CURRENT TOPICS IN PALLIATIVE MEDICINE

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Director of Palliative Care
RWJ/ Barnabas Health
Jersey City Medical Center

I HAVE NO CONFLICTS OF INTEREST

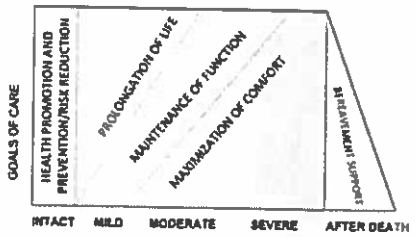
EDUCATIONAL GOALS

- DEFINE PALLIATIVE CARE
- DISCUSS AND ANALYZE THREE ETHICAL ISSUES
- IDENTIFY AND DESCRIBE FOUR PHARMACOLOGICALS
- APPRECIATE THE ROLE OF THE MEDICAL HUMANITIES
- NAME THREE VALIDATED ASSESSMENT TOOLS
- DEVELOP AN APPROACH TO THE IMMINENTLY DYING
- DESCRIBE THREE NATIONAL AND INTERNATIONAL INITIATIVES
- SUPPORT THE ROLE OF RESEARCH

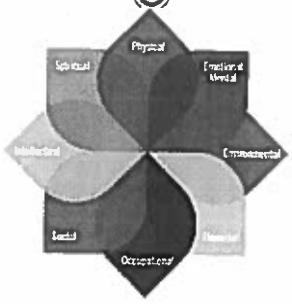
Definition of Palliative Care NQF

"...patient and family-centered care that optimizes quality of life by anticipating, preventing, and treating suffering throughout the continuum of illness and involves the addressing of physical, emotional, social, intellectual, and spiritual needs while facilitating patient autonomy, access to information, and choice."

Model of Palliative Care



Model of Palliative Care



Awareness of Palliative Care among a Nationally Representative Sample of U.S. Adults

Palliative Medicine 30 Apr 2019

- 71% of U.S. adults have never heard of palliative care.
- Older people with higher education, women, and whites had greater odds of awareness.
- Therefore:
  - There is limited awareness of palliative care in the US, despite its documented benefits.
  - Addressing this awareness gap is a priority.
  - Community based interventions are necessary to raise awareness.

What Is Comfort Care?

"Let's teach our trainees to continue reasoning through clinical decisions to the end of a patient's life, and to provide good medical care even if all that entails is sitting at the bedside to hold their patient's hand."

Comfort Care for Patients Dying in the Hospital
Craig D. Blinderman, M.D., and J. Andrew Billings, M.D.
N Engl J Med 2015; 373:2549-2561
Dec 24 2015

"the most basic palliative care interventions that provide immediate relief of symptoms in a patient who is very close to death."

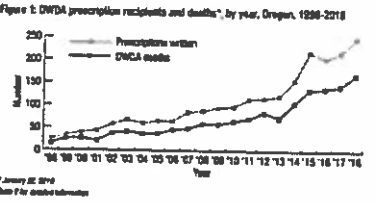
NJ Assembly & Senate, A1504/S1072, Aid in Dying for the Terminally Ill Act

"Allowing terminally ill and dying residents the dignity to make end-of-life decisions according to their own consciences is the right thing to do. I look forward to signing this legislation into law."
NEW JERSEY GOVERNOR PHIL MURPHY, MARCH 25, 2019

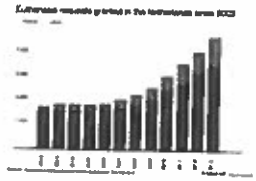
NJ Assembly & Senate, A1504/S1072, Aid in Dying for the Terminally Ill Act

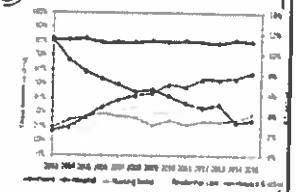
- >18 years old
- NJ resident
- mentally capable
- death within six months
- A patient will be prescribed aid-in-dying medication only if:
  - two verbal requests, at least 15 days apart.
  - written request, signed in front of two qualified, adult witnesses
  - doctor and one other doctor confirm diagnosis and prognosis. The prescribing doctor and one other doctor determine capacity
  - psychological examination, if judgment is impaired
  - the patient is not being coerced or unduly influenced by others
  - informs the patient feasible alternatives
  - the patient notify their next of kin of the prescription request
  - opportunity to withdraw the request for aid-in-dying medication
  - patient must be able to ingest it on their own
  - A doctor or other person who administers the lethal medication may face criminal charges
  - no other person may make a request for aid-in-dying medication

