

update

Active and holistic?

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...planning for palliative care in 2027



Dr Derek Doyle, OBE, Honorary President of the Scottish Partnership for Palliative Care (left) and Dr Harry Burns, Chief Medical Officer for Scotland

Nearly 170 delegates gathered for the Annual Conference of the Scottish Partnership for Palliative Care at the Royal College of Physicians of Edinburgh on Thursday 30 August 2007 for an exciting and challenging glimpse of possible futures for palliative care.

Speakers had been asked to consider a vision of palliative care in the future in a range of care settings and to examine some of the processes, partnerships, policies and initiatives which will be necessary to sustain and improve services. All rose to the challenge, and in a series of thought-provoking and inspiring presentations pointed to some of the potentially difficult decisions and adjustments that will have to be made in order for palliative care to remain both active and holistic in the year 2027.

Dr Derek Doyle, OBE, Honorary President of the Scottish Partnership for Palliative Care, opened the conference by reminding delegates that uncertainty had always been part of the picture for palliative care. It was a myth to assume that pioneers, including Cicely Saunders, had had a clear plan at the outset for the development of palliative care services – in fact all were taken by surprise by unfolding events. He urged those present to draw strength from this background when facing the very real challenges implied by the conference agenda.

The morning session encompassed presentations from three key-note speakers, followed by a speakers' panel question and answer session. Dr Harry Burns, Chief Medical Officer for Scotland, identified some of the drivers which he felt would change the landscape of palliative care:

- an ageing population
- better treatment for cancer and other conditions
- more people living for longer with physical symptoms and with psychological uncertainty as to whether they had been 'cured'
- fewer people available to care, and the resulting necessity to care in different ways
- availability of new technology.

He emphasised the importance in such a scenario of maintaining the core values of patient-centred care in which palliative care excels.

Alex Davidson, Associate Consultant, Joint Improvement Team, Scottish Executive, spoke about current joint developments and the partnerships between health and social care which will be required in the future in order to provide effective general palliative care. Derek Feeley, Director of Healthcare Policy and Strategy, Scottish Executive, addressed the future strategic and contextual framework and identified some of the actions and keys to success that will be necessary to move palliative care forward.

A series of short but thought-provoking presentations from speakers in the first afternoon session challenged delegates to consider the issues around accessing palliative care in 2027 in a range of different care settings including acute and community hospitals, hospices and specialist palliative care units, care homes and the patient's own home.

The final session considered the role of self care and self management at the end of life, and the conference closed with eloquent reminders from both Dr Jeremy Keen and Dr Derek Doyle of the unique essence of palliative care.