



## RASSEGNA STAMPA

### Quality of Life in Old Age until the End





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**European Association for Palliative Care**  
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## Palliative Geriatrie – ein Europäisches Projekt

Lebensqualität im hohen Alter und am Lebensende

Thomas Frühwald

Auf Initiative und unter den Auspizien der italienischen Fondazione Maruzza Lefebvre D'Ovidio fand am 24. und 25. September 2012 in Brüssel ein als historisch zu bezeichnendes Treffen führender Vertreter der europäischen Palliative Care (EAPC – European Association for Palliative Care) und Geriatrie (EUGMS – European Union Geriatric Medicine Society) statt.

Am Vorabend einer Sitzung im EU Parlament kam es zunächst zu einem intensiven Austausch von Gedanken zur Palliative Care für die rasch anwachsende Population hochaltriger Menschen in den verschiedenen Ländern Europas. Erfolgreiche Praxisbeispiele wurden vorgestellt. Seitens der Europäischen Palliative Care Gesellschaft waren dabei u.a. Carlo Leget (Vizepräsident der EAPC), Irene Higginson (Cicely Saunders International), Lukas Radbruch (Präsident der Deutschen Palliativgesellschaft). Die europäische Geriatrie war u.a. durch Jean Pierre Michel, dem Präsidenten der EUGMS, und Stefania Maggi, Academic Director der EUGMS, vertreten.

Es wurde festgestellt, dass es angesichts der demographischen Entwicklung dringend notwendig ist, dass sich die Gesellschaft mit Fragen der Betreuung der zunehmenden Zahl hochaltriger Menschen am Ende ihres Lebens beschäftigt, dass Konzepte entwickelt werden, wie ihre Lebensqualität bis zuletzt in Würde gewahrt werden kann, trotz Multimorbidität, trotz Frailty und funktionellen Behinderungen, trotz zunehmender Abhängigkeit von Betreuung und Pflege. Entsprechende Versorgungsstrukturen müssen geschaffen werden. Der gute Umgang mit dem Lebensende muss erlernt werden, auch weil dieses immer länger wird.

Die Geriatrie wirkt im Spannungsfeld zwischen der Todesnähe und dem Sichern einer Lebensqualität unabhängig von der Länge des noch verbleibenden Lebens, sowie zwischen Förderung der Selbständigkeit und Autonomie einerseits und Gewährleistung von Hilfe und Betreuung andererseits. Palliative Care soll nicht nur unmittelbar am Ende des Lebens stattfinden. Jede ärztliche und pflegerische Intervention sollte auch eine palliative Dimension

berücksichtigen. Das gilt insbesondere für die Geriatrie, die es mit Menschen zu tun hat, die sozusagen natürlich dem Tod näher sind als andere, jüngere Menschen. In der Geriatrie ist die Betreuungsqualität an der Grenze zwischen „Was kann getan werden“ und „Was soll getan werden“ angesiedelt, dies verlangt ein großes Maß an Empathie, hoher fachlicher geriatrischer, palliativ-medizinischer und vor allem ethischer Kompetenz.

In vielen Bereichen gibt es eine inhaltliche Übereinstimmung zwischen der Palliativmedizin und der Geriatrie: die Palliativmedizin ist wie die Geriatrie ein Querschnittsfach. Interdisziplinarität und die Arbeit im multidisziplinären Team sind Voraussetzungen für Qualität und Effizienz in ihren Bemühungen für die individuellen Patienten und Patientinnen. In beiden Fächern werden die Bedeutung guter Symptomkontrolle, das Fehlen eines absoluten kurativen Anspruchs und Berücksichtigung der Situation der Angehörigen betont. Der Wechsel vom kurativen ins palliative Paradigma des ärztlichen Handelns ist in der Geriatrie integriert.

Es gibt eine gegenseitige Bereicherung von Geriatrie und Palliative Care, eine „Verzahnung“ durch gemeinsame Themen. Eine Reihe von Themen, die der Palliative Care eigen sind, kann in die Geriatrie integriert werden und sie bereichern. Ebenso kann die Geriatrie mit ihr eigenen Themen die Palliative Care sinnvoll ergänzen. Die Geriatrie kann zum Beispiel von der Palliative Care die optimale Symptomkontrolle, die Bedeutung von guten Kommunikationsfähigkeiten lernen, die Palliative Care von der Geriatrie u.a. das Konzept von Frailty übernehmen, die Prinzipien des geriatrischen Assessments und Kenntnisse über typische geriatrische Syndrome und deren Behandlungsmöglichkeiten.

Am Tag nach diesem vorbereitenden Treffen wurde der Dialog der europäischen Palliative Care und Geriatrie im EU Parlament auf Einladung von dessen Vizepräsidenten Gianni Pitella fortgesetzt. Neben anderen EU Parlamentariern hat auch der EU Kommissär für Gesundheit John Dalli die politische Dimension dieses Zusammenrückens der Palliative Care und der Geriatrie durch seine Anwesenheit unterstrichen und in seinem Statement betont.