Oregon's Death with Dignity Act



EUTHANASIA IN THE NETHERLANDS





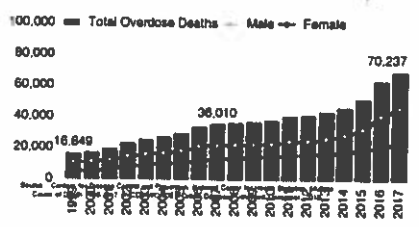
American Academy of Hospice and Palliative Medicine Statement in Response to Supreme Court Ruling on Physician-Assisted Suicide

"The question shouldn't be whether the state has an interest in allowing a person to ask a doctor to help them commit suicide, but whether the state has an interest in helping citizens live out their last days as comfortably and with as much dignity as possible."

Euthanasia and physician-assisted suicide: A white paper from the European Association for Palliative Care

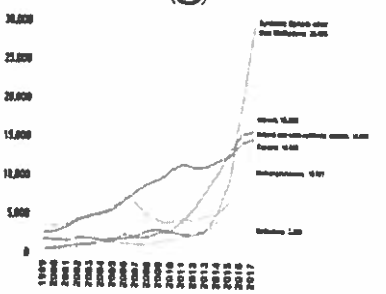
- The provision of euthanasia and PAS should not be included into the practice of palliative care.
- Palliative care is provided up until the end of life and is by definition never futile.
- Palliative care is based on the view that even in patient's most miserable moments, sensitive communication, based on trust and partnership, can improve the situation and change views that his or her life is worth living.

US Opioid Overdose Deaths 1999-2017



Pain Management for People with Serious Illness in the Context of the Opioid Use Disorder Epidemic: Proceedings of a Workshop (2019)

Pain Management for People with Serious Illness in the Context of the Opioid Use Disorder Epidemic: Proceedings of a Workshop (2019)



Fentanyl

" Fentanyl Remains the Most Significant Synthetic Opioid Threat and Poses the Greatest Threat to the Opioid User Market in the United States."
DEA

Preying on Prescribers (and Their Patients) — Pharmaceutical Marketing, Iatrogenic Epidemics, and the Sackler Legacy

THE NEW ENGLAND JOURNAL OF MEDICINE

"Physicians are persuaded by marketing, just like everybody else. Now there's a discomforting thought."

Top Executives of Insys, an Opioid Company, Found Guilty of Racketeering

The New York Times

Parenteral Opioid Shortage — Treating Pain during the Opioid-Overdose Epidemic

Edward Bruera, MD

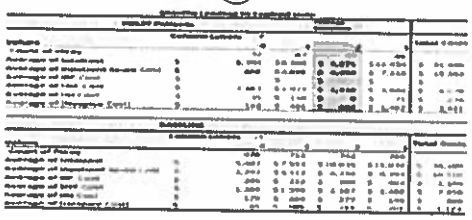
THE NEW ENGLAND JOURNAL OF MEDICINE

Possible Clinical Measures to Address Shortages of Parenteral Morphine, Hydromorphone, and Fentanyl

Intervention	Limitations
Oral opioids when possible	Delayed analgesia; many patients cannot take oral opioids
Transdermal fentanyl	Delayed analgesia; not available for morphine or hydromorphone
Custom-made methadone suppositories	Requires complex opioid rotation; safe only if administered by experts
Supportive and palliative care consult	Understaffed in most hospitals
EHR notification, alternative opioid and dose ratio immediately on prescription	Change in EHR expensive and slow
Nonopioids (cannabinoids, gabapentin, ketamine)	Limited evidence of efficacy, toxicity risk when combined with opioids
Less common parenteral opioids (nalbuphine, buprenorphine)	Limited evidence of efficacy, complex opioid rotation, and toxicity

