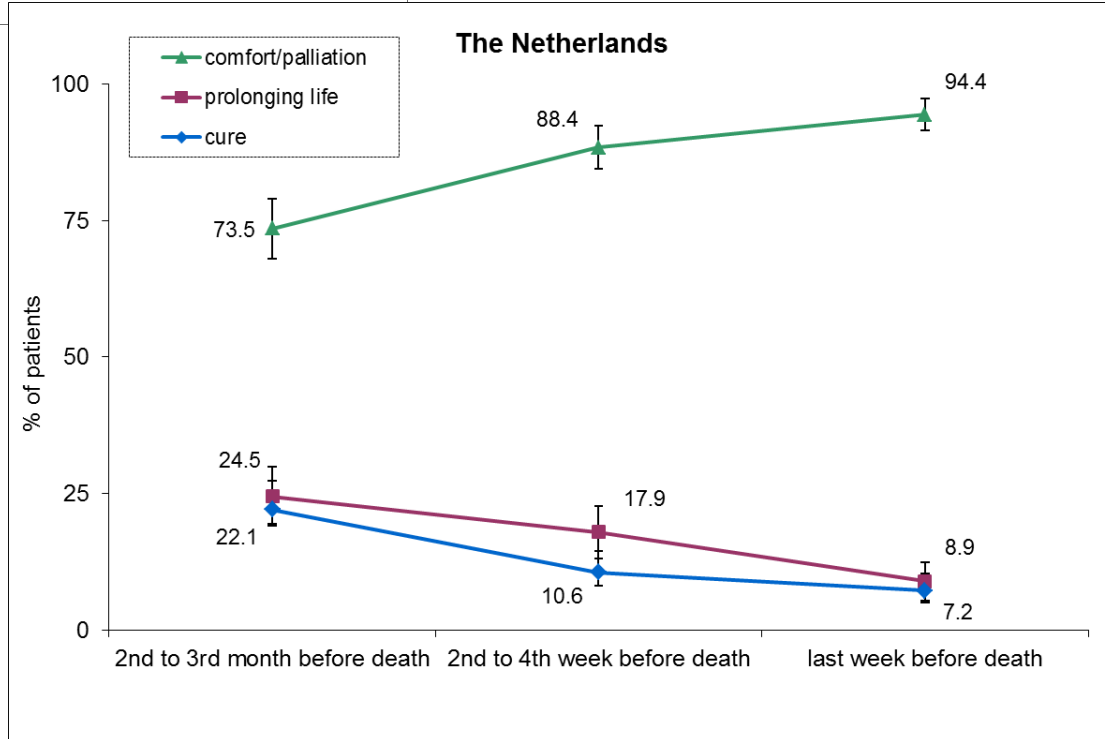
- Importance of
 - Cure
 - Prolonging life
 - Comfort/palliation
- In the last week of life, 2nd to 4th week before death, 2nd to 3rd month before death
- Scale from 1 (not at all important) to 5 (very important)