In den Diskussionsbeiträgen der Teilnehmerinnen und Teilnehmer wurde auf das Fehlen einer gemeinsamen europäischen gesundheits- und sozialpolitischen Strategie für die Entwicklung von adäquaten, den Bedürfnissen der betroffenen älteren Menschen entsprechenden palliativen und geriatrischen intra- und extramuralen Betreuungskonzepten und Versorgungsstrukturen hingewiesen. Die anwesenden EU-Politiker versprachen diesbezügliche Abhilfe. Die EAPC und EUGMS vereinbarten die Entwicklung gemeinsamer Forschungsprojekte und einen regelmäßigen Informationsaustausch. Das Recht auf optimale palliative und geriatrische

Betreuung sollte in Europa als ein allgemeines Menschenrecht verbrieft und garantiert werden. Die Maruzza Lefebvre Foundation will diese Entwicklung weiter fördern.

Zum Abschluss dieses denkwürdigen europäischen Ereignisses wurde ein durch die EAPC und die EUGMS gemeinsam formuliertes Manifest als ein erster Schritt auf dem Weg zur Entwicklung einer entsprechenden EU-Legislatur präsentiert:

### **Palliativversorgung für ältere Menschen in der Europäischen Union**

Die Bevölkerung in Europa wird älter: 80% der EinwohnerInnen werden älter als 70 Jahre. Immer mehr Menschen leben mit Gebrechlichkeit und Behinderungen und sterben letztendlich mit vielfachen chronischen Erkrankungen. Eine angemessene und effektive Behandlung von Symptomen wie Schmerzen, Luftnot, Müdigkeit, Schwäche, Depressionen oder anderen belastenden Problemen fehlt oft, und dies führt zu einem Verlust von Lebensqualität und Würde.

Viel zu oft werden ältere Menschen unnötigen Untersuchungen, Behandlungen, Krankenhauseinweisungen oder intensivmedizinischen Behandlungen unterzogen. Dies ist belastend und teuer für die PatientInnen, ihre Familien und für die Gesellschaft. Der Zugang zu einer hochwertigen Palliativversorgung für ältere Menschen und ein enges Zusammenspiel zwischen geriatrischen und interdisziplinären Palliativteams könnte die Bedürfnisse dieser PatientInnen besser berücksichtigen und Kosten in der sozialen und der Gesundheitsversorgung einsparen.

**WIR FORDERN DIE EUROPÄISCHEN REGIERUNGEN UND DIE INSTITUTIONEN DER EUROPÄISCHEN UNION AUF, SICHERZUSTELLEN, DASS JEDER ÄLTERE BÜRGER MIT CHRONISCHEN ERKRANKUNGEN, VOR ALLEM IN FORTGESCHRITTENEM STADIUM, ZUGANG ZUR BESTMÖGLICHEN PALLIATIVVERSORGUNG ERHÄLT, WO IMMER SIE GERADE VERSORGT WERDEN.**

Dies kann erreicht werden durch:

- 1. Erkennen**, dass ältere Menschen mit chronischen Erkrankungen ein Anrecht auf die beste mögliche Palliativversorgung haben. Die Institutionen der Europäischen Union sollten eine Strategie zur Palliativversorgung vorgeben, die ältere Menschen mit chronischen Erkrankungen mitberücksichtigt, und dies sollte mit höchster Priorität in den nationalen Gesundheitsplänen aufgenommen werden.
- 2. Stärken** des öffentlichen Bewusstseins. Die Institutionen der Europäischen Union sollten ältere Menschen und ihre Familien stärken und die öffentliche Wahrnehmung der Palliativversorgung in der Gesellschaft fördern.
- 3. Fördern** der Kooperation zwischen Geriatrie und Palliativmedizin. Die Institutionen der Europäischen Union sollten die Kooperation zwischen Geriatrie und Palliativmedizin fördern, um Synergien zu entwickeln, und sollten einen Plan zur Entwicklung von Bereichen mit gemeinsamen Interessen entwickeln.
- 4. Investieren** in Ausbildung. Die Institutionen der Europäischen Union sollten empfehlen, dass alle in der Versorgung der älteren Menschen und ihrer Familien beteiligten MitarbeiterInnen im Gesundheitswesen über Grundkompetenzen in der Palliativversorgung verfügen. Diese Kompetenzen sollten in die Ausbildung, als Teil der Weiterbildung und in der kontinuierlichen Fortbildung integriert werden.

