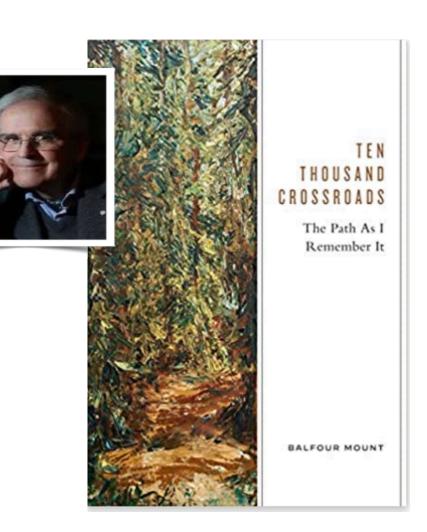


Palliative Care

- 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).



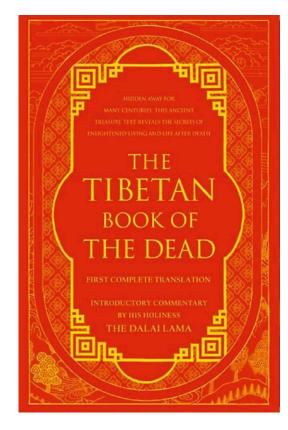
Influenced by

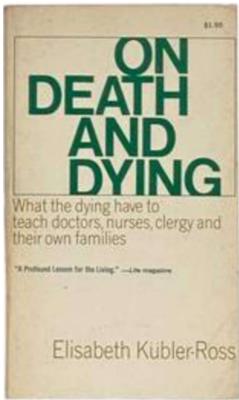
- Hospice movement
- "On Death and Dying"
- Tibetan book of the dead





Global Atlas of Palliative Care at the End of Life







The Concept of Palliative Care

- "Cultural concept ?"
- Emphasizes Autonomy
- Individualized decisions and self determination
- Western Anglo Saxon Protestant





Neurospecific features: paresis, seizures, movement...

Cognitive

Executive functions

Overlap



Palliative Care Needs with Regards to Different Neurological conditions

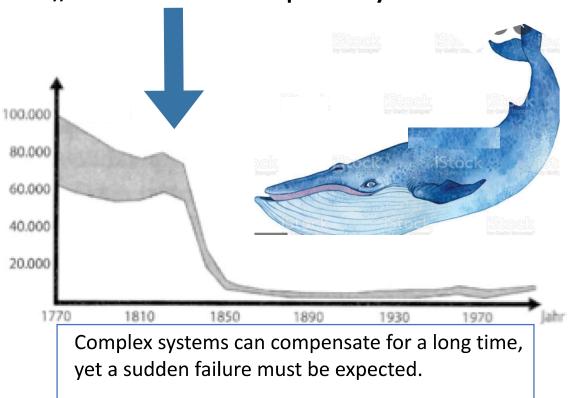
Log term chronic disease, no cure, Acute and imminent Subacute, but progressive disease but intermittent stabilization and **EOL** close expected improvement possible Trauma, large stroke, CJD Brain tumors, ALS, MND Chronic degenerative diseases

From: Migrants in Neurology, ISSN 2523-3092 (electronic), mod.



Often: "the Seneca Effect"

or "failure of complex systems"

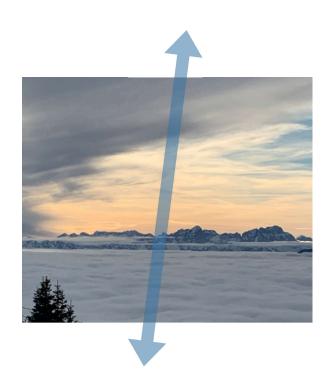


The Seneca Effect,
U Bardi,
Springer International Publishing AG



Communication 1

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

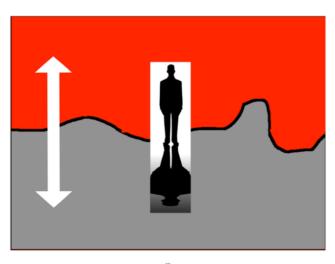




Communication 2

- 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

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





Access barriers Sociopolitical level Health care system level Patient level Deficit oriented public discourse Services don't address migrants Distrust in health care system Involvement in social processes Parallel structures Orientation towards home country Difficult intercultural opening Exclusion bc of legal status SPC characteristics Regional demographic factors Expectation towards family to provide care Different service structures Challenges in care Adaptation of health care Patients' preferences Communication High expectations in health care Exclusion from care Structures inflexible Patient preferences contradict Nonverbal communication Scarce ressources professional values Family interpreters Patients perceived as burden Risk of culturalisation (non-medical) staff interpreters Strategies to overcome problems Transcultural competence Intercultural teamwork Use of interpreters Training competence in action Few migrant staff members Skilled professional interpreters Reflexive concept of culture Documents in native language Cultural congruency not necessary Everyday communication requires patience and openness

Fig. 1 Categories and themes emerging in expert interviews

Janday et al. BMC Palliative Care (2015) 1 https://doi.org/10.1186/s12904-016-0250-y BMC Palliative Ca

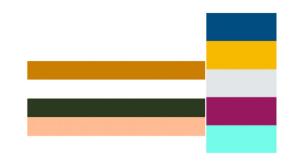
RESEARCH ARTICLE

"An odyssey without receiving proper care" – experts' views on palliative care provision for patients with migration background in Germany

aximiliane Jansky o Sonja Owusu-Boakye and Friedemann Nauck



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

Palliative Care & Social Practice 2021, Vol. 15: 1–19 DOI: 10.1177/



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

