



A PROJECT FOR CONTINUOUS QUALITY IMPROVEMENT OF PALLIATIVE THERAPY FOR CANCER PAIN-PATIENTS*

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In Germany palliative therapy of patients suffering from cancer pain is considered to be insufficient.

Reasons for this unacceptable situation are:

- a lack of knowledge, especially regarding the WHO-guidelines on cancer pain-management,
- inappropriate attitudes among physicians and other people working in health care,
- a lack of practical experience in the field of palliative therapy, as well as
- insufficient communication among the various health care providers (cf. Figure 2).



Figure 1: Area of Lower-Saxony where the measures of the project SUPPORT are implemented.

In the light of this problem the project SUPPORT was established in the southern region of Lower-Saxony (cf. Figure 1) in order to improve knowledge and attitudes of physicians by initiating peer-review-groups, where standard guidelines for the palliative care of cancer pain-patients will be developed and evaluated.

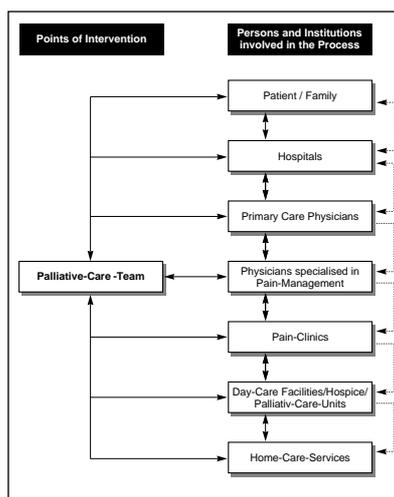


Figure 2: Medical institutions engaged in the process of optimising the outcome of palliative care.
..... Status-quo lacking sufficient interaction
————— Improvement due to palliative-care-teams

Furthermore palliative-care-teams (PCT) were established (cf. Figure 2), consisting of specialised nursing staff and physicians. These PCTs accompany patients following their discharge from the hospital, thereby improving the palliative care at home. The teams are available on a 24 hour standby-service seven days a week. Help from the PCT can be ordered by general practitioners, outpatient nursing staff as well as by the patients and their relatives.

In our opinion the work of the PCT will have the additional effect of promoting „learning by doing“ regarding all aspects of palliative therapy through the direct interaction with general practitioners (cf. Figure 2).

The effects of our interventions will be evaluated repeatedly by monitoring the patient outcome using several well-

established inventories for the assessment of quality of life (e.g. Nottingham Health Profile, EuroQOL, SF-36) and patients' satisfaction with the treatment (ZUF-8).

Before starting the program we carried out a survey in May / June 1997 covering 1.200 randomly selected physicians and using a questionnaire consisting of more than 50 items. More than 70% of the recipients have responded, about 63% have completed the questionnaire.

According to a preliminary analysis of these data less than 35% of the physicians under investigation have opioid-prescription-forms of their own. Thereby the need for a project like SUPPORT becomes quite obvious. The survey will be repeated at the end of the project after 2 years in order to assess the effects of the project.

If the strategy of SUPPORT turns out to be successful the program will be prolonged beyond the end of 1999. Also additional regions of Lower-Saxony shall then be incorporated. In order to accomplish this intention special attention will have to be paid to economic aspects of optimising palliative therapy as well. In doing this, one interesting aspect will be whether by means of the PCT-interventions recurrent hospitalisations of cancer pain-patients can be avoided when expert knowledge on palliative therapy is available for the patient at home at any time.

