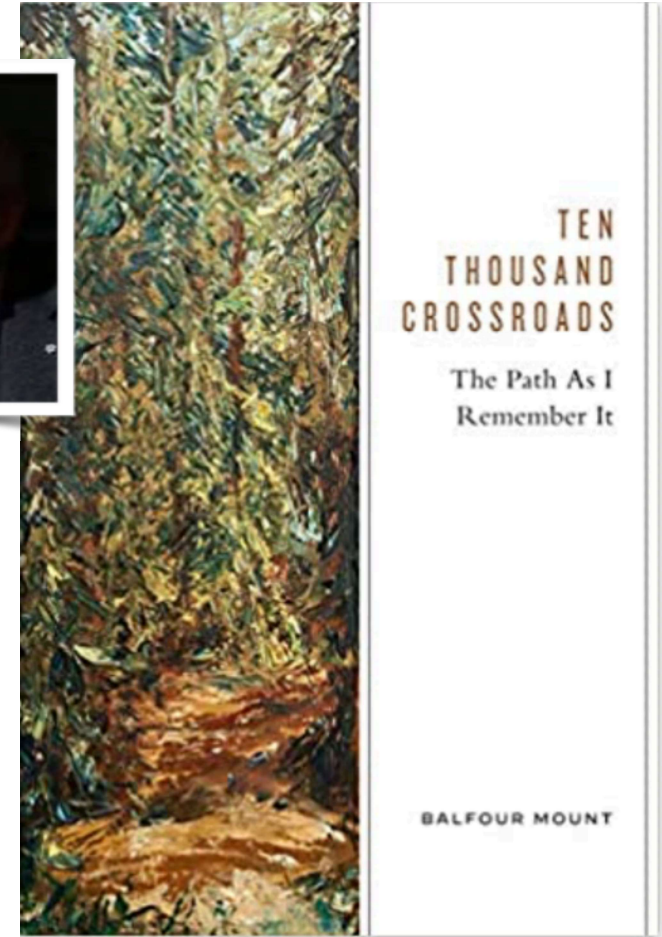


Palliative Care

- Balfour Mount 1976
- Hospice movement
- WHO definition

Palliative care is an approach that improves the quality of life of patients (adults and children) and their families who are facing problems associated with life-threatening illness. It prevents and relieves suffering through the early identification, correct assessment and treatment of pain and other problems, whether physical, psychosocial or spiritual.



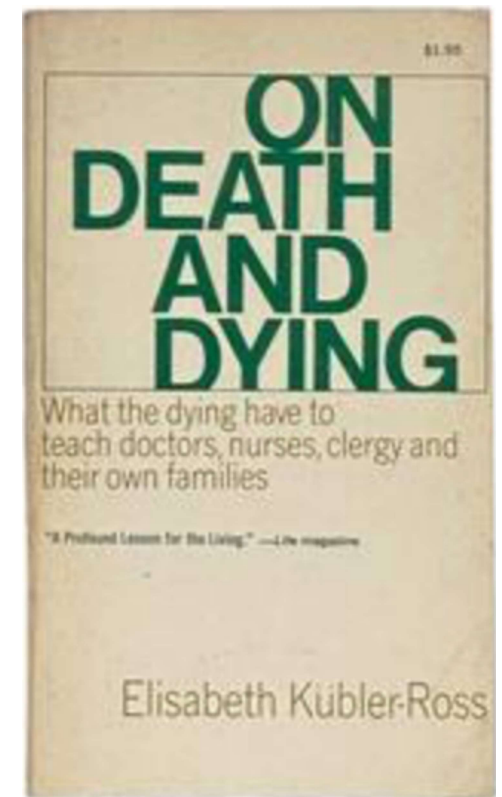
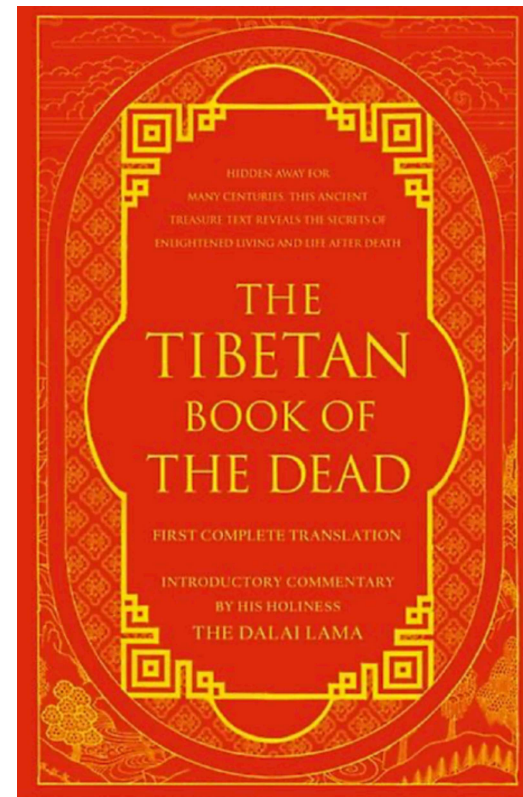