**5. Investieren** in Forschung. Die Institutionen der Europäischen Union sollten die Möglichkeiten und die Förderung von Forschung in der Palliativversorgung verbessern. Die Einbindung der Betroffenen und der Öffentlichkeit in die Forschung sollte gefördert werden, und die Implementierung der Forschungsergebnisse in die Praxis sollte ein wesentliches Ergebnis sein.

**6. Etablieren** einer EU-Plattform für den Austausch, Vergleich und Benchmarking der besten Praxis zwischen den Mitgliedsstaaten.

*Dieses Statement ist ein Auszug der gemeinsamen Broschüre von EACP und EUGMS „Palliative Care for older people: better practices“.*

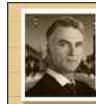
Thomas Frühwald

Facharzt f. Innere Medizin. Diplome für Geriatrie und für Palliativmedizin der Österr. Ärztekammer, Absolvent des Lehrgangs für Ethik in der Medizin des Inst. f. Ethik u. Recht in der Medizin der Universität Wien. 2011 Additiv-Facharzt für Geriatrie.

Seit 1983 in der Geriatrie tätig, seit 2002 stationsführender Oberarzt der Abteilung für Akutgeriatrie des Krankenhauses Hietzing mit Neurologischem Zentrum Rosenhügel. Mitarbeit in ExpertInnengruppen zum Thema Geriatrie des ÖBIG (Österreichisches Bundesinstitut für Gesundheitswesen). Lehrbeauftragter f. Geriatrie. Vorstandsmitglied (Vizepräsident) der Österr. Ges. f. Geriatrie u. Gerontologie. Mitglied des wiss. Beirates der Österr. Plattform f. interdisziplinäre Altersfragen (öpia). Delegierter zur Geriatric Medicine Section der UEMS (Union Européenne des Médecins Spécialistes). Mitglied des Wiener Beirates für Bio- und Medizinethik. Mitglied des Beirates für Altersmedizin des BM für Gesundheit.

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## L'interconnexion entre les soins palliatifs et la gériatrie.

Le vice-président du Parlement européen Gianni Pittella et la Fondation Maruzza Lefebvre D'Ovidio dévoileront une feuille de route européenne décrivant une stratégie innovante d'aide et de soins aux personnes âgées. La réunion a eu lieu au Parlement européen à Bruxelles le 25 septembre 2012.

A cette occasion, l'Association Européenne de Soins Palliatifs (EAPC Onlus) et l'Association de Gériatrie dans l'Union européenne (EUGMS) présenteront un manifeste commun pour promouvoir un plan d'action européen en ce qui concerne l'interconnexion entre les soins palliatifs et la gériatrie. L'objectif est de définir un nouveau modèle pour améliorer la qualité de vie des patients âgés souffrant de maladies chroniques et réduire les coûts des soins de santé de près de 60 pour cent.

### L'UE et la Belgique

Ce qui manque aujourd'hui, c'est une stratégie européenne commune. L'UE laisse l'élaboration des politiques dans ce domaine aux Etats membres qui, dans de nombreux cas, n'ont pas réussi à adopter les mesures nécessaires pour rendre les services des soins palliatifs accessibles à des personnes âgées. Alors que plus de 100 millions de personnes par an bénéficieraient de tels traitements, moins de 8% de ceux qui en ont besoin y ont accès.

En Belgique, la situation est moins inquiétante que dans beaucoup d'autres pays européens: il y a un réseau avancé de structures qui fournissent des soins palliatifs. Quand même, il y a encore des problèmes à résoudre: la plupart des médecins n'a pas eu une instruction en médecine palliative, ni en "pain management".

**John Dalli, commissaire européen à la santé et à la politique des consommateurs, et Mario Mauro, chef de la délégation du PDL au Parlement européen, interviendront.**

L'événement s'inscrit dans le cadre de l'Année européenne du vieillissement actif.

### BUREAU DE PRESSE

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### La Maruzza Lefebvre d'Ovidio ONLUS FONDATION

Maruzza Lefebvre D'Ovidio est décédée en début de la quarantaine, après une maladie très courte, le 18 octobre 1989. Au cours de l'épreuve de sa maladie, elle a fait le voeu d'aider ceux qui ont dû faire face au même destin.

En 1999, la Fondation est née. Elle a été nommée d'après Maruzza, et elle met en pratique son idéal de solidarité: aider les malades incurables, en respectant leur qualité de vie, leur dignité et leurs valeurs.

La Maruzza Lefebvre D'Ovidio Onlus Fondation (FMLDO) poursuit des fins caritatives et travaille pour la propagation et le développement des soins palliatifs en Italie et à l'étranger, en se concentrant sur les patients les plus vulnérables: les enfants et les personnes âgées.

Aujourd'hui FMLDO travaille en étroite collaboration avec les décideurs politiques et les experts en soins palliatifs pour mener à bien d'importants projets au niveau national et international, dans le but de développer des nouveaux modèles de soins.

