



# The *Last Aid* course – an approach to promoting public discussion, awareness and education

Georg Bollig, Dr. med., PhD, MAS Palliative Care, DEAA

<sup>1</sup>Palliative Care Team, Department of Pulmonology and Oncology, Medical Center, Hospital of Southern Jutland, Sønderborg, Denmark

<sup>2</sup>Focused Research Unit in Palliative Care, Institute of Regional Health Research, University of Southern Denmark

<sup>3</sup>Last Aid International - the Last Aid Movement

# Today's menu

1. Background
2. The birth of an idea
3. The *Last Aid Course* -  
implementation and experiences
4. Future perspective

# 1. Background

2. The birth of an idea

3. The *Last Aid Course* - implementation and experiences

4. Future perspective

# Ageing populations:



# Background

- The demographic change
  - increase of the number of people in need for PC
- Most people do want to die at home
  - in Germany 66%
  - the need for Palliative Care at home will increase
- The public needs basic knowledge and skills in Palliative Care
  - knowledge and attitude as foundation of Palliative Care and compassionate communities

# My personal background

---

- First Aid instructor
- Paramedic
- Specialist in Anaesthesiology, Pain Medicine and Emergency Medicine
- Specialist in Palliative Medicine
- Clinical Associate Professor in Palliative Care

# South Jutland (ca. 4000 km<sup>2</sup>; ca. 250.000 inhabitants)



# Palliative Care for ALL in rural Denmark – the Palliative Care Team of Southern Jylland

Bollig G, Bachmann K, Schemmel KW  
Palliative Care Team, Dep. of Oncology and Pulmonology, Medical Center, Hospital Southern Jylland  
Contact: Georg.Bollig@rsyd.dk



## AIM

- To describe a model of good practice for Palliative Care in a rural region.

## METHOD

- Southern Jylland lies in Southern Denmark close to the German border. Southern Jylland includes the communities of Sønderborg, Aabenraa, Haderslev and Tønder with an areal of 3538 km<sup>2</sup> and 227754 inhabitants. The organization of Palliative Care for the region is described and statistics from the year 2014 are presented.

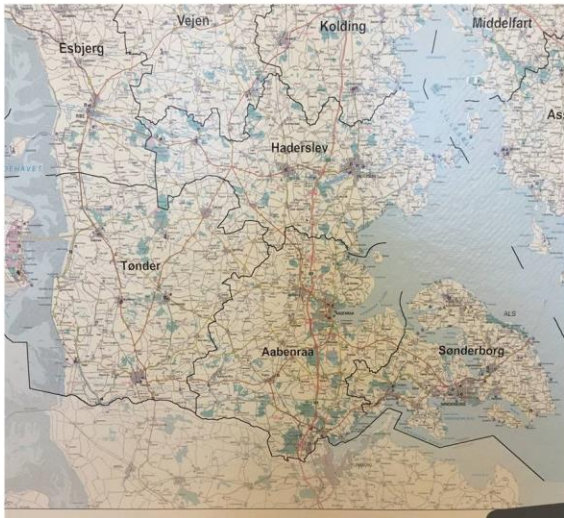


Fig. 1: The region of Southern Jylland

## METHOD (CONTINUED)



Fig. 2: Components of the Palliative Care Team of Southern Jylland

## CONCLUSION

- The described system of care ensures specialized Palliative care treatment for ALL in need and is available to patients with advanced cancer and other life-limiting diseases.
- Patients are treated in their own home, the hospital and an hospice according to their care needs.

## RESULTS

- The Palliative Care team for the region consists of physicians, nurses, priest, secretary, social worker, psychologist and physiotherapists who serve palliative patients at home, in a nursing home or a hospice.
- One physician serves a connected hospice in Haderslev with 12 places during daytime.
- The hospital in Sønderborg has a specialized palliative medicine ward with 12 beds.
- At any time approximately 130-150 palliative patients are enrolled in a special program with a right for an "open admission" to the palliative medicine ward in the hospital and the possibility to contact the mobile palliative care team.
- The team works together with the family physicians and community nurses.

Year 2014	Total number
Consultation by telephone	4720
Visit in the patients home	551
Visit in the hospital	643
Visiting outpatients in the department	88
Visits in the hospice	1511

Table. 1: Patient contacts of the Palliative Care Team



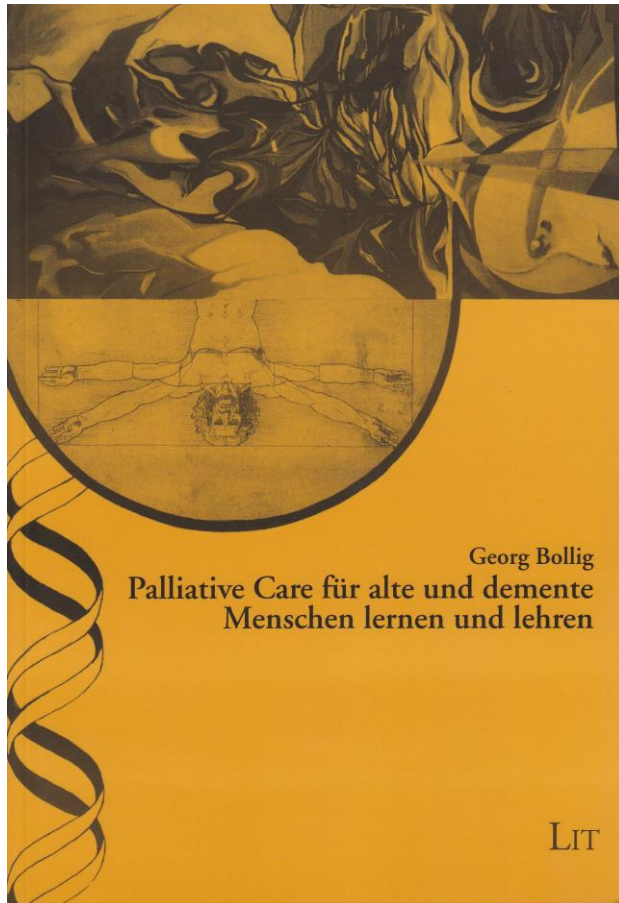
1. Background

## 2. The birth of an idea

3. The *Last Aid Course* - implementation and experiences

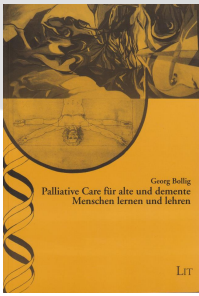
4. Future perspective

# Origin of the last aid concept



- Master Thesis for the degree MAS Palliative Care from the University of Klagenfurt-Wien, IFF, Austria 2008
- Book: Bollig Georg: Palliative Care für alte und demente Menschen lernen und lehren. LIT-Verlag Wien/Zürich 2010
- The *Last Aid Course* has been presented as poster and lecture on different congresses and in articles

# Origin of the last aid concept



- A short Last Aid course implemented in the public school education and offered for all interested people could be a part of the public knowledge approach to bring Palliative Care into the society.