POLST

NET-BASED POLST STUDY BARILE, PRINCETON



4Step iCarePlan

Goals of Care Coalition of NJ

- UNDERSTAND DX
- UNDERSTAND PX
- ID GOC
- ALIGN POC W/ GOC

OPIOIDS

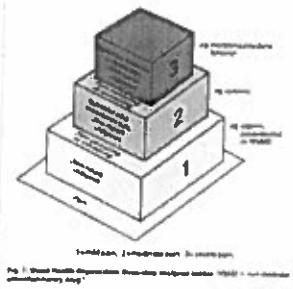
- Strong opioids are the principal treatments for pain in advanced, progressive disease and require attention to the following issues:
  - educational
  - research
  - policy
- balanced attention to the morbidity and mortality
  - related to opioid addiction
  - adverse effects on quality of life due to undertreatment of pain

Opioid Risk Tool

Mark each box that applies	Female	Male
1. Family hx of substance abuse		
Alcohol	☐1	☐1
Illegal Drugs	☐2	☐2
Prescription drugs	☐4	☐4
2. Personal hx of substance abuse		
Alcohol	☐3	☐3
Illegal Drugs	☐4	☐4
Prescription drugs	☐5	☐5
3. Age (mark box if 16-45)	☐1	☐1
4. Hx of preadolescent sexual abuse	☐3	☐3
5. Psychologic disease		
ADD, OCD, bipolar, schizophrenia	☐2	☐2
Depression	☐1	☐1
Scoring totals:		

Scoring (Risk)
0-3 Low Risk
4-7 Moderate Risk
≥ 8 High Risk

WHO cancer pain ladder



OPIOIDS

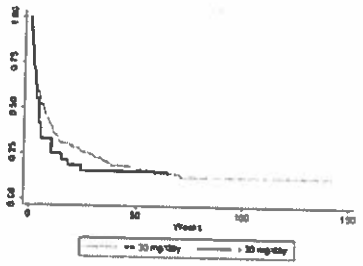
Equianalgesic Opioid Dosing

Drug	Equianalgesic Doses (mg)	
	Parenteral	Oral
Morphine	10	30
Buprenorphine	0.3	0.4 mg
Codeine	130	200
Fentanyl	0.1	0.4
Hydrocodone	8A	30
Hydromorphone	1.5	7.5
Meperidine	100	300
Oxycodone	10	20
Oxymorphone	1	10
Tramadol	100	120

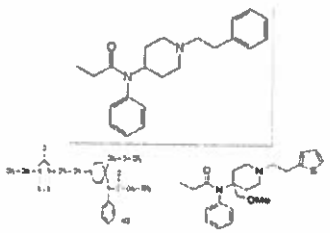
Calculating Morphine Milligram Equivalent (MME) Doses for Commonly Prescribed Opioids

Codeine	0.15
Fentanyl transdermal (in mcg/hr)	2.4
Hydrocodone	1
Hydromorphone	4
Methadone: 1-20 mg/day	4
Methadone: 21-40 mg/day	8
Methadone: 41-60 mg/day	10
Methadone: ≥61-80 mg/day	12
Morphine	1
Oxycodone	1.5
Oxymorphone	3
Tapentadol	0.4

The association between different opioid doses and the survival of advanced cancer patients receiving palliative care 2018



Fentanyl



Fentanyl

Medical Marijuana

Medical Marijuana NJ

- resistant to conventional medical therapy: seizure disorders, intractable skeletal muscular spasticity, or glaucoma
- HIV/AIDS or cancer, if chronic or severe pain, severe nausea or vomiting, cachexia
- Amyotrophic lateral sclerosis , multiple sclerosis, terminal Cancer, muscular dystrophy, ulcerative colitis, or inflammatory bowel disease
- PTSD
- Terminal illness fewer than 12 months of life
- Chronic pain related to musculoskeletal disorders

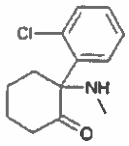
THE HEALTH EFFECTS OF CANNABIS AND CANNABINOIDS

- oral cannabinoids are effective antiemetics in chemotherapy-induced nausea and vomiting.
- patients with chronic pain treated with cannabinoids are more likely to experience a reduction in pain symptoms.
- short-term use of oral cannabinoids improves symptoms in multiple sclerosis related spasticity.
- effects of cannabinoids are modest; for all other conditions there is inadequate information.

