

Report - 8th Congress of the EAPC - The Hague, The Netherlands, 2-5 April 2003

Introduction

All the EAPC conferences have contributed to a further development of palliative care throughout Europe presenting ongoing and previous work in the field and providing a meeting place for health and social care professionals, academics and volunteers from different settings in many countries. On the occasion of the 8th EAPC Congress The Netherlands itself has served as an example of this impetus in a country which has seen a remarkable development in palliative care services over the past ten years. The participants have been given the opportunity to acquaint themselves directly with a number of these developments through "on site" visits

Over the years the movement of palliative care in Europe has gained considerable momentum and has become increasingly evidence-based – through deepening clinical experience, audit and quality assurance, basic and applied research, and systematic reviews.

The Scientific Committee has decided to focus attention on topics covering the whole scope of palliative care. Outstanding speakers and experts in their field have been invited to address these topics. In smaller parallel sessions there has been time to discuss these and other issues in more detail. Special attention has been given to the issue of "palliative care and older people" – reflecting the consequences and demands of an aging population on palliative care services.

During previous meetings of the EAPC the direct and personal communication with colleagues in the field has been often mentioned as being of the greatest importance. Consequently, we wanted explicitly to enhance this development by creating a proper setting for the exchange of information and inspiration. The Scientific Committee has regarded the opportunity to "meet and sit down with your colleagues" as one of the major underlying themes of the conference.

Scientific programme

The 8th EAPC Congress has been a great success and the scientific committee has received a very positive feedback from the participants who have stated that this congress was one of the best.

The success of the congress is mainly linked to the great attention that the scientific committee has given to the diversity of the audience attending the EAPC congresses. The programme has been organised in order to reach every category:

The Scientific Committee has decided to include nine Plenary Sessions, covering key aspects of palliative care and its development. Speakers of outstanding reputation have been invited, including health care professionals with extensive experience in palliative care and distinguished academics.

Each Plenary included two lectures, one of more biological nature and the other one of more existential/psychosocial nature.

The Plenary Speakers were given very clear recommendations on how to plan and perform their talks. In fact they were asked to take into account that the EAPC Congress audiences are diverse in character; they comprise individuals from many health care professions, from the social and human sciences, from public health and planning, and also volunteers; among this diverse group, knowledge and expertise also varies; international experts are present, as well as relative newcomers to the world of palliative care. Moreover the audience is very large and many listen to a language which is not their own. Therefore the Plenary Speakers were recommended that a successful lecture should take account of this diversity.

The Plenary Speakers were also asked to prepare a full text paper of their lecture that was published in the European Journal of Palliative Care.

The plenary sessions have included a lecture in memory of Virgilio Floriani and as recognition of the Floriani Foundation and its contribution to palliative care over the years, including its support for the foundation of the EAPC.

Each Plenary Session has been followed by a parallel session organised as a Discussion Panel, allowing both speaker and audience to discuss the topic in more detail. A Rapporteur has given a formal response to the plenary lecture and two independent specialists have then given their statements on the topic. Thereafter a general discussion has followed. At the end of the discussion panel session, the Plenary Speaker was invited to make some closing remarks. This initiative has brought extended opportunities for discussion into the congress and has been very well received by the audience.

Also the Rapporteurs were asked to prepare a full paper of their responses to the plenary lectures that were also published in the European Journal of Palliative Care.

please click to go to the page with the pdf files of the full texts of the plenary lectures and the responses

The Teaching Sessions were also a success and highly attended by the audience. They were split into teaching sessions at a basic and advanced level.

The purpose of the teaching sessions at a basic level was to give participants the opportunity to learn about key concepts in palliative care, to explore basic knowledge, skills and attitudes and to identify key issues in the literature. These sessions were mainly aimed at those with basic or limited experience in palliative care.

The purpose of the teaching sessions at advanced level was to introduce advanced aspects, controversies and developments, to critique the related current evidence base, to discuss advanced knowledge, skills and attitudes and to develop a critical understanding of the relevant literature. These sessions were mainly aimed at those working full-time in palliative care.

In specific time slots in the morning, Meet the Expert sessions were organised for participants to meet, in small groups, with professors and experts in palliative care from throughout Europe and from overseas.

The congress has offered the opportunity to the EAPC Collective Members to organise National meetings focused on initiatives and developments in their own countries. They have been held in the native language. This initiative has been tested out for the first time in the 8th EAPC Congress and considering the success that these sessions have met, the initiative will be repeated in the next congress to be held in Aachen in April 2005.

