

Comparison of topics raised by service commissioners, providers and users in a Health Technology Assessment of palliative care in six European countries.

Louise Brereton ScHARR, University of Sheffield, Sheffield, England.¹

Elizabeth Goyder ScHARR, University of Sheffield, Sheffield, England.¹

Christine Ingleton School of Nursing & Midwifery, University of Sheffield, Sheffield, England.²

Clare Gardiner, School of Nursing, University of Auckland, New Zealand.³

Jim Chilcott, ScHARR, University of Sheffield, Sheffield, England.¹

Gert Jan van der Wilt, Department of Primary and Community Care, Radboud University Medical Centre, Nijmegen, The Netherlands.⁴

Wija J Oortwijn, Health Unit, ECORYS Nederland B.V. Rotterdam, The Netherlands.⁵

Kati Mozygemba, Department of Health Services Research, University of Bremen, Bremen, Germany.⁶

Kristin B Lysdahl, Institute for Health and Society, University of Oslo, Oslo, Norway.⁷

Dario Sacchini, Institute of Bioethics, Università Cattolica del Sacro Cuore, Rome, Italy.⁸

Wojciech Leppert, Department of Palliative Medicine, Poznan University of Medical Sciences, Poznan, Poland.⁹

Background: Many people with life-limiting illnesses benefit from palliative care but services vary widely across Europe. An EU-funded project focused on developing new Health Technology Assessment (HTA) methods for assessing complex health technologies has been established using a palliative care as a case study.

Aims: To compare topics identified by stakeholders in palliative care systems across six European countries.

Methods: Stakeholders (service commissioners, providers and users) in six countries (England, Germany, Italy, Netherlands, Norway and Poland) were invited to contribute either using either a qualitative research approach or seeking stakeholder views as research partners. Using a qualitative approach, 40 individual, face-face interviews were conducted and analysed thematically. As research partners, an adapted version of the EUnetHTA core model guided 60 face-face discussions. Thematic analysis and conceptual mapping were used to identify key topics.

Findings: Although specific problems relating to common topics differ for each country, most stakeholders raised concerns about the availability and accessibility of palliative care services and resources. Additional concerns exist about palliative care provision for non-malignant diseases, over treatment at the end of life and the costs of palliative care. Ethical concerns about autonomy, whole truth telling to patients and decision making were also identified. Social awareness of palliative care is also a concern.

Discussion: Despite complex differences in the context and provision of palliative care across Europe, common topics relating to palliative care were identified. However, the nature and manifestation of some topics are country-specific.

Conclusions: Despite differences in palliative care provision across Europe, common topics for an HTA exist. Stakeholder involvement to identify both country-specific and common topics enhances the cultural sensitivity of the project scope.

co-funded by the European Union (FP7-Health-2012-Innovation, grant agreement 306141)