

# EURAG



EUROPEAN FEDERATION OF OLDER PERSONS

**Making  
PALLIATIVE CARE  
a Priority Topic on the  
European Health Agenda  
and  
Recommendations for the Development of  
Palliative Care in Europe**

## **PALLIATIVE CARE - DEFINITION WHO 2002<sup>1</sup>**

**Palliative care** is an approach that improves the quality of life of patients and their families facing the problems 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.

### **Palliative care**

- ✓ provides relief from pain and other distressing symptoms
- ✓ affirms life and regards dying as a normal process
- ✓ intends neither to hasten nor postpone death
- ✓ integrates the psychological and spiritual aspects of patient care
- ✓ offers a support system to help patients live as actively as possible until death
- ✓ offers a support system to help the family cope during the patient's illness and in their own bereavement
- ✓ uses a team approach to address the needs of patients and their families, including bereavement counselling, if indicated
- ✓ will enhance quality of life, and may also positively influence the course of illness
- ✓ is applicable early in the course of illness, in conjunction with other therapies that are intended to prolong life, such as chemotherapy or radiation therapy, and includes those investigations needed to better understand and manage distressing clinical complications.

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<sup>1</sup> World Health Organization; National cancer control programmes: policies and managerial guidelines, 2nd ed. Geneva: World Health Organization, 2002.

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## INTRODUCTION

In many countries palliative care for older persons is not provided in the most appropriate way that would be possible. EURAG – The European Federation of Older Persons - has been repeatedly confronted with this problem. We have, consequently, decided to promote awareness for this topic at European level.

In the Regional Implementation Strategy for the Madrid International Plan of Action on Ageing 2002 adopted at the UNECE Ministerial Conference on Ageing in Berlin, September 2002, a specific paragraph treated the provision of palliative care for older persons:

*“The provision of palliative care and its integration into comprehensive health care should be supported. To this end, standards should be developed for training in palliative care, and multidisciplinary approaches encouraged for all service providers of palliative care. It is necessary to create and to integrate institutional and home-based services and to intensify interdisciplinary and specific training in palliative care for all professions concerned.”*

EURAG considers the implementation of this recommendation for the well-being of older persons in their last period of life to be crucial.

The overall objective is to make palliative care a priority at EU level and in every country. This implies that adequate resources must be made available to promote the development and integration of palliative care into healthcare services.

In the course of our project we learned that excellent previous work has already been done in this field.

It was a very positive experience to find that experts and service providers in the field of palliative care are particularly open-minded and highly collaborative. We would like to thank especially the coordinator of the Committee of Experts on Palliative Care at the Council of Europe, the editors of the WHO Europe Reports as well as the Open Society Institute of the Soros Foundation, who gave us the opportunity to discuss the current situation and problems with leading experts from Europe and the US.

We learned about comprehensive experience made for example in Catalonia (Spain) and about impressive strategies developed for example in Ireland.

We think that apart from the promotion of the recommendations presented by the Council of Europe and the WHO Europe, the question is also to adequately use the European Union's possibilities for stronger co-operation in this field.

Our major goal is that the institutions of the European Union take a common position towards this problem and support collaboration in developing programmes and exchanging experience of palliative care for older people.

What we want to do now is to present additional proposals as to promote palliative care at EU level with the ultimate goal of obtaining a relevant Council Decision of the European Union stressing the importance of palliative care.

Gertraud DAYÉ

Director EURAG

Graz, January 2004

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# Making PALLIATIVE CARE a Priority Topic on the European Health Agenda

and  
Recommendations for the Development of  
Palliative Care in Europe



## SUMMARY

EURAG draws on a wealth of evidence about shortcomings in palliative care in particular of older persons throughout Europe and the world. We do not replicate these results but we want to stress the importance of the recent work of two WHO Europe Collaboration Projects „Better Palliative Care for Older People“ and “Palliative Care – The solid Facts”.

EURAG wishes to make Palliative Care a priority topic on the European Health Agenda, which would best be achieved by a Decision to be adopted by the Council of the European Union.