Treatment aim: % (very) important

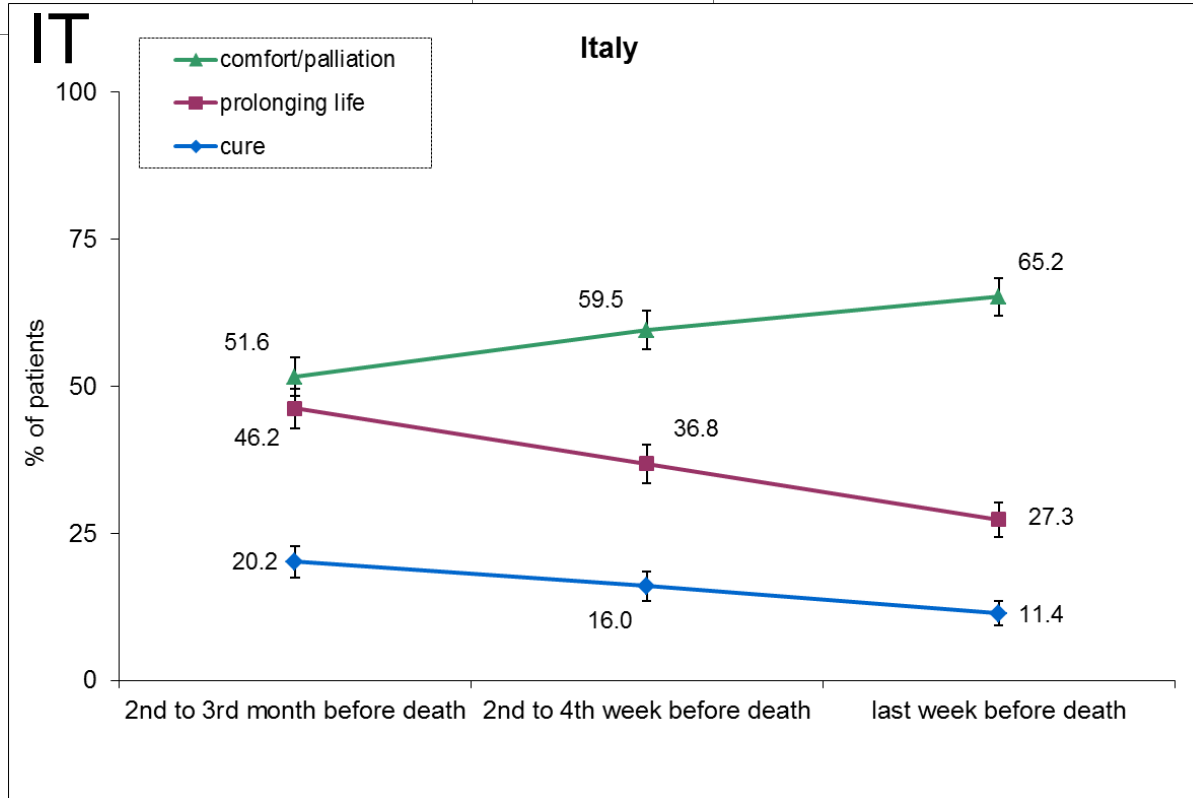
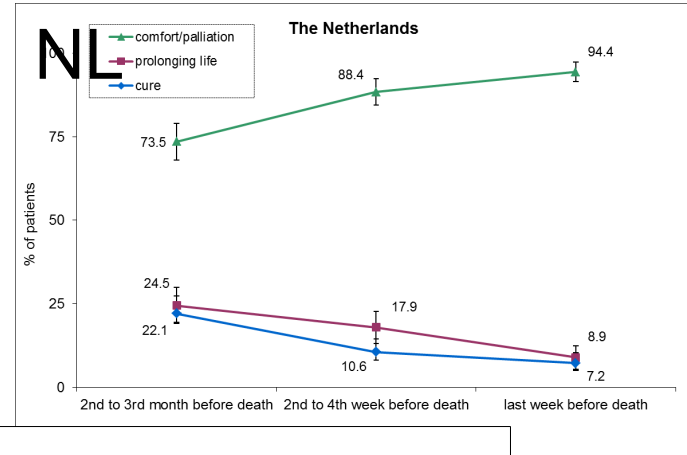
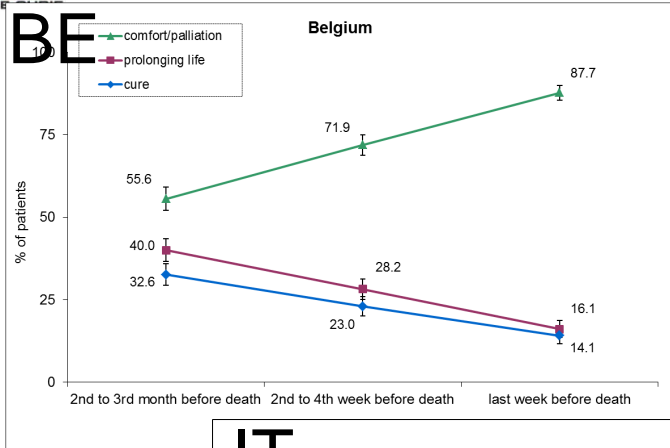




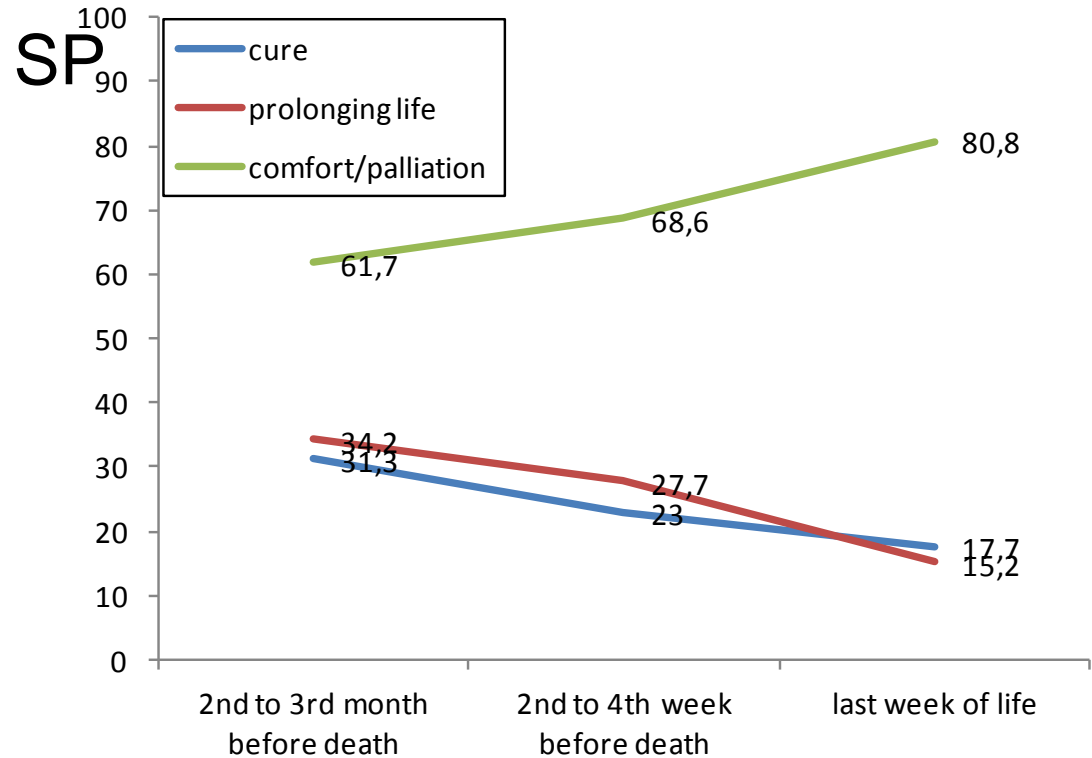
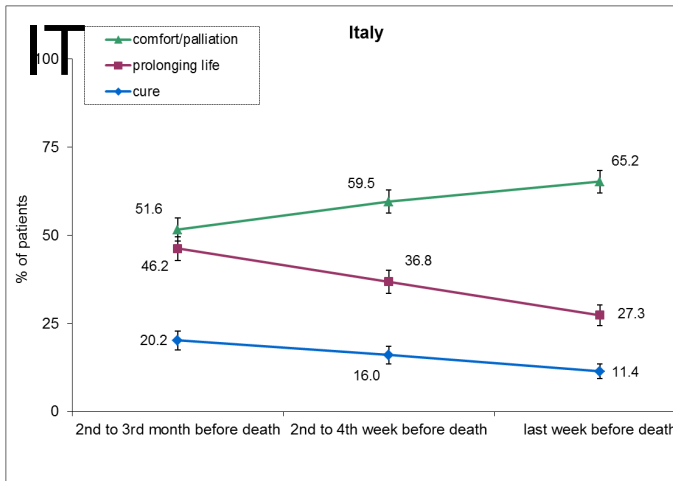
