

Special Article

Palliative Care in Norway: A National Public Health Model

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Abstract

Palliative care (PC) in Norway has evolved in close cooperation between the health authorities and health care professionals. A number of official reports and national plans have promoted a stepwise development of PC services on all levels of the public health care system: tertiary care, with palliative medicine units in university hospitals coupled with research groups and regional Units of Service Development; secondary care, with hospital-based consult teams, inpatient units, and outpatient clinics; and primary care, with home care and designated PC units in nursing homes. The regional Units of Service Development are specifically assigned to research, education, and audit, as well as to development and coordination of services. PC has been closely linked to cancer care and included in the national cancer strategy. Starting the organizational development at the tertiary level has been crucial for educational and audit purposes, and has provided an excellent basis for networking. The Norwegian strategy for PC has resulted in rapidly increasing quantity and quality of services, but several challenges are still pending. Further improvement of the financial reimbursement system is needed, in particular concerning the funding for PC units in nursing homes. There are also challenges related to expertise and training, including establishing a program for palliative nursing and getting palliative medicine recognized as a medical specialty. J Pain Symptom Manage 2007;33:599–604. © 2007 U.S. Cancer Pain Relief Committee. Published by Elsevier Inc. All rights reserved.

Key Words

Palliative care, organization, public health care

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Introduction

During the disease trajectory, patients with incurable illnesses will need assistance from a wide range of health care services, including community care, specialist hospital care, and inpatient as well as outpatient services. For optimal treatment, a basic level of palliative care (PC) expertise is required within all these

areas of health care, and specialist PC should be easily available to patients and professionals at all levels of services. Thus, in Norway, integration of PC into the existing health care system has been the main objective.

The Norwegian health care system is public and built on the concept of equity, including equal access to services for equal needs and services with the same standards and quality for all. The system is organized on three levels. Through family practitioners and home care services, primary or community care has the responsibility for patients staying at home, and is also responsible for the nursing homes. Hospital and specialist services are run by the State through the Ministry of Health. The country is organized into five Regional Health Authorities. Each of these provides secondary services, through smaller and larger hospitals at varying levels of expertise, whereas tertiary hospital care is provided by the university clinics.

With approximately 4.6 million inhabitants, large parts of Norway are rural areas with a scattered population. In particular, this is true for the Northern, Middle, and Western Health Care Regions, where many patients live far from the nearest hospital or university hospital, and where organizational PC models suitable for larger cities will have to be modified to be functional. Dissemination of PC expertise to remote areas is, therefore, a challenge for the Norwegian health authorities in addition to the implementation of appropriate services in general.

This paper describes the development of PC services in Norway, from the initial initiatives, through official reports, the establishment of Units of Service Development at the regional level and clinical PC programs on a university level in all health care regions, and the development of a national Standard for Palliative Care. Current status and strategy are discussed, as are future challenges, including financial reimbursement systems.

Official Norwegian Reports

During the 20th century and into the third millennium, several official reports focused on the need to improve PC within the Norwegian health care system (Table 1). The Norwegian Cancer Plan from 1997¹ represents the cornerstone for the later development. In accordance

Table 1
Recent National Official Reports Important for the Development of PC

NOU 1997:20	The Norwegian Cancer Plan
St prp no. 61 1997–98	Cancer plan (I) 1999–2003
NOU 1999:2	Plan for PC
2004	Cancer plan (II)
2004	Standard for PC
2006	Cancer strategy 2006–2009

NOU = Norwegian Official Report.

St prp no = Proposition presented to the storting (Norwegian Parliament) no. 61 1997–98.

with former reports as early as in 1984,² integration into existing services was underlined, as was the need for palliation to be a part of the total treatment and care offered to the individual cancer patient (Table 2).

Following the Cancer Plan, a national report on PC was published in 1999,³ offering further and more detailed recommendations for the organization of PC at all levels of the public health care system. For primary care, strengthened home care services and nursing home beds dedicated to PC were advocated. To ensure the necessary expertise in remote areas, it was suggested that each community should have at least one physician and one nurse with proper PC training. On the secondary level, PC teams as well as inpatient and outpatient PC units in larger hospitals were recommended, whereas on the tertiary level, in addition to having specialized PC units in university hospitals, the establishment of regional Units of Service Development was highly encouraged. These units would be responsible for the development of PC in each of the five health care regions, including audit, teaching, and research. Establishing PC chairs at all medical schools was also recommended. Thus, it was expected that scientific evaluations of the development of the “new” integrated PC model should be undertaken.^{4,5}

Based upon the reports from 1997 to 1999, the subsequent Cancer Plan 1999–2003⁶

Table 2
Key Elements in the Organization of PC in Norway

PC as part of the public health care system
PC as an integrated chain from first through secondary through tertiary care
Development of PC programs at the tertiary level as first step
PC as an integrated part of cancer care

PC = palliative care.

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