

Palliative Care & Clinical Trials and Pharmacovigilance

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Bridging primary palliative care in South Eastern Europe

Background: Exposure to death and dying had a strong influence on the present life of every citizen. Primary care workers value palliative part of their work. Most of the time, patients appreciate the contribution of the GPs, district nurses, social workers, hospices and lay support, especially if they accessible, take time to listen, allow patient and carers to ventilate their feelings, and make efforts made regarding symptom relief. While providing palliative care to patients, primary care workers often have to overcome barriers and myths.

Aim: The workshop seeks to facilitate the changes in service models, policy, education and research in primary care. It provides a backdrop for debate on the development of palliative care in primary care in South Eastern Europe.

Methods: When primary health care team start with palliative approach, it faces problems of transition from regular care to palliative care. Patient, relatives and team workers meet several problems. Usual approach to patients SOAP (subjective S = O = objective, A = Assessment, P = plan), is expected to be replaced by other protocols. The doctor and his colleagues also face a bunch of different questionnaires and rating scales, which are intended to assess the state of palliative patients. There are multiple wishes expressed by relatives. However, one should always put the patient's feelings and expectations in the first plan. Barriers, opportunities, examples of good and bad practices will be discussed at the workshop, which were focused on palliative care in primary care.

Results: Effective palliative care services should be integrated into the existing health system, especially community and home-based care. The non-specialist palliative care needs should be considered by the staff delivering the on-going care, with initial guidance and support from specialists in hospitals and specialized palliative care teams. Caring for the caregivers is an essential area of palliative care in primary care.

Conclusion: Implementation of interdisciplinary care that focuses on effective communication, individualized care plans and care coordination should be established.

Speaker Biography

Danica Rotar Pavlič was granted, on 20 April 1998 the title of Assistant for the subject Family Medicine. In 2000, she became project coordinator of IMPROVE (Improvement of older patient involvement in medical care, <http://baserv.uci.kun.nl/~improve/>) for Slovenia. This is an international project performed under the auspices of the European Community, involving 11 countries. In 2003, She became co-ordinator of the international project called PREDICT with the following participating countries: Great Britain, the Netherlands, Portugal, Spain, Estonia and Slovenia. She is and main coordinator of working group on palliative care of the Association of general practice/family medicine of South-East Europe AGP/FM SEE. She was the Vice chair of European Forum for Primary care 2010-2018. She is the President of Slovenian Association of Family Doctors for the period 2013–2017.

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