Welche Wege geht die Palliativmedizin international?

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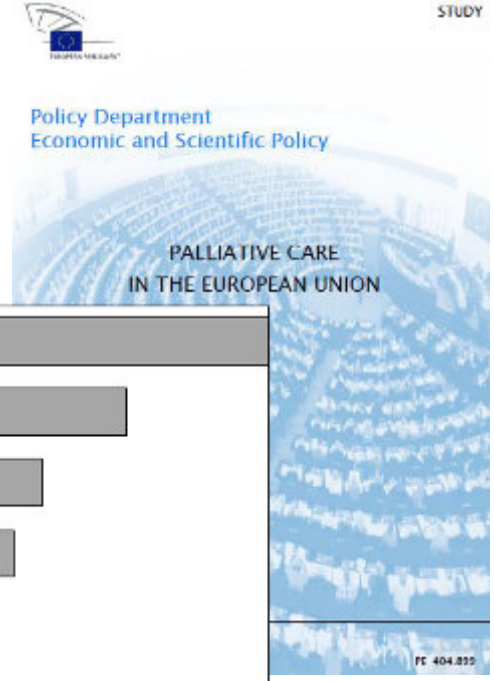
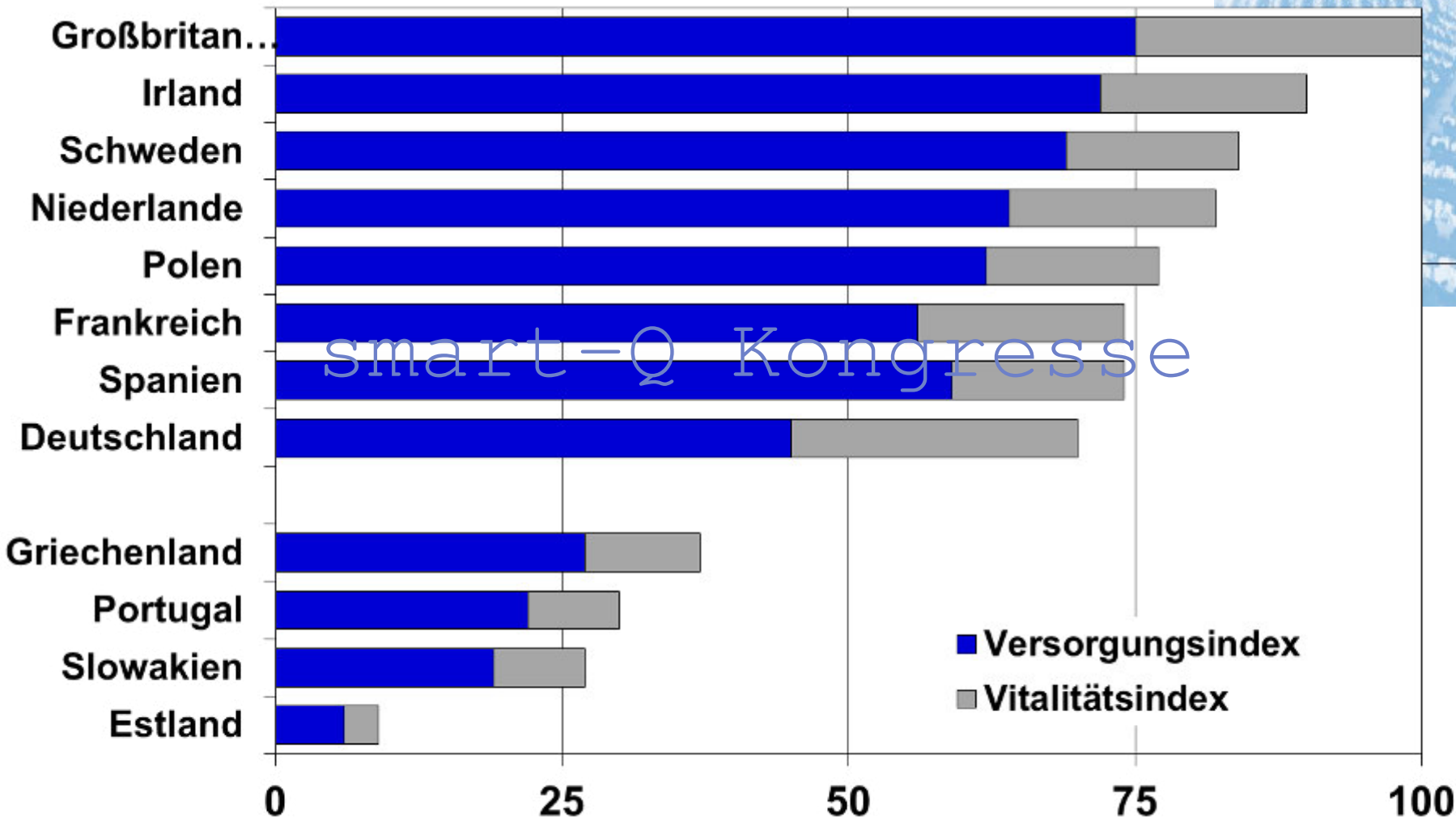
Europa Parlament
Moreno Report (2008)