## **Subjects Last Aid course**

- Dying as a normal part of human life
- Problems around dying e.g. Troublesome symptoms, Total pain concept, Medical and ethical end-of-life decisions
- Treatment of troublesome symptoms
- Medical and non-medical treatment options, fluid and nutrition at the end of life
- Bereavement and grief

# Can the field of Palliative Care learn from Emergency Medicine?

# Medic 1 Seattle 1974

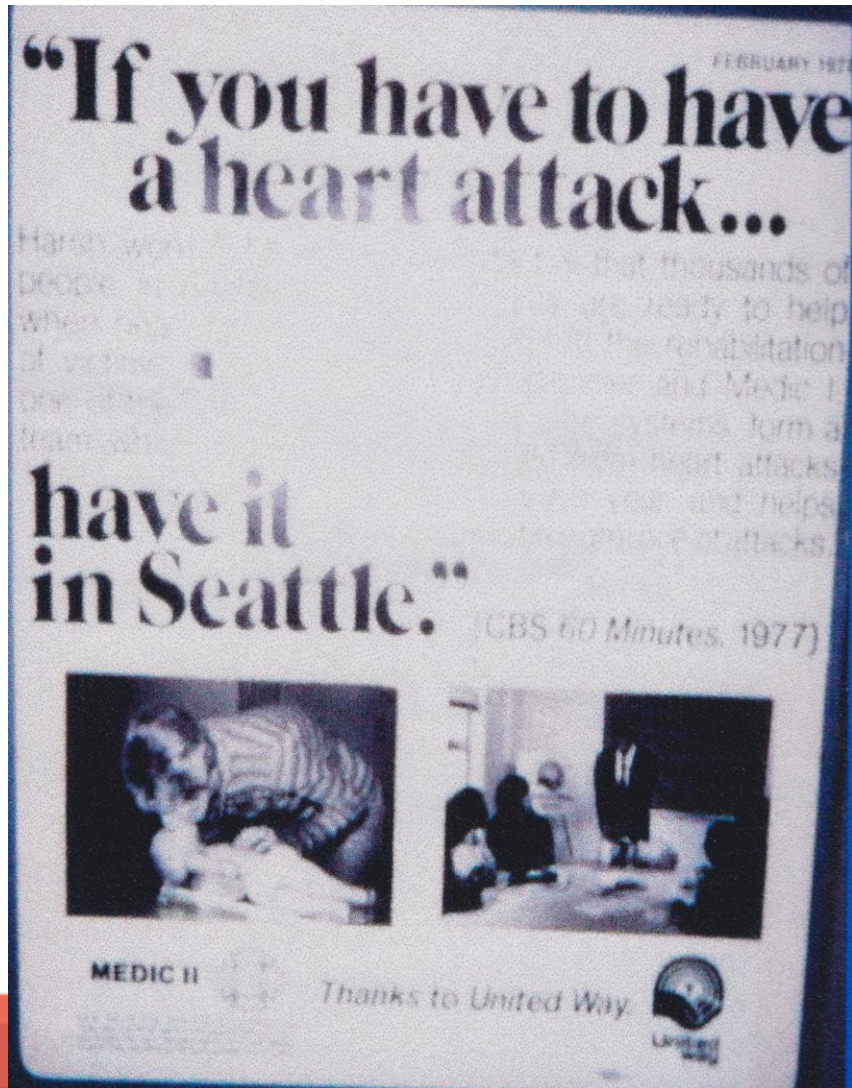


# Lessons learned from Emergency Medicine

***“If you have to have a heart attack, have it in Seattle.”***

correspondent Morley Safer, TV news-magazine *60 Minutes* 1974

# First Aid and Last Aid



- Palliative Care can learn from Emergency Care
- The public needs to participate - empowerment
- Hospice movement - "Back to the roots"

# First Aid and Last Aid

- First Aid = measures to save the life of a victim or to avoid further health problems.
- Last Aid = measures to care and to comfort people with life-limiting diseases in order to enhance quality of life. Quality of life is more important than to prolong life.

Bollig Georg: Palliative Care für alte und demente Menschen lernen und lehren. LIT-Verlag Wien/Zürich 2010

# First Aid and Last Aid belong together

Report about the work of Henri Dunant, founder of the Red Cross, after the battle of Solferino 1859:

**”Dunant tried to help with whatever he could. He kneeled beside wounded men, who begged him to stay with them, to their last breath, so that they would not die alone.”**

Buk-Swienty: Slagtebænk Dybbøl, Gyldendal

# *Attitude vs. skills??*

- First Aid = only skills?
- Last Aid/Palliative Care = only attitude?

