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

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

1Palliative Care Team, Department of Pulmonology and Oncology, Medical Center, Hospital of Southern Jutland, Sønderborg, Denmark
2Focused Research Unit in Palliative Care, Institute of Regional Health Research, University of Southern Denmark
3Last Aid International - the Last Aid Movement

© Dr. med. Georg Bollig - Last Aid International
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:

The world’s population in all countries will age...
Median population age, 2013–2050

- **North America**: 37 → 41
- **Europe**: 40 → 46
- **Asia**: 29 → 40
- **Latin and South America**: 27 → 41
- **Africa**: 19 → 25
- **Oceania**: 32 → 37

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 km²; 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 area of 3538 km² and 227754 inhabitants. The organization of Palliative Care for the region is described and statistics from the year 2014 are presented.

METHOD (CONTINUED)

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

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.

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.

<table>
<thead>
<tr>
<th>Year 2014</th>
<th>Total number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consultation by telephone</td>
<td>4720</td>
</tr>
<tr>
<td>Visit in the patients home</td>
<td>551</td>
</tr>
<tr>
<td>Visit in the hospital</td>
<td>643</td>
</tr>
<tr>
<td>Visiting outpatients in the department</td>
<td>88</td>
</tr>
<tr>
<td>Visits in the hospice</td>
<td>1511</td>
</tr>
</tbody>
</table>

• Table. 1: Patient contacts of the Palliative Care Team

Fig. 1: The region of Southern Jylland
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

HEART ATTACK!

Produced by Imre Horvath
“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.
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 utmost importance

Participants should not be afraid to help because of possible mistakes
Attitude is the foundation of Palliative Care
"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.
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)
• 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 people's attitude and behaviour?
3 components of Palliative Care competence

Knowledge

Attitude

Skills

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

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

Sequential outcomes of education (Ferris et al. 2001)

- Attitudes
- Knowledge
- Skills
- Behaviour
- Patient/Family Experience
- Societal Experience
Design attitude and knowledge education that is practical…

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

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
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“

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

**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)

**Step 5:**
Specialized education in Palliative Care/palliative medicine
- for physicians, nurses and others
- Multidisciplinary education, possibly incl. parts with profession-specific education

**Step 6:**
Education with a university degree (MAS/MSc) oder PhD in Palliative Care
- for leaders or researchers in Palliative Care
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 strenous being the only instructor
  - Questions
  - Conversations in the break
- Participants appreciate the instructor team
## Last Aid Course - module 1

<table>
<thead>
<tr>
<th>Topic</th>
<th>Course content (examples)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care at the end of life</td>
<td>• Caring for dying people</td>
</tr>
<tr>
<td></td>
<td>• The dying process</td>
</tr>
<tr>
<td></td>
<td>• Who cares and supports the carer?</td>
</tr>
<tr>
<td></td>
<td>• Hospice philosophy and Palliative Care</td>
</tr>
<tr>
<td>“To care and to accompany”</td>
<td>• What will be important for me when I have to die?</td>
</tr>
<tr>
<td>Topic</td>
<td>Course content (examples)</td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Advance Care planning and decision making</td>
<td>&quot;To make plans and decisions on your own&quot;</td>
</tr>
<tr>
<td>• Basics of communication</td>
<td>• How can we reach god decisions?</td>
</tr>
<tr>
<td>• To make provisions (e.g. living will)</td>
<td>• Social networks</td>
</tr>
<tr>
<td>© Dr. med. Georg Bollig - Last Aid International</td>
<td></td>
</tr>
<tr>
<td>Topic</td>
<td>Course content (examples)</td>
</tr>
<tr>
<td>------------------------------</td>
<td>------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Symptom-management</td>
<td>• When does dying start? • Living until the end of life • Options to handle and alleviate pain and other distressing symptoms (drugs and non-pharmacological options) • The role of eating and drinking at the end of life (including artificial nutrition and fluid management)</td>
</tr>
<tr>
<td>“To alleviate suffering”</td>
<td></td>
</tr>
</tbody>
</table>
## Last Aid Course – module 4

<table>
<thead>
<tr>
<th>Topic</th>
<th>Course content (examples)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cultural aspects of death and bereavement</td>
<td></td>
</tr>
<tr>
<td>“To say farewell”</td>
<td>• Is there a right place to be?</td>
</tr>
<tr>
<td></td>
<td>• Death certificate</td>
</tr>
<tr>
<td></td>
<td>• Funeral</td>
</tr>
<tr>
<td></td>
<td>• Rituals around the end of life</td>
</tr>
<tr>
<td></td>
<td>• Grief and bereavement</td>
</tr>
</tbody>
</table>
"Letzte-Hilfe-Kurs": Wie man Sterbenden beisteht


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.


