



## CHAPTER 5

### PRESENTATION

On the following pages the overheads are shown which I used during my oral presentation, together with a brief explanation about the contents.

In total there are 7 overheads which contain an overview of the essay, the proposal and the data exercise.

1. Palliative care: How can the health care system answer the need?
2. Definition of palliative care.
3. Is palliative care a global problem?
4. Is there a need for palliative care in Thailand?
5. There is need for a change in the health care system.
6. Education of the medical profession is paramount.
7. Policy-makers should maintain contact with the basis.

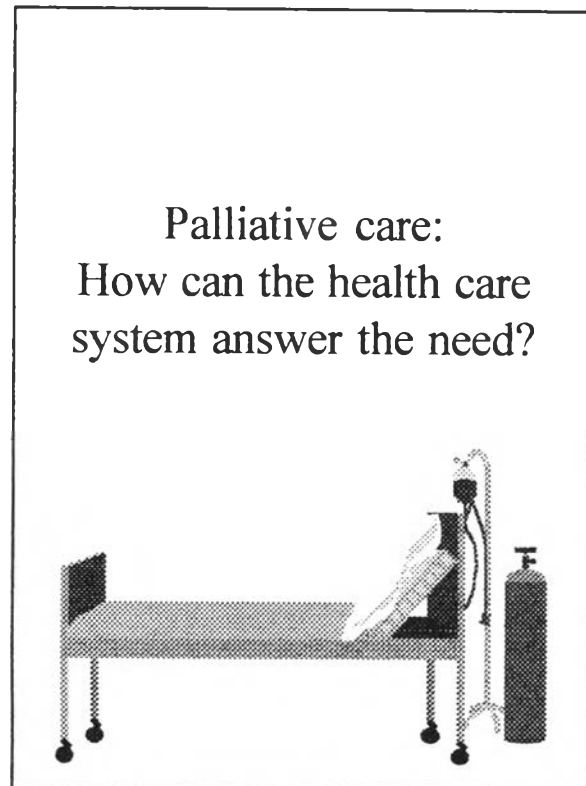


Figure 1 . Introduction.

General background of the study: because of the aging of the population, the increasing number of cancer and AIDS patients, there is a greater need for palliative care.

Introduction of the contents of the presentation: the definition of palliative care, the magnitude of the problem and the possible solution.

Focus on the medical education because these professionals are involved in the care of terminal patients. The physicians will play an important role in the implementation of palliative care.

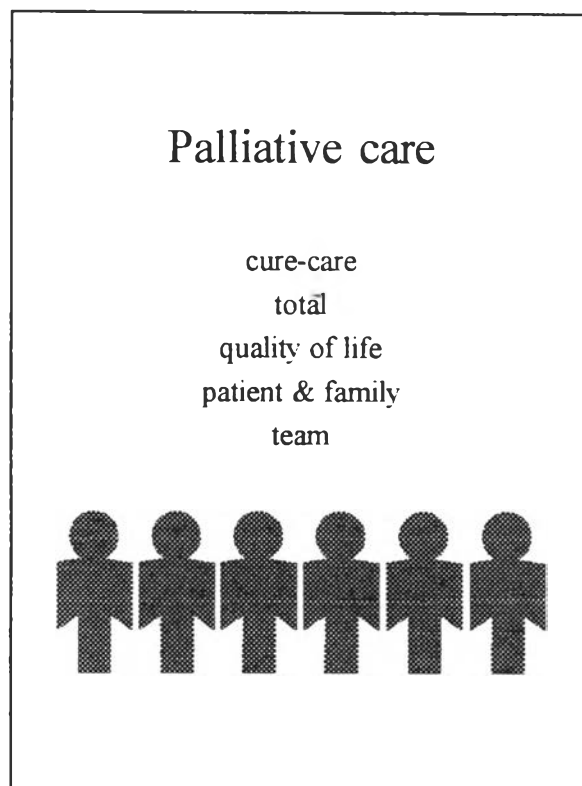


Figure 2. Definition of palliative care.

Palliative care is the active, total care of patients who are suffering from a disease which is not responsive to curative treatment. When cure is not attainable any more, care has to go on.

