July 2018
An Evidence-Based Policy Brief

Policy Brief: Palliative Care for older persons in Chile

Key messages

The problem:

Almost 90% of the Palliative care patients die at home.
There are no studies nor published information related to:

- Availability of caregiver for the patient.
- Adequate home infrastructure to receive an end of life patient.
- Economic distress of the caregiving family.
- Caregiver overload.
- Capacity of the family to be efficient caregivers.
- Despite of the lack of data about the mentioned issues, the clinical practice shows that these problems are real and are limiting the quality of the end of life process for our patients.

Size of the Problem

The palliative care program in Chile takes care only of oncologic patients. The people dying from cancer in 2013 were 24.592 according to the official data, representing the second mortality cause in the country. It's expected that by 2020 the Cancer will be the first mortality cause in the country. Chile has a population of approximately 17 million, with fewer than 50 hospice beds representing only 1% of our palliative care system. If we compare that 1% with other countries in our continent, we can find Argentina with 11%, Brasil with 17%, Colombia with 24%, Ecuador with 6% and so on. And if we look to another continent, relating hospice beds with population we can find that we have 2.94 hospice beds per million people, and for example Austria has 8 hospice beds/million people, Czech Republic has 35 hospice beds/million people and Denmark 84,6 hospice beds/million people.
Public hospitals don't have inpatient palliative care units, so if a patient requires acute care it must be given in regular units. This means that of the 9% of palliative care patients who die in hospitals, all of them do so in regular units or the emergency department, despite of all the benefits that the evidence shows can be provided by palliative care units.
Chile has the worst development of hospice in South America, based on the lowest percentage of palliative care system represented by this kind of institutions (table1), despite of being one of the countries with the highest gross domestic products in the region.

Policy options:

Respite care: Respite care is a temporary service focused on support the caregiver in caring the patient. It may be through an inpatient service or with home support from a payed caregiver who takes in charge the care meanwhile the family can do another activity. The

main result of this is allowing the family a space for self- care, do paperwork, taking vacations or another activity as they need.

Enhancing primary care: Improves the support to the caregiver family through increasing the number of home visits and the coordination of a nurse. Can reduce the hospitalizations and visits to Emergency Department but have little effect on the problems mentioned before.

Hospice-based care: Creates an inpatient facility, where patients with socioeconomic difficulties to care, and also patients with more advanced symptom management can be hospitalized in order to provide the best possible end of life care. Is demonstrated that this intervention can reduce costs by reducing the hospitalization in acute units and the Emergency Department visits, but also can provide an adequate infrastructure to the end of life process, assuring a quality care when family isn't able to provide it and also can help to manage the more complex patients due to the lack of Acute palliative care units and inpatient palliative care units.

Implementation strategies:

The most important thing to reach the implementation of this kind of programs is to create awareness between the public opinion and key stakeholders and politics. Once the will to work in this is reached, the steps to follow are more defined:

- Evaluate the economic impact of the implementation of each strategy.
- Create a specialized team to research about the implementation of strategies in other countries.
- Election of the most suitable policy option according to the local reality.
- Create an end-of-life service, in charge of the implementation and the follow up of the selected strategy.
- Creation of a public or private institution to serve as example to the implementation of other services like that. It would work as a laboratory to improve the way the service is provided and also as a teaching centre to the health workers interested in the area.
- Development of a research program in economics and policy around the palliative and end-of-life care, which make analyses of the results of the developed example-project.
- Extend the strategy to another centres and regions, based on the results of the example-project, taking special interest in the economic and social performance of the strategy in different settings.
- Evaluate the results of the implemented strategy both in short-time and long-time analyses.

Implementation considerations

Table 1. Implementation considerations

Barriers *to implementation*	***Strategies*** *for addressing implementation barriers*
Political interest The topic isn't between the political priorities nowadays in Chile, the end-of-life + care is not even in the cancer program priorities.	**Stakeholder meeting and propaganda** Take the topic to the streamline of media and public opinion, in order to put the focus on it • Social media campaigns • Meeting with key stakeholders • Politic lobby with key partners
Resource destination There is a lot of limitations to implement resources into new areas because of the economic setting of the country.	**Demonstrate that investing in end-of-life and palliative care is a cost-effective measure** Use other countries experiences and statistics to perform simulations and projections to demonstrate that these measures mean a good investment option • Perform economic analyses about the implementation of the strategies • Make public diffusion about economic benefits of the implementation • Strengthen the palliative care system and the capacity of get statistics and information about costs and quality of the service
Patient priorization Almost all the efforts are focused in the people who are in a productive age, able to recover his economically productive life after an illness.	**Get the focus of public opinion into the people receiving palliative and end-of-life care** By making the public opinion focus in this group of people, they will force the political focus on improving the politics around this group • Social media campaigns • Taking off the taboo related to death • Increasing the perception of needs in this group of people
Unprecedent system in the country There is a lack of experiences in this kind of interventions in the country.	**Using other countries successful experiences as examples** Educating politics and stakeholders in the ways that other countries have faced this problem, and what are the possible solutions with their implementation strategies. • Implement an exchange program to palliative care professionals involved in policy making, in order to learn about other countries strategies • Invite foreign experts to evaluate the reality of the country and support on the development of implementation strategies • Create a research program on policy on palliative and end-of-life care to get the best practices about this topic.

Next steps

The aim of this policy brief is to foster dialogue and judgements that are informed by the best available evidence. The intention is *not* to advocate specific options or close off discussion. Further actions will flow from the deliberations that the policy brief is intended to inform. These might include, for example:

- Public debates
- Educational projects
- Strengthen of the palliative care teams

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