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## Initiative Européenne pour une médecine plus juste et plus humaine



**Quality of Life in Old Age until the End**  
ACCENT SUR LES PERSONNES AGEES. INITIATIVE EUROPEENNE  
POUR UNE MEDECINE PLUS JUSTE, HUMAINE  
ET, EN MEME TEMPS, PLUS RENTABLE



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La France est rénommée pour l'accessibilité de soins palliatifs et la variété de services dans ce secteur. Néanmoins, il y a des nombreux problèmes encore à résoudre: les patients sont obligés de se rendre à l'hôpital à fin de recevoir des soins palliatifs comme il n'y a pas encore beaucoup des "home care facilities". En plus, beaucoup des médecins hésitent à prescrire des opiacés pour la gestion de la douleur. Cette attitude s'explique par le fait que la plupart des médecins n'a pas eu une instruction suffisante en "pain management".

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dass alle Ärzte und Pflegekräfte, die an der Pflege älterer Menschen und deren Familien beteiligt sind, Kernkompetenzen auf dem Gebiet der Palliativ Care besitzen. Diese Kompetenzen sollten Bestandteil der Aus- und Weiterbildung sein

- Investition in Forschung  
EU-Institutionen sollten die For-

schung auf dem Gebiet der Palliativ Care stärker fördern. Dies sollte unter Einbeziehung der Öffentlichkeit und der Betroffenen geschehen. Ein wesentliches Ziel muss die Umsetzung der Forschungsergebnisse in die Praxis sein

- Bildung einer EU-Plattform für Austausch, Vergleich und Benchmarking

von Best-Practice-Verfahren unter den Mitgliedsstaaten.

*Dr. Martina Habeck, London*

Diese Erklärung ist aus der von EAPC und EUGMS gemeinsam herausgegebenen Broschüre "Palliative care for older people: better practices" entnommen und ins Deutsche übersetzt worden.

„Quality of Life in Old Age until the End“

## Rückblicke auf die Veranstaltung im EU-Parlament in Brüssel

Experten aus Palliativmedizin und Geriatrie trafen am 25. September 2012 im Europäischen Parlament mit EU-Abgeordneten zusammen, um mit der starken Alterung der europäischen Bevölkerung einhergehende Probleme zu diskutieren. Der Schwerpunkt der Debatte lag auf der Fragestellung, wie älteren Menschen mit chronischen Krankheiten der bestmögliche Zugang zu Pflege- und Palliativangeboten gewährt wird.

Die Veranstaltung wurde von der in Rom ansässigen Stiftung Maruzza Lefebvre D'Ovidio in Zusammenarbeit mit dem Vizepräsidenten des Europäischen Parlaments Gianni Pittella organisiert. Unter

den Rednern befanden sich John Dalli, ehemaliger EU-Kommissar für Gesundheit und Verbraucherpolitik, und Mario Mauro, Leiter der Delegation der PDL-Delegation im EU-Parlament.

Bei dieser Gelegenheit stellte die European Association of Palliative Care (EAPC) und die Europäische Gesellschaft für Geriatrie (EUGMS) ein gemeinsam erarbeitetes Manifest vor, das zum Ziel hat, den Startschuss für einen europäischen Fahrplan für Palliativmedizin und Geriatrie zu geben. Beide Abgeordneten und der ehemalige Kommissar haben die Initiative begrüßt und werden sich dafür einsetzen, die nötigen Schritte einzuleiten, um möglichst bald ein dementsprechendes Gesetz zu verabschieden. Erster Schritte auf dem Weg dahin sind eine von der Maruzza-Stiftung organisierte Bürger-Initiative und eine Unterschriftenaktion. Ziel ist es, eine Million aus 7 EU-Ländern stammende Unterschriften zu sammeln. Diese werden dann der EU-Kommission vorgelegt, was diese dazu veranlassen soll, mit der Ausarbeitung einer neuen Gesetzesvorlage zu beginnen.

*Lea Wagner  
l.wagner@maruzza.org*

Laudatio Dr. Jens Papke

## Erster Honorarprofessor für Palliative Care

Am 17. Oktober 2012 wurde Herrn Dr. Jens Papke, Facharzt für Innere Medizin an der Ostsächsischen Fachhochschule, im Rahmen einer akademischen Veranstaltung feierlich die Ernennungsurkunde zum Honorarprofessor für Palliative Care verliehen.



