

Health Promotion and Palliative Care

Bruce Rumbold, Palliative Care
Unit, School of Public Health, La
Trobe University, Victoria, Australia

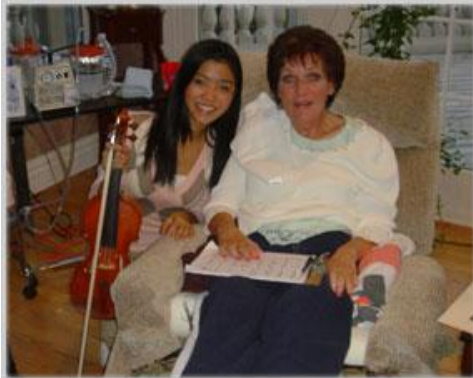
The great majority of people who are living with cancer and other life limiting or terminal diseases spend their time with families, work mates and friends, outside of any formal health care system. Many people feel unprepared when such illnesses befall them or others. In many of our local communities we need to relearn the old ways of caring for one another – those persons who are dying and those left behind (Kellehear 2005).



Health promotion in palliative care is about:



➤ Building on the community's ability to help care for those with a life threatening illness as neighbours, family, friends and workmates



➤ Reminding the community of the place of dying and death as a part of life

Palliative Care in Australia

- UK hospice influence
- Local community-initiated programs
- Survival: engaging the health system
- Mainstreaming (accessing government funding) – different models in different states
- Needs-based service provision

Mainstreaming: hospice becomes palliative care

- Gains:
 - Recurrent health care funding
 - Improved population access to palliative care
 - Career pathways for practitioners
 - Secularisation

Mainstreaming: hospice becomes palliative care

- Risks arising from:
 - Clinical dominance of philosophy of care
 - Professionalisation
 - Loosening of links with local community
 - Competitive tendering disrupting information sharing, standards and accountability

Key requirements of mainstreaming

- Medical practitioner support and involvement
- Political/bureaucratic support
- Continuing community acceptance of medical management of dying

Under-developed areas of palliative care

- Social and spiritual aspects of care
- Social science, public health, philosophical and theological perspectives
- Early stage care
- Attention to the settings in which people live their dying

What's a (new) public health perspective?

- Health is more than just the absence of disease or disability
- Health is created in communities that attend to the richness of human experience
- A healthy environment is a fundamental requirement for health
- Strategies to address health needs involve much more than simply providing “health services”.

What is health promotion?

In promoting health we should

- Build public policies that support health
- Create supportive environments
- Strengthen community action
- Develop personal skills
- Reorient health services

Health Promoting Palliative Care

- Provide education and information for health, death and dying
- Provide social supports, both personal and communal
- Encourage interpersonal reorientation
- Encourage reorientation of palliative care services
- Combat death-denying health policies and attitudes

- Kellehear, A. (1999) *Health Promoting Palliative Care*, Melbourne, Oxford University Press

Reception

- A spectrum of response (yes, no, maybe ..)
- Health and dying in the same sentence?
- The ambiguity of 'public health'

