

Chapter 4. Palliative medicine education across Europe

TECHNICAL DATA ON THE 2019 EAPC SURVEY ON PALLIATIVE CARE EDUCATION

Population: 54 countries of the European WHO region and Liechtenstein.

Survey 1 Details

Areas explored: 4 main health indicators on Palliative Care education (Arias-Casais N et al, 2019): specialization in PC for physicians, medical and nursing schools teaching PC, and PC professorship.

Questionnaire: online survey, 15 questions.

Participants: 92 national Key persons for palliative care development, nominated from National Associations or identified through publications and/or previous publications.

Coverage: 51/54 countries (94%): with two respondents 29/51 countries (57%), with one respondent 20/51 (39%), other sources 2/51 (4%).

Survey 2 Details

Areas explored: 4 main health indicators on Palliative Care education (Arias-Casais N et al, 2019): specialization in PC for physicians, medical and nursing schools teaching PC, and PC professorship including some further specific questions.

Questionnaire: online survey, 26 questions, time answered in (average) 30 minutes.

Participants: 45 national experts in Palliative Care education.

Profile of experts (affiliation): University professors.

Coverage: 27/54 countries (50%): with one respondent 20/27 (74%) countries, with 2 or more respondents 7/54 (26%).

Data collection: 12/2018 to 3/2019 (4 months).

Project Management: ATLANTES Research Group, Institute for Culture and Society, University of Navarra, Pamplona (Navarra), Spain.

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Promotor: European Association for Palliative Care (EAPC).

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THE LACK OF PALLIATIVE CARE EDUCATION AND TRAINING OPPORTUNITIES IN THE PALLIATIVE MEDICINE FIELD HAVE BEEN REPEATEDLY IDENTIFIED AS BARRIERS TO THE DEVELOPMENT OF THE DISCIPLINE IN EUROPE (1).

The absence of a process of official specialisation for physicians (2), small proportions of medical and nursing schools including PC education in the undergraduate curricula or shortages of PC professors are some of the most commonly highlighted issues (3). In this chapter we try to look at these indicators, and to add some information regarding the number of teaching hours provided as well as the existence of clinical clerkships in PC units.

Official Specialisation in Palliative Medicine for Physicians

Around half the European countries (29/51) have an official accreditation process for physicians accredited by the national competent authorities.

Nevertheless, the recognition varies from PC being recognised as a separate specialty, to a sub-specialty or as a special field of competence. The most frequent one Europe is the special field/area of competence (13/51) whereas just 11 countries report PC as a sub-specialty, and five have as a specific specialty. To date, 15 countries report ratios of accredited PC physicians that surpass the ratio of 1 physician per 100000 inhabitants. Particularly high ratios have been identified in Germany, Slovenia, Finland, Romania and Belgium.

Palliative Care teaching in Medical Schools

PC education is increasingly being included into Medical Schools across European countries. However, the percentage of medical schools per country and the way it is taught varies greatly. Only nine countries report teaching PC as specific mandatory subject in all medical schools in their respective countries (Austria, United Kingdom, Belgium, Estonia, France, Germany, Luxembourg, Republic of Moldova and Switzerland). Some more ensure teaching it in over half their medical faculties. Further seven countries report teaching it mandatorily in combination with other subjects (ie.: Palliative Care and Oncology) to all medical students. Importantly only very few countries report offering over 20 PC teaching hours and mandatory clinical practice in PC for all medical students.