EURAG therefore undertakes to formulate a draft for such a Decision. This draft takes into account the role of the European Union in the field of health care and proposes the adherence to other recent summaries of recommendations delivered by the Council of Europe's Committee of Ministers to member states on the organisation of palliative care, and by WHO Europe Collaboration Projects.

EURAG is convinced that the available facts, ethical considerations and the availability of appropriate solutions are sufficient as a basis for immediate action.

EURAG recommends additional measures at a low cost in order to promote palliative care by informing decision makers, enabling professionals as well as volunteers and helping the families.

The annexes consist of summaries of the recommendations by Project the WHO Collaboration project and the Council of Europe, an overview about EURAG as well as organisations active in the palliative care sector.

## A COUNCIL'S DECISION

EURAGs objective is to obtain a Council Decision to be taken still in the year 2004 in order to make palliative care - in particular for older persons - a priority topic on the European Health Agenda.

The following facts, also evidenced in other studies and documents, as well as the given ethic deliberations and our knowledge on the appropriate, developed and proven instruments clearly favour such a way of procedure.

**EURAG`s proposal for a decision says:**

### **THE COUNCIL OF THE EUROPEAN UNION,**

- 1. BEARING IN MIND** that every human being has to die,
- 2. KNOWING** that for some people the last phase of life is filled with great suffering and that older persons in particular are affected,
- 3. KNOWING** that organised palliative care can bring relief through excellent symptom control and psychosocial care and offering assistance to family members,
- 4. TAKING INTO CONSIDERATION** the Recommendations of the Committee of Ministers of the Council of Europe to member states on *"The organisation of palliative care"* (adopted on 12 Nov. 2003),
- 5. TAKING INTO CONSIDERATION** the work and the recommendations of the WHO Europe Collaboration Projects *"Better Palliative Care for Older People"* and *"Palliative Care and the solid facts"*,
- 6. BEING CONVINCED** that effective measures in all relevant political fields have to be supported to raise awareness about the needs of terminally ill older persons and the knowledge on possible solutions,

- 7. RECOGNIZING** that the access to appropriate and efficient care will become increasingly important in the future in particular for older persons,
- 8. RECOGNIZING** that the collaboration of volunteers is of particular importance in care patterns oriented towards patients and family members,
- 9. RECOGNIZING** that population ageing and the implications it presents for palliative care are major public health issues for the 21<sup>st</sup> century,

#### **REQUESTS the Member States**

- ✓ to pay more attention to the importance of preventing avoidable suffering of terminally ill people and to ensure that these problems be adequately considered,
- ✓ to take into consideration the implementation of these Recommendations of the Committee of Ministers to Member States on the organisation of palliative care of the Council of Europe at national level.

#### **REQUESTS the Commission**

- ✓ to put special emphasis on active collaboration in questions concerning palliative care,
- ✓ to take measures for facilitating the exchange of information and mutual learning in the framework of national policies in order to improve palliative care,
- ✓ to initiate a periodical report on the situation of palliative care for older persons.

## Rationale: FACTS, ETHICAL RIGHTS AND SOLUTIONS

It is not necessary to repeat the findings of a wealth of scientific literature, reports and surveys. We only want to refer to the central arguments:

### FACTS

- ✓ We all have to die. Some of us will die suddenly, some will die after a short period of illness, but many of us will have a rather long, ongoing and distressing palliative care period. At present, too many patients have to suffer from pain, nausea, fear and other symptoms that could be avoided. Older persons represent roughly 80% of those patients, a large number of them with dementia. We all have to die
- ✓ Many of us have experienced that palliative care for dear relatives and friends did not correspond to the needs and wishes of the person concerned. This not only applies to the treatment of the symptoms mentioned above, but also to the network of care and the lack of co-ordination. We all know deficiencies

### ETHICAL RIGHTS

- ✓ It should be a recognized human right that people in their last phase of life do not have to suffer from pain and other symptoms that could be avoided. No avoidable pain
- ✓ It should be an individual right that patients have a maximum range of choices of where and how to be cared for. Maximum of choice
- ✓ It should be an obligation of our society to give support to those persons who care for their relatives in the final phase of life and also in bereavement. Support of informal carers

## SOLUTIONS

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The solution to the problems and ethical demands is a high quality palliative care which is appropriate, complex and patient-oriented.