WHO World Health Assembly

The 67th World Health Assembly in 2014 recognised that **“Palliative care, when indicated, is fundamental to improving the quality of life, wellbeing, comfort and human dignity for individuals”** and urged Member States to “develop, strengthen and implement palliative care policies “ (67.19, Agenda item 15.5).

Influenced by

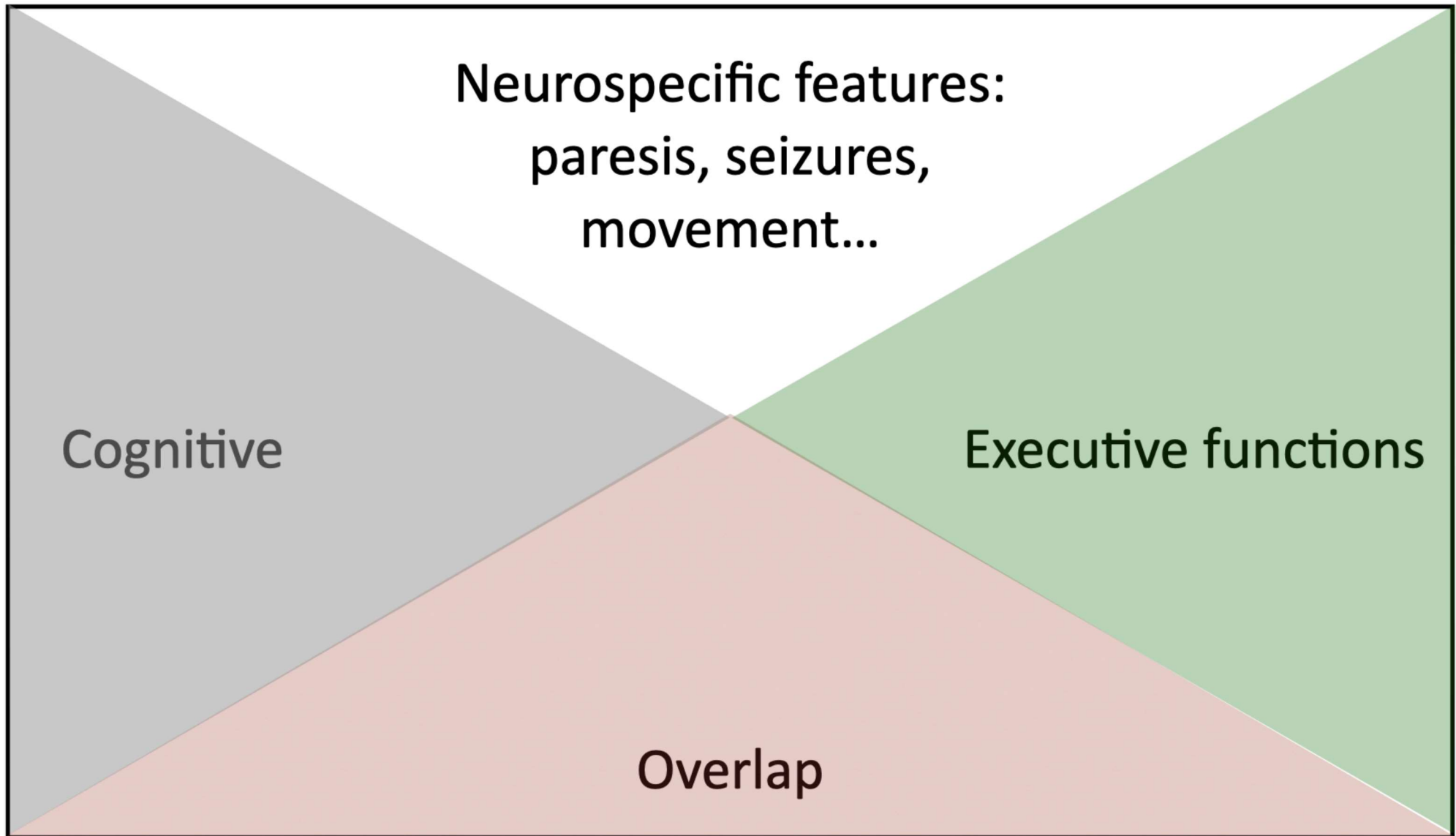
- Hospice movement
- „On Death and Dying“
- Tibetan book of the dead