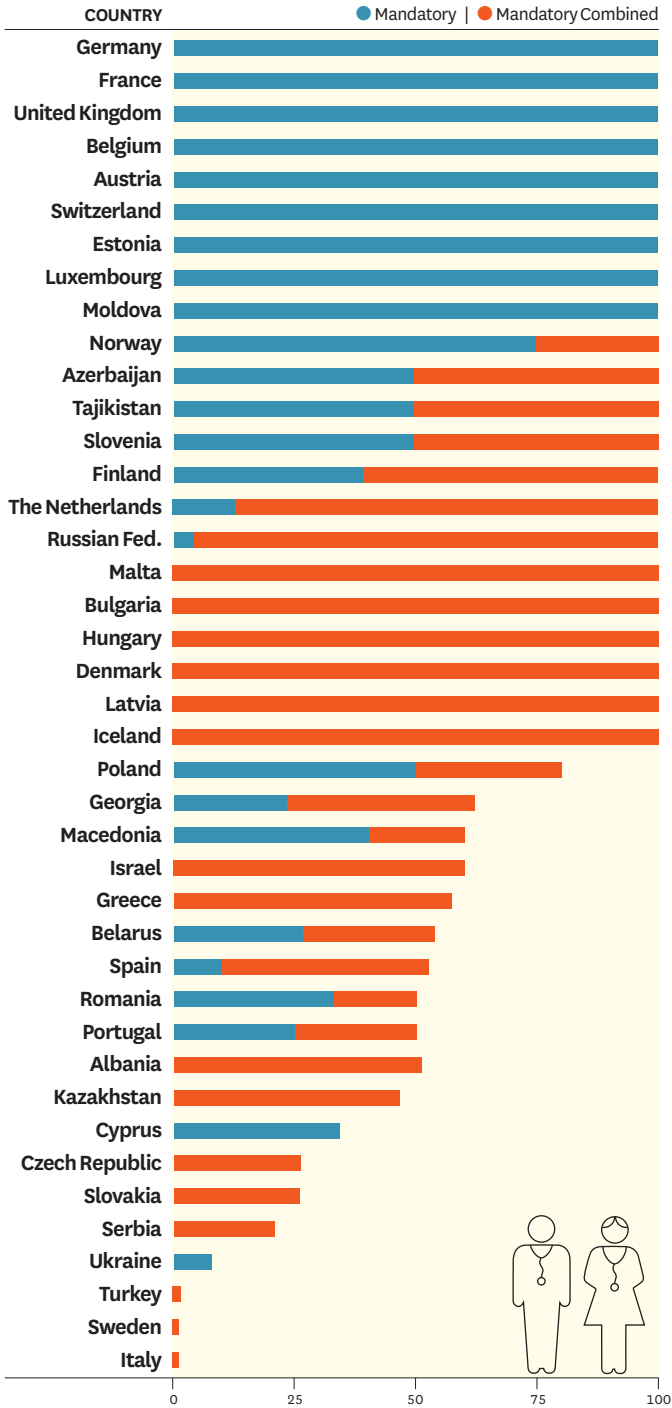
Palliative Care teaching in Nursing Schools

Although 22/51 countries include PC teaching somehow in all nursing schools in their county, PC teaching is normally included as a module in another subject and just taught as a mandatory specific subject significantly in France, Austria and Poland. Only seven countries offer the possibility of clinical placements in a specific PC unit, and only Hungary, Iceland and Poland report having placements in all countries' nursing schools. There are still 15 countries that do not offer any PC teaching at nursing schools and information from 11 countries was not available.