The method of choice is organised palliative care. However, palliative care is not only a matter of organisation, but especially a philosophy that should run through the whole health system and that focuses in the last phase of life on the specific situation of the patient and his/her family members.

The philosophy of Palliative Care

✓ Organised palliative care supports the other service providers in the health sectors, which will continue to bear the main burden, and which are complemented if the specific situation requires particular know-how.

subsidiary

✓ Palliative care is the appropriate form of assistance. It avoids both a lack of care (under-treatment) as well as excessive care (over-treatment).

appropriate

✓ All the available surveys show that palliative care is at least not more expensive than traditional care patterns.

cost neutral

✓ Palliative care also has a particular additional asset beyond the professional medical system, because it includes an important input through voluntary activities.

open



## **Additional RECOMMENDATIONS EURAG**

The Recommendations of the Committee of Ministers of the Council of Europe to member states on the organisation of palliative care and the recommendations of the WHO Europe Collaboration Projects „Better Palliative Care for Older People” and “Palliative Care and the solid facts” are extensive and comprehensive.

EURAG, nevertheless, would like to present some additional recommendations.

These following recommendations are formulated in a concise way and addressed to specific decision-making bodies and stakeholders so that their implementation could contribute to a significant improvement of palliative care patterns in European countries.

## **1. WE RECOMMEND CREATING AND SUPPORTING A VISITATION PROGRAMME FOR HEALTH POLITICIANS, HEALTH ADMINISTRATORS AND HEALTH CARE MANAGERS.**

### **Rationale:**

Health politicians and others who have to decide about the supply and financing of services are often under pressure from scarce resources, various interest groups and conflicting views. Sometimes they do not know whom to trust. The programme should give them the opportunity to visit good practice initiatives. As written in the introduction EURAG recommends beginning with Catalonia for the practice and with Ireland for developing a strategy.

### **Addressed to Directory General:**

**Health and Consumer  
Protection**

**Employment and Social  
Affairs**

**Regional Policy**

## **2. WE RECOMMEND CREATING AN “ERASMUS PROGRAMME” FOR PRACTITIONERS IN THE FIELD OF PALLIATIVE CARE, FOR PROFESSIONALS AS WELL AS FOR VOLUNTEERS.**

### **Rationale:**

Although palliative care has a local cultural orientation, the spirit and the approach are similar in all countries. It is also a fact that palliative care does not have the position in the health care systems it should have. An exchange programme could give the members of the palliative care teams insight into real life developments in other countries as well as insight into common problems. The exchanges need not last as long as ERASMUS programmes for students. It would be difficult to integrate people

### **Addressed to Directory General:**

**Education and Culture**

**Health and Consumer  
Protection**

**Employment and Social  
Affairs**

from other countries in an existing team, because of linguistic and cultural differences but it offers great opportunities of sharing experiences and learning from each other.

### **3. WE RECOMMEND TO CREATING AN EUROPEAN OBSERVATORY FOR PALLIATIVE CARE IN EUROPE**

#### **Rationale:**

There is a lack of knowledge about the implementation and progress of palliative care at the European level. An observatory should be set up at European level to collect, process and disseminate reliable information on developments in and advances of palliative care.

There is already a first initiative of an observatory of this kind for Eastern European countries based in Great Britain.