The Concept of Palliative Care

- „Cultural concept ?“
- Emphasizes Autonomy
- Individualized decisions and self determination
- Western Anglo Saxon – Protestant

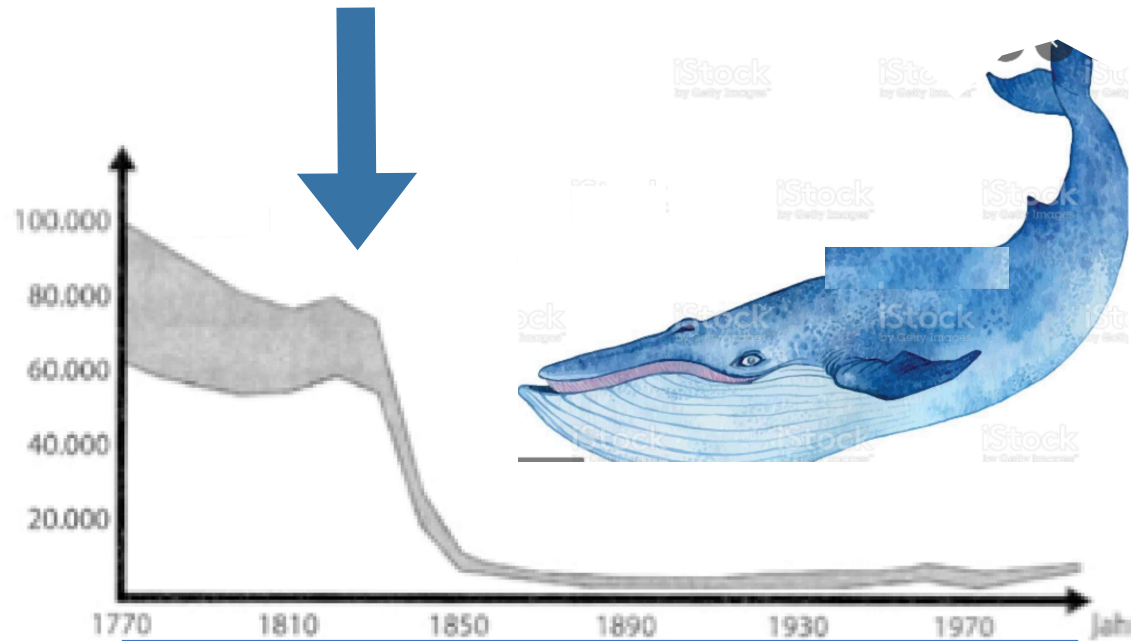




Palliative Care Needs with Regards to Different Neurological conditions

Acute and imminent EOL close	Subacute, but progressive disease expected	Log term chronic disease, no cure, but intermittent stabilization and improvement possible
Trauma, large stroke, CJD	Brain tumors, ALS, MND	Chronic degenerative diseases