Dr. med.  
Jens Papke

Nach Abschluss seiner Facharztweiterbildung ließ sich Papke als Internist 1991 mit onkologischem Schwerpunkt in Neustadt (Sachsen) nieder. Seinem hohen Anspruch einer umfassenden medizinischen, aber auch psychosozialen und spirituellen Be-

gleitung von tumorerkrankten Patienten entsprechend, motivierte mich Jens Papke, als Anästhesist in seiner Praxis eine Schmerzspezialstunde abzuhalten. Gemeinsam besuchten wir auch Patienten zu Hause, wobei dieses Engagement sich

schnell zu einem häuslichen Konsildienst für Patienten am Lebensende und deren Familien entwickelte (SAPV-Strukturen Mitte der 90er Jahre). Ein Palliativpflegedienst wurde etabliert. Mit Homecare Sachsen, dessen Gründer und Geschäftsführer Jens



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**Tags:** anziani, cure palliative , dalli , mario mauro , pittella

**Cure palliative, l'Europa pensa una sua strategia**

Pubblicato il 26 settembre 2012 da Redazione

Pittella: Gli anziani devono sentirsi inclusi in questa società



Entro il 2050 si stima che il 25% degli europei avrà 65 anni o più, una percentuale che in Italia e Spagna salirà addirittura oltre il 30%. Dati positivi perché segnalano un aumento dell'aspettativa di vita ma che portano con sé inevitabilmente delle nuove problematiche. "Gli anziani possono essere una risorsa umana attiva e non un fardello", con queste parole, nel dibattito che ha organizzato insieme alla Fondazione

Maruzza Lefebvre D'Ovidio Onlus sul tema della "Qualità della vita nell'età anziana e fino alla fine", il vicepresidente del Parlamento europeo Gianni Pittella ha voluto sottolineare l'importanza per l'Ue di realizzare una piattaforma per l'assistenza e la cura dei pazienti anziani, e ha spiegato: "Dobbiamo lavorare per fare il modo di colmare le lacune del nostro stato sociale, dobbiamo fare in modo che gli anziani possano sentire di giocare ancora un ruolo in questa società, possano sentirsi inclusi".

Durante l'evento – in cui sono intervenuti John Dalli, Commissario europeo per la salute e la politica dei consumatori, e Mario Mauro, capo delegazione del Pdl a Bruxelles – l'Associazione Europea di Cure Palliative (EAPC Onlus) e la Società Europea per la Medicina Geriatrica (EUGMS) hanno presentato un manifesto congiunto per promuovere un piano d'azione europeo su cure palliative e geriatria. "Questa forte crescita delle aspettative di vita è un traguardo di cui dobbiamo essere fieri ma che porta con sé nuove sfide per la nostra società – ha dichiarato il commissario Dalli – Dobbiamo sostenere le cure palliative. Dobbiamo riuscire a migliorare i servizi senza incidere in maniera troppo forte sul budget. Non bisogna spendere di più ma meglio".

Le cure palliative sono un approccio interdisciplinare volto a migliorare la qualità di vita dei pazienti. Non è una cura né un tentativo di allungare la vita con un accanimento terapeutico. È solo lo sforzo che la medicina fa per permettere a un malato o un anziano di vivere la parte restante della sua vita restante in maniera più serena e dignitosa, riducendo le sofferenze negli ultimi giorni della propria esistenza. Oggi vengono fornite soprattutto ai malati terminali di tumore, trascurando l'importanza che potrebbero avere invece anche per le persone anziane.

In questo settore della medicina è la Gran Bretagna ad essere il Paese europeo più avanzato. L'Italia è invece solo al dodicesimo posto di questa classifica con gli interventi che vengono definiti "davvero inconsistenti" e con, come spesso accade, grandi divergenze nello stesso Stivale tra le regioni del Nord, meglio attrezzate, e quelle del Sud. La buona notizia per il nostro Paese sta nel fatto che anche noi abbiamo un'eccellenza: il dossier presentato ieri al Parlamento europeo cita infatti l'ospedale Galleria di Genova come uno degli esempi di umanità nel trattare i pazienti anziani e terminali, un esempio da seguire in tutta Europa.

Alfonso Bianchi

Per saperne di più:

## EDITORIALI



Diego Marani

Io ero il papa ...



Elio Fazi

La road-map di Hollande per il futuro dell'Europa

Mi è piaciuto molto il discorso del presidente francese Hollande al Parlamento Europeo martedì scorso. È la prima volta...



Lorenzo Robustelli

Il Papa che si fece uomo

"Il Papa ha abdicato". Una frase del genere capita a pochi giornalisti di scriverla ed a pochi essere umani...

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Virginia Mucci

EuVision

Piccolo pensiero post San Valentino ... con video, ovviamente

Un pezzo molto breve oggi, visto che sono in vacanza. Ma un video che vi consiglio vivamente di guardare...



Ru Catania

bRUx

Prestami un post sui Kiss & Drive, che devo andare a Flagey

Ecco, io oggi stavo uscendo per andare a Flagey, che c'era una conferenza dal titolo Sound Design, ero stranamente...