#### **Addressed to Directory General:**

**Health and Consumer Protection**

**Research**

**Education and Culture**

**Employment and Social Affairs**

**Regional Policy**

### **4. WE RECOMMEND PROMOTING MEASURES FOR EDUCATION AND FURTHER TRAINING**

#### **Rationale:**

With reference to the „Report on the Social Situation in Europe 2003“, released on 9 September by the European Commission, we want to point out that the Report identified the common challenges faced by all Member States, regardless of the diversity of the actual systems; challenges such as increasing expectations, new technologies and therapies, and the implications of an ageing population.“

#### **Addressed to Directory General:**

**Research**

**Health and Consumer Protection**

**Education and Culture**

Access to quality healthcare is of course of major importance for people's health, both in preventing illness and curing them when they are sick.

**Employment and Social Affairs**

We would like to emphasize that high-quality palliative care must also be accessible for all. We further want to highlight the role of education in this field. In addition to the challenges of an ageing population, the health sector will also have to adapt to the ageing of the caring staff. More research is needed on the people who work in the care sector – paid and unpaid.

**Regional Policy**

## **5. WE RECOMMEND SUPPORTING THE VOLUNTEERS**

### **Rationale:**

Volunteers are a main asset of palliative care. They work in a complementary way to professionals, in particular in the field of psychosocial support. They are in need of education and support.

### **Addressed to Directory General:**

**Health and Consumer Protection**

**Education and Culture**

**Employment and Social Affairs**

**Regional Policy**

## **6. WE RECOMMEND TO PROMOTING FAMILY HOSPICE CARE LEAVE**

### **Rationale:**

To care for their loved ones is often a deep wish of the relatives. At present, the right to family care leave is provided in a few countries only, such as Austria and Ireland.

### **Addressed to Directory General:**

**Health and Consumer Protection**

**Employment and Social Affairs**

## **7. WE RECOMMEND PROMOTING RESEARCH IN PALLIATIVE CARE FOR OLDER PERSONS**

### **Rationale:**

Research in the field of palliative care is difficult for various reasons. Nevertheless we need more knowledge, which can only be gained by good interdisciplinary research. Further research programmes should support this.

### **Addressed to Directory General:**

**Research**  
**Health and Consumer Protection**  
**Education and Culture**

**Finally and most important:**

## **8. WE RECOMMEND THE RECOGNITION OF PALLIATIVE CARE AS A HUMAN RIGHT**

### **Rationale:**

To improve the quality of life remaining for patients and implement the basic standards of a “Society for All Ages” by securing the rights of terminally ill persons to social dignity.

### **Addressed to Directory General:**

**European Commission**  
**European Parliament**

## ANNEX 1: EXCERPTS OF RECOMMENDATIONS

### Recommendations of the WHO

*Palliative Care for Older People - Chapter 6*

#### **Policy- and decision-makers need to:**

1. Recognize the public health implications of ageing populations with palliative care needs, and that substandard care towards the end of life is a public health problem;
2. Undertake, at national level, a “quality audit” of palliative care services delivered to older people in nursing and residential homes, hospitals, hospices and at home, including staff qualifications in these institutions, and define a method to “track” improvements in care;
3. Invest in the development of small core data sets that link different care settings locally and that can be used to identify and monitor the needs of older people;
4. Invest in audit and quality improvement methods to improve the care provided for local populations, and reward the involvement of health organizations, including nursing homes, in audit and quality improvement schemes;
5. Ensure that multidisciplinary services shown to meet the needs of older people for palliative care are adequately funded, rewarded and supported;
6. Ensure that the training of health care professionals includes sufficient time devoted to palliative medicine and the care of older people, and that professionals are supported to keep up to date;
7. Demand and invest in high standards in palliative care for older people, including pain and symptom management, communication skills and coordination of care;
8. Act against ageist stereotypes that affect whether older people are offered palliative care when they need it;
9. Involve older people – as the users of services – in making decisions about the types and mix of services they want available to them towards the end of life and into bereavement; and

10. Provide information about the range of services available, including for symptom control, and their effectiveness for older people who are facing life-threatening, chronic or progressive illness.

