

PRESS RELEASE

Under the World Cancer Day, the fourth edition of the Forum Against Cancer "For a comprehensive approach" focuses on: Treatment and care for all and in all stages of the disease

MULTIDISCIPLINARY TEAMS AND GRIEF SUPPORT, MAIN DEMANDS IN PALLIATIVE CARE

- *As every year, the Forum has been chaired by Her Majesty the Queen of Spain*
- *The 4th edition of the Forum Against Cancer focuses on the situation of palliative care in Spain*
- *The lack of resources and information causes that 50% of patients, 100.000 in Spain approximately, cannot access palliative care*
- *The aim of palliative care is not a "dignified death", but a dignified Life until the end, having the maximum comfort*
- *80% of the population would prefer to receive palliative care at home*
- *The aecc claims to improve the quality of palliative care including psychosocial support, trained volunteers and grief support*

Madrid, 4th February 2015.- The care for patients who suffer from advanced disease and their families has been the main theme of the fourth edition of the Forum Against Cancer, a high-level meeting organized every year by the Spanish Association Against Cancer (**aecc**) on World Cancer Day with the aim of reaching commitments and making progresses in the fight against cancer. The Forum has been headed by Her Majesty the Queen of Spain, permanent President of Honor of the **aecc** and its Scientific Foundation, and in here professionals, patients and families have discussed how to improve the palliative care in the future.

For more than two hours, the attendees shared topics on what palliative care is, patients and families' specific needs or how to ensure continuity in the treatment when the disease progresses and so to prevent situations of helplessness.

Isabel Oriol, president of **aecc** and its Scientific Foundation, focused on the need "to respect patients and families' values and preferences to receive care where they decide and to provide them with the resources to ensure the quality of the service". The president of **aecc** highlighted that "when the cancer is at an advanced stage and without possible treatment, it remains much to do and we should do it with the highest possible quality, with a comprehensive approach and multidisciplinary units". According

to her, "it is necessary a humane care that involves all the patients and families' needs, not only physical/medical but psychological, social and spiritual". In Spain there are 100.000 patients with advanced cancer who would need palliative care.

A Forum to improve the palliative care in Spain

This fourth edition of the Forum Against Cancer, divided in two parts, addressed the main aspects of the advanced disease with the aim of improving the palliative care. In the first presentation, Dr. Gómez-Batiste, Medical Officer for Palliative Care of the World Health Organization (WHO), stressed what it means to treat and care for all at all times of the disease pointing out the "need to keep continued and integrated care for patients and families and so to receive the best possible care."

The second part began with a dialogue between a close relative of a palliative patient, Beatriz Avendaño, and Dr. Marcos Gómez, doctor at a palliative unit and "V de Vida" from the **aecc**. Beatriz stated that "despite receiving very good palliative care, we could not choose where we wanted to spend the last moments." Meanwhile, Dr. Marcos Gomez highlighted that "our support to the families does not end when the patient dies we must continue caring for the family members who need it".

The final debate was moderated by Alipio Gutiérrez, president of the National Association of Healthcare Journalists (ANIS), who pointed out one of the main conclusions of this Forum "the need to enhance the information on palliative care amongst the population in general."

Main findings

The Forum has contributed to the discussion on the advanced stage of this disease, when palliative care is needed, reaching the following conclusions:

- Respect the values and preferences of patients and families to receive care in the place they choose.
- Ensure continuity of treatment throughout the disease process until the end of life.
- Ensure multidisciplinary care to patients and families including psychological, social, spiritual care, trained volunteers and grief support.
- Remove the inequity in access to palliative care.
- Training and accreditation of experts in palliative care.
- Improve the information on this type of care.

The aecc and palliative care

The **aecc** was the first social institution to start with home palliative care units for cancer patients in Spain. Since 1991, the **aecc** has been leader and pioneer in providing palliative care for cancer patients, reaching up to 62 home units in 2005. From the expertise that gives 24 years of palliative care for cancer patients and nearly 62 looking after cancer patients, the **aecc** considers that palliative care should be available for everyone and at all times of the disease and not exclusively in the final moments of life.

Given the situation showed in the study run by "Observatorio del Cáncer" from the **aecc** about the current situation in palliative care where lack of resources and inequity in the access to such care is clear, the **aecc** is working on three fundamental areas with the following objectives:

- **Information** on palliative care should be available to those affected and their families.
- **Equity** in access to palliative care in Spain.



- **Quality** of care based on a **comprehensive model at all stages of the disease meeting all the patients' needs**: physical (control of symptoms and nursing care), emotional, social and spiritual. It also asks for making progresses in offering a multidisciplinary care including support from volunteers and grief support.

Furthermore, the **aecc** has developed a qualitative study, involving patients, families and medical community (oncologists, physicians and nurses from hospitals and primary care) and one of its most striking findings has been the myths and fears around palliative care such as the perception that palliative care means imminent death; to accelerate the death, abandonment of the patient or a punishment. At this point, the **aecc** will work to improve the information and eliminate myths about palliative care.

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