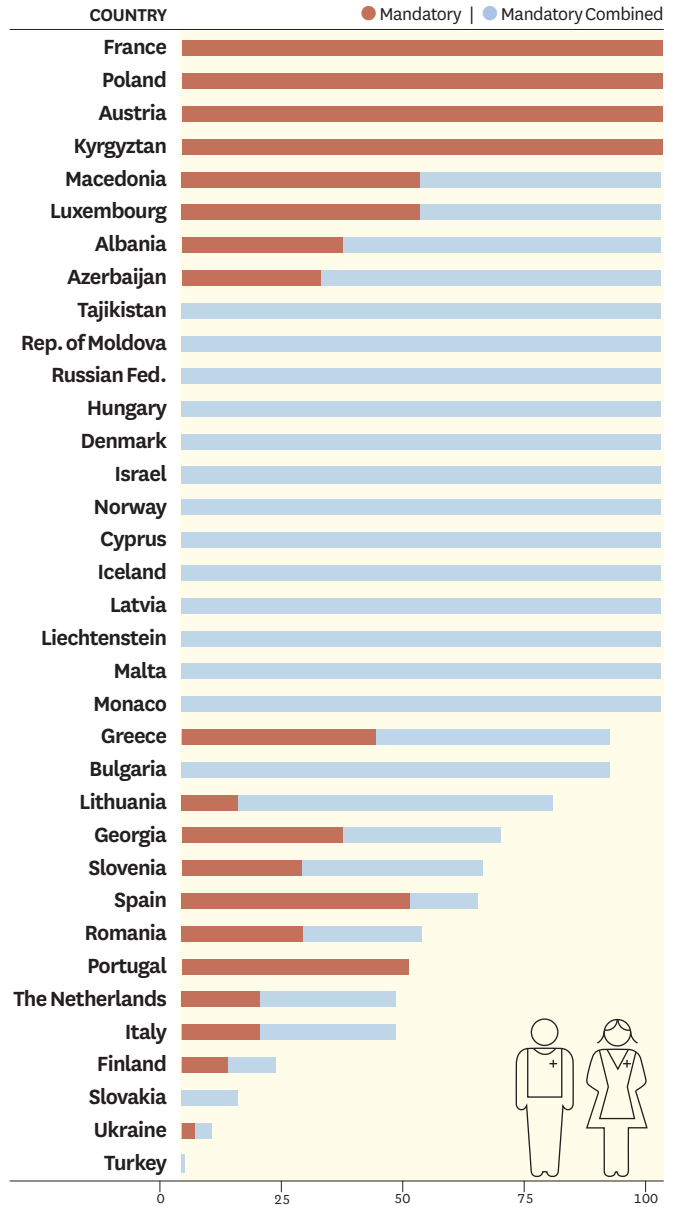


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PC TEACHING IN MEDICAL SCHOOLS