**Health professionals need to:**

1. Ensure they are adequately trained in the palliative care of older people, including pain and symptom management, communication skills and care coordination;
2. Ensure that older people with palliative care needs are regarded as individuals, that their right to make decisions about their health and social care is respected, and that they receive the unbiased information they need without experiencing discrimination because of their age; and
3. Ensure that their organizations work in a coordinated fashion with other statutory, private or voluntary organizations that may help older people needing palliative care.

**Those funding research need to:**

1. Invest in research into the geographical variation between and within countries in the palliative care that older people receive;
2. Invest in creative research into the barriers to accessing palliative care, the etiology and management of non-cancer pain and other symptoms in older people, their subjective experience of care, the psychological and social needs of different cultural groups, the testing of advance care planning that promotes patient-directed care, and meeting the needs of frail older people;
3. Promote collaboration in research between palliative and geriatric medicine in the areas of palliative care, and the inclusion of older people in all kinds of innovative research on physical interventions, including drug treatment;
4. Invest in research into effective palliative care and treatment for older people across a range of conditions, making this a significant component of research investment;
5. Promote the development of standardized assessment tools for palliative care in older people, and how these and methods such as “report cards” might be meaningfully used across different countries; and
6. Ensure that research in care and treatment does not exclude older people.

# Recommendations of the Council of Europe

## **Recommendation Rec (2003) 24 of the Committee of Ministers to member states on the organisation of palliative care**

*(Adopted by the Committee of Ministers on 12 November 2003 at the 860th meeting of the Ministers' Deputies)*

The Committee of Ministers, under the terms of Article 15.b of the Statute of the Council of Europe,

Considering that the aim of the Council of Europe is to achieve greater unity between its members and that this aim may be pursued, *inter alia*, by the adoption of common rules in the health field;

Recalling Article 11 of the European Social Charter on the right to health protection, and recalling that Article 3 of the Convention on Human Rights and Biomedicine (ETS No.164) requires that contracting parties provide equitable access to health care of appropriate quality, that Article 4 requests that any intervention in the health field, including research, must be carried out in accordance with relevant professional obligations and standards, and that Article 10 emphasises the right of everyone to know any information about his or her health;

Recognizing that a health care system should be patient-oriented and citizens should necessarily participate in decisions regarding their health care;

Recalling in this context the recommendation of the Committee of Ministers to member states, Recommendation No. R (2000) 5 on the development of structures for citizen and patient participation in the decision-making process affecting health care;

Convinced that the respect and protection of the dignity of a terminally ill or a dying person implies above all the provision of appropriate care in a suitable environment, enabling him or her to die with dignity;

Recalling in this context Recommendation 1418 (1999) of the Parliamentary Assembly on protection of the human rights and dignity of the terminally ill and the dying;

Further recalling Recommendation No. R (89) 13, on the organisation of multidisciplinary care for cancer patients;

Recognising that palliative care needs to be further developed in European countries;

Recalling in this respect the 1998 Poznan Declaration on palliative care in Eastern Europe;

Recognising that the right to health care is aimed at the patient's enjoyment of the highest attainable sense of well-being, irrespective of age, ethnicity, economic or social status, and the nature of any disease or infirmity;

Considering that there is a growing number of people in need of palliative care;

Considering that the differences in the availability and quality of palliative care throughout Europe need to be addressed through increased co-operation between countries;

Conscious that palliative care is the active, total care of patients with advanced, progressive diseases, aiming at the control of pain and other symptoms, and offering psychological, social, and spiritual support;

Aware that the goal of palliative care is the achievement of the best possible quality of life for patients and their families;

Aware that palliative care aims to help men, women and children with advanced, progressive diseases to enjoy the best possible quality of life until the end, and intends neither to hasten nor postpone death;

Considering that palliative care affirms life and regards dying as a normal process, and is not guided by hopelessness or fatalism;

Considering that palliative care is an integral part of the health care system and an inalienable element of a citizen's right to health care, and that therefore it is a responsibility of the government to guarantee that palliative care is available to all who need it;

Considering that it is necessary to pursue the development of quality care, carried out humanely, in order to make it an essential part of health care for patients near the end of life;