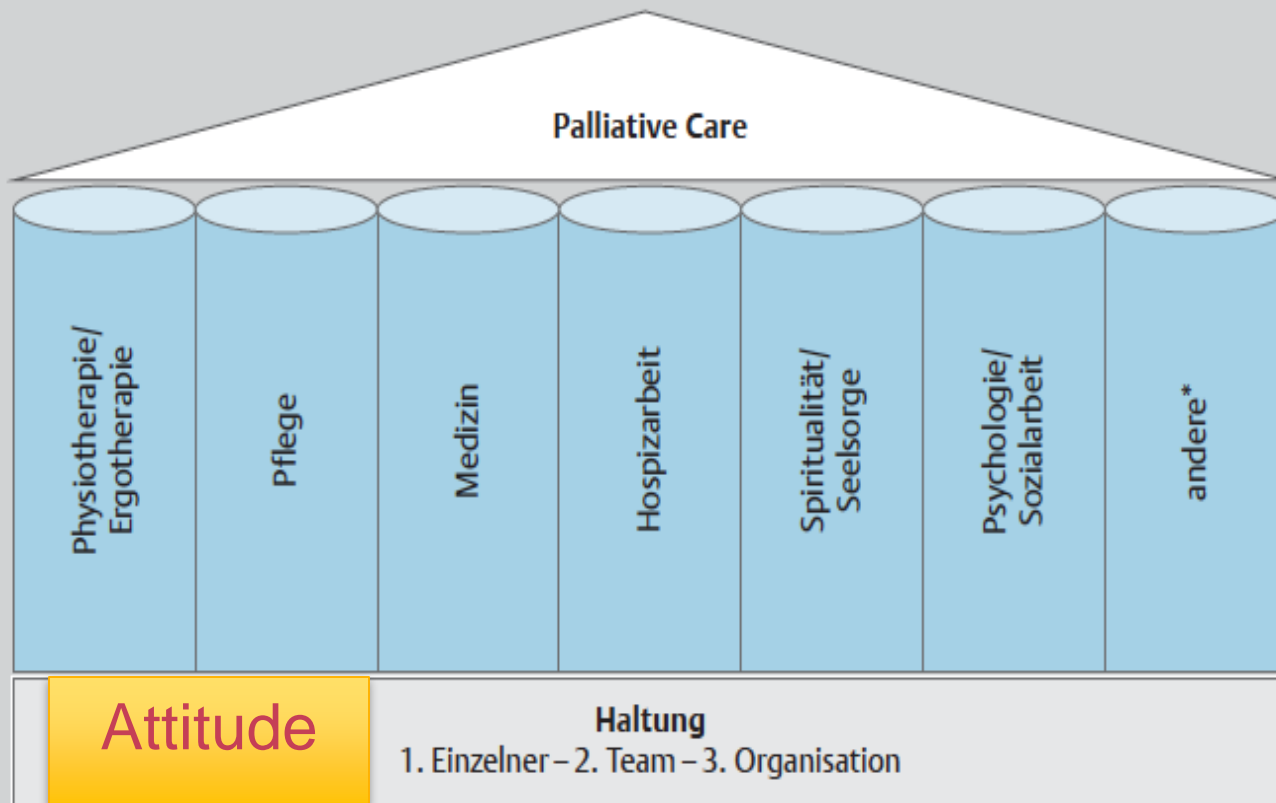
# First Aid in the kindergarten

Motivation to help others and attitude are of outmost importance

Participants should not be afraid to help because of possible mistakes



# Attitude is the foundation of Palliative Care



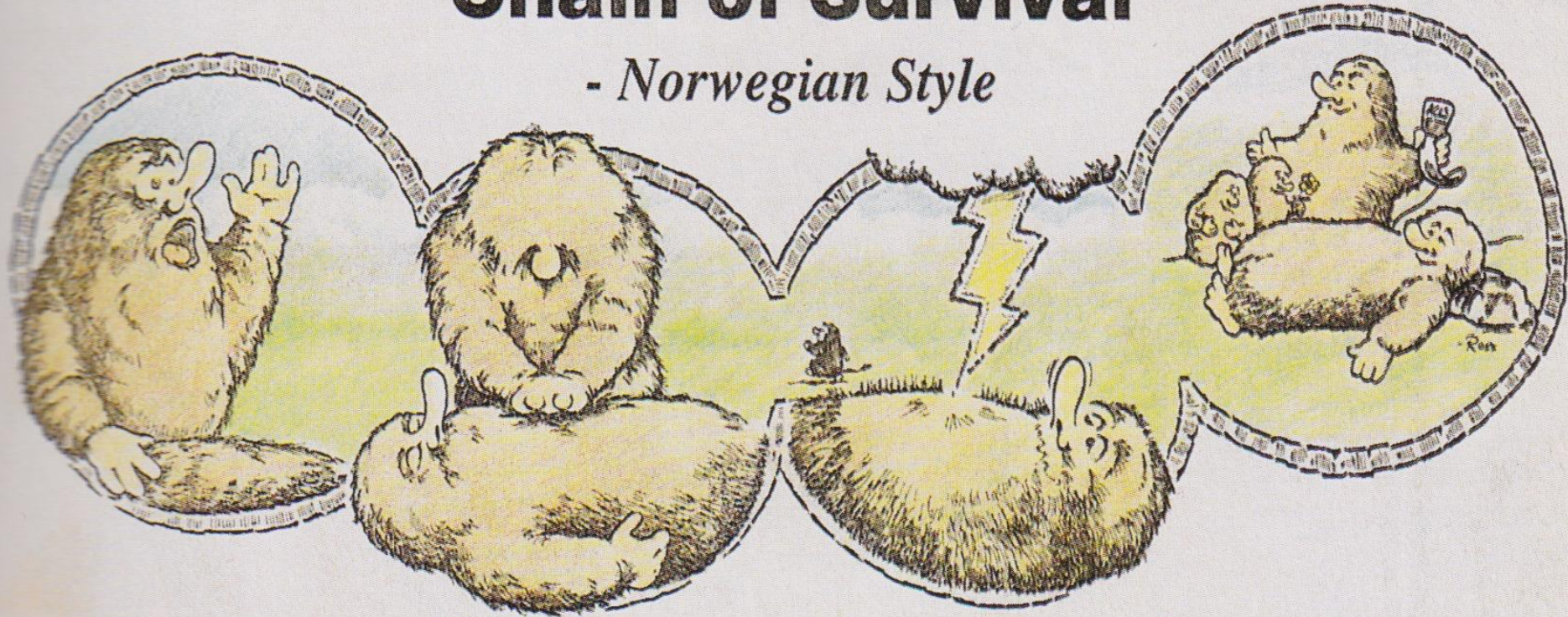
**Abb. 2** Die Basis und die Säulen von Palliative Care. \*Freiwillig Engagierte, ehrenamtliche Helfer, Geschäftsführung, andere Berufsgruppen und Angehörige (nach Bollig et al. Z Palliativmed 2010; 11: 304–313).

\*Freiwillige Engagierte, ehrenamtliche Helfer, Geschäftsführung, andere Berufsgruppen und Angehörige.

# The Chain of Survival - a model from Emergency Care

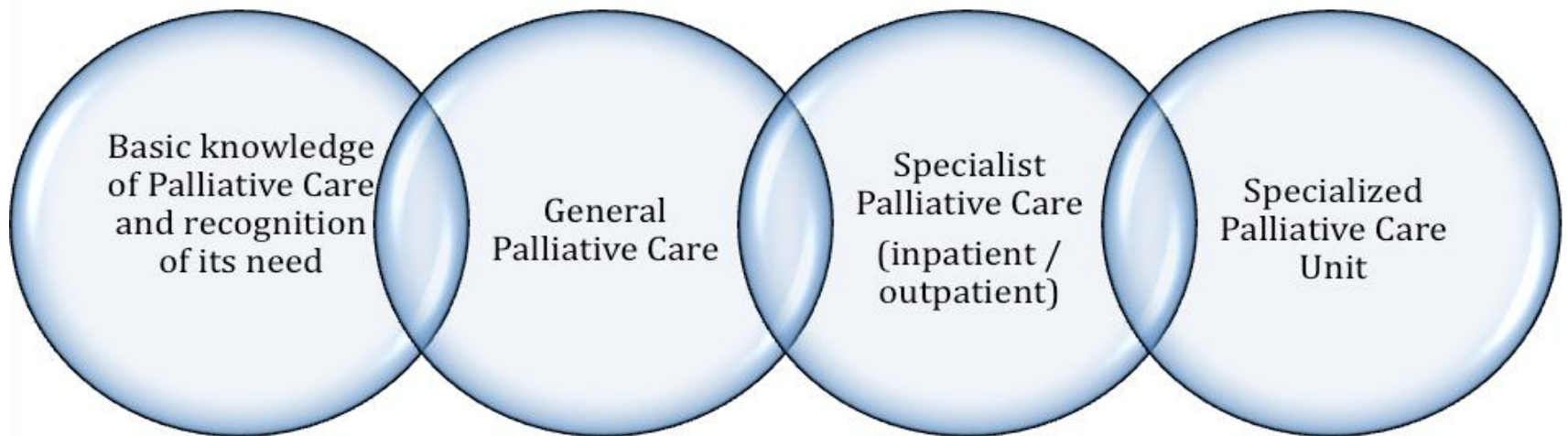
## Chain of Survival

*- Norwegian Style*



"Here we see what Norwegian inhabitants are like. They are known as Trolls."  
Dr. S.A. Hapnes, World Congress on Emergency and Disaster Medicine, Hong Kong, 1989.