THE HEALTH EFFECTS OF CANNABIS AND CANNABINOIDS

- Cannabis use increases the risk of developing schizophrenia and the higher the use the greater the risk.
- Cannabis use may be linked to better performance on memory tasks in individuals with schizophrenia.
- Cannabis use does not appear to increase the likelihood of developing depression, anxiety, and PTSD.
- Daily cannabis use may be linked to greater symptoms in bipolar disorder.
- Heavy cannabis users are more likely to report thoughts of suicide.
- Regular cannabis use is likely to increase the risk for developing social anxiety disorder.

KETAMINE



Ketamine is used for starting and maintaining anesthesia. It induces a trance-like state and provides pain relief, sedation, and memory loss. Other uses: chronic pain, sedation in ICU, treat refractory depression. Heart function, breathing, and airway reflexes generally remain functional. Effects begin quickly when given IV and last about 25 minutes

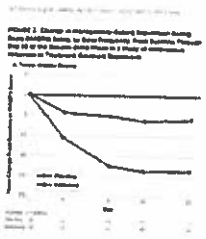
KETAMINE

- Ketamine is used in palliative care for refractory neuropathic pain.
- It has also been used for phantom limb and ischemic pain .
- Side effects
  - Hallucinations, dysphoria and vivid dreams
  - Hypertension, tachycardia, raised intracranial pressure.
  - Sedation.
- Ketamine is a medication mainly used for starting and maintaining anesthesia.
- Esketamine® in refractory depression.

Columbia Ketamine Program

- Call 212-305-6001 or submit online
- Free phone consultations.
- 90-minute evaluation with one of our psychiatrists with expertise in treatment-resistant depression to determine if ketamine (or another treatment) is the best treatment for you.
- Evaluation of basic lab results to ensure ketamine is safe for you.
- The initial infusion of the ketamine treatment.
- Twice weekly ketamine infusions for 2 weeks with follow-up infusions as recommended by psychiatrist. A typical case would be 8-12 infusions over 4-6 weeks.
- Follow-up care as recommended by our clinical experts.
- Cost $650 per infusion.

KETAMINE



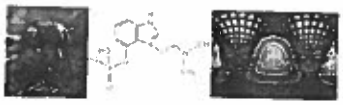
A Consensus Statement on the Use of Ketamine in the Treatment of Mood Disorders

JAMA Psychiatry. 2017;74(4):399-405.

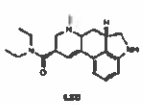
"The rapid onset of robust, transient antidepressant effects associated with ketamine infusions has generated much excitement and hope for patients with refractory mood disorders and the clinicians who treat them. However, it is necessary to recognize the major gaps that remain in our knowledge about the longer-term efficacy and safety of ketamine infusions. **Future research is needed to address these unanswered questions and concerns.**"

Psilocybin

"When administered under psychologically supportive, double-blind conditions, a single dose of psilocybin produced substantial and enduring decreases in depressed mood and anxiety along with increases in quality of life and decreases in death anxiety in patients with a life-threatening cancer diagnosis." J Psychopharmacology 2016 Dec; 30(12): 1181–1197



LSD



LSD

- In 2007, British pharmacologist David Nutt published a harm-ranking scale in *The Lancet*, where he argued that psychedelic drugs were much less harmful than the regulated substances of nicotine and alcohol. David Nutt, Lancet 2007;369:1047–53

Taking Psychedelics Seriously J Palliat Med. 2018 Apr 1; 21(4): 417–421

"Given the prevalence of persistent suffering and growing acceptance of physician-hastened death as a medical response, it is time to revisit the legitimate therapeutic use of psychedelics."

Ira Byock MD, FAAHPM

Narrative Medicine
A Model for Empathy, Reflection, Profession, and Trust

"Through systematic and rigorous training in such narrative skills as close reading, reflective writing, and authentic discourse with patients, physicians and medical students can improve their care of individual patients, commitment to their own health and fulfillment, care of their colleagues, and continued fidelity to medicine's ideals."

