

**European Parliament Week for Life March 2012**  
**Palliative care in the context of Europe against**  
**Cancer**

*Improving palliative care in Denmark  
through the establishment of a national  
multidisciplinary organisation*

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**DMCG-PAL**

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# Why there is a need for greater emphasis on palliative care in political decision making

## – Palliative care

- Improves quality of life (relief of suffering, better communication)
- Increases likelihood of death at home
- May even reduce costs and increase survival

→ A successful innovation in healthcare that does not increase costs

## – Main challenge = better implementation:

- Increase access (more patients – to prevent unnecessary suffering)
- Increase integration between palliative care and oncology
- Persuade clinicians to refer earlier (persuading patients and professionals that palliative care is not giving up life but increasing quality of life)

# Multidisciplinarity and palliative care

- Part of the definition (WHO and EAPC definitions)
  - EAPC: Palliative care is interdisciplinary in its approach and encompasses the patient, the family and the community in its scope.
- Accepted by professionals in the field
- May serve as a template for successful and cost efficient improvement of health care

# The Danish model of organisation of cancer care – 'Before'

- Disagreement and lack of mutual respect and communication between medical professions: surgeons, medical oncologists, radiation therapists, pathologists, etc.
- Wide variation in care across the country
  - Which care? (which patients received which operations and chemotherapy?)
  - Which quality?

# The Danish model of organisation of cancer care – 'After'

- The medical professions: surgeons, medical oncologists, radiation therapists, pathologists, etc. placed around the same table:
  - Develop multidisciplinary clinical guidelines (the fight is taken, consensus achieved)
- Same clinical guidelines for care applied in the entire country
- Adherence and quality of care measured in national clinical database
  - Mandatory reporting
  - Identifies where quality may be improved
  - Ideal basis for research

# Danish Multidisciplinary Cancer

## **Hematologic DMCG**

**DMSG:** Danish Myelomatoses Study Group

**DSKMS:** Danish Study group for Chronic Myeloid Diseases

**DLG:** Danish Lymphoma Group

## **Acute Leukemia Group**

**DAPHOS:** Danish Pediatric Hematologic and Oncology Study Group

**DMG:** Danish Melanoma Group

**DBCg:** Danish Breast Cancer Cooperative Group

**DLCG:** Dansk Lunge Cancer Group

**DCCG:** Danish Colorectal Cancer Group / **DACG:** Anal Cancer Group

**DGC:** Danish Gynecologic Group

**DUCG:** Danish Urologic Cancer Groups

**DAPROCA – DANYCA – DABLCA – DATECA – DAPENCA**

(prostate – renal - bladder - testicular – penis)

**DNOG:** Danish NeuroOncologic Group

**DAHANCA:** Danish Head and Neck Cancer Study Group

**DOCG:** Dansk Ocular Cancer Group

**DSG:** Danish Sarcoma Group

## **Upper Gastrointestinal tumors**

**DPCG:** Danish Pancreatic Cancer Group

**DLGCG:** Danish Liver- and Biliary Cancer group

**DPCG:** Danish stomach/esophageal Cancer Group

**DMCG-PAL: DMCG for Palliative Care**

**DPCG:** Primary Care Group

# Groups

**DMCG.dk**

# Danish Multidisciplinary Cancer Group for Palliative Care (DMCG-PAL)

- Took another step forward:
  - Not just multidisciplinary with regard to doctors (surgeons, oncologists, anaesthesiologists, GP's, etc.)
  - Included all professions involved:
    - Doctors, nurses, social workers, psychologists, physiotherapists, spiritual counsellors (priests etc.)...

# DMCG-PAL: a fully multidisciplinary way of engaging health professionals

- Clinical guidelines developed by multidisciplinary groups
- A multidisciplinary group coordinates the development of educational programs
- A national clinical database measures the quality of palliative care
  - One of five official quality indicators: the proportion of patients discussed at multidisciplinary conferences



# DMCG-PAL: a successful innovation

- Created in 2009, now more than 120 persons (out of about 600) actively involved in working groups!
- Yearly meetings with 150-180 persons
- Full implementation of database first year (2010)
- Combines bottom-up work (engaging the professionals – even to work in their free time) with a fully national organisation

# O Definition of Palliative Care

- **Palliative care is an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.**
- **Palliative care:**
  - provides relief from pain and other distressing symptoms;
  - affirms life and regards dying as a normal process;
  - intends neither to hasten or postpone death;
  - integrates the psychological and spiritual aspects of patient care;
  - offers a support system to **help patients live as actively as possible** until death;
  - offers a support system to help the family cope during the patients illness and in their own bereavement;
  - **uses a team approach** to address the needs of patients and their families, including bereavement counselling, if indicated;
  - will enhance quality of life, and may also positively influence the course of illness;
  - **is applicable early in the course of illness**, in conjunction with other therapies that are intended to prolong life, such as chemotherapy or radiation therapy, and includes those investigations needed to better understand and manage distressing clinical complications.

# Danish Palliative Care Database results 2010 (first year)

- National consensus on choice of quality indicators
- All 36 units reported their patients (>95%)
- Results:
  - Referred just 24 days before death (median) (too late)
  - 23% of those in need of specialist palliative care did not get it
  - Large regional variation in quality (even larger variation between institutions)
- Successful implementation, showing how quality can be improved

## Indicator 5: Proportion of patients discussed at a multidisciplinary conference (with the presence of at least 4 professions)

	%	
Capital Region	27	
Region Zealand	34	
Region South Denmark	48	
Region Mid Jutland	37	
Region North Jutland	62	
<b>Denmark</b>	<b>40</b>	

Standard=80%

**DMCG-PAL**

"Only' 40% discussed at multidisciplinary conference'  
*Danish Palliative Care Database*  
2010

# Palliative care and multidisciplinarity

- Palliative care improves quality of life, increases likelihood of death at home, and may even reduce costs and increase survival
- Main challenge is to obtain full implementation (all patients in need, earlier in the disease course)
- The Danish model for multidisciplinary organisation of health care was taken a step further – with success
- Palliative care may serve as inspiration for other fields of health care
  - Better care, improved quality of life, same or lower costs
  - Danish multidisciplinary organisations: an effective way of reforming health care for better results while preserving the motivation among health care professionals