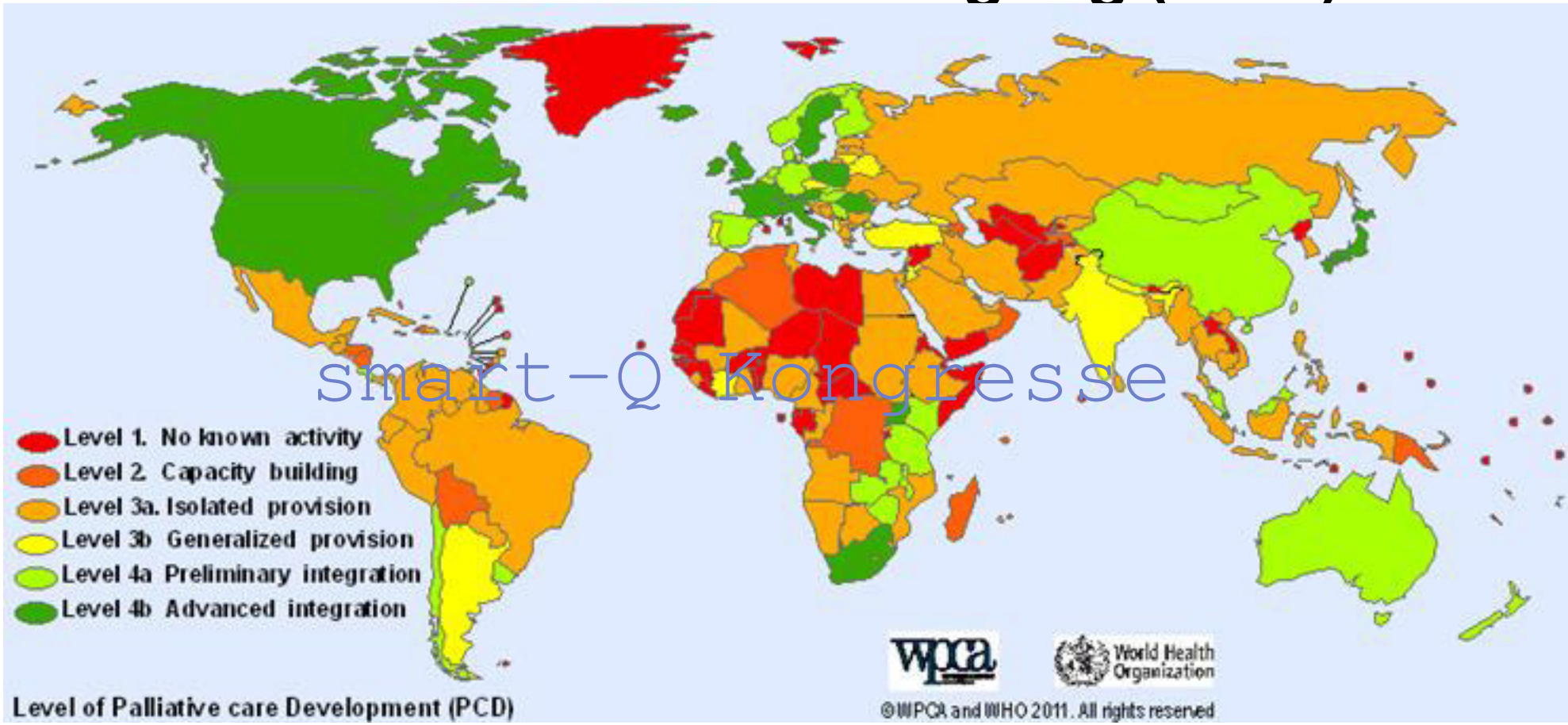
http://www.europarl.europa.eu/activities/committees/studies/download.do?file=21421