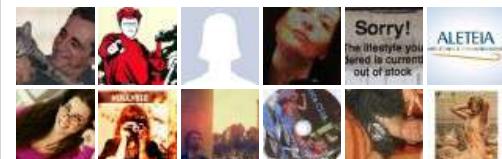


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Accordo sul Bilancio "umiliante" per l'Europa, dicono al Berlaymont

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La Società Europea per la Medicina Geriatrica: <http://www.eugms.org/>

Fondazione Maruzza Lefebvre D'Ovidio Onlus: <http://www.maruzza.org/>

La piattaforma europea Age: <http://www.age-platform.eu/en>

"Una completa umiliazione per l'idea europea". Così ai piani più alti del palazzo Berlaymont si commenta l'accordo sul Bilancio europeo fatto tra i capi di Stato e di governo...

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**Quality of Life in Old Age until the End**  
*Forging the Future of Geriatric and Palliative Care in the EU*

European Parliament - Room A3H1  
Rue Wiertz, 60 - Brussels  
Tuesday, 25th September 2012

Moderators:	<b>Mariolina Sattanino</b> Correspondent for the Italian public service broadcaster (RAI) in Bruxelles
	<b>Giovanni Gambassi</b> Associate Professor Department of Gerontology, Geriatric Sciences Head of the Acute Geriatric Ward, Università Cattolica del Sacro Cuore in Rome
10.30	<b>INSTITUTIONAL SESSION</b> <b>Gianni Pittella</b> MEP - Vice President of the European Parliament <b>Silvia Lefebvre D'Ovidio</b> President of the Fondazione Maruzza Lefebvre D'Ovidio <b>Mathias Groote (TBC)</b> MEP - Chair of the EU Committee on the Environment, Public Health and Food Safety <b>John Dalli</b> European Commissioner, Health and Consumer Policy
11.10	<b>TECHNICAL SESSION</b> <i>Palliative care for older people</i> <b>Irene Higginson</b> Scientific Director of Cicely Saunders International, Scientific Director of Fondazione Maruzza Lefebvre D'Ovidio , Professor of Palliative Care and Policy, King's College London, <i>The right to age and die in dignity</i> <b>Anne-Sophie Parent</b> Director, AGE, The European Older People's Platform <i>The reasons for this joint project and the presentation of the Manifesto</i> <b>Jean Pierre Michel</b> President European Union of Geriatric Medicine Societies (EUGMS) <b>Carlo Leget</b> Vice President European Association of Palliative Care (EAPC) <b>Open discussion</b>
12.15	<b>CONCLUDING REMARKS</b> <b>Giovanni Gambassi</b> <b>Mario Mauro</b> MEP - Group of the European People's Party (Christian Democrats) Member of the Bureau European Parliament
12.30	<b>CLOSE</b>

\*Working Language: English

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submitted by [giannipittella](#)

# Quality of Life in Old Age until the End

Il vicepresidente del Parlamento europeo Gianni Pittella, in collaborazione con la Fondazione Maruzza Lefebvre D'Ovidio Onlus, illustrerà l'urgenza di realizzare una piattaforma europea per l'assistenza e la cura dei pazienti anziani. L'evento si terrà a Bruxelles il 25 settembre presso il PE.

In questa occasione, l'Associazione Europea di Cure Palliative (EAPC Onlus) e la Società Europea per la Medicina Geriatrica (EUGMS) presenteranno un manifesto congiunto per promuovere un piano d'azione europeo su cure palliative e geriatria. L'obiettivo è quello di tracciare un nuovo modello in grado di migliorare la qualità della vita del paziente anziano e ridurre le spese sanitarie fino al 60 per cento.

## L'Unione europea e l'Italia

Oggi manca una strategia comune europea: l'Ue lascia le decisioni in questo settore agli stati membri, che in molti casi non hanno ancora adottato le misure necessarie per potenziare le cure palliative.

Sono infatti più di 100 milioni gli anziani che ogni anno potrebbero trarre beneficio da tali trattamenti, ma in realtà solo l'8 per cento vi ha accesso. Tra i paesi europei l'Italia, che ha la popolazione più vecchia d'Europa, si piazza in questo campo solo al dodicesimo posto. Appena il 15 per cento dei malati inguaribili riceve cure palliative, con un grande divario tra nord e sud.

Interverranno John Dalli, Commissario europeo per la salute e la politica dei consumatori, e Mario Mauro, capodelegazione del Pdl al Parlamento europeo.

L'evento si inquadra nell'Anno europeo dell'invecchiamento attivo.

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## About

Gianni Pittella

classe 1958, sono sposato e padre di due figli. Laureato in Medicina e Chirurgia, sono specialista in Medicina Legale e delle Assicurazioni.

Europarlamentare, attualmente ricopro la carica di primo Vicepresidente del Parlamento europeo e membro dell'ufficio di presidenza del Parlamento europeo.

Innamorato della Politica e del Napoli.