Columbia University Medical Center
Program in Narrative Medicine

Narrative Medicine Rounds » October Narrative Medicine Rounds with Nina Kraus – "Music and the Brain: How Our Lives in Sound Shape Who We Are"

Narrative Medicine Rounds:
Take Two Cartoons and Call Me In The Morning

SPEAKERS
Bob Mankoff, Cartoon Editor, Esquire

Benjamin Schwartz, BA., M.D., faculty,
Columbia University Medical Center

Weds, Sept 18, 5pm - 7pm
Faculty Club of Columbia University Medical Center
Physicians & Surgeons Building,
630 W. 168th St., 4th fl

COLUMBIA UNIVERSITY
School of Professional Studies

bioRxiv preprint first posted online Apr. 23, 2019

Effects of compassion training on brain responses to suffering others

Yoni K. Ashar1, Jessica R. Andrews-Hanna2, Jean Hallac3, Sona Dimidjian1, Tor D. Wager1
1University of Colorado, Boulder, Department of Psychology and Neuroscience, Boulder, Colorado, USA.
2University of Arizona, Department of Psychology, Tucson, Arizona, USA.
3Upaya Institute and Zen Center, Santa Fe, New Mexico, USA.

"Results support the specific efficacy of CM (compassion mediation) beyond effects of expectancy, demand characteristics, and increased familiarity with suffering others, and implicate affective and motivational pathways as brain mechanisms of CM."

WILMA BULKIN-SIEGEL MD



WBSIEGEL

MONTEFIORE EINSTEIN PALLIATIVE CARE DIVISION

90 Year Old Woman Decorates Village By Hand-Painting Walls With Gorgeous Flowers

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William Utermohlen 1933-2007

A brief bedside visual art intervention decreases anxiety and improves pain and mood in patients with hematologic malignancies

Total of 21 patients (19 women and two men) participated. A significant improvement in positive mood and pain scores ($p = .003$ and $p = .017$ respectively) as well as a decrease in negative mood and anxiety ($p = .016$ and $p = .001$ respectively) was observed. Patients perceived BVAI as overall positive (95%) and wished to participate in future art-based interventions (85%). This accessible experience, provided by artists within the community, may be considered as an adjunct to conventional treatments in patients with cancer-related mood symptoms and pain, and future studies with balanced gender participation may support the generalisability of these findings.

Dance for Parkinson's Disease

- Ivan Bodis-Wollner, MD, DSc
- Departments of Neurology and Ophthalmology
  Director, Parkinson's Disease and Related Disorders Clinic, Center of Excellence

- DANCE ON CORTEX ERPS AND PHASE SYNCHRONY IN DANCERS AND MUSICIANS DURING A CONTEMPORARY DANCE PIECE Henna Poikonen U Finland Helsinki 2018

ADTA

Dance for Parkinson's Disease

Can the Arts Help Critical-Care Health Professionals Cope?

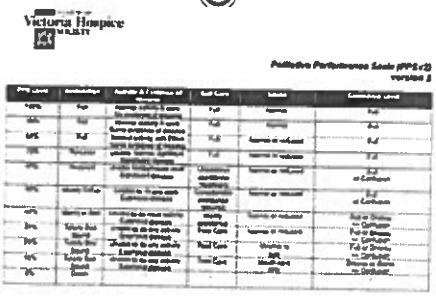
5280 Denver's Mile High Magazine

- **The Ponzio Creative Arts Therapy Program-** Creative arts therapy uses the arts to help children express, create and heal in an open and supportive environment. Art, music, dance, movement and yoga become tools for communication, emotional release and, ultimately, healing.
- A new federally funded research lab at the University of Colorado Anschutz Medical Campus is looking into how creative arts therapies could strengthen resilience in critical-care health professionals.

Oliver Sacks: The Healing Power of Gardens

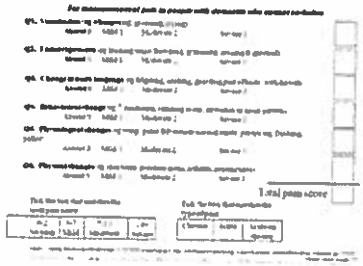
"Even for people who are deeply disabled neurologically, nature can be more powerful than any medication."