Quality of Death
Lien Foundation (2010)

1	UK	7.9
2	Australia	7.9
3	New Zealand	7.7
4	Ireland	6.8
5	Belgium	6.8
6	Austria	6.6
7	Netherlands	6.3
8	Germany	6.2
=9	Canada	6.2
=9	US	6.2
11	Hungary	6.1
12	France	6.1
13	Norway	6.0
14	Taiwan	6.0
15	Poland	6.0
16	Sweden	5.9
17	Luxembourg	5.7
18	Singapore	5.5
19	Switzerland	5.4
20	Hong Kong	5.3
21	Czech Republic	5.2
22	Denmark	5.1
23	Japan	4.7
24	Italy	4.4
25	Iceland	4.3
26	Spain	4.2
27	Slovakia	4.2
28	Finland	4.1
29	Greece	4.0
30	South Africa	3.8
31	Portugal	3.8
32	South Korea	3.7
33	Malaysia	3.7
34	Turkey	2.8
35	Russia	2.8
36	Mexico	2.7
37	China	2.3
38	Brazil	2.2
39	Uganda	2.1
40	India	1.9

http://www.lifebeforedeath.com/qualityofdeath/index.shtml

Palliativversorgung weltweit
WHO Atlas der Palliativversorgung (2013)



http://www.who.int/nmh/Global_Atlas_of_Palliative_Care.pdf

Indien: Tripavanthapurim

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Indien: Tripavanthapurim

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Afrika

Infektionskrankheiten: HIV/AIDS; Malaria, TB

HIV/AIDS

2011: 23,5 Mio Patienten in Subsahara, 1,8 Mio Neuerkrankungen

Tuberkulose

2010: 2,1 Mio Patienten in Subsahara, 283.000 Todesfälle

Krebserkrankungen

2008: 715.000 Neuerkrankungen, 542.000 Todesfälle

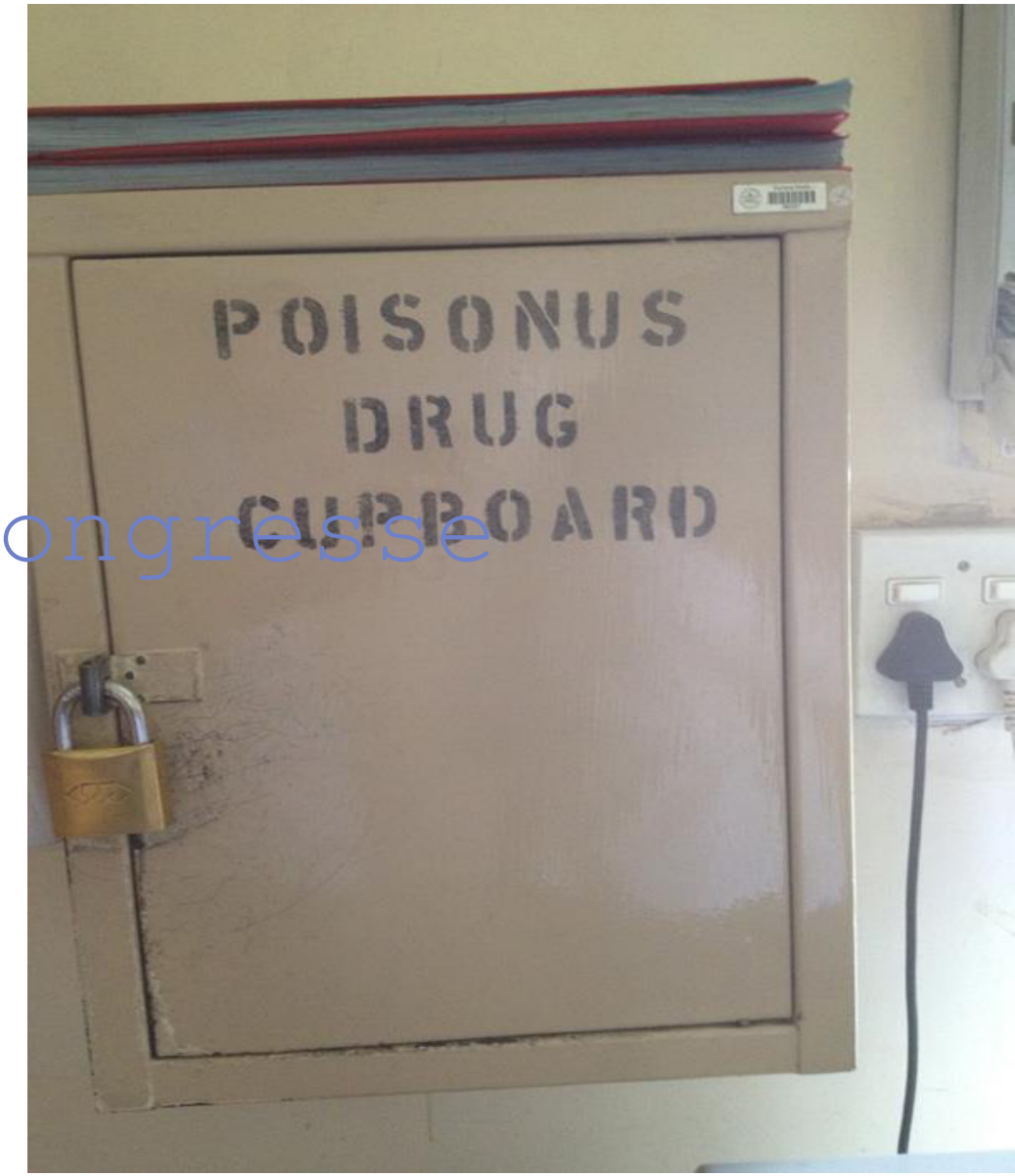
2030: 1.28 Mio Neuerkrankungen, 970.000 Todesfälle

36% Tumoren durch Infektionen:

Opioide Verfügbarkeit

	Actual Availability						
Country	**Codeine**	**MoIR**	**MoCR**	**MoINJ**	**OcIR**	**MethPO**	**FentTD**
Algeria							