Often: „the Seneca Effect“ or „failure of complex systems“

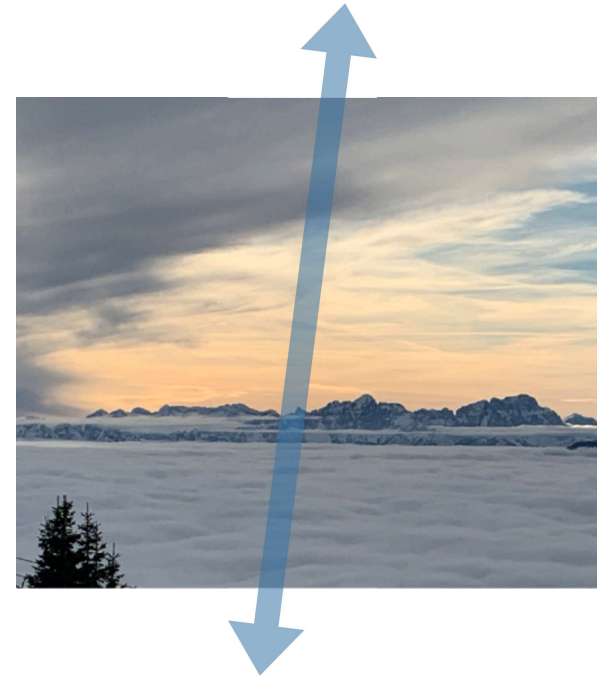


Complex systems can compensate for a long time,
yet a sudden failure must be expected.

The Seneca Effect,
U Bardi,
Springer International Publishing AG

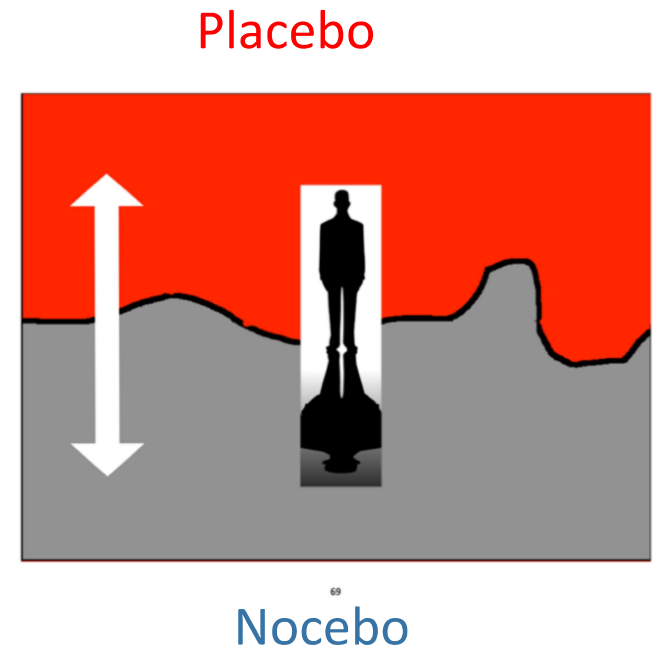
Communication 1

- Culture - transcultural components
- Tradition and rituals
- Language
- Religion
- Family and family ties
- Social and financial aspects
- „Health Literacy“



Communication 2

- Model/concept of disease
- Concept of death and dying
- Relation to „Medicine“
- Relation to Health Care Professionals
- Loss of information due to translation
- Expectations from Western health systems
- Placebo /Nocebo



Age groups

- „First generation“
- „Migrant paradox“
- Families, children
- Ageing (Ageism)
- Second generation
- Migrant „Mix“ with different needs



Barriers to Access

- Lack of resources
 - Not knowing that resources exist
 - Ignorance regarding what palliative care is
 - Reluctance to refer
 - Reluctance to be referred
-
- Restrictive specialist palliative care service programme eligibility criteria
 - Fear of upsetting patients
 - Not want to abandon them
 - Seeing referral as an admission of failure
 - Not understanding the benefits of referral

Barriers to Access to Palliative Care

Pippa Hawley

Pain & Symptom Management/Palliative Care Program, BC Cancer Agency, Vancouver, BC, Canada.