Recognising that all people near the end of life desire to be treated as valued persons by health care professionals and to have skilled attention directed at maintaining dignity and fostering independence, relieving symptoms and maximising comfort;

Recognising that palliative care, like all medical care, should be patient-oriented, guided by the needs of the patient, taking into account his or her values and preferences, and that dignity and autonomy are central issues for patients in need of palliative care,

## **Recommends that the governments of member states:**

1. adopt policies, legislative and other measures necessary for a coherent and comprehensive national policy framework for palliative care;
2. take to this end, whenever feasible, the measures presented in the appendix to this recommendation, taking account of their respective national circumstances;
3. promote international networking between organisations, research institutions and other agencies that are active in the palliative care field;
4. support an active, targeted dissemination of this recommendation and its explanatory memorandum, where appropriate accompanied by a translation.



## **ANNEX 2: ORGANIZATIONS and INSTITUTIONS**

### **World Health Organization (WHO)**

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20, avenue Appia  
1211 Geneva 27, Switzerland

Tel: + 41 22 791 34 86  
Fax: + 41 22 791 48 39  
e-mail: [hoskinsi@who.int](mailto:hoskinsi@who.int)  
Link: [www.who.int](http://www.who.int)

WHO Regional Office for Europe  
8, Scherfigsvej  
2100 Copenhagen, Denmark

Tel: + 45 39 17 17 1  
Fax: + 45 39 17 18 18  
e-mail: [postmaster@who.dk](mailto:postmaster@who.dk)  
Link: [www.who.dk](http://www.who.dk)

### **European Association for Palliative Care (EAPC)**

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EAPC Head Office, National Cancer Institute Milano  
Via Venezian 1  
20133 Milano, Italy

Tel: + 39 02 2390 3390  
Fax: + 39 02 2390 3393  
e-mail: [eapc@istitutotumori.mi.it](mailto:eapc@istitutotumori.mi.it)  
Link: [www.eapcnet.org](http://www.eapcnet.org)

On the website of the EAPC you can find further addresses and links to European hospice and palliative care associations!

## **Palliative Care in Eastern Europe (EAPC East)**

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Mariebergsgatan 22  
112 35 Stockholm, Sweden

Tel.: + 46 (0)8 617 93 04  
Fax: + 46 (0)8 617 93 33  
e-mail: [info@eapceast.org](mailto:info@eapceast.org)  
Link: [www.eapceast.org](http://www.eapceast.org)

## **International Association for Hospice and Palliative Care (IAHPC)**

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5535 Memorial Dr. Suite  
F - PMB 509  
Houston TX 77007, USA

Tel.: +1 713 880 2940  
Fax: + 1 713 880 2948  
e-mail: [info@iahpc.com](mailto:info@iahpc.com)  
Link: [www.hospicecare.com](http://www.hospicecare.com)

## **International Observatory on End of Life Care**

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Institute for Health Research  
Bowland Tower East  
Alexandra Square  
Lancaster University  
LA1 4YT Lancaster  
United Kingdom

Tel: + 44 (0)1524 592513  
Fax: + 44 (0)1524 525250  
e-mail: [info@eolc-observatory.net](mailto:info@eolc-observatory.net)  
Link: [www.eolc-observatory.net](http://www.eolc-observatory.net)

## ANNEX 3: THE PROJECT and ACKNOWLEDGEMENTS

### The Project:

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Mag. Gerhard TEISSL

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O'DELL Virginia, Switzerland

STJERNSWARD Jan, Sweden

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FRITZ Manfred, Vienna Austria  
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NOVAK Ernst, Vienna, Austria  
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SZÖLLOSI Melinda, Budapest, Hungary  
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ZDRAHAL Franz, Vienna, Austria  
ZWEIGER Renate, Graz, Austria