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## "Better Care for Older People- Geriatric Medicine & Palliative Care"

Date: 25 September 2012



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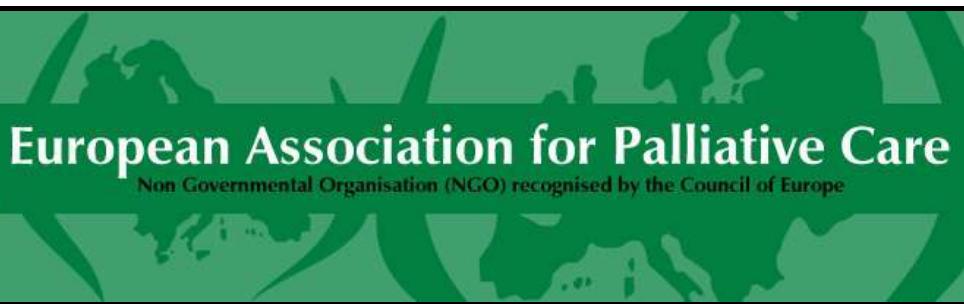
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## Quality of life in old age until the end

Posted on September 24, 2012

Sofia Bettiza, Press Officer, Maruzza Lefebvre Foundation



Sofia Bettiza  
press officer  
of the  
Maruzza  
Lefebvre  
Foundation

Modern medicine has prolonged lives. But what about quality of life? In many cases, older people live through their 80s or 90s with multiple diseases and severe pain, a problem that grows every day as populations are ageing worldwide. Very few can say that the last years of their grandparents' lives were lived happily. In and out of a hospital, connected to scary tubes, weakened by over-treatment. Is that how you wish to reach old age? Hardly.

Unfortunately, the European health system does not meet the needs of older patients. That is precisely why tomorrow (25 September), the [Maruzza Lefebvre Foundation](#) will unveil a manifesto, developed in cooperation with EAPC Onlus and EUGMS (European Union Geriatric Medicine Society) at the European Parliament. It calls for an EU strategy on geriatric palliative care, with the ultimate objectives of creating legislation and of making it a human right.

Silvia Lefebvre, President of the Foundation, saw her sister Maruzza dying from cancer in her early forties. One of her last wishes was to help people die with more dignity, surrounded by their loved ones, in their own homes if they wish. Soon after the foundation was born, its goal being to promote palliative care for the most fragile patients: children and older people. And they came a long way: from Maruzza's last wish to a round-table meeting at the European Parliament.

Dialogue between geriatricians and palliative care experts at the EU level is an absolute novelty. The two disciplines are wary of each other, and are not used to cooperating. However as the world ages, changing this lack of communication becomes more urgent than ever. By 2050, one out of four Europeans will be 65 years or older and 10 per cent will be 80+; in Italy and Spain, even one third will be at least 65.

Geriatricians and palliative care experts have actually much in common: they seek to optimise care for older adults with advanced illnesses, and see the patient and his loved ones as a unit requiring thoughtful, integrated care, rather than perceiving the patient merely as a cluster of organs and conditions.

The Vice President of the European Parliament, Gianni Pittella, is hosting the event at the

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### Links

Parliament; John Dalli, European Commissioner for Health and Consumer Policy, will intervene. Specialists as well as policy makers are flying in from other countries to attend: this shows that many are finally grasping the urgency of the issue. However, this is only the first step towards EU legislation on palliative care. Although the UK leads the world in quality of dying, many developed nations like Italy, Spain and Denmark lag a long way behind. Europe should keep in mind that although the outcome of a disease might be unchangeable, the conditions are not.

- [EAPC Homepage](#)
- [www.ipsos-society.org](#)

## Find out more...

Click [here](#) to find out more about palliative care and older people. The manifesto to promote a European action plan on palliative care and geriatrics will be available on the EAPC website in the next few days.

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## One Response to *Quality of life in old age until the end*

[Xavier Gómez-Batiste](#) says:

September 24, 2012 at 11:44 am

Thanks for the information, and congratulations for this initiative.

We will be very interested in the follow up and in being active participants

Prof Xavier Gómez-Batiste

WHO Collaborating center for Palliative Care Palliative Care Programs

[xgomez@iconcologia.net](mailto:xgomez@iconcologia.net)

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### Quality of Life in Old Age until the End - Dialogue between Geriatrics and Palliative Medicine

There is urgency to develop palliative care services for elderly patients, experts say. For this reason, the Vice-President of the European Parliament **Gianni Pittella**, in collaboration with the **Maruzza Lefebvre Foundation**, promoted a first ever dialogue between palliative medicine and geriatrics at an EU level. The event took place at the European Parliament in Brussels on September 25th, 2012.