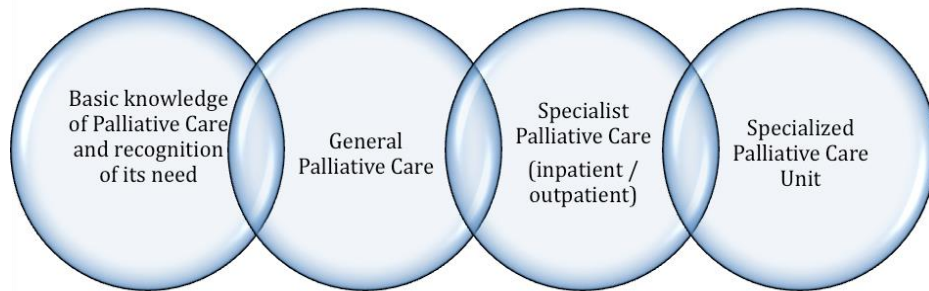
# Public knowledge approach – The Chain of Palliative Care



**Aim: to ensure the best possible quality of life**

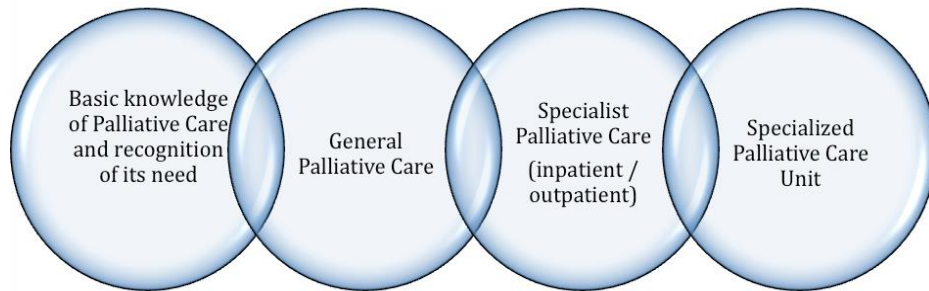
From: Bollig, G. Palliative Care für alte und demente Menschen lernen und lehren. LIT-Verlag, Wien 2010.

# Public knowledge approach – The Chain of Palliative Care



- A chain is only as strong as its weakest part
- Once the patient himself or relatives/friends have recognized the need for Palliative Care one contact should be enough to get the level of care which corresponds with the patients needs
- General Palliative Care should be provided in all health care settings and by different professions (including chaplains, social workers and others)

# Public knowledge approach – The Chain of Palliative Care

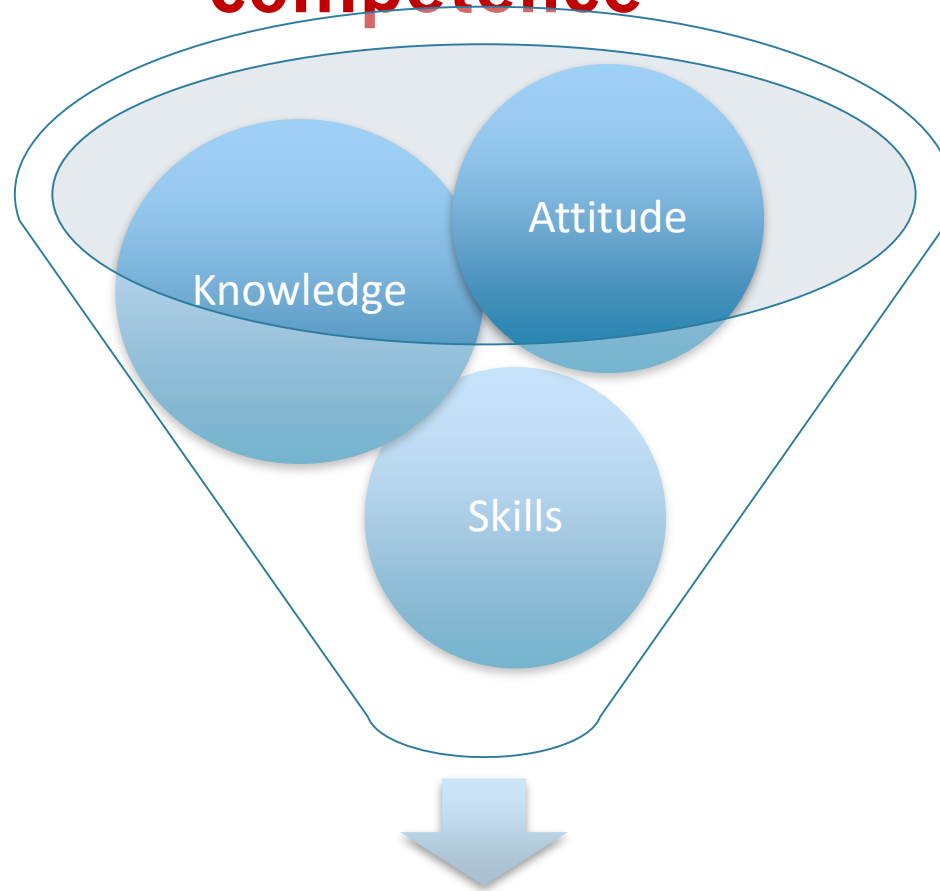


- When a general practitioner needs help to treat a patient a Palliative Care specialist should be contacted or the patient might be admitted to a specialized Palliative Care ward
- This opportunity should be accessible to patients living at home and in Nursing Homes.
- The Chain of Palliative Care can be used as teaching tool
- It may prove helpful in spreading basic knowledge in and attitude towards Palliative Care across society

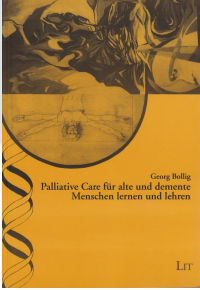
How can we educate the public?

Is it possible to change peoples  
attitude and behaviour?

# 3 components of Palliative Care competence



Palliative Care competence



...education targeted to improve knowledge  
and attitudes does not change behaviour.

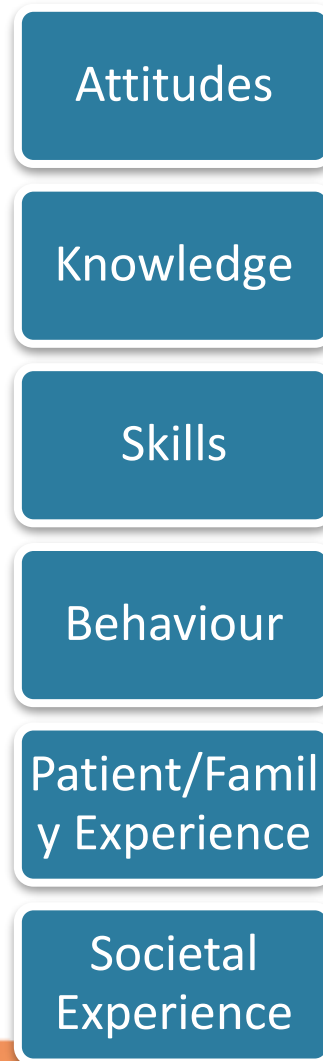
Ferris FD et al. Knowledge: Insufficient for Change.  
Journal of Palliative Medicine 2001; 4(2): 145-147

# Changing beliefs with an one-hour lecture...!?

- Study from Japan (2006-2007)
  - 607 participants (98% filled in a questionnaire)
- One-hour educational lecture by a physician
- Questionnaire before and after the lecture
- Change of beliefs regarding:
  - Feasibility of home care
  - Preference for life-prolonging treatment
  - Attitudes towards end-of-life care

Miyashita M et al. Palliative Medicine 2008; 22: 376-382

# Sequential outcomes of education (Ferris et al. 2001)



Design attitude and knowledge education  
that is practical...

