The organization of palliative care in Europe: building bridges between cancer and dementia palliative care

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Background

Palliative care is fragmented and organization-oriented.

Palliative care for cancer patients is relatively well understood and widely accepted.
EU IMPACT project IMplementation of quality indicators in PAlliative Care study compares palliative cancer care with palliative dementia care
Aim

To identify national policy regarding the organization of palliative care for both cancer and dementia and to map patterns of service organisation.
## Mapping palliative care services in Europe: IMPACT study

Country name: ………………… Participant centre: ………………… Completed by: ………………… Topic: ………………… Date: …………………

<table>
<thead>
<tr>
<th>Domain</th>
<th>Primary care</th>
<th>Secondary care</th>
<th>Tertiary care</th>
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<tbody>
<tr>
<td>Setting</td>
<td>Own home</td>
<td>Hospital</td>
<td>Hospice</td>
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<tr>
<td>Direct providers of care - Practitioners &amp; professionals* (micro level)</td>
<td>Care home (including care home with nursing)</td>
<td></td>
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<tr>
<td>Other available services ** (meso level)</td>
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<tr>
<td>National policy context*** (macro level)</td>
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* Those clinical practitioners who provide dedicated palliative care within the settings, their management and their sources of funding
** Other services available, their management and their sources of funding
*** High level guidelines and policies designed to support high quality palliative care
Mapping exercise

Sites: five research sites in Norway, the Netherlands, Germany, England and Italy

Sources:
• Interviews with stakeholders
• Guidelines and policy documents

Interviews audiotaped and translated into English
Models of palliative care

1) Corresponds to the hierarchy of primary/secondary/tertiary level services. Italy, England and the Netherlands.

2) More complex distribution of palliative care, with services functioning at secondary and tertiary level. Germany.

3) Palliative care as an intermediary service between primary and combined secondary and tertiary level services. Norway.
Conclusions

Profound differences in the organisation of palliative care

Potential cost consequences

Basic descriptive typology useful in developing interventions to improve the quality of palliative care that fit each condition in each country