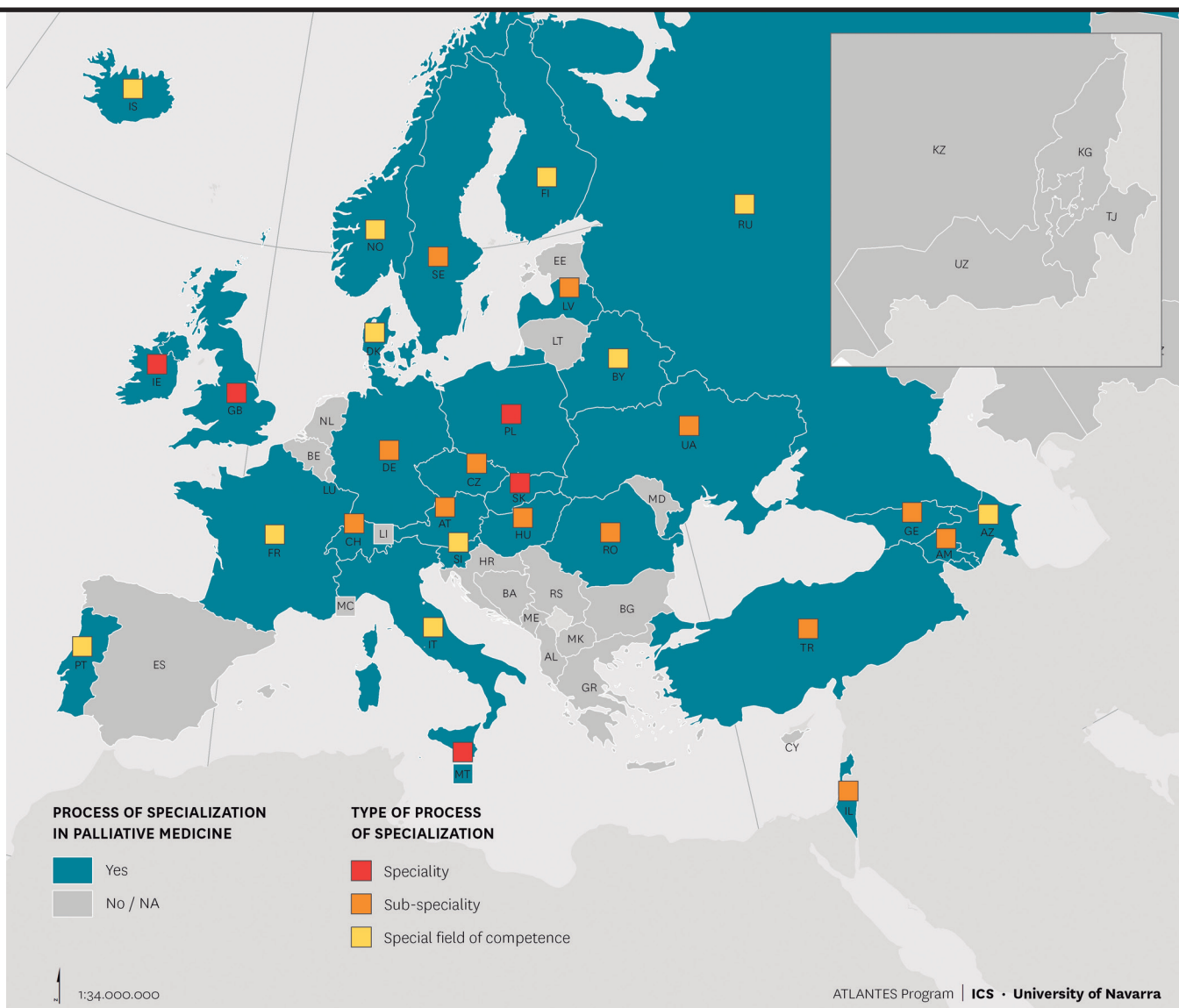
PC TEACHING IN NURSING SCHOOLS



Palliative Medicine Professorship

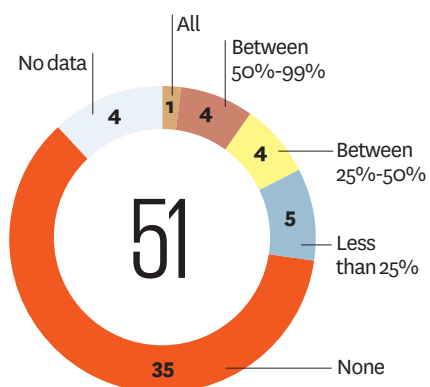
The number of PC teachers in the university is sub-optimal with 15 countries reporting the existence of PC Full professors (1st level professors), 19 of associate professors (2nd level professors) and 11 of assistant professors (3rd level professors) for medical

schools. Regarding teaching workforce in nursing Schools just five countries have reported the existence of Full professors, one of the existence of an associate professor, and five the existence of assistant professors.

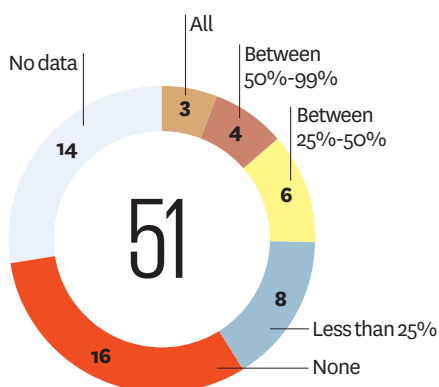


Map 4.1. Palliative Care Education.

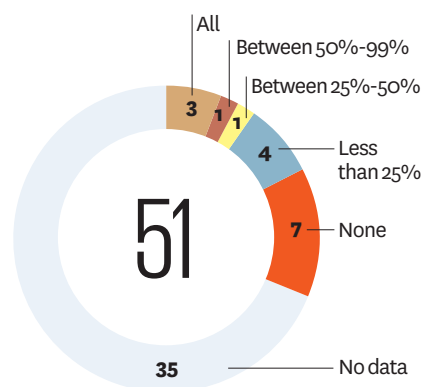
PROPORTION OF MEDICAL SCHOOLS TEACHING OVER 20 HOURS OF PC



PROPORTION OF MEDICAL SCHOOLS INCLUDING PC MANDATORY CLERKSHIP



PROPORTION OF NURSING SCHOOLS INCLUDING PC MANDATORY CLERKSHIP





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SELECTED READINGS

1.1. Centeno C et al. The Palliative Care Challenge: Analysis of Barriers and Opportunities to Integrate Palliative Care in Europe in the View of National Associations. *J Palliat Med* 2017;20(11):1195-1204.

2. Centeno C et al. Comparative analysis of specialization in palliative medicine processes within the World Health Organization European region. *J Pain Symptom Manage* 2015;49(5):861-870.

3. Carrasco JM et al. Palliative Care Medical Education in European Universities: A descriptive study and numerical scoring system proposal for assessing educational development. *J Pain Symptom Manage* 2015;50(4):516-23.

4. Noguera A et al. Palliative care teaching shapes medical undergraduate students 'professional development: a scoping review. *Current Opin Support Palliat Care* 2018;12:495-503.

5. Walker S et al. Palliative care education for medical students: Differences in course evolution, organisation, evaluation and funding: A survey of all UK medical schools. *Palliat Med* 2017;31(6):575-81.

6. Noguera A, et al. How Do Experienced Professors Teach Palliative Medicine in European Universities? A Cross-Case Analysis of Eight Undergraduate Educational Programs. *J Palliat Med*. 2018;21(11):1621-1626.

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Chapter 5. Use of medicines for Palliative Care

TECHNICAL DATA ON THE 2019 EAPC SURVEY ON USE OF MEDICINES FOR PALLIATIVE CARE

Population: 54 countries of the European WHO region and Liechtenstein.

