

# UEMO 2000/126

## UEMO-POLICY DOCUMENT ON PALLIATIVE CARE DRAFT

From General Medical Services Working Group  
Swedish Medical Association – 5 September 2000

The UEMO supports the definition of Palliative Care stated by the WHO (The World Health Organization):

”Palliative care is the active, total care of patients at a time when their disease is no longer responsive to curative treatment and when control of pain, or other symptoms, and of psychological, social and spiritual problems is paramount. The overall goal of palliative care is the highest possible quality of life for the patient and family.

Palliative care affirms life and regards dying as a normal process. Palliative care emphasizes relief from pain and other distressing symptoms, integrates the physical, psychological and spiritual aspects of patient care, offers a support system to help the patient live as actively as possible until death and a support system to help the family cope during the patient’s illness in bereavement.”

Palliative care shall be provided with respect for all persons’ equal value and the individual person’s dignity. The person having the greatest need of medical care shall have priority to care. No one should have to die alone and cultural differences shall be taken into consideration. As far as possible, one should have a choice as to where to be cared and also have access to patient–doctor continuity in Primary Health Care.

All dying patients, irrespective of diagnosis, should have access to palliative care.

Palliative care has four cornerstones:

1. Control of different kinds of symptoms, especially pain.  
Pain can be physical, mental, social and existential
2. Cooperation within multiprofessional teams. A doctor and a nurse are mandatory in the team.
3. A good communication and relation between the team, the relatives and the patient in order to promote quality of life of the patient.
4. Support to relatives at and after patient’s death.  
The relative needs information on the disease and its progression, knowledge on how to best be at hand and help out in the care, needs own support, care of the physical and mental well-being and assistance with practical issues.

Earlier most people died in hospitals but nowadays most people die in nursing homes etc or at home.

More and more people want to die at home if possible. The resources must be where the patients are, and most often the General Practitioner will be responsible for the care of the dying patient.

All human beings must be guaranteed a dignified death, with the highest possible quality of life until the end.