

# Early integration of palliative care into standard oncologic care: the development of a network for integrated oncology and palliative care in a rural European region.

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## Background:

- The early integration of palliative care in the course of cancer treatment was discussed recently in the US<sup>1</sup>. 1) N Engl J Med 2010; 363:733-742

## However:

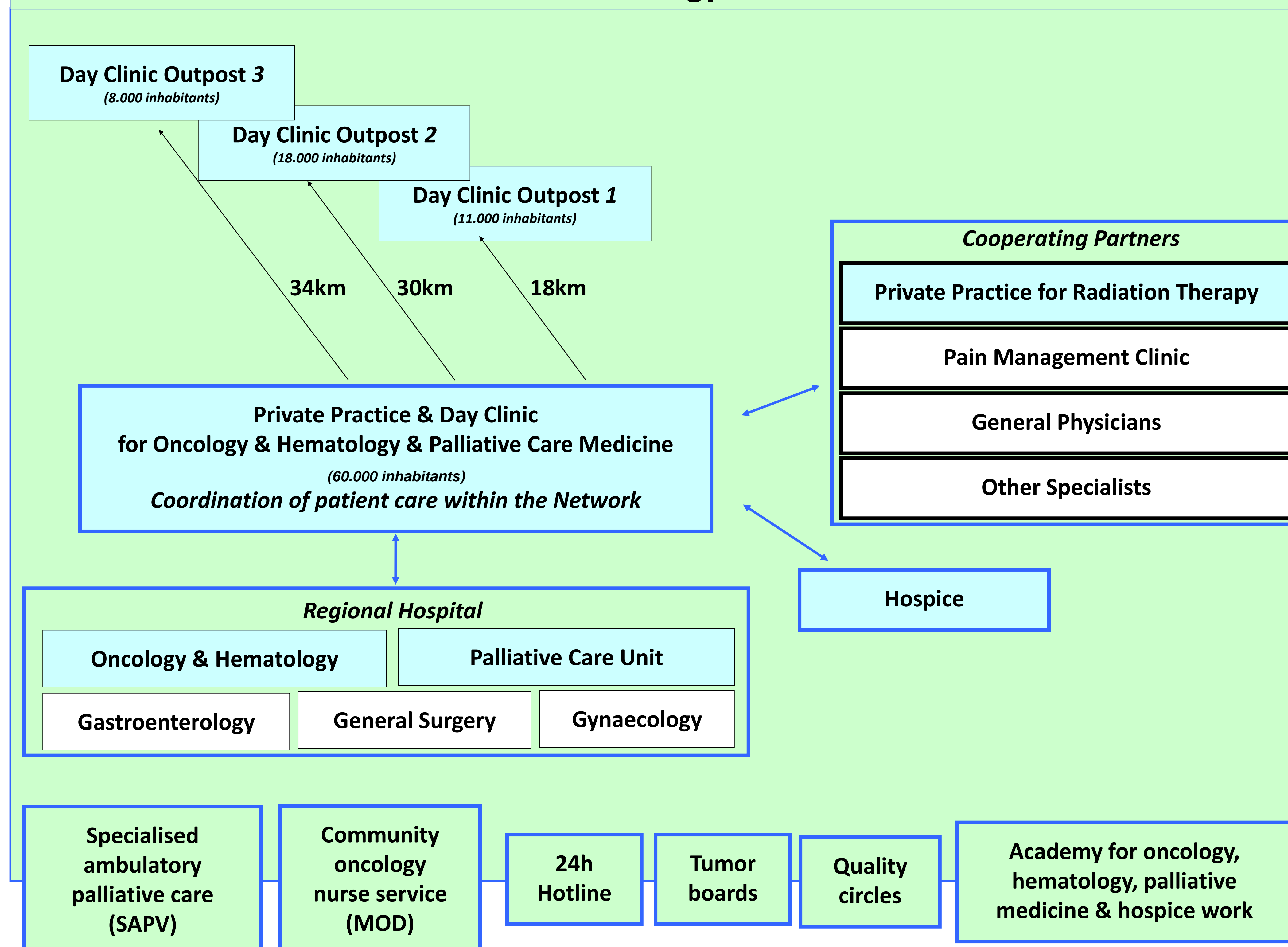
- Oncological and palliative services differ significantly between the US and the EU and also within the EU.
- There are disparities between the rural and urban situation within one health system.
- Organisational structures can not easily be transferred or even compared.
- Simple calling for a palliative care physician or palliative care team does not take into account the different needs in varying tumour entities and disease courses, differences of specialisations of oncologists and health care systems as well as financial aspects.
- Comprehensive Cancer Centres might be able to provide the whole spectrum of the proposed services, but most of cancer patients in Europe are not treated at these centres.

## Characteristics of care in rural areas

- low frequency of specialists or qualified clinics
- long distances to clinics, to comprehensive cancer centres, and clinical trial units
- insufficient public transport service
- differences in mentality between rural and urban cancer population
- growing difficulties recruiting qualified oncologists, general practitioners and other medical staff



## The Landshut Network for Oncology and Palliative Care Medicine



## We conclude the following points to be essential:

- Palliative care should be included in the oncology training, and there should be regular scientific updates for palliative treatments of different cancer types.
- The principle of continuous care: e.g. the oncologist follows the patient until his death, even when end-of-life care is provided by a palliative care team, and the patient can stay in contact with the doctor seen at time of cancer diagnosis.
- As part of a network of all required services for palliative care (e.g. ambulatory and inpatient palliative care team, hospice) the oncologist must be able to manage patients' needs.
- The personal communication between the health care professionals within the network is elementary.
- Counselling and support for the patients' relatives must be offered. The degree of palliative care versus oncological care should be balanced depending on patients' wish and the stage of the disease.

- The Network has been accredited by the ESMO (Designated Centre of Integrated Oncology and Palliative Care) in 2010 and the DGHO in 2011.
- The network is situated in the rural region (220.000 inhabitants) of Lower Bavaria, Germany.
- The network aims to improve cancer care and palliative care service with regard to the special needs of the rural cancer population.
- Core of the network is a close co-operation between a private practice for oncology & hematology and a regional hospital. All diagnostics and therapies are organised centrally.
- Counselling for all social aspects of illness are offered
- Support for patient's relatives are offered (e.g. support group for children whose parents have cancer)