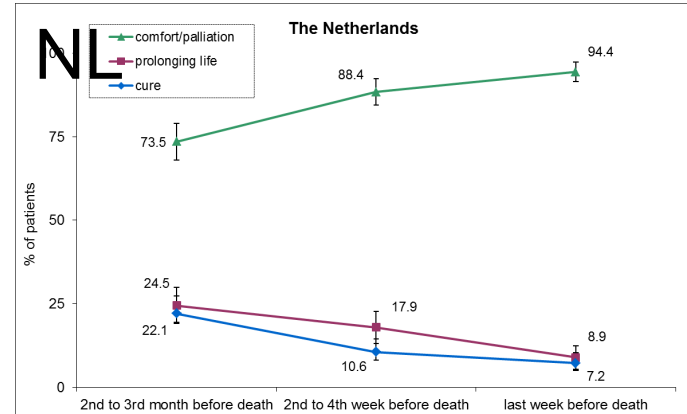
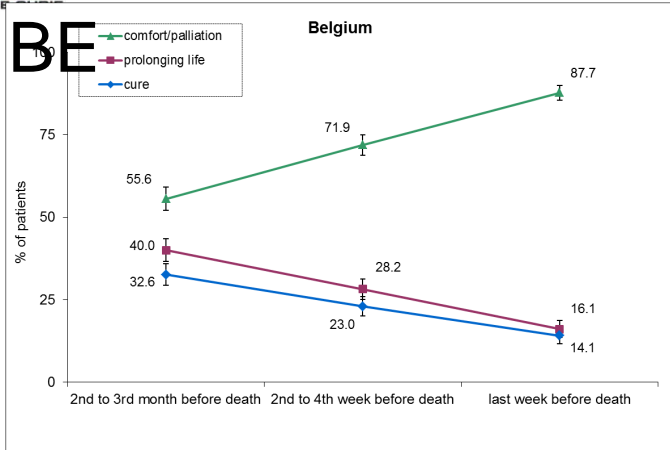
NL



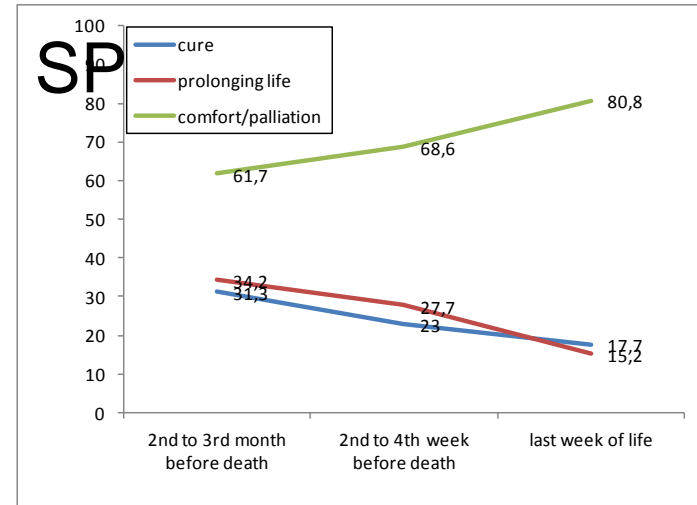
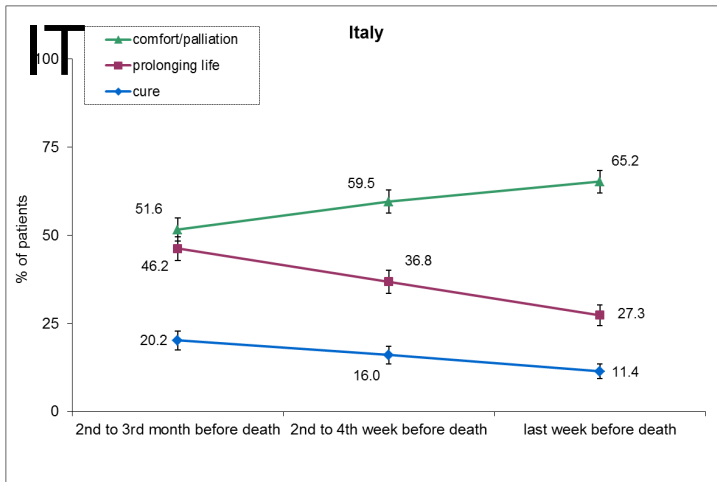
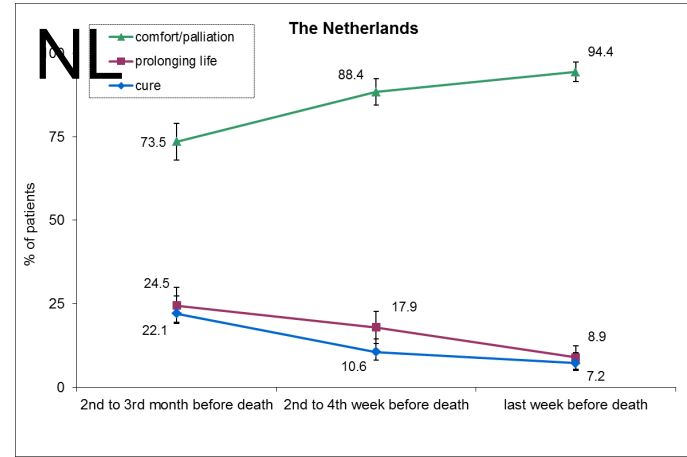
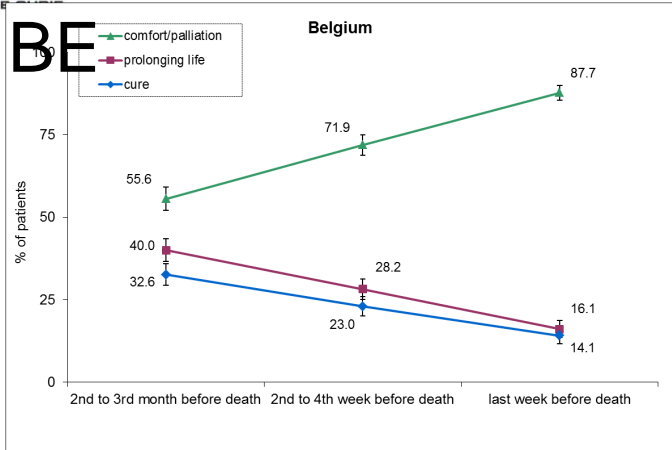