PALLIATIVE PERFORMANCE SCALE



ABBEY PAIN SCALE

Abbey Pain Scale



FICA spiritual assessment tool

Category	Sample questions
F: Faith and belief	Do you have spiritual beliefs that help you cope with stress?
	If the patient responds "no," consider asking: what gives your life meaning?
I: Importance	Have your beliefs influenced how you take care of yourself in this illness?
C: Community	Are you part of a spiritual or religious community?
	Is this of support to you, and how?
A: Address in care	How would you like me to address these issues in your health care?

SPIRITUALITY

- First multidisciplinary, international professional membership association for spiritual care providers that establishes evidence-based quality indicators, scope of practice, and a knowledge base for spiritual care.
- Online Degree Programs
  - Ministry and Chaplaincy
  - Multi-faith Studies
  - Spiritual Care
  - Religious Education
  - Spiritual Direction

Comprehensive Care of the Imminently Dying Patient

- 70% die in health related institutions
- 70% would prefer to die at home
- 25% die at home
- 70% die from one or more chronic illness
- Average US life expectancy in 2018 was (80,84) years
- The oldest old (>85) is the most rapidly growing population

Signs of Impending Death

- Profound weakness
- Taking to bed
- Sleeping a lot
- Disinterest in eating and drinking
- Difficulty swallowing
- Confusion
- Urinary incontinence and/or retention

Signs of Impending Death

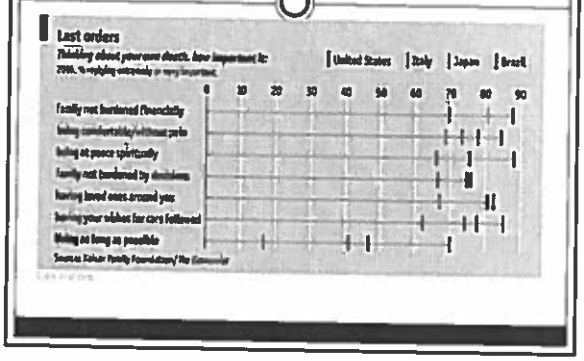
- Hallucinations
- Diminished urine output
- References to returning home
- Noisy respirations and changes in rate and rhythm
- Cool, mottled skin
- Falling blood pressure

Components of a Good Death 16 May 2000 · Annals of Internal Medicine · 132 · 10

- Pain and symptom management
- Clear decision making
- Preparation for death
- Completion
- Contributing to others
- Affirmation of the whole person

Last wishes

What people most want in their final months



Other Aspects

- Daily Grooming
- Mouth Care
- Indwelling Catheters
- Odors
- Wounds and Ostomies
- Implanted Defibrillators

At the Moment of Death

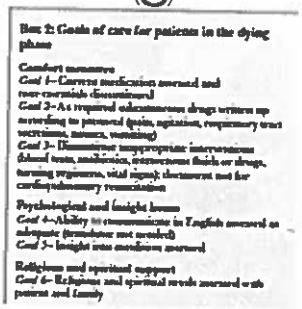
- Calls
- Reflect
- Thank Staff
- Bereavement
- Funeral attendance
- Self care

Other Aspects

- Funeral attendance
- Bereavement
- Self care
- Economics

Care of the dying patient: the last hours or days of life

BMJ (326) 4 JAN 2003



Box 2: Goals of care for patients in the dying phase

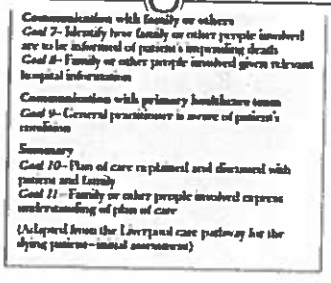
Comfort measures
Goal 1—Current medications assessed and non-essentials discontinued
Goal 2—As required subcutaneous drugs written up according to presumed pain, agitation, respiratory tract secretions, nausea, vomiting)
Goal 3—Discontinue inappropriate interventions (blood tests, antibiotics, intravenous fluids or drugs, nursing regimens, vital signs) documented not for cardiopulmonary resuscitation