Botswana							
Cote D'Ivoire							
Ethiopia							
Ghana							
Kenya							
Liberia							
Madagascar							
Malawi							
Mauiritius							
Morocco							
Mozambique							
Namibia							
Nigeria							
Rwanda							
Sierra Leone							
South Africa							
Sudan							
Swaziland							
Tanzania							
Tunisia							
Uganda							
Zimbabwe							

Chris Hani Baragwanath, Soweto Südafrika



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Universitätsklinikum Bonn
Malteser Krankenhaus Bonn/Rhein-Sieg

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Malteser Krankenhaus Bonn/Rhein-Sieg

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Universitätsklinikum Bonn
Malteser Krankenhaus Bonn/Rhein-Sieg

Hands on Care, Brikama, Gambia


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Hospice Africa Uganda, Kampala Uganda


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smart-Q Kongresse

Universitätsklinikum Bonn
Malteser Krankenhaus Bonn/Rhein-Sieg


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Was ist Palliativversorgung in Südafrika? Campbell, Amin: Rural Remote Health 12 (2012)

WHO Definition bezieht sich auf Diagnose und Prognose:

We are not sure who will die and who will live. Even if you are a nurse, with all your experience, you cannot say this one will die or this one will live.

White people must look after their dying as this is how they do it. But we must be available for whoever needs us – that is how we do it….
We use a work Ukumakekela which means to care for all the ill.