Palliative care means holistic care: physical, psychological and spiritual. It affirms life rather than death and focuses on the quality of life of the patient, according to his/her priorities and those of the family.

Palliative care is provided by a multidisciplinary team, consisting of the physician, nurse, social worker and other professionals.

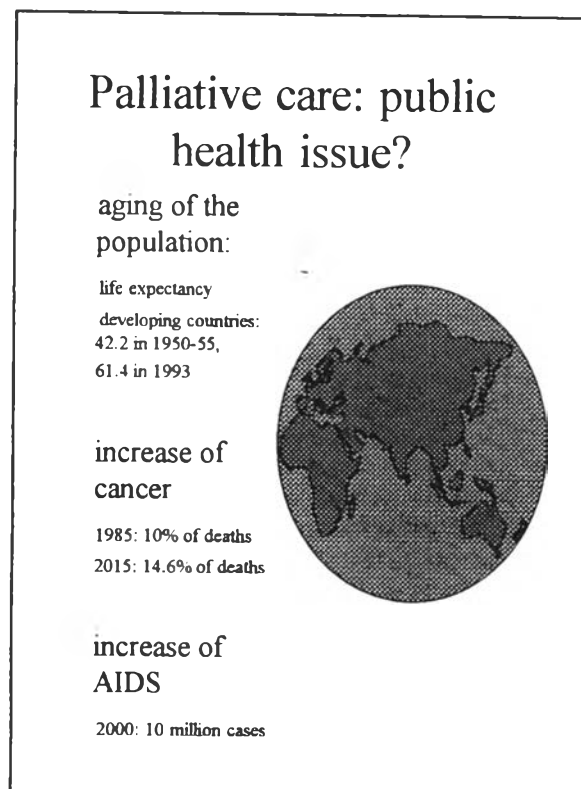


Figure 3. Magnitude of the problem.

During the last decades there is an aging of the population: the life expectancy is increasing and this goes together with more chronic diseases which need palliative care.

Palliative care is relatively inexpensive and effective for the cancer patients: 60% of the new cancer cases will be in the developing countries, of which 80% are incurable at the time of diagnosis.

The number of AIDS patients is increasing: a balance has to be found between curative and palliative treatment.

Need for palliative care in Thailand?	
aging of population	life expectancy 59 in 1970 68.9 in 1991
increase of cancer	increase of 11.5 per 100,000 between 87&93
increase of AIDS	deaths in 1996: 40,451 2000: 129,353

Figure 4. Need for palliative care in Thailand.

Looking at the given numbers concerning life expectancy, cancer and AIDS, there is a strong suggestion towards the need of palliative care.

The integrity of the community is also questioned: is it losing its ability to care? Many young people migrate to the capital, young people are dying of AIDS and they leave orphans behind.

There is also the problem of stigmatization of AIDS and even TB. All this has its implications on the strategies: how to arrange caring for patients in a caring fashion?

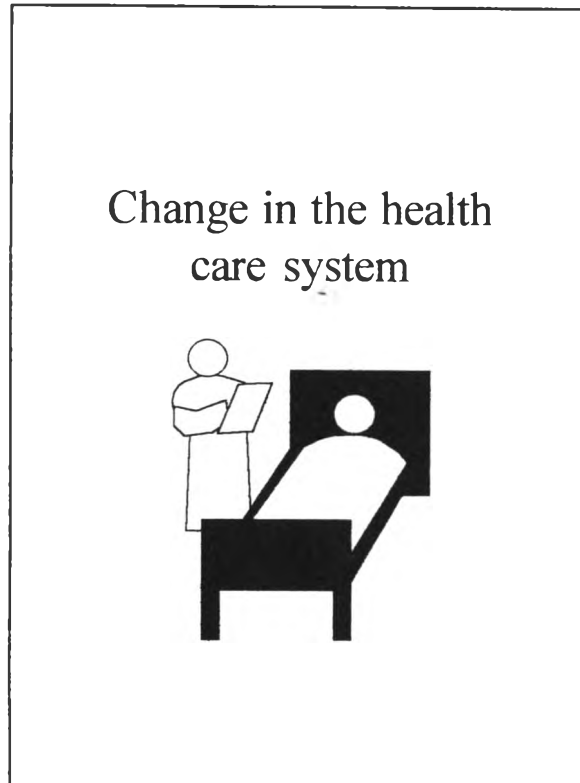


Figure 5. Change in the health care system.