Psychological and insight issues
Goal 4—Ability to communicate in English assessed as adequate (translator not needed)
Goal 5—Insight into conditions assessed

Religious and spiritual support
Goal 6—Religious and spiritual needs assessed with patient and family

Care of the dying patient: the last hours or days of life

BMJ (326) 4 JAN 2003



Communication with family or others
Goal 7—Identify how family or other people involved are to be informed of patient's impending death
Goal 8—Family or other people involved given relevant hospital information

Communication with primary healthcare team
Goal 9—General practitioner is aware of patient's condition

Summary
Goal 10—Plan of care explained and discussed with patient and family
Goal 11—Family or other people involved express understanding of plan of care

(Adapted from the Liverpool care pathway for the dying patient—initial assessment)

Managing co-morbidities in patients at the end of life BMJ 329 16 OCTOBER 2004

Summary points

- Managing comorbid conditions in patients with life limiting illness requires active review to balance the problem of diminishing benefits with increasing side effects
- Weight loss and other systemic changes reduce the need for many long term drugs or alter their metabolism
- Some long term drugs should be continued until death while others should be ceased as systemic changes occur
- Data on number needed to treat can be used to inform decisions about stopping long term treatments
- As prognosis worsens for a given condition, number needed to treat increases

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J Pain Symptom Manage. 2005 Jun;29(6):529-43

Improving end-of-life care: development and pilot-test of a clinical pathway.

Bookbinder M, Blank AE, Arney E, Wollner D, Lesage P, McHugh M, Indelicato RA, Harding S, Barenboim A, Mirozyev T, Portenoy

The Palliative Care for Advanced Disease (PCAD) pathway was developed by an interdisciplinary team and includes a clinical pathway, a daily flowsheet, and a physician order sheet with standard orders for symptom control.

Pioneer Programs in Palliative Care: Nine Case Studies 2000

Balm of Gilead Center, Cooper Green Hospital
F Amos Bailey
Palliative Care Program, Beth Israel Deaconess Medical Center/CareGroup
Lachlan Forrow
The Harry R. Horvitz Center for Palliative Medicine, The Cleveland Clinic Foundation
Declan Walsh
Massachusetts General Hospital Palliative Care Service
J. Andrew Billings
Palliative Care Program, Medical College of Virginia Campus of Virginia Commonwealth University
Laurel J. Lyckholm, Patrick Coyne, and Thomas J. Smith
Pain and Palliative Care Service, Memorial Sloan-Kettering Cancer Center
Richard Payne and Kathleen M. Foley
The Lillian and Benjamin Hertzberg Palliative Care Institute, Mount Sinai School of Medicine
Diane E. Meier, Jane Morris, and R. Sean Morrison
Palliative Care and Home Hospice Program, Northwestern Memorial Hospital
Charles F. von Gunten
Comprehensive Palliative Care Service, University of Pittsburgh–UPMC
Robert Arnold

capc

"We provide essential tools, training, technical assistance, and connection for all clinicians caring for people with a serious illness."

capc

A New Foundation for State Palliative Care Policy Activity

- palliative care is a broadly-supported, bipartisan solution to improving care for people living with a serious illness.
- Palliative Care and Hospice Education and Training Act (PCHETA).
- favorable remarks from (HHS)
- the establishment of Palliative Care Advisory Councils

National Academy for State Health Policy

- 50-state environmental scan
- State Regulation of Palliative Care Services;
- State Reimbursement Strategies
- Advancing Public Awareness and Stakeholder Engagement

capc

Tipping Point CHALLENGE

- CAPC has launched the first *Tipping Point Challenge* whose goals are :
  - to increase the number of palliative care specialists maintaining the highest level of all specialist palliative care skills.
  - to increase the number of other specialties and disciplines enhancing their skills in communication, pain management, and symptom management.

NATIONAL Palliative Care RESEARCH CENTER

- The National Palliative Care Research Center (NPCRC) is committed to stimulating, developing, and funding research directed at improving care for seriously ill patients and their families.

