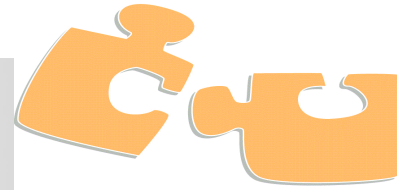




ФЕДЕРАЛЬНОЕ ГОСУДАРСТВЕННОЕ БЮДЖЕТНОЕ УЧРЕЖДЕНИЕ
ЦЕНТРАЛЬНЫЙ НИИ ОРГАНИЗАЦИИ И
ИНФОРМАТИЗАЦИИ ЗДРАВООХРАНЕНИЯ
МИНИСТЕРСТВА ЗДРАВООХРАНЕНИЯ РОССИЙСКОЙ ФЕДЕРАЦИИ



Northern Dimension
Partnership in Public Health
and Social Well-being
www.ndphs.org

Needs and Possibilities to include the topic Palliative care for work of NDPHS Expert Group on PHC

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Oslo, 15 May 2019

WHO definition

- Palliative Care is an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification , assessment and treatment of pain and other problems, physical, psychosocial and spiritual.



The rationale

- *Mrs S, 36 years old*
- *Mastectomy due to breast cancer 2 years ago + chemotherapy. Nine months later, she starts complaining of increasing pain in her back (lumbar areas) as well as shortness of breath, interfering with daily activities and sleep. She is depressed and anxious.*
- *Takes acetaminophen 1-2 tablets up to 4 times/d, little relief*
- *Works as a secretary. Her husband is anxious, and relationships have been difficult after her surgery. 2 children; 10 and 12.*
- *How would you treat her?*



The rationale(cont.)

Increasing palliative care needs

- **Ageing population:**
- By 2025: estimated 135 Mo >79 yrs old
- Increase in chronic degenerative disorders, disabilities, dementia, malignancies needing palliative care
- **Global cancer rates:** May increase by 50%; from 10 to 15 Mo new cases worldwide between 2000 and 2020:

The rationale (cont.)

Insufficient access to palliative care

- Too many patients die an undignified death with uncontrolled symptoms
- The development of palliative care through effective and low cost approaches represents a priority in order to respond to the urgent needs of the sick and improve their quality of life.



The rationale (cont.)

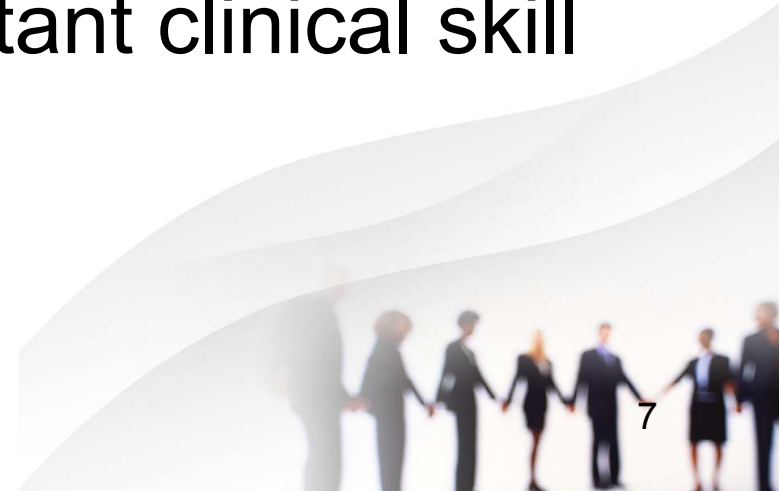
Palliative care is Multidisciplinary care = (total care)

- treatment of pain& other physical symptoms
- psychological problems
- social difficulties
- cultural factors
- spiritual concerns



The rationale to include PC to PHC EG plan of work (cont.)

- Transfer of best practice from a hospice setting to PHC and other care settings, including for non-cancer patients is a major challenge to improve care for dying patients
- Diagnosing dying is an important clinical skill

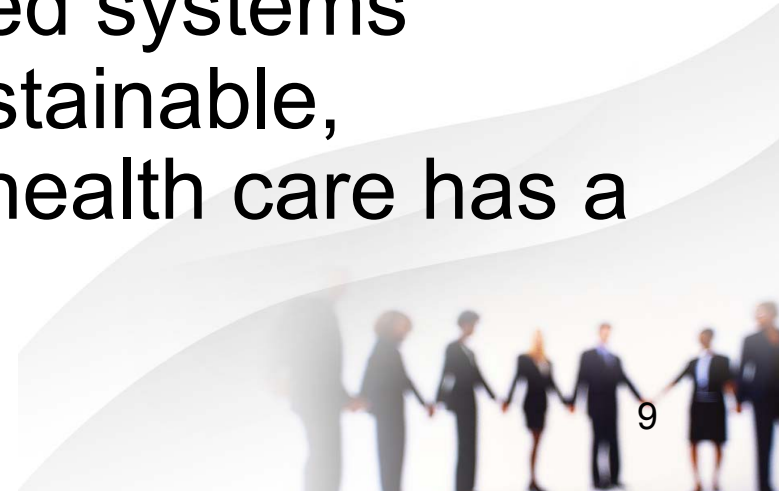


The rationale to include PC to PHC EG plan of work (cont.)

- Core education objectives related to the care of dying patients should be incorporated in the training of PHC team and related healthcare professionals
- Resources should be made available to enable patients to die with dignity in a setting of their choice (home, hospice, hospital)
- National indicators for care of the dying patient should be identified and monitored

The rationale to include PC to PHC EG plan of work (cont.)

- A survey of members of our expert group (PHC EG) early this year has showed the interest of countries in palliative care
- The root causes related with palliative care are multisectoral. An integrated systems approach is essential to a sustainable, effective response. Primary health care has a major role then to play!



Starting point

- ***Our survey in March this year has showed interest of the experts of PHC EG group in this topic***
- ***We have to review the situation with Palliative care in all countries of NDPHS***
- ***To identify the place of Palliative care within the existing frame of PHC team (with special focus to GP and general nurse)***

Next steps

- Importance of networks and partnerships
- Share knowledge and experience
- Look for Palliative care (PC) professionals and services in area of GPs responsibility , as well as regional/national/international associations and resources
- Aim at providing quality care and continuity of care
- Through creative and systematic efforts, collect informations and evaluate the most promising approaches in PHC area for pallitive care



Thank you for your attention

**Your suggestions/proposals very much
welcomed**

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