Survey Details

Areas explored: 3 indicators on morphine availability in the public health sector, prescription issues (special forms, time limitations and patients' registrations), professionals allowed to prescribe opioids; and one extra indicator: use of medicines in mg/capita ME (as reported by INCB).

Questionnaire: on-line survey, 7 questions.

Participants: 92 key persons for Palliative Care development, nominated from National Associations or identified through previous publications.

Coverage: 51/54 countries (94%); with two respondents 29/51 countries (57%), with one respondent 20/51 (39%), other sources 2/51 (4%).

Data collection: 12/2018 to 3/2019.

Project Management: ATLANTES Research Group, Institute for Culture and Society, University of Navarra, Pamplona (Navarra), Spain.

Scientific Advice: Jim Cleary (USA) and Liliana de Lima (Colombia/USA).

Promotor: European Association for Palliative Care (EAPC).

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PAIN RELIEF IS THE PILLAR OF PALLIATIVE CARE (LANCET, 2018). WITHIN IT, MORPHINE IS CONSIDERED THE MOST APPROPRIATE MEDICINE TO TREAT MODERATE-TO-SEVERE PAIN IN CANCER AND PC PATIENTS AND HAS BEEN USED AS A PROXY TO ASSESS PC DEVELOPMENT.

According to the Lancet Commission Report on Palliative Care and Pain Relief, any patient with moderate to severe pain or with terminal dyspnoea must have available morphine in oral immediate release and injectable preparation (Lancet, 20018). Governments should guarantee access and availability to these medicines over more complex and expensive opioids forms like modified-release morphine, fentanyl, or oxycodone. Besides morphine, other medicines were identified as crucial to PC pain and symptom management. In 2018 they were presented as part of an Essential Package (Lancet, 2018) based on WHO's Essential Medicines List for PC (WHO, 2017).

Research has highlighted an abyss on access to pain relief medicines with worrisome inequalities around the world (Lancet, 2018; Human Rights Watch, 2011). Some barriers hindering access to pain relief account for problems related to availability, affordability, and prescription limitations amongst others.

This chapter presents regional data regarding general morphine availability in the public health sector, prescription-related limitations, information on health professionals entitled to prescribe opioids, and data on opioid consumption retrieved from the International Narcotic Control Board.

Morphine Availability in the Public Health Sector

General availability of immediate release oral morphine (in liquid or tablet) at the primary care level is commonly reported across European countries. 38/51 countries estimate its availability in over 50% of pharmacies at the primary care level. However, availability remains an

issue in a number of countries, mostly in Central and Eastern Europe: Armenia, Azerbaijan, Bulgaria, Cyprus, Georgia, Greece, Hungary, Montenegro, Republic of Macedonia, Russian Federation, Tajikistan, Uzbekistan. Some of these report availability limitations restricted to specially-licensed pharmacies (i.e. Armenia), general hospitals (i.e. Cyprus), or to certain type of formulations (i.e. Bulgaria).

Opioid prescription requirements

The majority of European countries (41/51) reported having special opioids prescription forms. Seven countries reported not requiring them: Denmark, Finland, Iceland, Ireland, Netherlands, Portugal, Switzerland, and the United Kingdom. To ease the prescription process, some countries have enabled electronic prescriptions forms (i.e. Finland).

Prescriptions have no time limits in fourteen countries. Four countries reported prescriptions to be limited to over a month, while twenty countries count with prescription limited to few weeks (less than a month). Only nine countries reported having prescriptions limited to few days: Armenia, Belarus, Bosnia and Herzegovina, Georgia, Greece, Kyrgyzstan, Slovakia, Slovenia and Tajikistan. Interestingly, the majority of European countries do not require patients to register as opioid users to qualify for an opioid prescription. However, six countries, mostly in Eastern Europe, still require patients do so (Armenia, Bosnia and Herzegovina, Georgia, Greece, Malta or Macedonia).

Professionals allowed to prescribe opioids

Opioids can be prescribed by all General Physicians and Family Doctors in 42/51 countries. In five countries (Bosnia and Herzegovina, Kyrgyzstan, Macedonia, Slovakia and Tajikistan) these professionals are not allowed to prescribe. In 37 countries, opioid prescription is allowed to all specialists, and in 12 only to some specialists (i.e. Oncologists, Internists, Surgeons). Eleven countries report that only PC-trained physi-