- the NPCRC is providing a mechanism to:
  - Establish priorities for research
  - Develop a new generation of researchers
  - Coordinate and support studies focused on improving care for patients and families living with serious illness

NATIONAL Palliative Care RESEARCH CENTER

Brian Badgwell MD, MS
University of Texas, MD Anderson Cancer Center
SYMPTOM BURDEN IN PATIENTS WITH ADVANCED CANCER AND BOWEL OBSTRUCTION

Kathrin Milbury PhD
University of Texas, MD Anderson Cancer Center
COUPLE-BASED MEDITATION FOR LUNG CANCER PATIENTS AND PARTNERS

Shivani Ruparel PhD
University of Texas Health Science Center at San Antonio
CYP450 ENZYME INHIBITORS AS NOVEL PALLIATIVE CARE ANALGESICS IN ORAL CANCER

Ashwin Viswanathan MD
Baylor College of Medicine
MINIMALLY INVASIVE CORDOTOMY FOR REFRACTORY CANCER PAIN

aahpm

- AAHPM is the professional organization for physicians specializing in hospice and palliative medicine in the US whose activities focus on education, training, resources, networking, and advocacy.
- **core mission** is to expand access of patients and families to high-quality palliative care and advance the discipline of hospice and palliative medicine through professional education and training, development of a specialist workforce, support for clinical practice standards, research, and public policy.
- **core purpose** of the Academy is to improve the care of patients with life-threatening or serious conditions through the advancement of hospice and palliative medicine.

aahpm

Education

- Courses Annual Assembly and summer courses
- Study Resources: comprehensive education in a variety of formats offer MOC points.
- Publications: latest news and information about the Academy, the field of hospice and palliative medicine, the healthcare
- Quality Resources - quality initiatives, registries in HPM and Measuring What Matters
- HPMQ: video series critical questions in hospice and palliative medicine

Growth

- Scholarships: to access educational events and resources
- Fellowships: resources and support to fellowship to train the next generation of hospice and palliative medicine specialists
- Certification: encourages specialty certification and provide resources to maintain certification
- Research: supports critical research in the field.

EAPC

- EAPC lobbies and actively engages with EU policy-makers to advocate, anticipate and proactively shape EU health and research policies on palliative care issues.
- EAPC provides a forum throughout Europe and beyond.
  - 59 member associations.
  - individual members from 52 countries.
  - members are specialist and generalist clinicians in practice, education, policy and research.
  - speaks with 'one voice and one vision'.
  - advocates for the development of palliative care.

EAPC

EAPC 2019

16th World Congress of the European Association for Palliative Care

Global palliative care – shaping the future

21–25 May 2019 | Berlin, Germany

EAPC

EAPC volunteering charter

- Our Vision is universal access to high-quality palliative care, integrated into all levels of healthcare systems in a continuum of care with disease prevention, early diagnosis and treatment, to assure that any patient's or family caregiver's suffering is relieved to the greatest extent possible.
- Our Mission is to improve the quality of life of adults and children with life-threatening conditions and their families by:
  - Facilitating and supporting palliative care training at all levels of healthcare systems;
  - Providing guidance and technical assistance with palliative care policy, advocacy, clinical guidelines, and service implementation, including assistance to governments and non-governmental organizations;
  - Fostering palliative care research and evidence-based practice;
  - Facilitating collaboration between hospice and palliative care providers, organizations, institutions and individuals.

IAHPC Grants in Action

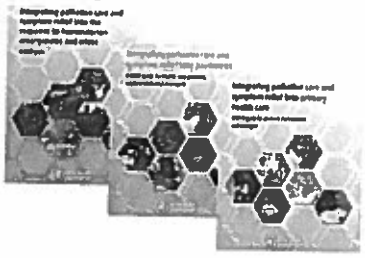
Expanding Hospice Care in Guatemala for the Youngest and and the Poorest

Myriam Rios, Founder and Director
Fundacion AMMAR Ayudando, Guatemala

A Flowering of Enthusiasm for the Effectiveness of PC in Haiti

Dr. Mike Gosey, Tennessee, USA

Integrating palliative care into health care: WHO guides for planners, implementers and managers



The Sick Child Gabriel Metsu (1629-1667)