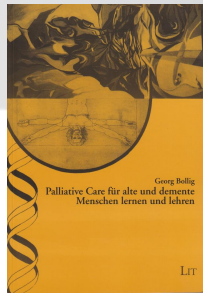
**...focus on what they need to know in  
the shortest time possible – ruthlessly  
exclude the extraneous.**

Ferris FD et al. Knowledge: Insufficient for Change.  
Journal of Palliative Medicine 2001; 4(2): 145-147

Today, the challenge is to develop  
systematic and comprehensive  
information on the quality of end of life  
care at the population level.

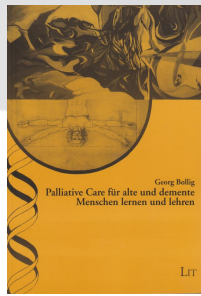
Singer PA, Wolfson M. "The best places to die" BMJ 2003; 327:173-174

# The Public Knowledge Approach



- New concept of integration of Palliative Care in the health services and the whole society
- It includes:
  - The chain of Palliative Care
  - Last Aid courses for everybody
- including school pupils and the public to bring basic knowledge into the whole society
- Knowledge about Palliative Care shall become public knowledge

# A six-step approach to education in Palliative Care for ALL



## Step 3:

Multidisciplinary basic course: 40 hours

- for health care professionals in hospitals, care for the elderly, etc, who often have to deal with patients in need of Palliative Care and dying patients (nurses, physicians, priests, social workers and others)

## Step 2:

Multidisciplinary basic course: 20 hours

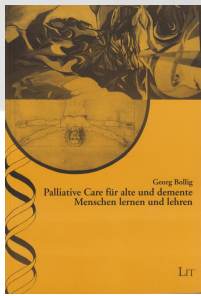
- for ALL health care professionals in hospitals, care for the elderly, etc. (nurses, physicians, priests, social workers and others)

## Step 1:

Introductory course for ALL: 2-4 hours duration

- for all professionals (physicians, nurses, etc.) and the public, including all interested people e.g. patients, relatives
- Integration into curricula of all schools – „death and dying as a normal part of the human life“

# A six-step approach to education in Palliative Care for ALL



## Step 6:

Education with a university degree (MAS/MSc) oder PhD in Palliative Care

- for leaders or researchers in Palliative Care

## Step 5:

Specialized education in Palliative Care/palliative medicine

- for physicians, nurses and others
- Multidisciplinary education, possibly incl. parts with professionspecific education

## Step 4:

Multidisciplinary basic course: 160 hours

- for health care professionals in hospitals, care for the elderly, etc., who regularly have to deal with patients in need of Palliative Care and dying patients (nurses, physicians, priests, social workers and others)

1. Background
2. The birth of an idea
- 3. The *Last Aid Course* -  
implementation and  
experiences**
4. Future perspective

# The Last Aid Course

- International multiprofessional working group from Norway, Denmark and Germany
- Basic *last aid course* with 4 modules (45 minutes each)
  1. Care at the end of life (death is normal)
  2. Advance Care planning and decision making
  3. Symptom management
  4. Cultural aspects of death and bereavement

# The Last Aid Course

- Practical aspects:
  - one afternoon or evening with two parts of 1.5 hours and a break with 30 minutes.
  - 2 certified instructors
  - 8-15 participants
  - Lecture, group-discussion, mini-groups
  - practice
- Places: hospitals, hospices, schools, churches, etc.

# 2 instructors

- Visualize teamwork in Palliative Care
- Second instructor does timekeeping and is available if participants have special needs
- It is strenuous being the only instructor
  - Questions
  - Conversations in the break
- Participants appreciate the instructor team

# Last Aid Course - module 1

Topic		Course content (examples)
Care at the end of life	"To care and to accompany"	<ul style="list-style-type: none"><li>•Caring for dying people</li><li>•The dying process</li><li>•Who cares and supports the carer?</li><li>•Hospice philosophy and Palliative Care</li><li>•What will be important for me when I have to die?</li></ul>

# Last Aid Course – module 2

Topic		Course content (examples)
Advance Care planning and decision making	"To make plans and decisions on your own"	<ul style="list-style-type: none"><li>• Basics of communication</li><li>• How can we reach god decisions?</li><li>• To make provisions (e.g. living will)</li><li>• Social networks</li></ul>

# Last Aid Course – module 3

Topic		Course content (examples)
Symptom-management	“To alleviate suffering”	<ul style="list-style-type: none"><li>•When does dying start?</li><li>•Living until the end of life</li><li>•Options to handle and alleviate pain and other distressing symptoms (drugs and non-pharmacological options)</li><li>•The role of eating and drinking at the end of life (including artificial nutrition and fluid management)</li></ul>

# Last Aid Course – module 4

Topic		Course content (examples)
Cultural aspects of death and bereavement	“To say farewell”	<ul style="list-style-type: none"><li>•Is there a right place to be?</li><li>•Death certificate</li><li>•Funeral</li><li>•Rituals around the end of life</li><li>•Grief and bereavement</li></ul>

# The first courses

## „Letzte-Hilfe-Kurs“: Wie man Sterbenden beisteht

**SCHLESWIG** Dass man nach Verkehrsunfällen Erste Hilfe leistet, ist selbstverständlich. Doch wie kann man einem Menschen helfen, der sich auf seinem letzten Weg befindet und im Sterben liegt? Mit dieser Frage hat sich der Palliativmediziner Dr. Georg Bollig vom Schleswiger Helios-Klinikum auseinandergesetzt und bietet in Anlehnung an die Erste Hilfe neuerdings



**Bollig**

„Letzte-Hilfe-Kurse“ an. Nach einem ersten Kurs bei Kooperationspartnern in Norwegen fand am Wochenende die „Deutschland-Premiere“ in Schleswig statt.

Dafür reisten der Hospizkoordinator Dirk Münch und Stefan Meyer, Leiter der Akademie für Hospizarbeit, als Verstärkung aus Nürnberg an. Die 15 Teilnehmer des Kurses kamen vom Ladies Circle und hatten oft sehr persönliche Gründe – so wie Kirsten Bahr, die den Kontakt zu Georg Bollig hergestellt hatte: „Mein Mann und

ich haben meine Schwägerin gepflegt, und nun ist mein Vater dement. Diese Fälle in meiner Familie haben mich motiviert, mich mit dem Sterben auseinanderzusetzen, bevor es zu spät ist.“

Die Veranstaltung stand unter dem Motto „Begleiten statt töten“ und war in vier Module unterteilt: Sterben als Teil des Lebens; Vorsorgen und Entscheiden; körperliche, psychische, soziale und existenzielle Nöte sowie Abschied nehmen vom Leben.