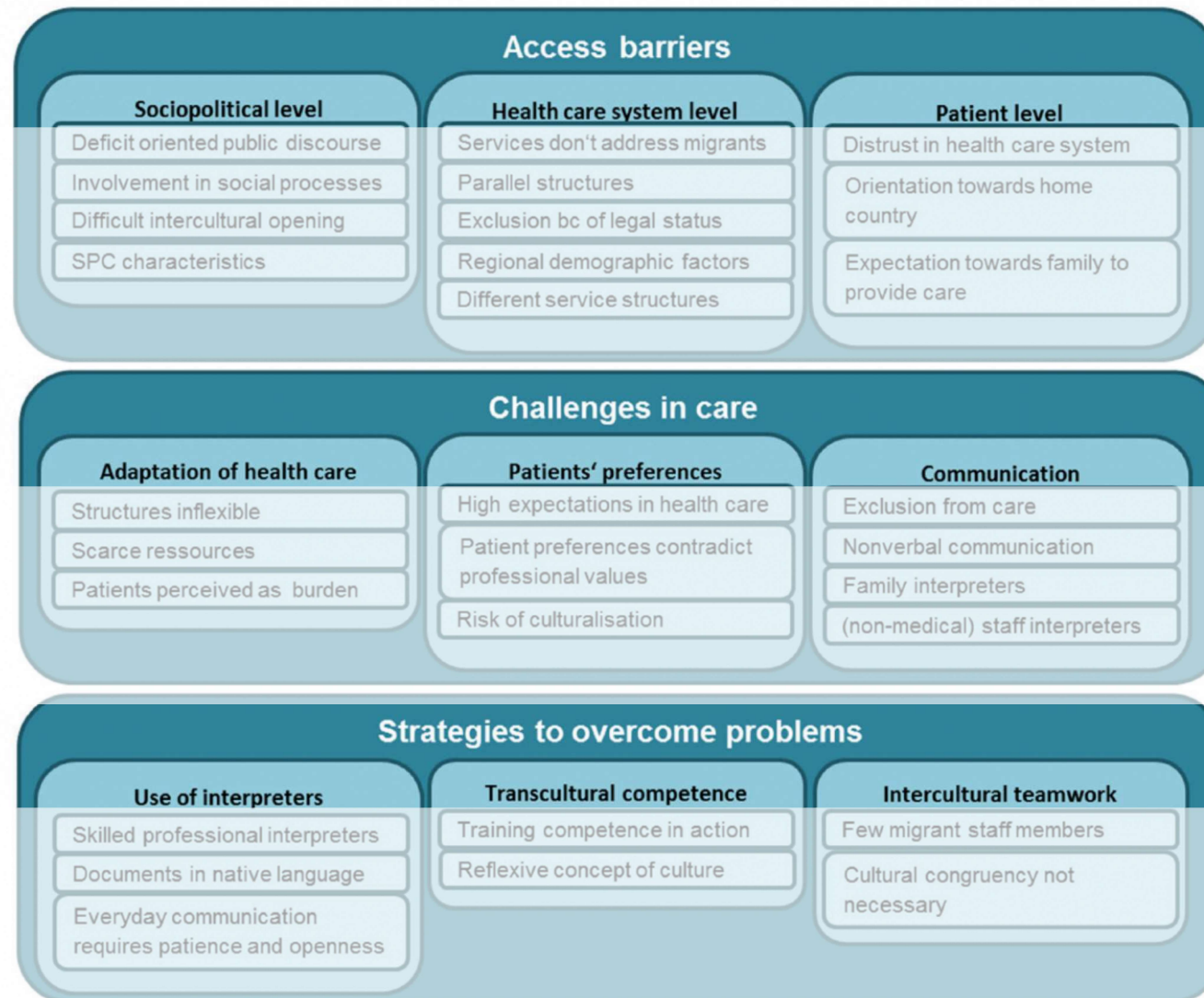
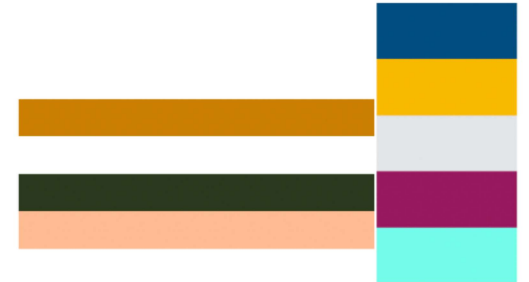


Fig. 1 Categories and themes emerging in expert interviews

Poverty and Deprivation



- Impact of lifetime poverty and health inequities
- ‘Total pain’ to describe the all-consuming nature of chronic pain : physical, psychological, financial, interpersonal and spiritual.
- End of life ,choices’
- Palliative: International trends prioritise dying at home and many countries have directed efforts to increasing home deaths and reducing those that occur in institutions
- Limiting access opportunities for those people experiencing poverty who are vulnerably housed.
- Use of palliative care services within the context of poverty and deprivation

Recommendations

- Migration biography
- Healthcare Professionals see cultural barriers at the end of life
- Patients and carers with migration background voice medical and social barriers
- Bureaucratic obstacles
- Loss of Status

[Dtsch Med Wochenschr.](#) 2021 Feb; 146(4): e22–e28.

Migrants and Palliative Care: A Multilayer Perspective



Palliative Care - Disease Specific

Medicine - Diagnosis - Treatment- „Healing“

Migrants