The abstracts received by the participants have been submitted to experts and professionals who have based their assessment on ratings of:

- * Relevance to palliative care
- * Clarity of presentation
- * Rigour of methodology
- * Originality

The highest rated abstracts have been selected for oral presentations and put into bulks, by topic, and included in specific Free Communication sessions.

Site visits

The Local Organising Committee has offered the congress members a unique chance to visit Dutch palliative care institutions and see Dutch palliative care in practice. The delegates were taken by bus to visit hospices, almost home houses, palliative care units in homes for the elderly, nursing homes and hospitals. The purpose of the Site Visits was:

To inform congress members about standards and developments in palliative terminal care in the Netherlands.

To offer a workshop on the spot about a special theme, offering the unique possibility to

exchange experiences between professionals informally. The chosen theme was: How much palliative care does a society need?

The site visits were organised with the support of the Ministry of Health Welfare and Sports.

Some interesting data

One-thousand-five-hundred-sixty-nine (1569) participants have attended the congress representing a large number of countries and continents: Albania, Argentina, Australia, Austria, Belgium, Bosnia, Bulgaria, Brazil, Canada, Croatia, Cyprus, Czech Republic, Ecuador, Estonia, Denmark, Finland, France, Germany, Greece, Hungary, Iceland, India, Ireland, Israel, Italy, Japan, Latvia, Lebanon, Luxembourg, Malaysia, Mexico, New Zealand, Nigeria, Norway, Pakistan, Poland, Portugal, Romania, Russia, Singapore, Slovak Republic, Slovenia, South Africa, South Korea, Spain, Sweden, Switzerland, Taiwan, The Netherlands, Tunisia, Uganda, UK, Ukraine, United Arab Emirates, USA

Ninety-eight Speakers have been invited to share with the participants their experience and knowledge acquired through their activity in their countries of origin: all western European countries plus USA, Israel, Russia, Uganda, Canada, Hungary.

The above data shows that the international reputation of the EAPC Congresses has reached far beyond Europe and that we are moving from a European congress to a World congress.

Five-hundred-and-thirty-one abstracts have been submitted. The abstracts have been assessed and selected by experts and professionals.

One-hundred-and-one abstracts have been selected for oral presentations (showing the high quality of the papers submitted) and included in specific free communication sessions.

Four-hundred-and-thirty have been selected for a poster presentation. Chosen reviewers have assessed the posters and the three best posters were awarded. The authors will receive a free registration to the 9th Congress of the European Association for Palliative Care that will be held in Aachen, Germany, on 6-10 April 2005.

Development of palliative care in the Netherlands

In the Netherlands, care of the terminally ill has attracted a great deal of attention in recent years, both among government bodies and institutions in the health care sector, as well as social organisations. During the nineteen-eighties the development of palliative care was initiated by social workers who became acquainted with the work of Dame Cicely Saunders. It led to the advent of a modest hospice movement in the Netherlands. During the nineteen-eighties and the beginning of the nineties the first almost-home-houses, independent hospices and specialised palliative care units in nursing homes opened their doors.

The establishment of these organisations created podiums for people who were disturbed by medical-technical domination in the care of terminally ill patients. A culture developed in which dying was not regarded as the ultimate failure of the health care sector, but as a normal phase of life. In 1996 the Dutch Network of Palliative Care for Terminally Ill Patients or "Netwerk Palliatieve Zorg voor Terminale Patiënten Nederland" NPTN, was set up by the pioneers referred to above. The objective of the NPTN is the stimulation and development of palliative care for terminally ill patients in the Netherlands.

Right from the outset the association also comprised a number of member organisations from the regular health care sector. This immediately created a podium for structural meetings between the hospice world and regular care. During the nineteen-nineties, the number of palliative care institutions rose rapidly. In recent years some thirty palliative care consultation teams have been set up to support general care givers.

At the moment there are about 20 independent hospices, 30 almost home houses, 3 children's hospices, 45 specialised palliative care units in nursing homes and 32 units at homes for the elderly. 2 hospitals have a specialised palliative care unit. A recent

development is the establishment of 50 to 60 regional networks for palliative care in the Netherlands. The state stimulates this regional network formation by making money available for appointing a network co-ordinator. In the ministry's vision the networks should establish links between the various places where people die, and they should also ensure that the care they offer is tailored to the requirements of patients and next of kind.