Zu Beginn erinnerte Georg Bollig an den Schweizer Henry Dunant (1828-1910), der als Begründer der Internationalen Rotkreuz- und Rothalbmond-Bewegung Ideengeber für den Kurs ist. Er hat auf dem Schlachtfeld von Solferino 1859 schwer verwundeten Soldaten beigegeben, „die ihn anflehten an ihrer Seite zu bleiben, damit sie nicht alleine sterben mussten“. So habe er „gleichzeitig Erste Hilfe und Letzte Hilfe geleistet – dies zeigt, dass es keinen Gegensatz gibt“, so Bollig. „Dafür stehe ich



**Schaumstoff-Lollis für die Mundpflege:** Hannelore Nicolaisen-Wohler (links) und Karen Mau probieren sie aus.

KRABbenhöft

auch als Person. Seit ich 17 bin, habe ich mich mit Erster Hilfe beschäftigt. Später war ich Notfallmediziner, jetzt bin ich in der Palliativmedizin.“ Als Oberarzt am Helios-Klinikum betreut und begleitet er schwerkranke Menschen mit dem Ziel, ihre Lebensqualität zu verbessern. Dabei geht er nicht nur auf ihre körperlichen Beschwerden ein, sondern auch auf die seelischen Nöte.

Wenn ein geliebter Mensch im Sterben liegt – was sich durch viele Symptome wie gesunkenem Interesse an Essen und Trinken, extremer Schwäche oder veränderter Bewusstseinslage ankündigen kann – sei es sehr wichtig, dass einfach ein nahe stehender Mensch da ist. Oft beinhaltet das auch, „zu bleiben und auszuhalten, wenn die besten Medikamente nicht mehr wirken“. Mitunter „ist

Wegsein auch wichtig“, sagte da ein Teilnehmer, und der Arzt stimmte zu: „Manche können sich erst aus dem Leben zurückziehen, wenn sie alleine sind.“ Möchte der Sterbende jedoch Hilfe, könne man ihm zuhören oder durch Bewegung oder Massagen Linderung verschaffen. Eine Letzte Hilfe kann auch die richtige Mundpflege sein, führte Stefan Meyer aus und ließ blaue Schaumstoff-Lollis herumgehen: Einmal ins Lieblingsgetränk getaucht, könne man so den Mund des Patienten befeuchten – die Teilnehmer versuchten dies im Selbsttest. Der Kurs schloss ab mit der Zeit nach dem Tod und dem Umgang mit der Trauer.

„Jeder muss Letzte Hilfe so wie Erste Hilfe können und einen Kurs machen“, meint Bollig. Daher wolle er das Wissen nicht nur an Krankenhauspersonal weitergeben, sondern zum Beispiel auch an Schüler. Vorher erfolge eine Bewertung. Die fiel in Schleswig positiv aus: „Ganz toll“, urteilen die Teilnehmer einstimmig. *kra*

- 19.11.2014 in Hyllestad at the Sognefjord, Norway
- 24.01.2015 in Schleswig, Germany
- 22.04.2015 in Skive, Denmark

# Results

- >1800 people in Germany participated in *last aid courses*
- Most participants appreciate the course and talking about death and dying in a comfortable atmosphere
- Almost all participants would recommend the course to others

# Results

## Participant comments:

- If I only had known that before it would have helped me when my aunt died.
- I appreciate the natural way to deal with the topics death and dying.
- Lively and easy although the topic is complicated.
- Clear and structured.

Bollig G, Kuklau N. Der *Letzte Hilfe* Kurs - ein Angebot zur Verbesserung der allgemeinen ambulanten Palliativversorgung durch Information und Befähigung von Bürgerinnen und Bürgern. *Z Palliativmed* 2015; 16: 210-216.

Georg Bollig og Nadine Kuklau

## **Sistehjelpskurs!**

Et kurs for folk flest om død  
og omsorg ved livets slutt, palliasjon

**Der Letzte Hilfe-Kurs – ein Angebot zur Verbesserung der allgemeinen ambulanten Palliativversorgung durch Information und Befähigung von Bürgerinnen und Bürgern**

**The Last Aid Course – A Means to Improve Palliative Care in the Community Through Information and Education of Citizens**

Bollig G, Kuklau N. Der *Letzte Hilfe* Kurs - ein Angebot zur Verbesserung der allgemeinen ambulanten Palliativversorgung durch Information und Befähigung von Bürgerinnen und Bürgern. Z Palliativmed 2015; 16:210-216.

# Pilot-course participants

- 55 participants
- 45 women and 10 men
- Age between 21 and 82 years
- 52 of the 55 participants (95%) participated in the evaluation with filling in a questionnaire

**Tab. 3** Bewertung der Kursinhalte durch die Teilnehmer.

	Anzahl der Bewertungen (n=52)			
	1	2	3	4
1. Sterben als Teil des Lebens	35 (67 %)	17 (33%)	0	0
2. Vorsorgen und Entscheiden	33 (63 %)	17 (33%)	2 (4%)	0
3. Symptome und Beschwerden lindern	41 (79%)	11 (21%)	0	0
4. Abschied nehmen	36 (69%)	15 (29%)	1 (2%)	0
<b>Beurteilung des gesamten Kurses</b>	<b>42 (81%)</b>	<b>10 (19%)</b>	<b>0</b>	<b>0</b>

Erläuterung der Bewertung: 1=sehr gut, 2=gut, 3=weniger gut, 4=mangelhaft

Bollig G, Kuklau N. Der *Letzte Hilfe* Kurs - ein Angebot zur Verbesserung der allgemeinen ambulanten Palliativversorgung durch Information und Befähigung von Bürgerinnen und Bürgern. Z Palliativmed 2015; 16:210-216.

# Recognition and prizes



**Award for Palliative Care from the German Association for Palliative Medicine 2015**

# Recognition and prizes



**startsocial - invitation to chancellor Angela Merkel 2015**

(photo: startsocial / Thomas Effinger)



21<sup>st</sup> International Congress on  
**Palliative Care**  
21<sup>e</sup> Congrès International sur les  
**soins palliatifs**

October 18-21  
Du 18 au 21 octobre  
**2016**  
MONTREAL

Session D09-A Compassionate Communities

# The Last Aid Course – teaching the public about Palliative Care

## Georg Bollig

Dr. med, MAS Palliative Care, DEAA

<sup>1</sup>Palliative Care Team, Dep. of Pulmonology and Oncology, Medical Center, Hospital of Southern Jutland, Sønderborg, Denmark

<sup>2</sup>University of Bergen, Dep. of Clinical Medicine, Bergen, Norway,

<sup>3</sup>HELIOS Klinikum Schleswig, Dep. of Palliative Care and Pain Therapy, Schleswig, Germany,

<sup>4</sup>Norwegian Palliative Association, Oslo, Norway



Umsorgen und begleiten am Lebensende – Modellhafte Bevölkerungskurse

«Letzte Hilfe» ist ein von Dr. Georg Bollig, Prof. Andreas Heller und Manuela Völkel am Institut für Palliative Care und Organisations-Ethik, Fakultät für interdisziplinäre Forschung und Fortbildung der Universität Klagenfurt, Wien, Graz (IFF-Wien) entwickeltes Kursprogramm zur Verankerung der Hospizkultur in der Breite der Gesellschaft. Die mehrfach ausgezeichnete Idee stammt von dem Palliativmediziner und Notarzt Dr. Georg Bollig aus Schleswig und ist erwachsen aus einer Kooperation der IFF (Andreas Heller, Klaus Wegleitner) mit dem Österreichischen Roten Kreuz.