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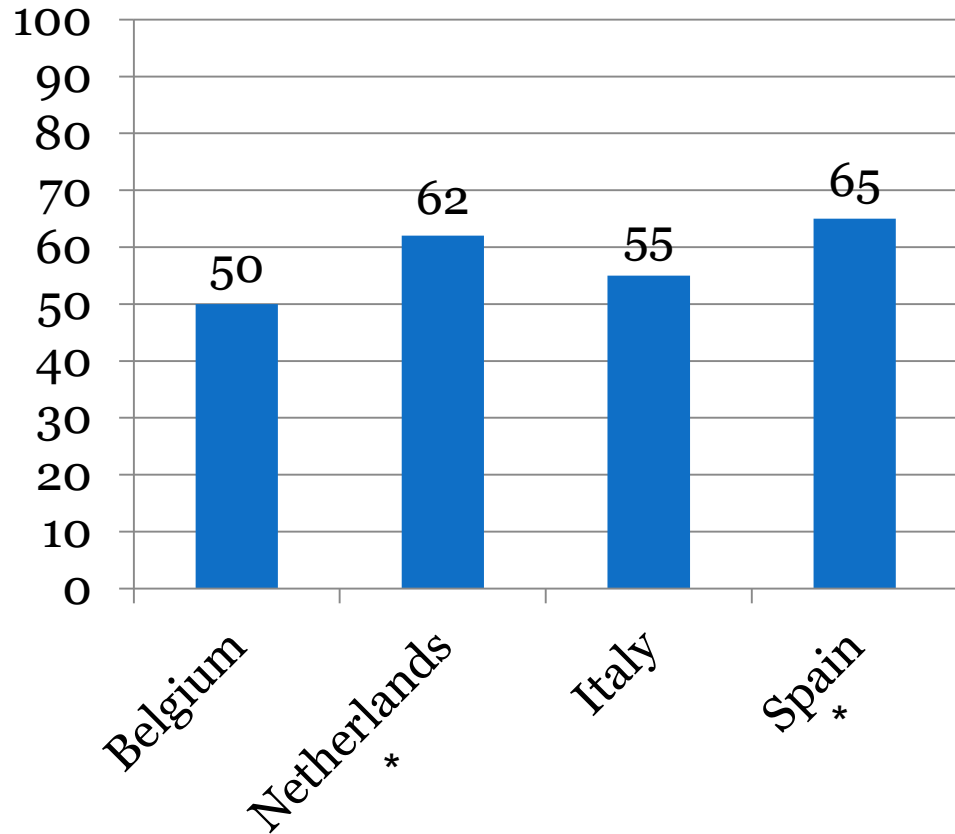
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GP palliative care



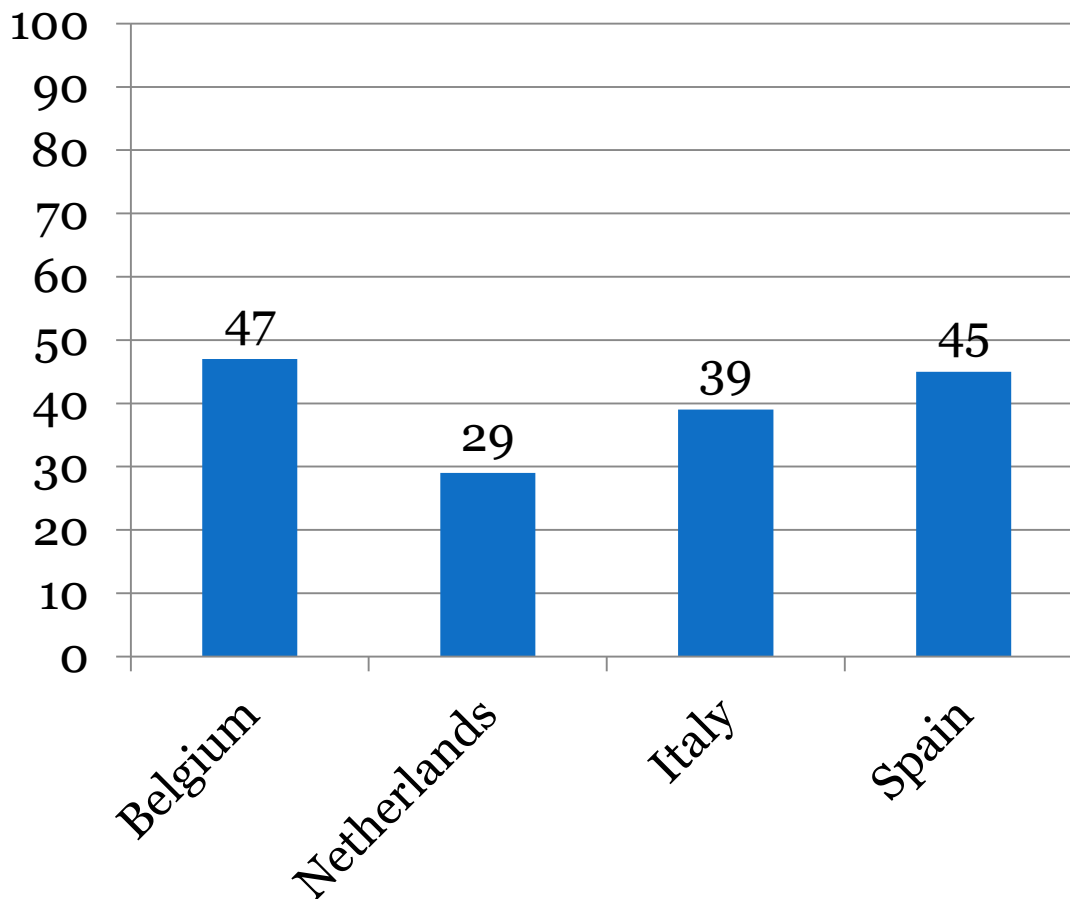
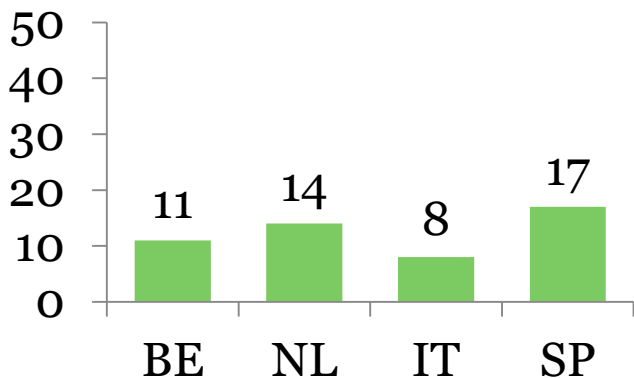
