

SUPPORTING INITIATIVES

Friday 09 June 2017

GMMS LECTURE



Lecture on palliative care organized by the German Maltese Medical Society (GMMS)

Palliative care began with an attention on the care of the dying patient.

In the late 1950s Dr. Cicely Saunders announced her revolutionary concept regarding modern humane hospice care. Saunders important recommendation was that an interdisciplinary team of physicians, nurses, massagers, psychologists, pastors could relieve the pain pressure of a dying person significantly. In the 1960s, Dame Cicely said the frequently quoted phrase, hospice could „not to add days to the life, but life to the days“. This was revolutionary fifty years ago. Now in the next millennium we know, hospice in a good cooperation with palliative care is able to do both „to add life to the days and days to the life“. This is a revolutionary knowledge also, but in spite it is even unknown amongst curative professionals as well as palliative care providers. To change this is our task and mission; in Austria, in Germany, in Europe and world-wide, since 2016 with special support of the Holy See.

In the 1970th, palliative care was a real foreign word in Germany and Austria too. Dying patients were often separated in hospital bathrooms and the knowledge referring an effective pain therapy was very low.

Since 1983 with the establishment of the first palliative department at the University of Cologne and in 1986 the formation of the first hospice in Aachen an enormous development of palliative care has started in Germany and Austria. Endowed professorships for palliative medicine early founded in Bonn (1999 by Mundipharma) and Aachen (1999 by Grünenthal) gave the starting shot for multiple reestablishments of palliative hospitals with professorships in hole Germany and Austria. The speakers of this session will give an informative look inside the present situation and future developments in palliative care in both countries.

Meanwhile, in 2017, we come to the point that the real problem in practice are not the technical or medical questions of symptom control. No one has to fear severe suffering in end of life care. With the available skills control of symptoms is quite easy to learn and to use.

But alas, in spite of the undisputed symptom burden of the patient, frequently it comes to difficult situations, partly as a result of

1. lack of medical knowledge or
2. lack of experience,
3. partly through the incorrect presentation of legal conditions,
4. partly also as a result of the ethical positions of those involved.

So we come to the most important conclusion: **We need awareness for patient's problems and early integration of palliative care in any therapy of a life-threatening disease even in curative setting.**

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Chairmen of the lecture "In pain and breathless – Terrifying symptoms at the end of life"