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Education in Cancer Palliative Care Report From a Consensus Meeting Supported by the EC "Europe Against Cancer" Programme

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OVER THE past few years, various documents and curricula on education of palliative care in Europe were drawn up according to the needs and realities of each country. Bearing this in mind, the EC decided to produce one common document for all its 12 members. A meeting was specially convened on 20th and 21st March 1993 in collaboration with the European Association for Palliative Care (EAPC) and with the participation of other organisations such as the European School of Oncology (ESO), the Italian School of Palliative Medicine (SIMPA), the International School of Cancer Care (ISCC) and the "Europe Against Cancer" programme of the EC. Two representatives of each member state attended this meeting, as well as representatives from Sweden and the "Europe Against Cancer" programme. Each country was represented by one general practitioner and one health professional working in palliative medicine. In addition, there were eight so-called experts: Dr Ch. Couvreur, Dr F. De Conno, Dr X. Gomez-Batiste, Dr A. Vanvossel, Prof. V. Ventafridda and Prof. R. Zittoun, while Drs Twycross and Doyle jointly chaired the two-day workshop.

Prior to the meeting, each participant had received the curriculum prepared by the Association for Palliative Medicine of Great Britain and Ireland (APM), the Canadian Palliative Care Curriculum, the Italian Curriculum of Palliative Medicine and the various syllabi and curricula from different European countries, the Report of the Education Committee of the EAPC (1992) and copies of other documents relevant to the aims and objectives of the Workshop, namely the planning of palliative medicine education for Europe.

At the end of the second day, it was unanimously agreed that palliative medicine should be taught to undergraduates in all medical schools in Europe, preferably in the clinical years; that it should be included in the training programmes of all general practitioners, be included in the curricula of postgraduates and, in particular, oncologists and geriatricians and, at all levels, be made examinable if possible.

Rather than drawing a new curriculum, it was agreed, again

unanimously, that the different curricula produced by the APM should form the basis for all training programmes in the EC, modified appropriately in the light of the status of palliative medicine, general practice, etc., in each member state. The final and most important recommendation was that more attention should be paid to training "the trainees". It is hoped that across Europe, workshops will be set up to demonstrate and develop teaching skills, initially in English and French-speaking centres.

A definition of palliative medicine, an *ad hoc* curriculum and general recommendations were agreed upon at the meeting and are hereby presented.

The recommendations will be distributed by the EAPC to deans of medical schools (universities), ministries of health and social affairs, presidents of postgraduate colleges/academies of medicine, associations for palliative medicine, all other official bodies which assemble physicians.

(A) DEFINITION OF PALLIATIVE MEDICINE

It was noted that in some Member States there still appeared to be uncertainty about the definition of this subject.

The World Health Organization (WHO) states that: "Palliative care is the active, total care of patients at a time when their disease is no longer responsive to curative treatment and when control of pain, or other symptoms, and of psychological, social and spiritual problems is paramount. The overall goal of palliative care is the highest possible quality of life for the patient and family. Palliative care affirms life and regards dying as a normal process. Palliative care emphasises relief from pain and other distressing symptoms, integrates the physical, psychological and spiritual aspects of patient care, offers a support system to help the patient live as actively as possible until death and a support system to help the family cope during the patient's illness and in bereavement".

The Workshop, whilst accepting this definition, recommends that for education purposes throughout the European Community, the acceptable definition should be:

"Palliative medicine is the appropriate medical care of patients with advanced and progressive disease for whom the focus of care is the quality of life and in whom the prognosis is limited (though sometimes may be several years). Palliative medicine

includes consideration of the family's needs before and after the patient's death".

(B) SPECIFIC GOALS OF A PALLIATIVE MEDICINE CURRICULUM

(adapted from the Canadian Palliative Care Curriculum)

Attitudes

1. to show students and doctors that the therapeutic process involves more than diagnosing and attempting to revert unaltered pathophysiologic process, and that illness is a complex state with physical, psychological, social and spiritual elements
2. to demonstrate the multidisciplinary approach of palliative medicine
3. to demonstrate preventive steps to avoid physical, psychological and social problems
4. to emphasise that all intervention should be centred on the patient's needs, desires and beliefs, thus ensuring control by the patients, whenever possible, of decisions which affect them
5. to have students and doctors identify their own attitudes towards death, and to identify and respect family attitudes towards death
6. to enable students and doctors to understand that the unit of care is the family, and to consider the impact of illness upon the family group
7. to demonstrate how the impact and interpretation of illness depends on personal attitudes by providing examples of harmonising the various European medical models of care with the cultural and spiritual backgrounds of patients and families
8. to involve students in discussions on ethical aspects of providing care, including euthanasia, resuscitation, truthfulness, paternalism, aggressive versus palliative interventional therapy, incompetent patients, fairness in the health care system and strategies for resolving ethical issues.

Knowledge

9. to describe the pathophysiology of common, distressing symptoms in patients with advanced chronic disease and to suggest appropriate pharmacological and non-pharmacological techniques to combat these symptoms
10. to have students identify various organisational arrangements for delivery of palliative medicine and the relationship of these organisational structures to the existing health care system, including the community resources available to patients with advanced illness and their families
11. to describe the elements of grief reactions and some techniques to prevent the development of pathological reactions through caring for the patient and bereaved family.

Skills

12. to enable students and doctors to integrate knowledge from other health care professions and critically to appraise clinical data, diagnostic tests and the literature in order to

assist with decisions to initiate or stop various investigations and therapy

13. to demonstrate various techniques for communication with patients and families, as well as how and why these techniques should be modified, based on the personal, educational and cultural background of the patient and family.

(C) GENERAL RECOMMENDATIONS

The Workshop strongly endorsed the recommendations of the Report of a Subcommittee on Palliative Care (1992) produced by the EC "Europe Against Cancer" Programme and unanimously recommended that:

1. palliative medicine should become an obligatory and integral part of the *undergraduate curriculum* in all medical schools, taught in the clinical years and made an examinable subject.
2. palliative medicine be included in the training programme of all *general practitioners*, organised where possible by general practitioners for general practitioners with specialist input as appropriate.
3. palliative medicine be included in the training programmes for *hospital doctors*, whatever their future special interest; that it be multidisciplinary teaching where possible, routinely evaluated and reviewed, and made the responsibility of a doctor or group of doctors with special interest and experience in palliative medicine.
- 4.1. Member States keep under review the possibility and potential benefits of doctors undertaking additional training in palliative medicine so that they may practise it as a 'special interest' subject
- 4.2. Member States keep under review the question of palliative medicine being accorded the status of a full specialty subject, with its own advanced training programme for those who elect to make palliative medicine their career speciality.
- 4.3. where specialty status and training are approved, the training programme be similar to that devised for the United Kingdom and the Republic of Ireland by the Royal College of Physicians of London and the Association for Palliative Medicine
5. the curricula for medical student, general postgraduate professional training and special interest specialist training produced by the Association for Palliative Medicine of Great Britain and Ireland be used as a basis for the development of comparable curricula for use throughout the EC
6. English and French language courses in *teaching techniques* be developed within the EC to enhance the teaching skills of doctors practising and teaching palliative medicine
7. research be encouraged and conducted on such aspects of health care provision, patients' perceived needs and professional education as will influence palliative medicine education in Member States
8. the European Association for Palliative Care should produce a directory of reference books, handbooks, videos, distance-learning material, CD-Is etc. to facilitate professional education in palliative medicine.