Palliative care in Catalonia: advances and challenges

The Catalonian-Balearic Palliative Care Society endeavours to develop and promote palliative care in the Spanish autonomous regions of Catalonia and the Balearic Islands. With close links to the Catalonia WHO demonstration project for palliative care implementation, it has achieved a lot since its creation in 1989.

First steps

Palliative care in Catalonia formally began in 1985, when a home care programme for advanced cancer patients was established in Vic, near Barcelona, by a team led by Professor Xavier Gómez-Batiste. In 1989, a group of physicians from different medical specialties, nurses, social workers, psychologists and volunteers founded the Societat Catalano Balear de Cures Paliatives (SCBCP – Catalonian-Balear Palliative Care Society). From the beginning, the SCBCP was imbued with a genuine multidisciplinary spirit – in fact, anybody can become a member as long as they agree with its aims (see Box 1). The year 1989 also saw the launch, in Catalonia, of a publicly funded palliative care programme run by a multidisciplinary group of healthcare professionals, some trained in the UK. In 1990, this became a WHO pilot palliative care programme, under which the first palliative care teams were created in the region. Results from the...
WHO pilot programme implementation are available elsewhere.¹⁻³

In 1992, the SCBCP contributed to the founding of the Sociedad Española de Cuidados Paliativos (SECPAL – Spanish Palliative Care Society) and became a collective member of the European Association for Palliative Care (EAPC).¹ In 1994, it was accepted as a full member of the Catalonian Science and Health Academy, marking the recognition of palliative care among scientific societies.

The SCBCP currently has 358 members: 146 physicians, 161 nurses, 24 social workers, 16 psychologists and 11 from various other professions.

Committed to palliative care development

From its foundation, one of the most important lines of work of the SCBCP has been to influence scientifics, academics and politicians regarding palliative care development in Catalonia and the Balearic Islands, as well as in the rest of the Spain.

From a scientific point of view, its early co-operation with other scientific societies, such as the Catalan societies of oncology, pain, geriatrics and ethics, has been crucial, allowing it to share perspectives and strengthen links for the benefit of all, especially patients and families.

The SCBCP has published several guidelines – on palliative sedation, breakthrough pain, neuropathic pain, constipation and psychological assessment – which are available in Catalan, Spanish and English.⁵

In 1995, with the Catalonian Institute of Health Studies, the SCBCP created a palliative care competency test for physicians working in palliative care. A similar test is planned for nurses working in palliative care. A master’s programme in palliative care has been jointly run since 1991 by the University of Barcelona, the University of Vic and the Catalonian Institute of Oncology. Recently, a master’s programme on ‘comprehensive palliative care for people with advanced disease’ has been set up by the Autonomous University of Barcelona.

The SCBCP, particularly through Professor Xavier Gómez-Batiste and Maruja Fontanals in their roles as Director and Co-director of the Catalonian Palliative Care Programme, has had a huge public and political impact. Examples of its influence on legislation are the recognition in 2002, by the Catalonian Parliament, of palliative care as a reimbursable public health service⁶ and, more importantly, the recognition in 2006 of the right of all Catalonian citizens to receive palliative care at the end of life.⁷

Challenges and opportunities

Service provision

Today, Catalonia has a well developed palliative care network, with an estimated coverage of 80% for cancer patients and approximately 50% for patients with advanced chronic disease. This network is served by palliative care teams in acute hospitals (university hospitals and district hospitals), long-stay centres, nursing homes and home care. A recent survey identified 234 palliative care services in Catalonia: 71 home care teams, 49 hospital support teams, 33 palliative care units, 43 outpatient clinics, 27 medium-stay polyvalent units and 11 further services.⁸ In the Balearic Islands, there are three hospital support teams and three home care teams.
The main challenges for these teams are the lack of appropriate staff to face the expected rise in demand from non-cancer patients, and the tendency of the healthcare system to focus on physical aspects of treatment to the detriment of social, psychological and spiritual dimensions.

The Catalonian Health Ministry has recently started a programme to identify and provide care to chronically ill patients (mainly non-cancer) who have palliative care needs. This is a huge multidimensional and multidisciplinary project that links all levels of healthcare, from primary care to acute hospitals.8,10

**Awareness and recognition**

Two examples of the importance of palliative care in Catalan civil society are: the funding of 30 psychosocial support teams, five in Catalonia itself and 25 in other regions of Spain, by the Foundation La Caixa (a Catalonian saving bank), in co-operation with the WHO Collaborating Centre for Public Health Palliative Care Programmes,11 and the sponsorship by funeral director Àltima, in co-operation with the Catalan Institute of Oncology, of a chair in palliative care at the International University of Catalonia.12

A major issue is the fact that palliative care is not recognised as a specialist clinical activity, a specialty or subspecialty by the Spanish Medical Specialties Board. Catalan and Spanish citizens have the right to receive palliative care, but no guarantee that those who will be caring for them will have undergone specific training in palliative care and will have had their competences evaluated.

**Education and research**

Since 1992, the SCBCP has held a biennial congress that has attracted an average of 300 delegates. Regular quarterly meetings are organised, some concurrently with other Catalan scientific societies.

Palliative care features in the undergraduate medical curricula of three out of six Catalonian universities (Autonomous University of Barcelona, University of Lleida and International University of Catalonia), so there is plenty of room for improvement in this area. Palliative care is taught in the vast majority of schools for nurses and social workers, although not as a separate subject.

There are two palliative care chairs, one since 1992 at the University of Vic,13 the other since 1993 at the International University of Catalonia. This provides a great opportunity to consolidate an important cluster of, and platform for, palliative care research and education in southern Europe.

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**The future**

We are pleased and proud of what has been achieved in the last 20 years; however, the SCBCP still faces massive challenges in the promotion of palliative care for the present and future generations. These challenges run broadly along three main lines:

- Increase palliative care service provision, both in the cancer and non-cancer patient population, through co-operation with all scientific societies and public or private institutions involved.
- Increase awareness of the need to recognise palliative care as a specialist area of care, influencing the decision-makers responsible for that recognition.
- Promote palliative care education for all healthcare professionals and allied health professionals, as well as for society as a whole, including politicians and decision-makers.

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**References**

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