© Dr. med. Georg Bollig - Last Aid International
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.

Georg Bollig og Nadine Kuklau

**Sistehjelpsikkurs!**
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*

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.

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

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

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

Georg Bollig
Dr. med., MAS Palliative Care, DEAA
Palliative Care Team, Dep. of Pulmonology and Oncology, Medical Center, Hospital of Southern Jutland, Sønderborg, Denmark
University of Bergen, Dep. of Clinical Medicine, Bergen, Norway,
HELIOS Klinikum Schleswig, Dep. of Palliative Care and Pain Therapy, Schleswig, Germany,
Norwegian Palliative Association, Oslo, Norway

Letzte Hilfe ist eine Form Dr. Georg Bollig, Prof. Andreas Heller und Manuela Wißel am Institut für Palliative Care und Organisationen. Ziel ist es, Individuen für interdisziplinäre Forschung und Fortbildung sowie die Kenntnisse der Universitäten über Frühwarnsignale zu fördern. Es handelt sich um eine Kooperation mit den Krankenhäusern Berliner Kreuz und Rush University in Chicago.


Geschäftsführung und Geschäftsstelle
Rüdiger Hahn GmbH
Hamburg-Irlandstraße 55
22307 Hamburg

Tel.: +49 (0)40 42 24 35 0
Fax: +49 (0)40 42 24 35 15

www.pal-stiftung.de
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 for end-of-life care)
• Etc.

© Dr. med. Georg Bollig - Last Aid International
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.
<table>
<thead>
<tr>
<th>Year</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>first presentation of the concept in the Master thesis of Georg Bollig</td>
</tr>
<tr>
<td>2009</td>
<td>Poster presentation 11th Congress of the EAPC, Vienna</td>
</tr>
<tr>
<td>2010</td>
<td>Master thesis published as a book</td>
</tr>
<tr>
<td>2009-2011</td>
<td>Development of a Last Aid Course with 16 teaching hours in cooperation with the Austrian Red Cross and the IFF Vienna, University Klagenfurt,</td>
</tr>
<tr>
<td>2012</td>
<td>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</td>
</tr>
<tr>
<td>Year</td>
<td>Event Description</td>
</tr>
<tr>
<td>----------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>2013-2014</td>
<td>Development of a Last Aid Course with 4 teaching hours in cooperation with the Norwegian and Danish Associations for Palliative Care</td>
</tr>
<tr>
<td>2014-2015</td>
<td>First pilot courses in Norway, Germany and Denmark</td>
</tr>
<tr>
<td>2015</td>
<td>Participation in the project startsocial - Invitation to chancellor Angela Merkel 17.06.2015</td>
</tr>
<tr>
<td>2015</td>
<td>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</td>
</tr>
<tr>
<td>2015</td>
<td>Reception of an award for Palliative Care from the German Association for Palliative Medicine and the pharmaceutical company Grünenthal 19.09.2015</td>
</tr>
</tbody>
</table>
# Timetable of the milestones of Last Aid

<table>
<thead>
<tr>
<th>Year</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>Publication of a handbook for last aid course participants</td>
</tr>
<tr>
<td>2016</td>
<td>The Paula Kubitschek-Vogel Stiftung in Munich, Germany finances a pilot-project to spread the last aid courses in four German regions</td>
</tr>
<tr>
<td>2017</td>
<td>First German symposium on Last Aid in Hamburg in May</td>
</tr>
<tr>
<td>2018?</td>
<td>First international congress on Last Aid in Denmark?</td>
</tr>
</tbody>
</table>
• Handbook for participants available in Germany since 2016
• Version for Denmark and Switzerland in 2018
"Last Aid" and "Letzte Hilfe" - registered trademarks
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 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?
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.

Last Aid
(Death cafe)

Tele-medicine

Compassionate communities

© Dr. med. Georg Bollig - Last Aid International
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
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


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    kontakt@letztehilfe.info