Was ist Palliativversorgung in Südafrika? Campbell, Amin: Rural Remote Health 12 (2012)

Mehr als Schmerztherapie

Even in peoples' homes you will find to use a certain paintings to show that we are mourning. After one month we have to slaughter a goat to cleanse the family…

Caring communities

Versorgung in der Gemeinde
Palliativversorgung durch Spezialisten
in der häuslichen Umgebung

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Versorgung durch die Gemeinde
Versorgung als Teil des Gemeindelebens
Nachbarn und Ehrenamtliche
in Kooperation mit Spezialisten

Community Modell
Kerala, Indien

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Empowerment der Gemeinde vor Ort
die bettlägerigen Patienten in ihrem Bereich versorgen

Entwicklung einer kostengünstigen Methode
für die Umsetzung der Palliativversorgung
in niedrigen / mittleren Settings

Kumar. JPSM 33 (2007) 623-7

St. Christopher Hospice, London

Kulturelle Unterschiede


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Ethnic Groups
Ireland

What would be considered the extended family in the settled community is the close family for Travellers…

Travellers believed that speaking openly about serious illness, such as cancer, would cause the patient to give up hope…

Travellers prefer hospital to hospice care, as hospital care represents hope…

Travellers do not consider death at home acceptable…

McQuillan R, Van Doorslaer O, Pall Med 21 (2007) 635-41

EAPC Task Force on Ethics

Palliative Medicine 2003; **17**: 97–101

Euthanasia and physician-assisted suicide: a view from an EAPC Ethics Task Force

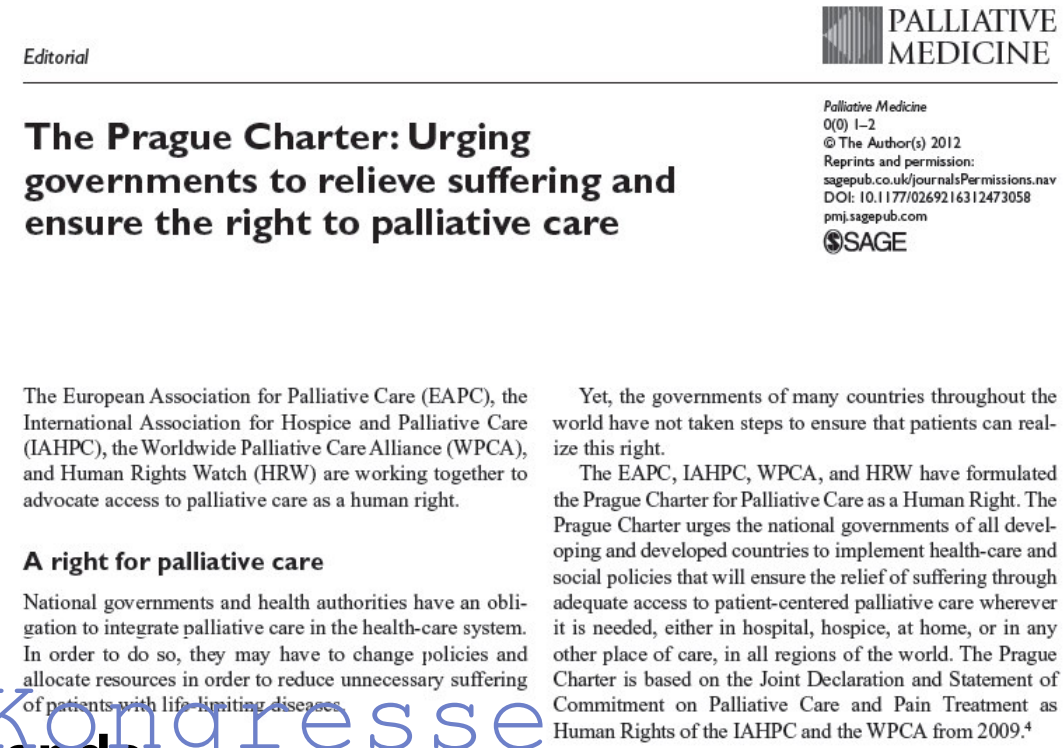
Lars Johan Materstvedt, David Clark, John Ellershaw, Reidun Førde, Anne-Marie Boeck Gravgaard, H Christof Müller-Busch, Josep Porta i Sales and **Charles-Henri Rapin**

The provision of euthanasia and physician-assisted suicide should not be part of the responsibility of palliative care.