The response is positive in Thailand: new cancer hospital opened recently in several provinces. More research is necessary so that decisions can be rational and backed up with an advocacy.

In future there will be a need of involvement of families and communities, not the institutionalized approach. Cancer programs and palliative care programs have to be incorporated into existing health care systems.

Education is needed for the general public and for professionals involved in the multidisciplinary team.

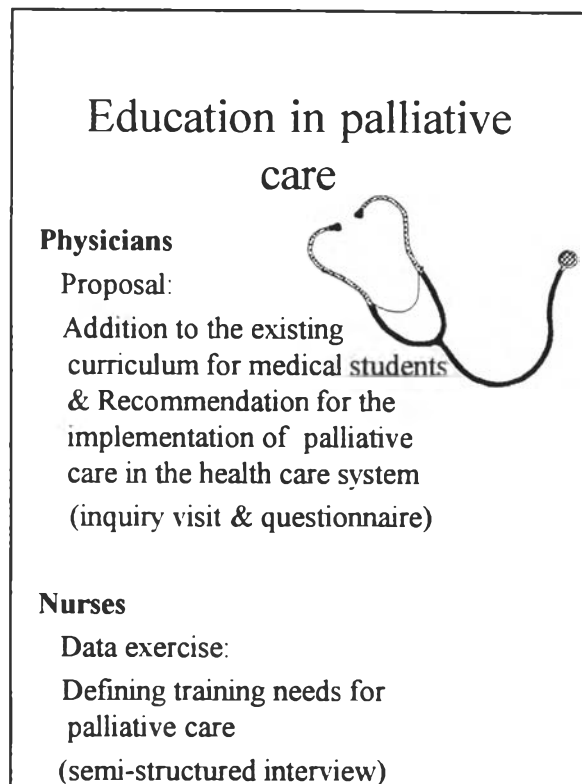


Figure 6. Education of the medical profession.

Physicians and nurses are people who will be closely involved in the multidisciplinary team. Objectives have to be defined related to the holistic care approach, and this for the different disciplines. For this reason I focused on the educational aspect of the medical professionals.

The proposal in the thesis is aimed at an addition to the existing curriculum for medical students and recommendations for the authorities regarding implementation of palliative care. The data exercise focuses on defining training needs for nurses regarding palliative care.

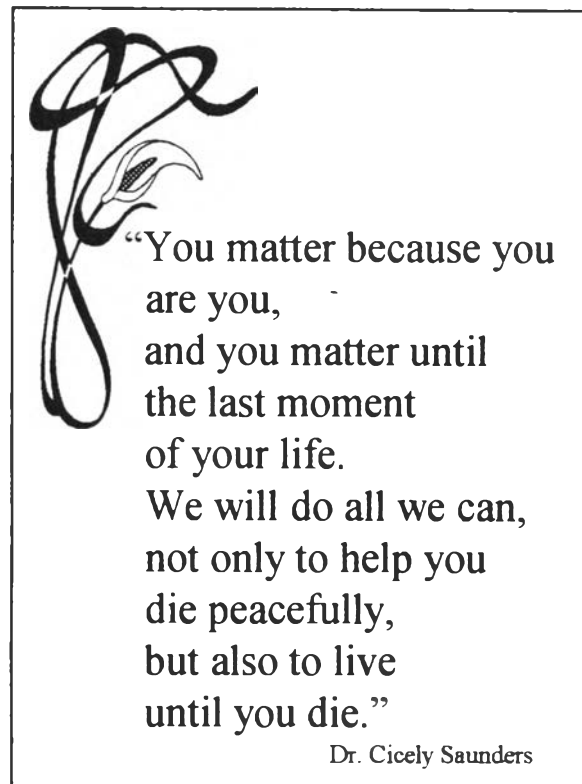


Figure 7. Maintaining contact with the basis.

Often strategies are created in offices, for people without a face. It is of the utmost importance that policy-makers keep contact with the basis, so that they are aware of the existing problems. This is also true in palliative care, and Dr. Cicely Saunders expresses this very well in her leitmotiv.