A new national plan for palliative care raises high hopes in France

In France, the big talk in palliative care at the moment is the national plan 2015–18, the details of which were announced in December 2015 by the French health minister Marisol Touraine.1 This palliative care plan will affect the whole of society, be it French citizens, palliative and non-palliative healthcare professionals, other professionals working in palliative care, informal carers, volunteers, education providers and health authorities. It could even help to bring about a shift in the way we view and deal with life-threatening illness and the end of life.

The government is injecting €190 million into this ambitious plan, which focuses on four areas:

- informing patients of their rights and ensuring person-centred care and decision-making
- developing palliative care in the community, including in settings for the elderly or for people with physical or learning disabilities. It is the first time palliative care in the community is flagged up as a priority in a national strategy in France
- addressing the disparities of access to palliative care services between different regions in France (see Figures 1 and 2), as intended by laws passed in 1999 and 2005.2,3 Progress has been made but more work needs to be done. A new law enhancing patients’ rights will have been made public by the time this is published
- improving healthcare professionals’ palliative care skills through education and clinical placements, and supporting research in palliative care.

Despite a few glaring absences, the national plan for palliative care recently announced in France is good news, says the French Palliative Care Society. It means more funding and enhanced services, better training for professionals and better access to care for patients.

A national centre for palliative care and the end of life

The plan also sees the merging of two existing institutions, the Centre National de Resources Soin Palliatif (national palliative care resources centre) and the Observatoire National de la Fin de Vie (national observatory on the end of life), in order to create a national centre for palliative care and the end of life. Officially born on 5th January 2016, the Centre National des Soins Palliatifs et de la Fin de Vie will play a key role, both for those who need palliative and end-of-life care and those involved in delivering such care. It will centralise surveys and studies in palliative care – a first in France – giving us a much clearer view of what research is being conducted and what areas are being neglected.

The new centre will also conduct a long-overdue national campaign to inform French citizens of their rights, especially around advance directives (directives anticipées) and the appointment of a representative (personne de confiance) in the event that people are no longer able to express their wishes themselves.

How this is explained to the public and implemented will be closely watched by the Société Française d’Accompagnement et de Soins Palliatifs (SFAP) – the French Palliative Care Society. The SFAP will advocate what it thinks advance directives should be; that is, having timely discussions with patients and families about what is important to them, what they want, what they do not want – in

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other words, creating ‘life projects’ (projets de vie); recording these conversations and making their outcomes available to all professionals involved in the person’s care, currently and in the future; and not letting the advance directives or the appointment of a personne de confiance become a mere check-list exercise. To get a sense of what really matters to patients and families, we need to listen to them intensely – and as we all know listening is an art and valuable skill that needs to be refined by all healthcare professionals.⁴

**Palliative care in the community**

Announced as a priority and backed up by various measures, the development of palliative care in the community is good news. The health minister says the system needs to be modernised; this will entail developing the palliative care skills of primary carers and establishing more effective co-ordination between professionals working in institutions and in the community.

The national plan pays particular attention to ‘hospital at home’ structures (hospitalisation à domicile). Professionals will be trained and partnerships with other professionals will be encouraged. France currently has palliative care resource teams (réseaux de soins palliats) that have a co-ordination and training role; they visit patients at home, working with GPs, community nurses, volunteers and healthcare assistants. New regional platforms of expertise will be created in which these existing resource teams will play a major role. Nursing and care services in the community will be asked to collaborate more closely with ‘hospital at home’ and palliative care resource teams. These various teams and structures will be expected to work in partnership with hospitals, in particular to anticipate and plan patient discharges, so as to prevent unnecessary hospital admissions and visits to the emergency department.

There will be a focus on bringing palliative care out of hospitals and into the community, allowing more people to be cared for at home, and to die at home if that is their wish. In France, the majority of deaths occur in hospitals and palliative care units (unités de soins palliats), but most people say they want to die at home.⁵

The new national plan devotes more support and funding to formal and informal carers. Different models of volunteer involvement will be looked at – an opportunity to maximise the great job done by volunteers. The plan talks about multidisciplinarity, but it does not specifically mention social workers. Without them, palliative care service provision in the community would be limited, so they do need more recognition and support.

All medicalised residential homes will have a duty to employ qualified nurses on night shifts – which many of them do not at the moment – to ensure continuity of care.

**Improving access to care**

Thirty additional mobile palliative care teams in hospitals (équipes mobiles de soins palliats) will be created – currently there are 414 across the country, 18 of which are paediatric teams (see Figure 1). They have a teaching role as well as a clinical one, and often offer pain services as well. The health minister also announced that, from 2016 onwards, six new palliative care units will open in regions where they are particularly needed (see Figure 2).

More funding will be available for palliative care beds in hospitals, both in terms of their numbers and the means allocated to care for patients; however, we need to look more closely at these ‘identified palliative care beds’ (lits identifiés de soins palliats); are they always occupied by palliative care patients? Are they adequately staffed?

Not only does the health minister want all patients with life-limiting illness, regardless of diagnosis, to have equitable access to palliative and
end-of-life care, but she also wants them to access that care earlier in their disease trajectories. All too often patients are seen by palliative care teams at a late stage. The national plan asks regional health authorities to put strategies in place to prevent this. The SFAP fully supports the early referral of patients to palliative care teams.

Training and research
How do we ensure that those who are going to fill all these new palliative care jobs have adequate skills and competences? The national plan includes an ambitious strategy to develop and improve palliative care training, both practical and theoretical, for all health professionals, including in their initial training. A palliative care culture is to be disseminated. To aid this process, it has been recommended that academic programmes linked to epistemology within human sciences are created. This will, in turn, facilitate research, which has made progress in recent years but still needs to improve in quality and relevance. The national plan mentions means to encourage work in this field, mainly for doctors. Money will be made available to encourage newly qualified doctors to engage in specialised training and research in palliative care.

Remaining challenges
This is an impressive plan, but it is not without gaps. For example, there is no mention of bereavement support or spiritual care. Another crucial question that remains unanswered is the role of nurses. Their absence in the national plan is glaring, which reflects an old and ongoing issue. France has many brilliant and devoted doctors in key positions to improve palliative care; however, more specific measures are needed to visibly put nurses by their side and visibly involve these nurses in advocacy and decision-making. Nurses should be allowed to have a stronger presence, which would undoubtedly help strengthen the driving force for change in France. It is almost as if the national plan is missing a fifth focal point, which would be to clarify the role of the other professionals besides doctors. Nurse consultant roles need to be created. Nurses, psychologists and social workers need to be given a real place in advocacy and genuine multidisciplinary policymaking. For now we remain optimistic and prefer to believe that these gaps are mere oversights that will be rectified in the very near future.

Improving co-ordination and communication between professionals (traditionally not one of our strong points in France) will pose major challenges. It will be interesting to see whether the allocated €190 million will be sufficient to fund the 14 measures and 40 actions announced as part of the plan. A monitoring committee, headed by a former SFAP president, Vincent Morel, has been put in place.

Finally, France is going to need strong leadership, not only to address the remaining issues, but also to keep the momentum going and make the needed shift in our approach to palliative care happen.

References

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