`Terminal' or `palliative' sedation in those imminently dying must be distinguished from euthanasia.

Matersvejd et al., Pall Med 17 (2003) 97-101

Prague Charter
A Human Right



Editorial

PALLIATIVE MEDICINE

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pmj.sagepub.com
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The Prague Charter: Urging governments to relieve suffering and ensure the right to palliative care

The European Association for Palliative Care (EAPC), the International Association for Hospice and Palliative Care (IAHPC), the Worldwide Palliative Care Alliance (WPCA), and Human Rights Watch (HRW) are working together to advocate access to palliative care as a human right.

A right for palliative care

National governments and health authorities have an obligation to integrate palliative care in the health-care system. In order to do so, they may have to change policies and allocate resources in order to reduce unnecessary suffering of patients with life-limiting diseases.

Yet, the governments of many countries throughout the world have not taken steps to ensure that patients can realize this right.

The EAPC, IAHPC, WPCA, and HRW have formulated the Prague Charter for Palliative Care as a Human Right. The Prague Charter urges the national governments of all developing and developed countries to implement health-care and social policies that will ensure the relief of suffering through adequate access to patient-centered palliative care wherever it is needed, either in hospital, hospice, at home, or in any other place of care, in all regions of the world. The Prague Charter is based on the Joint Declaration and Statement of Commitment on Palliative Care and Pain Treatment as Human Rights of the IAHPC and the WPCA from 2009.[4]

Nationale Strategien
zur Versorgung am Lebensende

Zugang zu essentiellen Medikamenten

Palliativ-Aus- und Weiterbildung

Integration der Palliativversorgung
auf allen Ebenen des Gesundheitswesen

Die Geschichte von Vlad
Ukraine

27 Jahre, Medulloblastom,
Erstdiagnose vor 9 Jahren

Nur Morphin Ampullen
3x intramuskuläre Injektionen /Tag durch Krankenschwester

Opioide vorrätig und verteilt im zentralen Kreiskrankenhaus

Als seine Mutter um eine 4. Dosis bat, wurde sie von den Ärzten im Krankenhaus beschuldigt, dass sie die Medikamente verkaufen würde

Ich wollte kopfüber runterfallen und gleich tod sein, so dass es nicht mehr weh tut.

