Palliative care in Denmark: two decades of rapid improvement … and still some way to go

Since the 1990s, Denmark has made laudable progress in palliative care service provision and has become an important platform for palliative care research and education. Some areas still need improving though, such as palliative care for children and non-cancer patients

The first hospices and palliative home care teams were established in Denmark in the 1990s, which also saw the creation of the palliative medicine department and research unit at Bispebjerg Hospital in Copenhagen. Dansk Selskab for Palliativ Medicin (DSPaM), the Danish Association for Palliative Medicine, whose members are physicians with an interest in palliative medicine, was established in 2001 and currently has 152 members. Denmark's third national cancer plan, published in 2010, has focused on, and allocated more resources to, palliative care. However, despite these advances – and Denmark's reputation as a socially progressive state – the development of palliative care has been relatively slow in the country. Denmark spends a greater percentage of its gross domestic product on healthcare than any other in Europe, but it devotes comparatively fewer resources to palliative care. Denmark has 18 hospices, 28 palliative home care teams and nine hospital palliative medicine departments for a total population of 5,614,000 people. Between 50,000 and 55,000 people die each year, cancer being the most common cause of death. Approximately 50% of them die in hospital, 25% in nursing homes and 20% at home. A relatively minor number die in a hospice. The preferred place of care and death of most terminally ill patients is the home. Social factors and the availability of professional support may influence whether their preferences are met.

Training specialists

In 2003, the urgent need for doctors educated and trained in palliative medicine resulted in the establishment of the Nordic Specialist Course in Palliative Medicine (NSCPM). This is a joint venture between palliative medicine associations in north-European countries. The NSCPM is a theoretical specialist training course comprising six five-day modules over two years. The first course started in 2003 and the seventh will start in September 2015. So far, 37 Danish doctors have received the NSCPM diploma in palliative medicine.

Written in 2003, the Danish Curriculum in Palliative Medicine, which is mainly a translation of the curriculum of the Association for Palliative Medicine of Great-Britain and Ireland, was revised in 2013. That same year, palliative medicine was recognised as a 'field of competence' by the national organisation representing all medical associations in Denmark. DSPaM is responsible for defining the theoretical and clinical training required for clinicians to obtain the 'field of competence specialist in palliative medicine' certificate. Since 2013, the criteria are:

- To have received full training in a relevant specialty; for example, oncology, anaesthesiology, general practice, internal medicine, and so on
- To have successfully undertaken the NSCPM or a similar theoretical course in palliative medicine
- To have at least two years of clinical work in specialist palliative care, as defined by the DSPaM
To have at least one year experience of working with a consultant colleague, and one year experience of working in inpatient care.

In 2014, the first year when doctors could apply for certification, 39 practitioners asked to have their competences recognised; 24 were certified, two received conditional certification because of insufficient clinical training, and 13 were rejected.

The possibility to apply for the ‘field of competence specialist in palliative medicine’ certificate will continue until we have defined a training programme and determined which specialist palliative care units can deliver it. In future, we hope to be able to offer clinical training positions in palliative medicine and a formal training programme for the clinical part of the education.

**Co-ordinating palliative care**

In 2009, the Danish Multidisciplinary Cancer Group for Palliative Care (DMCG-PAL) and the Danish Palliative Care Database (DPD) were created.

The Danish Multidisciplinary Cancer Groups (DMCGs) form an internationally unique organisation covering the entire cancer field in Denmark and consisting of more than 20 diagnosis-specific subgroups. The DMCG-PAL is the only group that is not based on a particular cancer diagnosis, and it includes both cancer and non-cancer patients.

The DMCG-PAL serves as a national framework for co-ordinating palliative care in Denmark. As such, it is endorsed and financially supported by the health authorities. Scientific associations, professional bodies and user organisations are represented. Its first task was to initiate and co-ordinate the development of national clinical guidelines, which is ongoing. One of the next tasks is the development of programmes for educating professionals working in palliative care at all levels and in all professions (nurses, doctors, social workers, psychologists, physiotherapists, and so on).

The DPD is a national quality of care and research database for specialist palliative care. All patients referred to specialist palliative care are registered on this database and their care is evaluated according to nine quality indicators. For example, indicator number eight is the proportion of patients who have completed the EORTC-QLQ-C15-PAL questionnaire upon admission to specialist palliative care; at least 50% of referred patients must have completed this symptom assessment and screening tool – the main reason why patients might not have completed the questionnaire being a lack of sufficient cognitive ability to do so.

**Research collaborations**

In 2012, two palliative medicine chairs were established at the University of Copenhagen; they are currently occupied by Professor Mogens Grønvold and Professor Per Sjøgren. The chairs’ groups have provided a great opportunity to consolidate an important cluster of, and platform for, palliative care research and education in Denmark.

Research groups in the major cities of Copenhagen and Aarhus work closely with international research groups, among others the European Association for Palliative Care Research Network (EAPC RN). Apart from taking part in international multicentre projects, they also collaborate with each other. In recent years, large randomised controlled trials addressing early intervention (The DanPaCT trial) and fast-track transition from hospital to home (The DOMUS trial) in patients with cancer have been conducted.

Furthermore, the Danish palliative care research groups carry out a broad range of clinical, basic, epidemiological and healthcare research projects.

A Danish centre of knowledge in palliative care was established in 2009, and its leader, Helle Timm, has since been made a professor in research-based documentation of rehabilitation and palliative care at the University of Southern Denmark.

**Hopes and aims for the future**

We have come a long way, but we still have a long way to go. New perspectives are continuously appearing on the horizon. The vast majority of patients receiving specialist palliative care in Denmark are cancer patients. In 2013, only 4% of patients referred to specialist palliative
care had a non-malignant disease. Palliative care should be for all patients who need it, regardless of diagnosis. Another aim is that palliative care should become an integral part of the Danish healthcare system.

Palliative care has rapidly improved during the last two decades in Denmark, except for children. The awareness that there are children with life-threatening diseases and palliative care needs ranges between vague and non-existent. A lot more needs to be done in that area.

As in many other countries, there has been a debate in Denmark around euthanasia and physician-assisted suicide, increasingly covered by the media. There is substantial pressure on politicians to change current legislation. The DSPaM as an organisation is opposed to depenalisation and its board members actively take part in the debate. We hope that Danish politicians will continue to refrain from depenalising euthanasia and physician-assisted suicide.

In order to achieve these various hopes and aims, we need to focus both on policy and on education. Palliative medicine was recognised as a field of competence in 2013. The next step might be its approval as a medical specialty. Medical undergraduate education is based almost exclusively on specialties. If palliative medicine was a recognised medical specialty, this would benefit all professionals working in palliative care and, at the end of the day, patients and their families.

References
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