Ausgehend von der Überzeugung, dass «Letzte Hilfe» als Begleitung am Lebensende genauso selbstverständlich sein sollte wie die «Erste Hilfe», werden flächendeckend Kursleitungen ausgebildet, die berufserfahren in Hospizarbeit und Palliative Care sind. Diese sollen in Kooperation mit öffentlichen Bildungsträgern (etwa Volkshochschulen) ihr Wissen über Begleitung am Lebensende an die Bevölkerung weitergeben. Solche Letzte Hilfe-Kurse finden elementarisiert an einem Nachmittag oder Abend statt und umfassen vier Unterrichtsstunden.

Die von der Paula Kubitschek-Vogel-Stiftung geförderte Pilotphase des Projekts (2016–2017) findet in den Bundesländern Bayern, Baden-Württemberg, Schleswig-Holstein und Sachsen statt.

Am Nachmittag des Fachtags haben Sie Gelegenheit, das Kursangebot anhand von Workshops exemplarisch kennenzulernen. Bitte melden Sie sich hierzu zu einem der vier Themen-Module an.



### Die Paula Kubitschek-Vogel-Stiftung

Die Paula Kubitschek-Vogel-Stiftung ist eine gemeinnützige Stiftung bürgerlichen Rechts mit Sitz in München. Sie verfolgt das Ziel, schwerkranken Menschen in Bayern zu bestmöglicher Versorgung zu verhelfen. Mittelpunkt unserer Förderfähigkeit ist die Versorgung mit stationären Hospizen und ambulanten Strukturen in Bayern, die Unterstützung von Forschungsprojekten sowie die Ausbildung von Pflegepersonal und Ehrenamtlichen in der Hospizarbeit.

### Vorstand und Kuratorium

**Vorstand**  
Johannes Stegmaier, Vorstandsvorsitzender  
Doris Vogel, Stellvertretende Vorstandsvorsitzende  
Dr. med. Michael Kroth  
Maximilian Thyssen  
**Kuratorium**  
Dr. med. Ludwig Lutz, Vorsitzender  
Armin Schmeckel, Stellvertretender Vorsitzender  
Dr. Christian Sievi

### Geschäftsführung und Geschäftsstelle

Anne Bademacher Geschäftsführung  
Birgit Rasm Geschäftsstelle  
c/o Münster Stegmaier Rombach Family Office GmbH  
Biberscher Straße 116 | 88339 Bad Waldsee  
Telefon: 07524 9785-160 | Fax: -200  
E-Mail: geschaeftsstelle@pkv-stiftung.de  
[www.pkv-stiftung.de](http://www.pkv-stiftung.de)

### IMPRESSUM

Herausgeber: Paula Kubitschek-Vogel-Stiftung, April 2016, Fernw. Ralf Schürts, Bad Waldsee-Präsident  
Paula Kubitschek-Vogel-Stiftung, Ehrenamtliche Mitarbeiterin der Redaktion, Karin Pöhl, Ravensberg

10 Jahre (2006–2016)  
**PAULA KUBITSCHKE-VOGEL-STIFTUNG**  
Wir folgen dem Lauf des Lebens



**FACHTAG**  
**LETZTE HILFE – UMSORGEN UND  
BEGLEITEN AM LEBENSSENDE**

21. OKTOBER 2016  
MÜNCHEN | KARDINAL WENDEL HAUS

# Experiences from Germany, Norway and Denmark

- Last Aid, death and dying is discussed in the families.
- Participants do use the knowledge from the Last Aid course in real life (e.g. planning fo end-of-life care)
- Etc.

# To provide an open space and to encourage participation



- „The open discussions.“
- „The communication and the discussions.“
- > Talking about death and dying does not hurt.

# Timetable of the milestones of *Last Aid*

2008	first presentation of the concept in the Master thesis of Georg Bollig
2009	Poster presentation 11th Congress of the EAPC, Vienna
2010	Master thesis published as a book
2009-2011	Development of a Last Aid Course with 16 teaching hours in cooperation with the Austrian Red Cross and the IFF Vienna, University Klagenfurt,
2012	Honorable mention for the lecture "The public knowledge approach as educational concept for bringing Palliative Care to the public" International Palliative Care Network conference 2012

# Timetable of the milestones of *Last Aid*

- 2013 -2014 Development of a Last Aid Course with 4 teaching hours in cooperation with the Norwegian and Danish Associations for Palliative Care
- 2014-2015 First pilot courses in Norway, Germany and Denmark
- 2015 Participation in the project startsocial - Invitation to chancellor Angela Merkel 17.06.2015
- 2015 Honorable mention for the poster presentation "Teaching Palliative Care to the Public: The Last aid Course – An International Multicentre project from Norway, Denmark and Germany" International Palliative Care Network conference 2015
- 2015 Reception of an award for Palliative Care from the German Association for Palliative Medicine and the pharmaceutical company Grünenthal 19.09.2015

# Timetable of the milestones of *Last Aid*

- 2016 Publication of a handbook for last aid course participants
- 2016 The Paula Kubitschek-Vogel Stiftung in Munich, Germany finances a pilot-project to spread the last aid courses in four German regions
- 2017 First German symposium on Last Aid in Hamburg in May
- 2018? First international congress on Last Aid in Denmark?



- Handbook for participants available in Germany since 2016
- Version for Denmark and Switzerland in 2018



# "Last Aid" and "Letzte Hilfe" - registered trademarks

🇩🇪 Bundesrepublik Deutschland 🇩🇪



1. Background
2. The birth of an idea
3. The *Last Aid Course* - implementation and experiences
- 4. Future perspective**

# Where are we now?

- > 1800 people have participated in Last Aid courses in Germany
- > 500 Last Aid course instructors
- Evaluation with a questionnaire for course participants and group interviews of instructors
- First German Last Aid Symposium in Hamburg 04th May 2017

# Where are we now?

- Instructor courses are ongoing to spread the *last aid course*
- Number of instructors educated within 2015-2017
  - Norway > 70
  - Denmark > 60
  - Germany > 400
  - Austria 2, Switzerland 2, Sweden 1
- Meetings of the international working group
  - Once every year (to every other year)

# Comments from some Last Aid course instructors

- "it is fun to teach and it is getting better and better. The interest and the comments from the participants are encouraging!"
- "Thanks for the concept! It works fine."
- "Every course is different."
- "It is fun to teach."