Human Rights Watch Report 2011

WHO Essential Medicines März 2013

Neu: Sektion 2 für Schmerz und Palliativ

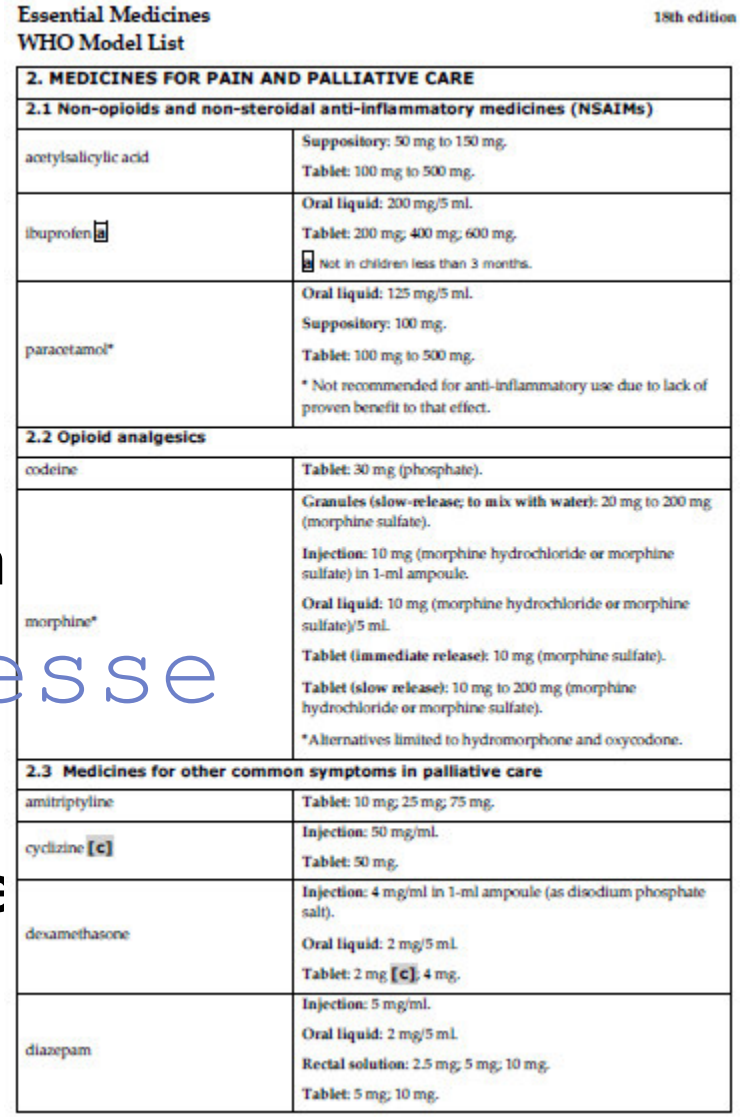
- **Morphin**
- **Cyclicine, Ondansetron, MCP, Haldol, Dexamethason, Diazepam, Midazolam**
- **…**

Auch in der Liste für Kinder

Systematic Reviews für alle Medikamente

- **basierend auf Arbeiten für Arzneimittelkommission**

Projekt der IAHPC



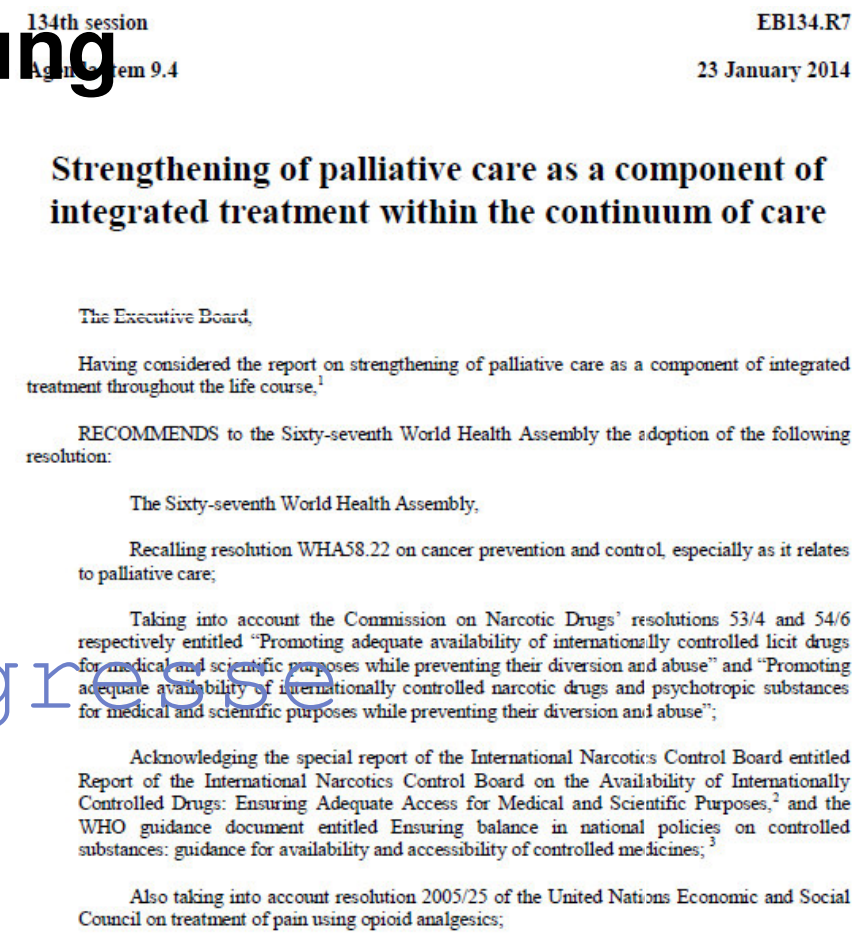
Essential Medicines
WHO Model List — 18th edition

