

## Review Article

# How to Advance Palliative Care in Israel

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**Abstract**

The palliative care system requires a unique set of professional skills and knowledge from the personnel such as physicians, nurses, and other specialists. In countries such as UK, United States, EU countries, Australia, New Zealand, Hong Kong, and others, there are various palliative care training programmes for physicians and nurses. Unfortunately, there is a limited number of Medical educational institutions that provide palliative care professional training in Israel. These training programmes are usually operated on a temporary basis and are mainly funded by private sponsors. As palliative care differs from other medical disciplines by its focus and methodology, an immediate change in professional training approach is needed in this discipline.

The perception of the terminally ill and of the approaching death of the patient has undergone a significant change over the past two decades. Previously, physicians and all the staff taking care of the patient were setting a single goal of healing the patient regardless of the complexity of illness, and the imminent death as a result of a disease was seen as a failure – primarily for the physician in charge. Today, however, it has become clearer that – for certain diseases and their fatal stages – the approach to the care system should change and palliative care should be provided [1]. Israel's healthcare system is not sufficiently prepared for such a change, especially in all that relates to the training of specialised personnel – of both medical and ancillary professions – who could provide professional palliative care working within an interdisciplinary team [2]. In the light of the above, attention should be paid to the training of specialised personnel to work with terminally ill patients, provide diverse palliative care, and support the patient's family.

The medical staff and employees attending the terminally ill should be trained to provide palliative care at the level of the highest standards and meet the complex needs and requirements of patients and their relatives, irrespective of the nature of disease or the patient's condition [3]. Palliative care today has reached a level of development that has allowed it to become an independent specialty. In this regard, attention should be paid to the appropriate training of specialists, such as physicians, nurses, and social workers that make up the core of the interdisciplinary team providing palliative care. Moreover, the preparatory educational programme should be developed for professionals working in interdisciplinary teams on a temporary basis, such as physical therapists, speech therapists, occupational therapists, and others.

The palliative care system needs the professional skills for

physicians, nurses and other specialists. There should be no possibility to engage in such services without proper training. In the United States, for example, the profession basics have been taught over the past 12 years through various educational projects, with physicians and nurses being required to undergo special training on completing their education. For this end, there are about 60 institutions that train personnel for palliative care: palliative care professionals must undergo a one-year course of clinical care in one of these organisations, and then pass the ABMS's written examination in palliative care [4]. Apart from the US, palliative medicine profession is certified in a number of countries, including Australia, New Zealand, Hong Kong, seven European countries, with a special status existing in the United Kingdom and in Ireland [5].

Training programs for care professionals are paying little attention to palliative care [4]. However, palliative care education and training provided in Israel is funded by sponsors and only provided by a limited number of institutions, often only on a temporary basis. Topics relating to suffering and terminal diseases are included in the nurses training programme exclusively as part common topics, such as ethical problems or pain relief. There are courses in Israel that provide more comprehensive training, but these are only available in hospitals.

The need for specialised training of personnel arises from the very definition of 'Palliative Care', which also makes the difference between this discipline and other areas of care immediately apparent:

*"Palliative Care is an active all-round care for patients whose disease progresses despite radical/special treatment. The main task is to relieve pain and other symptoms, as well as to solve social, psychological, and spiritual problems. Palliative care uses an interdisciplinary approach, focusing on the patient and his or her*

family. Palliative care affirms life and considers death a natural process; it has no intention to either speed up or postpone the onset of death. Its main purpose is to ensure the best possible quality of life until the moment of death." [6].

EAPC recommends establishing a training programme consisting of the six sections:

1. Basics of Palliative Care
2. Pain and Symptomatic Therapy
3. Psychological and Spiritual Aspects
4. Ethical and Legal Issues
5. Communication
6. Teamwork and Self-Reflection

These six sections should become a part of the training programmes for professionals in palliative care of any orientation, either medical or social or psychological. The curriculum of each specialist included in the interdisciplinary team should focus more on the sections of his or her specialisation, but at the same time, each of the specialists should be familiarised to a certain extent with the skills of their future colleagues. Such training promotes a more efficient operation of the interdisciplinary team and provision of a more professional care to the patient. With due respect to the boundaries, roles, and responsibilities of the representatives of individual disciplines, some aspects of competences in practical work, which go beyond the individual disciplines, will be a compulsory requirement for any professional working in the palliative care field, regardless of their professional expertise and role. Practical work includes, for example, reducing pain symptoms, competent care in accordance with the patient's condition, or psychological assistance to the dying patient.

The practice of palliative care essentially requires joint efforts and cooperation. Patients suffering from life-threatening illnesses and their families need different types of palliative care, such as medical therapeutic care, nursing care, or social psychological support. The joint work of specialists from different fields of activity is the standard in the course of providing to such people the care they need. The definition of palliative care adopted by the WHO in 2002 has become the gold standard in Europe [7]. Interlacing and combining the special skills and experiences possessed by the representatives of various professions guarantees the high quality of palliative care services to patients and their relatives [8].

Working in an interdisciplinary team is one of the peculiarities of palliative care, which should be reflected in the specialist training programme. The skills of cooperation between the various members of the team are markedly different from the cooperation in other medical disciplines, where the functions of each staff member are more clearly delineated and their work is not so team-based as in palliative care. Ten core competencies can be identified, which are required for the provision of palliative care [9], and which should become the basis of the educational programme for all professionals in this discipline:

1. To implement the main components/principles of

palliative care wherever the patient and his family are located.

2. To provide the maximum physical comfort to the patient at all stages of the disease trajectory.
3. To meet the psychological needs.
4. To meet the social needs.
5. To meet the spiritual and existential needs.
6. To consider and respond to the needs of family members, who are taking care of the patient, as part of the short-, medium-, and long-term goals?
7. To be aware of the complexity of decision-taking situation in respect of the clinical and ethical issues of palliative care.
8. To coordinate the process of providing the comprehensive care by the interdisciplinary team wherever palliative care is being provided.
9. To develop the interpersonal communication skills needed to provide palliative care.
10. To conduct self-reflection and to constantly improve the professional qualification.

## CONCLUSIONS

Palliative care differs from other medical disciplines by its focus and methodology: therefore, a change of approach to the training of specialists in this discipline is needed today. The existing training courses and educational programmes in Israel are aimed rather at making up ground but lack a systematic approach in training the specialists of all areas to work in an interdisciplinary team, which would provide palliative care to patients and support to their families. Training of the specialists in palliative care should be carried out on an ongoing basis. It should combine the specialised disciplines that take into account the specificity of working with terminally ill patients and the peculiarities of working in an interdisciplinary team. In such teams, everyone should have their own role, but it is the combination of roles that would lead to the best possible result.

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