## ANNEX 4: CONFERENCE PROGRAMME BRUSSELS

### “Making Palliative Care a priority topic on the European Health Agenda”

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Date: Brussels, 23<sup>rd</sup> January 2004  
Time: 9.00 am to 1.00 pm  
Venue: Hotel Eurovillage  
Boulevard Charlemagne, 80  
B-1000 Brussels  
Tel.: 00322 / 230 85 55  
Fax: 00322 / 230 56 35  
e-mail: reservation@eurovillage.be  
Link: www.eurovillage.be

#### PROGRAMME

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- 09.00 a.m: Opening and Welcome:  
**Edmée MANGERS-ANEN**, Luxemburg  
President of EURAG
- Moderator:  
**Gertraud DAYE**, Austria  
Director of EURAG
- 09.20 a.m: **Prof. Dr. Jan STJERNWARD**, Sweden:  
„Palliative Care – ethics and solutions“
- 09.45 a.m: **Dr. Johann BAUMGARTNER**, Austria:  
“Making Palliative Care a priority topic on the European Health Agenda” – Presentation of a Catalogue of Recommendations on Palliative Care”

- 10.10 a.m: **Dr. Jordi ROCA**, Spain:  
“Implementation of WHO Project: Catalonia as a positive example”
- 10.35 a.m: **Dr. Tony O’BRIEN**, Ireland:  
“The work of the Council of Europe, and Ireland as a positive example”
- 11.00 a.m: Coffee break
- 11.20 a.m: **Prof. Dr. Reimer GRONEMEYER**, Germany:  
“The situation in several European countries”
- 11.45 a.m: **Dr. Carlos Centeno CORTÉS**, Spain:  
“Actual efforts of the European Association for Palliative Care for the development of Palliative Care in Europe”
- 12.10 a.m: **Prof. Dr. Stein HUSEBØ**, Norway:  
“Palliative Care for older persons”
- 12.35 p.m: Conclusions and Closing address
- 01.00 p.m: Lunch buffet

## **ANNEX 5: EURAG - European Federation of Older Persons**

EURAG is a non-profit and non-religious European organization founded in 1962 with its seat in Luxembourg and is independent of political parties. Since 1974 the EURAG General Secretariat has been in Graz, Austria. Through its currently 152 member organisations in 33 countries, EURAG represents millions of older people in Europe and its purpose is to promote older people's quality of life on societal, social and political levels.

### **EURAG promotes:**

- the representation of older people's interests at European level
- the exchange of experience
- co-ordination, collaboration and exchange of opinions with expert and service organizations, self-help groups as well as individuals
- the creation of networks

### **EURAG especially pursues the following objectives:**

- the prevention of any kind of discrimination on grounds of age
- solidarity between the generations
- the maintenance of an independent life
- strengthening participation in decision-making and supporting democratic development in the countries
- the development of potentials
- the promotion of self-help
- improving the situation of elderly people
- the safeguard of financial security

### **EURAG represents the interests of older persons with International organizations:**

- European Union (EU), Brussels; Member of the Platform of European Social NGOs
- Council of Europe, Strasbourg; (consultative status)
- World Health Organisation (WHO), Geneva and Copenhagen
- United Nations (UN-ECOSOC), New York, Geneva, Vienna (consultative status)
- International Labour Organisation (ILO), Geneva
- INIA (International Institute on Ageing), Malta
- International Social Security Association (ISSA), Geneva

**EURAG co-operates with Non-Governmental Organisations (NGOs) dealing with problems of the older generation:**

- International Associations of Gerontology (IAG)
- International Federation on Ageing (IFA)

**EURAG publishes:**

- EURAG - INFORMATION, monthly information about EURAG activities with news from European countries as well as from the European Union
- EURAG - NEWSLETTER, each treating a special subject

both publications appear in German, English, French and Italian

**EURAG organises:**

- International Congresses and Colloquies on specific questions with and for older people
- Meetings of regional and international work groups and committees to discuss topical subjects

**Members of EURAG are:**

- Organisations of older people
- self-help groups
- Social and educational institutions
- Public institutions

