

Research Proposal:
**Recommendations for Improving the
Quality of Palliative Care for
Terminally Ill Patients**

Netta Bentur Ph.D
Myers-J.D.C Brookdale Institute, Israel

MECC Meeting, Larnaca, June 2007

Study goal

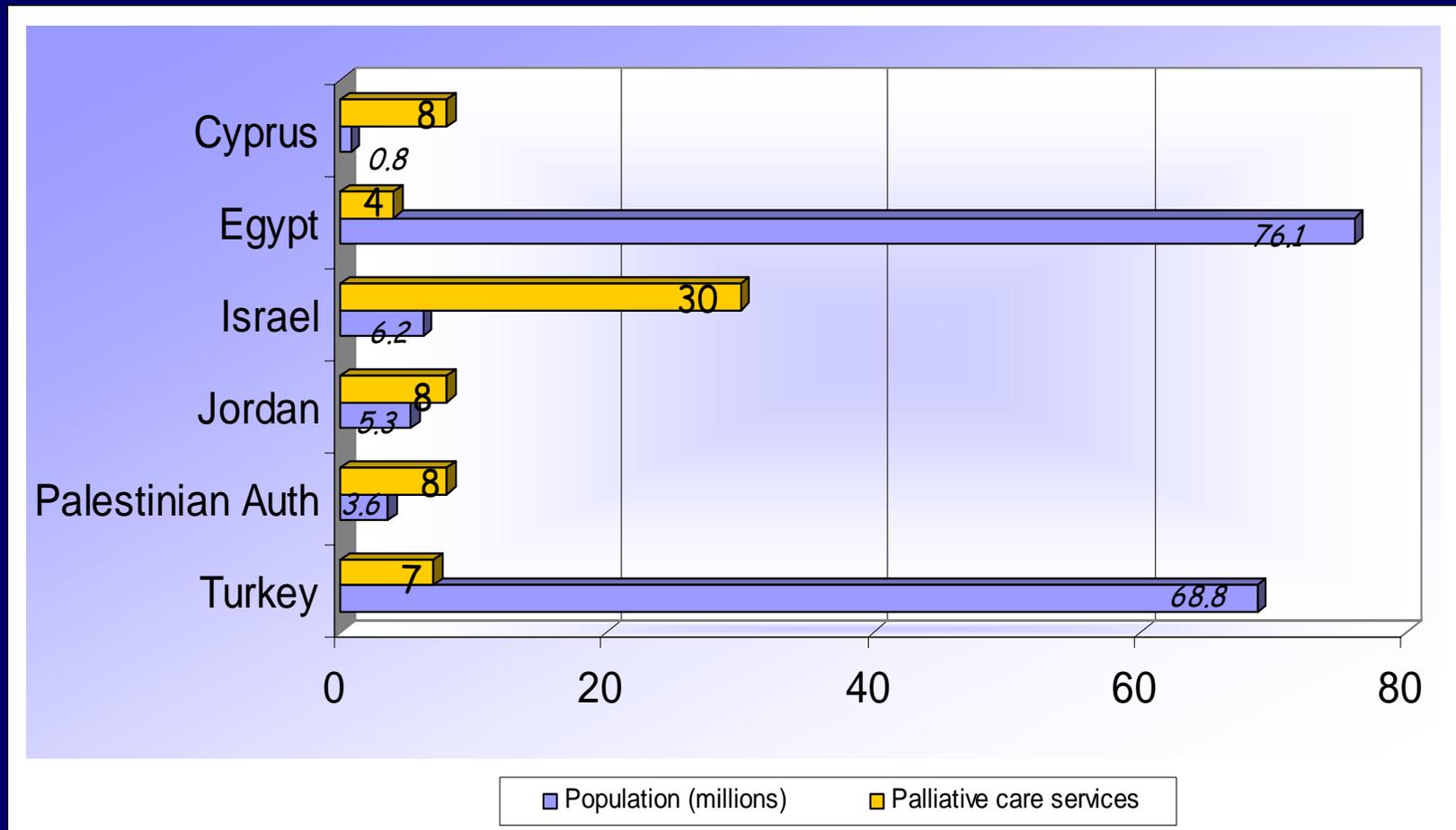
- To assist in the development of services and education programs to improve the quality of palliative care in the Middle East
- To develop feasible means to improve the quality of life for terminally ill patients and their family members

"In end-of-life care, you don't have a second chance to make it better"

Classical principals for planning and development of services

- **Needs assessment:**
 - **Which palliative services already exist?**
 - **Are these services sufficient?**
 - **What is the quality of these services?**

Palliative care service provision in relation to the total population (millions) in some Middle Eastern countries (at the end of the 20th century) (Clark et al. 2005)



Palliative and hospice services in some European countries

	No. of residents (millions)	No. of hospice beds	Beds/ population Ratio	Pall. team in hosp	Home care/ day care
Britain	57.1	3,196	1:18,000	336	603
Belgium	10.1	358	1:28,000	55	47
Sweden	8.8	298	1:29,500	41	80
Spain	40.0	812	1:50,000	45	75
Germany	81.9	989	1:83,000	1	591
Netherlands	15.6	119	1:131,092	45	75
Italy	57.4	30	1:1,900,000	0	88
10.07.2007		Dr. Netta Bentur-MECC,	June 2007		5

The SUPPORT study findings about end-of-life care

A \$29 million, five year, double blinded basic research project, 1995, studied critically ill patients in acute care environments (major medical centers) across the U.S:

- ✓ 50% of patients had uncontrollable pain**
- ✓ Only 47% of MDs knew their patient's preference for CPR**
- ✓ 46% of DNR orders were written 48 hours prior to death**
- ✓ 30% of the patients spend all of life's savings on care (92% insured)**

Classical principals for planning and development of services

- **Needs assessment:**
 - **Which palliative services already exist in the area?**
 - **Are these services sufficient?**
 - **What is the quality of services for terminally ill patients in the area?**
- **How is it possible to answer these unmet needs?**
- **What are the means for developing palliative services?**

Some of the study questions:

- **Where and how are terminally ill patients being treated today and what are the formal services that currently provide care to them?**
- **Who are the staff and what is their training?**
- **What resources do they have at their disposal today?**
- **Where do these resources come from?**
- **If you had unlimited resources: where would you develop palliative services?**
- **How would you do it?**
- **What are the barriers/obstacles in your health system - besides money - that prevent you from developing palliative services?**
- **What are the possible implications of expanding the provision of palliative care?**

Preliminary study design

- **To create a steering committee comprised of principal investigators in participating counties**
- **To develop open-ended and semi-open questionnaires**
- **To collect data through face-to-face and self-report methods**
- **To analyze data using qualitative and quantitative methods.**

Classical principals for planning and development of services

- **Needs assessment:**
 - Which palliative services already exist in the area?
 - Are these services sufficient?
 - What is the quality of services for terminally ill patients in the area?
- How is it possible to answer these unmet needs?
- What are the means for developing palliative services?
- Identifying the relevant and feasible palliative programs and implementing some of them
- Evaluation study of the implemented programs

Our Next Steps

- ✓ Invite partners from the Middle east and the US
- ✓ Write the full research proposal
- ✓ Get Going

Deming:

If you do not measure, you can not improve it

Thank You



bentur@jdc.org.il