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* GPs are gatekeepers

Specialist palliative care services

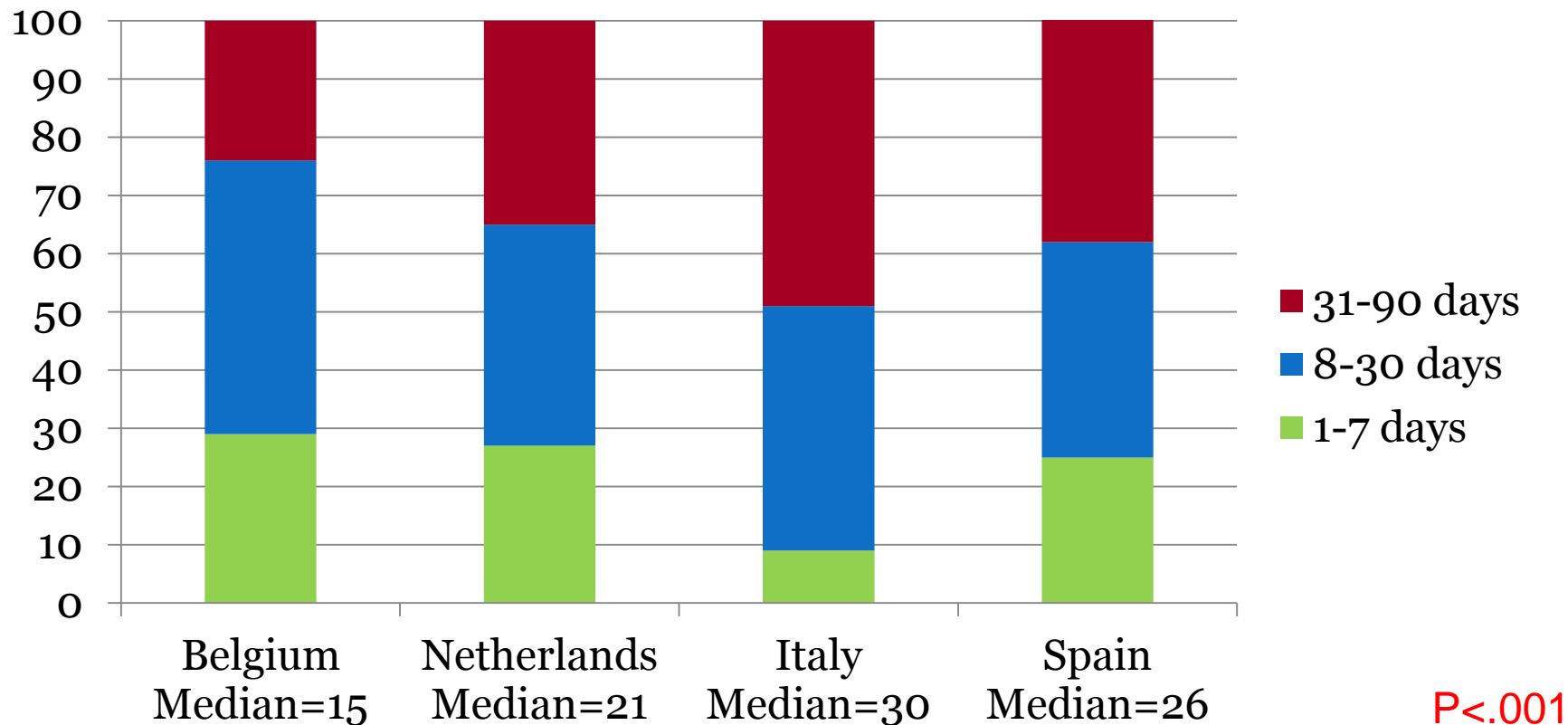
- At home, care home or hospital

% use of hospices or PCU



$P < .001$

Time of onset specialist PC services



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Conclusion

- Treatment goals gradually change towards palliative care in all investigated countries
 - But less in IT compared with BE, NL and SP
 - Relatively late transition in all countries except NL
- GP palliative care more than 50% of nonsudden deaths in all countries and highest in countries with GP gatekeeping systems (NL, SP)
- Specialist PC highest in BE and SP
 - Latest referrals in BE
- Availability and policy development influence use and approaches at end of life