



Barbara Donat-Cattin (Secretary General of Fondazione Fondiaria Sai) was talking to Philip Larkin at the 11th Congress of the European Association for Palliative Care (Vienna – May 2009) where our project was accepted as a Poster.



Mr. Larkin do you think everybody is aware of Palliative Care and its benefits, or only doctors and patients who are directly involved? Maybe more communication is needed?

In my opinion, the message of palliative care has become a little confused. This is because of the shift in WHO definition of palliative care and the need to broaden the practice of palliative care to a wider, non-cancer audience. It has raised many questions for the practitioners that remain unanswered because we lack the communication systems to do that.

Because of this, it follows that the messages we sometimes give to non-palliative care colleagues and the public is confusing as well. So, I do think a two-fold communication approach is needed – one within the palliative care and clinical health care community and one with the general public.

Our project – PPMP – integrated two disciplines: Palliative Care and Pain Therapy. Does this represent a new method of facing the problem of suffering in patients who are undergoing Palliative Care?

Clearly, it is important to get the message that the base of good palliative care is impeccable pain control. We do tend to talk in English about pain and suffering in the same context. However, it is quite possible for someone to suffer and not be in pain. The total pain concept of Cicely Saunders is a very good example of this where we need to treat the physical pain in order to work at a deeper level with the pain and suffering that comes with facing death in many cases. It is, in my opinion, important that we link pain and palliative care as long as we broaden the definition of suffering beyond simply physical pain.

How did you feel about your lectures in Belgrade and Zagreb? What were the students reactions?

I think my lectures were well received and I had many positive comments and feedback about the content and delivery of the materials. The students seemed to have relatively good knowledge and opportunity to learn about pain, but far less access to information about the psychosocial and spiritual dimension of pain. It seems that they found these lectures most interesting and very new knowledge for them, whereas it would be normal in my own country to explore these areas in classroom teaching.

Do you think our project played an important role in countries such as Croatia and Serbia?

I have no doubt that project was valuable to the students and in developing the academic links to the Universities. We had a meeting with the Director of the Medical School in Belgrade that was very helpful I believe. I also think that fact that we were in both Croatia and Serbia was important considering their past history and the idea that palliative care is able to reconcile some differences as a cause for humanity in care would be very important to me.



Our lectures took into consideration the end of life situation in Intensive Care. Do you think it is important to integrate Palliative Medicine with Intensive Care Medicine?

Absolutely. The failure of palliative care, if that is true, is that we have focused too much on our own speciality and not how we spread that into a wider arena. I think that there are great links to be made with Intensive Care, but also Geriatric Medicine, Community Care and Mental Health. The wider we can spread the messages, the better for the development of best palliative care practice

Do you think medical staff are sensitive enough in the way they deliver information to close relatives and how may this be improved?

I would agree. Unfortunately, the evidence suggests that we still lack skills in communicating bad news. This is, in my opinion, a failure in the undergraduate medical curriculum to attend to this important area so that young Doctors have skills in sensitivity, clear information giving and support for patients and relatives. It is essential that palliative care becomes integrated into the undergraduate curricula of medicine, nursing and other allied health professionals who deal with the issue of palliative care.