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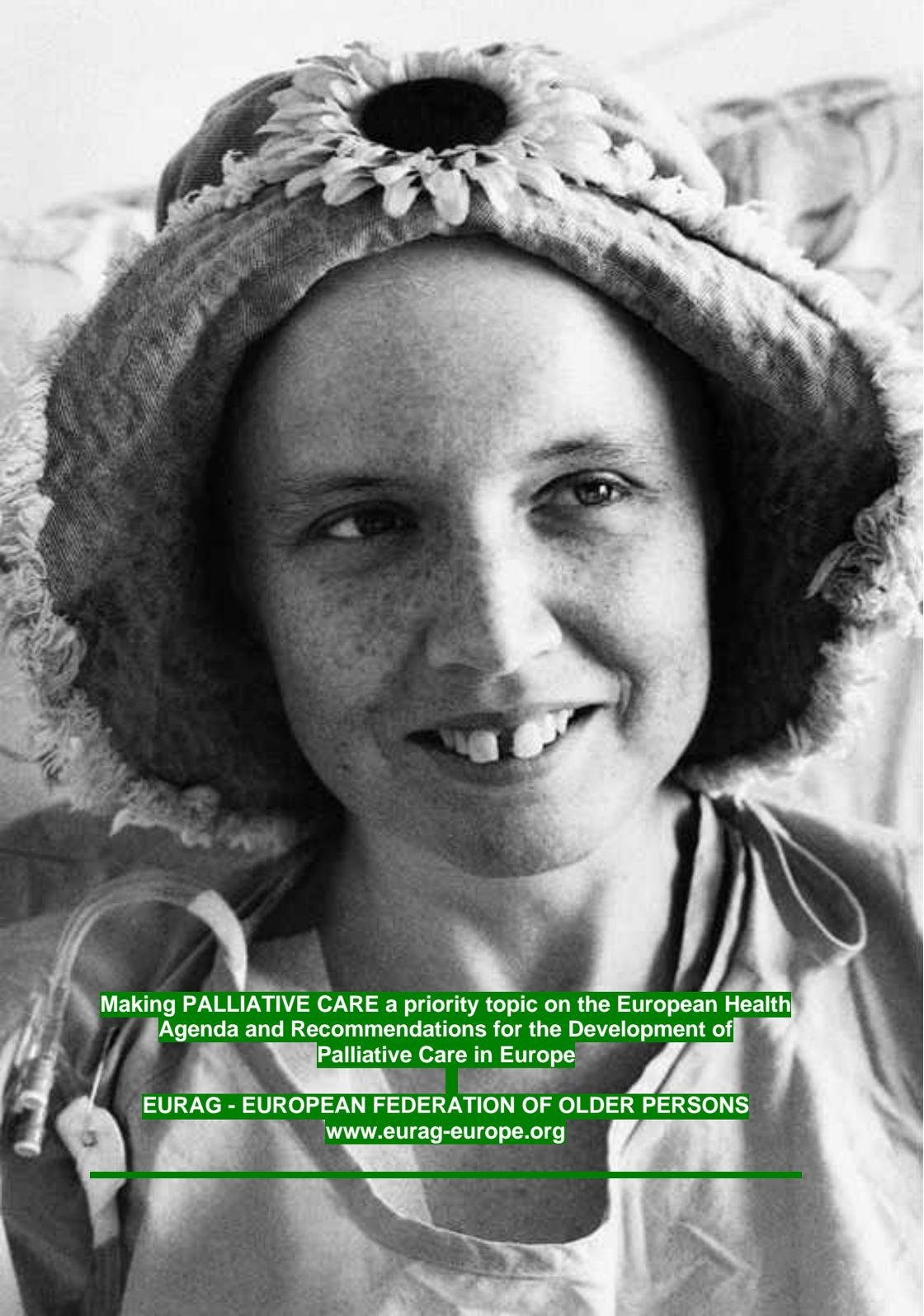
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**Making PALLIATIVE CARE a priority topic on the European Health  
Agenda and Recommendations for the Development of  
Palliative Care in Europe**

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