

"Comparison of Topics Raised by Service Commissioners, Providers and Users in a Health Technology Assessment of Palliative Care in Six European Countries"

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Background

Many people with life-limiting illnesses benefit from palliative care but services vary widely across Europe. The INTEGRATE-HTA project is developing new Health Technology Assessment (HTA) methods for assessing complex health technologies and using a palliative care as a case study. Stakeholder consultation helps to identify issues of importance in palliative care and ensure that the research is of real value¹.

Aim

To identify and compare topics identified by stakeholders in palliative care systems across six European countries to inform a Health Technology Assessment.

Methods

Professionals (service commissioners, practitioners from a range of settings and academics), patient and public (meaning patients, carers and families) stakeholders in six European countries were consulted. Co-ordinators in three countries (Germany, Italy & the Netherlands) used various qualitative research approaches and conducted a total of 44 face-face, individual and/or focus group interviews which were analysed thematically. Co-ordinators in three countries (England, Norway and Poland) engaged a total of 79 stakeholders as 'research partners' individually and/or in focus groups. An adapted version of the EUnetHTA core model² guided face-face individual or small group discussions and subsequent organisation of advice to identify key issues.

Findings

- Despite concerns about how well understood the term 'palliative care' is amongst society/the public as well as professionals, there was agreement across countries that the holistic nature of palliative care has some benefits for patients, their family and society. These benefits were particularly with regard to enhancing the quality of life for people with life limiting illnesses. However, social awareness of palliative care is a shared concern across countries.
- The funding of palliative care services, the costs to patients and carers/families as well as identifying the economic benefits of palliative care were of concern to stakeholders. The need for evidence regarding the effectiveness and cost effectiveness of palliative care was also a shared concern across countries.
- Although specific problems relating to common topics differ for each country, stakeholders in several countries raised concerns about the availability and accessibility of palliative care services and resources, notably for ethnic minority groups and people living in rural areas, amongst others. Across countries, it was noted that the organisation of palliative care services requires attention.
- Additional concerns exist about palliative care provision for people with non-malignant diseases and over treatment at the end of life. Ethical concerns about autonomy, whole truth telling to patients and decision making were also identified.

Discussion

Despite complex differences in the context and provision of palliative care across Europe, some common topics relating to palliative care were identified. However, the nature and manifestation of some topics seem to be country-specific. The findings will be used to inform the research questions for the HTA as stakeholder involvement helps to ensure that the findings are of use to the palliative care community¹.

Conclusion

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.

References

1. Bradburn, J., & Maher, J. (2005). User and carer participation in research in palliative care. *Palliative medicine*, 19(2), 91-92.
2. EUnetHTA. 2008b. Work Package 4. Core HTA on multi-slice computed tomography (MSCT) coronary angiography, [updated December 31, 2008]. Available at: <http://www.eunetha.eu/outputs/core-hta-msct-angiography>.

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