2. MEDICINES FOR PAIN AND PALLIATIVE CARE	
2.1 Non-opioids and non-steroidal anti-inflammatory medicines (NSAIMs)	
acetylsalicylic acid	**Suppository:** 50 mg to 150 mg. **Tablet:** 100 mg to 500 mg.
ibuprofen [a]	**Oral liquid:** 200 mg/5 ml. **Tablet:** 200 mg; 400 mg; 600 mg. [a] Not in children less than 3 months.
paracetamol*	**Oral liquid:** 125 mg/5 ml. **Suppository:** 100 mg. **Tablet:** 100 mg to 500 mg. * Not recommended for anti-inflammatory use due to lack of proven benefit to that effect.
2.2 Opioid analgesics	
codeine	**Tablet:** 30 mg (phosphate).
morphine*	**Granules (slow-release; to mix with water):** 20 mg to 200 mg (morphine sulfate). **Injection:** 10 mg (morphine hydrochloride or morphine sulfate) in 1-ml ampoule. **Oral liquid:** 10 mg (morphine hydrochloride or morphine sulfate)/5 ml. **Tablet (immediate release):** 10 mg (morphine sulfate). **Tablet (slow release):** 10 mg to 200 mg (morphine hydrochloride or morphine sulfate). *Alternatives limited to hydromorphone and oxycodone.
2.3 Medicines for other common symptoms in palliative care	
amitriptyline	**Tablet:** 10 mg; 25 mg; 75 mg.
cyclizine [c]	**Injection:** 50 mg/ml. **Tablet:** 50 mg.
dexamethasone	**Injection:** 4 mg/ml in 1-ml ampoule (as disodium phosphate salt). **Oral liquid:** 2 mg/5 ml. **Tablet:** 2 mg [c]; 4 mg.
diazepam	**Injection:** 5 mg/ml. **Oral liquid:** 2 mg/5 ml. **Rectal solution:** 2.5 mg; 5 mg; 10 mg. **Tablet:** 5 mg; 10 mg.

Weltgesundheitsversammlung Mai 2014

Resolution zur Palliativversorgung

Initiert von Panama, unterstützt von Australien, Chile, Ghana, Libyen, Malaysia, Südafrika, Spanien, Schweiz, USA



134th session EB134.R7

Agenda item 9.4 23 January 2014

Strengthening of palliative care as a component of integrated treatment within the continuum of care

The Executive Board,

Having considered the report on strengthening of palliative care as a component of integrated treatment throughout the life course,[1]

RECOMMENDS to the Sixty-seventh World Health Assembly the adoption of the following resolution:

The Sixty-seventh World Health Assembly,

Recalling resolution WHA58.22 on cancer prevention and control, especially as it relates to palliative care;

Taking into account the Commission on Narcotic Drugs' resolutions 53/4 and 54/6 respectively entitled "Promoting adequate availability of internationally controlled licit drugs for medical and scientific purposes while preventing their diversion and abuse" and "Promoting adequate availability of internationally controlled narcotic drugs and psychotropic substances for medical and scientific purposes while preventing their diversion and abuse";

Acknowledging the special report of the International Narcotics Control Board entitled Report of the International Narcotics Control Board on the Availability of Internationally Controlled Drugs: Ensuring Adequate Access for Medical and Scientific Purposes,[2] and the WHO guidance document entitled Ensuring balance in national policies on controlled substances: guidance for availability and accessibility of controlled medicines;[3]

Also taking into account resolution 2005/25 of the United Nations Economic and Social Council on treatment of pain using opioid analgesics;

Neu: Public Health Ansatz mit vier Elementen: Nationaler Plan, ausreichende Ressourcen, Aus- und Weiterbildung, Zugang zu essentiellen Medikamenten