**LAST AID**

**Last Aid  
international**

**International  
Last Aid working  
group**

**Germany  
Letzte Hilfe**

**Switzerland  
Letzte Hilfe**

**Scotland?**

**Other  
countries?**

**Denmark  
Sidstehjælp**

**Austria  
Letzte Hilfe**

**Ireland?**

**Norway  
Sistehjelp**

**Sweden**

**Canada?**

**Last Aid international - the Last Aid Movement**

# Challenges in different countries

- A major challenge in the participating countries is to find organisations that can distribute the concept in their respective countries.
- Participating organisations can be associations for palliative care, the church or others.
- Major issues discussed at present are the adaptation of the curriculum to local needs as for example the legislation about advance care planning, etc. and possible local variations of the concept.
- In the future the working group will have to address the amount of standardization needed versus local adaptation.

# How can we investigate the effects of the Last Aid course?

## *Quantitative evaluation:*

- Short questionnaire for course participants
- Rating of the course modules on four-point scale
- 4 questions with yes or no possibility

## *Qualitative evaluation:*

- Short questionnaire for course participants with open questions about their impressions and further commentary
- Written commentary of course participants
- Focus group interviews of *Last Aid Course* instructors
- Follow-up interviews of participants?

# My vision:

- Public education in Palliative Care with Last aid courses will become as normal as First aid education
- Everyone working in health care including nursing home care will be educated in Palliative Care
- Implementation of the six-step model of Palliative Care education
- Palliative Care should be available for ALL in need!!!  
...and without geographical differences

# The future of Palliative Care



Aim:  
If you need palliative care,  
you can get it  
everywhere.

# Conclusions

- The Chain of Palliative Care is a model for integration of Palliative Care in the health services and the public
- The Public Knowledge Approach is a new concept for implementation of Palliative Care in the public and to enhance knowledge about Palliative Care for ALL
- A short Last Aid Course implemented in the public school education and offered to all interested people could spread Palliative Care in the society
- These concepts are helpful in spreading basic knowledge in and attitude towards Palliative Care across the whole society

# Conclusions

- The aim of the *last aid course* to stimulate people to talk about death and dying works
- The last aid course is helpful to spread basic knowledge about Palliative Care
- International cooperation will expand
- Further research on the implementation of the last aid course is needed and is planned
- **Future efforts should try to combine Last Aid courses, telemedicine and compassionate communities**

# Funding sources and supporters

- **The project has been supported and/or awarded by:**
  - Bergen Red Cross Nursing home
  - The Norwegian Medical Association
  - The Norwegian Ministry of Education and Research
  - The Norwegian Association for Adult Learning (NAAL)
  - Norwegian Federation of Commercial and Service Enterprises
  - The Norwegian Association for Palliative Care
- The Danish Association for Palliative Care
- The German Association for Palliative Medicine
- Startsocial, Germany
- Paula-Kubitschek-Vogel foundation, Munich, Germany

# Information and literature

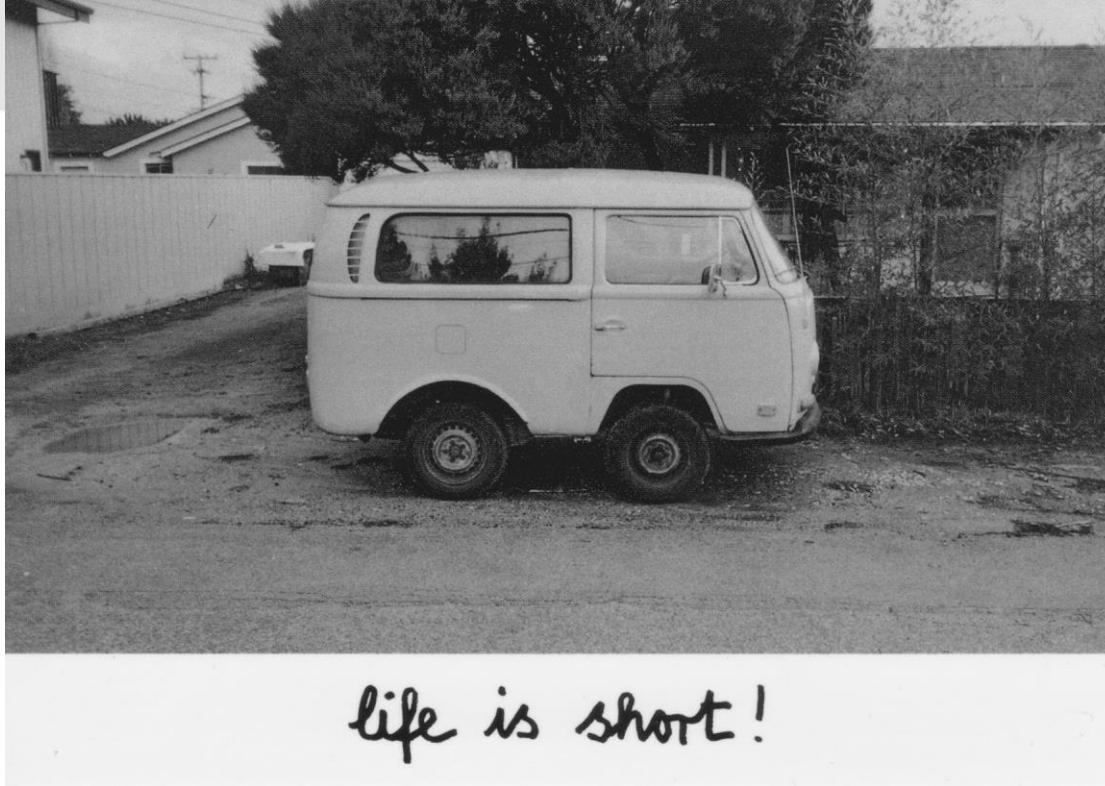
- Bollig G, Heller A. The *last aid course* - a simple and effective concept to teach the public about palliative care and to enhance the public discussion about death and dying. Austin Palliat Care 2016
- Bollig G, Kuklau N. Der *Letzte Hilfe* Kurs - ein Angebot zur Verbesserung der allgemeinen ambulanten Palliativversorgung durch Information und Befähigung von Bürgerinnen und Bürgern. *Z Palliativmed* 2015; 16: 210-216.
- [www.letztehilfe.info](http://www.letztehilfe.info) (German)



# The way ahead...

- The working group will expand
  - Austria, Switzerland, Ireland, Sweden, Scotland, etc.
- Handbook for participants
  - In German, English is planned
- 1st German Last Aid congress 2017
- 1st International Last Aid congress planned in 2018





Thank you very much for your interest!

Feel free to contact me if you have any questions:

[georg.bollig@rsyd.dk](mailto:georg.bollig@rsyd.dk)

[kontakt@letztehilfe.info](mailto:kontakt@letztehilfe.info)