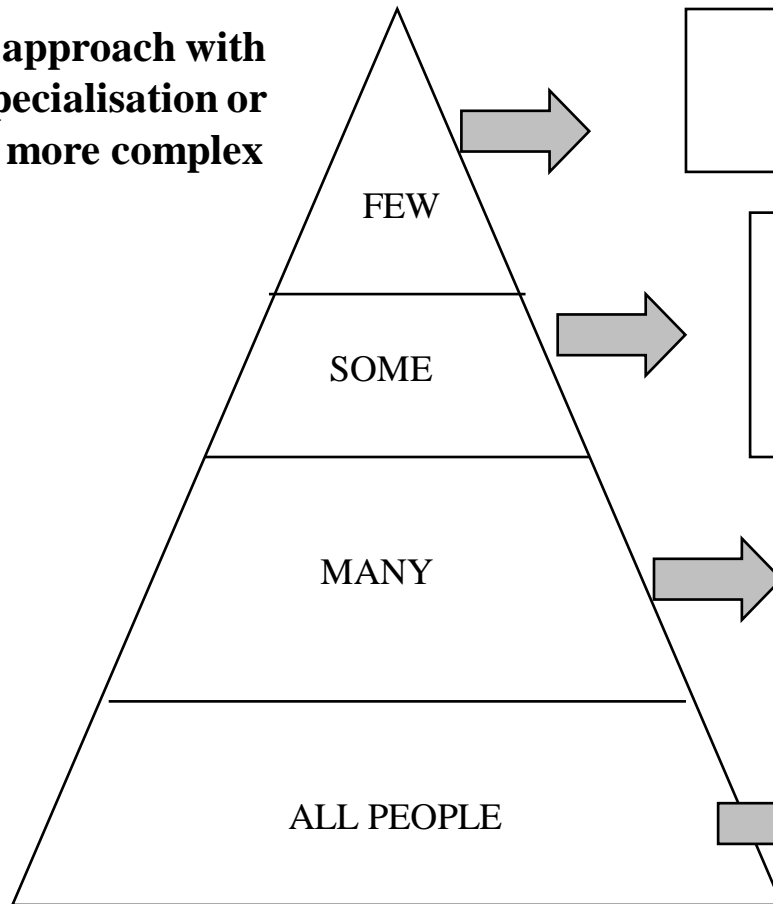
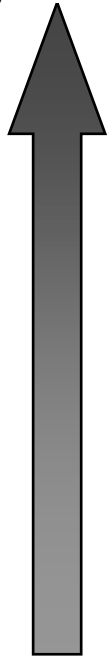
Implementation

- Life Support Program
- Incorporation in Palliative Care Australia policy
- Schools-based death education program
- Building rural community capacity through volunteering
- Integrating HPPC in a palliative care service
- Workplace support
- Strengthening palliative care in Victoria through health promotion

Levels of Need

Fitch (2000)

The step-up approach with increasing specialisation or intensity for more complex needs



- Intensive or comprehensive care for acute or complex and multi-factorial psychological and social problems.

- Specialist care for identified issues eg depression, anxiety, relationship problems and more complex physical or social issues.

- Link with self-help and peer support programs
- Access practical assistance
- Participate in psycho-educational groups
- Behavioural interventions eg relaxation

- Respectful and dignity conserving care
- Good communication and information
 - Screening for need.

Public Health Palliative care requires:

- A policy framework that recognises and legitimates community-based initiatives
- Partnerships amongst healthcare providers and community organisations to extend and enhance palliative care practice
- Local community action to raise awareness and develop community capacity in end-of-life care

Partnerships: levels of engagement

- Strengthening a community's capacity to care for members currently encountering death and loss
- Building resilience to deal constructively with limitations and change
- Develop social capital, the foundation of resilience and capacity to care

HPPC Programs

- Strengthening Palliative Care Through Health Promotion
 - Funded by DHS Victoria
 - Health Promotion Workers appointed, funded, trained and supervised to work with regional palliative care consortia
 - Developing partnerships with variety of local agencies, organisations and individuals
 - Support locally-initiated projects

The Big Seven

1. PREVENTING social difficulties around death, dying, loss
2. HARM-MINIMISING difficulties
3. INTERVENING EARLY to address difficulties
4. Changing SETTING or ENVIRONMENT
5. PARTICIPATORY
6. SUSTAINABLE
7. EVALUATED

At least one of 1-3, and all of 4-7, should be demonstrated

WHO Demonstration Projects in Palliative Care

- Catalonia (7m inhabitants, 143 palliative care doctors)
- Kerala (32m inhabitants, six palliative care doctors). Neighbourhood Network in Palliative Care provides free care to 8000 patients through 7000 volunteers supported by trained professionals and some inpatient facilities.

- NHS End of Life Care Strategy – increasing recognition that preparation is needed if end of life conversations are to be constructive
- End of Life Charter (Public Health North East)

Going forward: Hurdles to negotiate

- Health services or health promotion approaches?
- Palliative care, or end of life?
- Integration or absorption of palliative care?
- Working the boundaries:
 - Opportunity or risk; health services or community control
- Evidence based policy:
 - Genuine choice; right options for the right people; preserve social identity and contribution

Next Steps

- Going back to the future – strategies for returning knowledge and skills to the communities that commissioned us
- Partnerships to facilitate this – especially with Primary Health Partnerships (precursors of Comprehensive Primary Healthcare Networks?)
- Modest investment – appoint regional palliative care health promotion workers: because designated people are necessary to effect policy change