At this occasion, the **European Association for Palliative Care (EAPC Onlus)** and the **European Union Geriatric Medicine Society (EUGMS)** unveiled a joint manifesto promoting a European action plan on palliative care and geriatrics. The objective is to improve the quality of life of elderly patients with chronic diseases and cut back on health care costs by up to 60 per cent. Its ultimate scope is to insert geriatric palliative care in the EU agenda, hoping it becomes a human right one day.

**John Dalli**, European Commissioner for Health and Consumer Policy, and **Mario Mauro**, Head of Delegation of the Pdl to the European Parliament, intervened. The event is embedded into the framework of the European Year for Active Ageing and Intergenerational Solidarity.

To download **The Manifesto**:



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### Linking geriatrics and palliative care

As 90 per cent of deaths across the EU occur among people over 65, it is mandatory to improve palliative care access for them. Their needs, especially in the last stages of life, are numerous, but they often remain unmet because their discomfort is widely underestimated. Palliative treatments have historically been offered to cancer patients, but actually people aged 85+ are more likely to die from other illnesses, such as cardiovascular disease, diabetes and dementia, or simply of terminal ageing. As the population ages, the urgency of a dialogue between palliative medicine and geriatrics increases dramatically. By 2050, 1 out of 4 Europeans will be 65 years or older and 10 per cent will be 80+; in Italy and Spain, even one third will have reached this age. The two disciplines have much in common: they seek to optimise care for older adults with advanced illness, and see the patient and his loved ones as a unit requiring thoughtful, integrated care, rather than seeing the patient simply as a cluster of organs and conditions.

### EU: what are the obstacles?

What is lacking today is a common European strategy. The EU leaves policymaking in this area up to member states which, in many cases, have failed to adopt the necessary measures to improve palliative care services. While more than 100m people per year would benefit from such treatments, less than 8 per cent of those in need have access to it. In 2003, the Council of Europe approved a recommendation on palliative care that was given to national governments so they should consider this - but only a few did. Almost all European countries have laws regulating euthanasia, however the right to palliative care is less widespread.

### Inequalities across the EU

The UK leads the world in quality of dying, but many developed nations like Italy, Spain and Denmark lag a long way behind. The European scenario is characterised by inequalities, as different cultures deal with this issue in different ways. There are disparities within countries as well; rural/urban divisions (i.e. Italy), regional socioeconomic status (i.e. Spain) and decentralised governance seem to be the most important factors.

### Where to start?

The Maruzza Lefebvre Foundation tackles this issue by bringing together policy makers, palliative care experts and geriatricians. Dialogue between the two medical disciplines at an EU level is an absolute novelty. The manifesto, developed in cooperation with EAPC Onlus and EUGMS, represents the first, concrete step towards an EU legislation on palliative care. It is unveiled on the day of the event.

## BELGIUM

**Belgium vis à vis the EU:** Amongst European countries, Belgium comes in at 9th place in terms of palliative care.

**Palliative care coverage:** Palliative care is a young but burgeoning field in Belgium. There are three regional associations of palliative care (one each for Flanders, Brussels, and Wallony) which have been integrated comprehensively into the national health system. There is a broad public awareness for needs of elderly, chronically sick patients. Belgium is divided into 28 well-organized "palliative networks" which liaise with GPs to provide palliative care to patients upon request. National legislation states that palliative care is a right, and all patients in the country should have access to it.

**People in need:** Despite the availability of palliative medicine, opioid use is low in comparison with other western nations, indicating that much pain goes untreated. The most significant gap in an otherwise model system is the lack of standardised training for palliative care physicians and GPs, including the omission of pain management courses in general medical curricula.

**Elderly:** According to the IMF, Belgium's elderly population (65+) will increase by over 63%, and will reach over 25% of the country's overall population by 2050.

**People over 65:** 17.16% of total population.

**People over 80:** ca. 3% of total population.

## ITALY

**Italy vis à vis the EU:** Amongst European countries, Italy places itself at 12th place in terms of palliative care services, much behind Poland and almost tied with Latvia.

**Palliative care coverage:** Very inconsistent, with huge regional inequalities. In the North, patients have a much higher chance of receiving palliative care than in the South. Palliative medicine is not a recognised specialty: treatment is usually carried out by general practitioners, who often did not receive adequate training on pain management and emotional support.

**People in need:** Only 15% of incurably ill receive palliative treatment, and they are mainly cancer patients under 65.

**Elderly:** Italy has the oldest population in Europe. However, collaboration between geriatrics and palliative medicine is minimal.

**People over 65:** 30% of total population.

**People over 85:** 2,8% of total population.

## UNITED KINGDOM

**The UK vis à vis the EU:** The UK leads the world in quality of dying, and is currently developing an End of Life Care Strategy for England – the first of its kind in worldwide. The UK was the cradle of the modern hospice movement, and its pioneer, Dame Cicely Saunders, defined the 'total care' approach that is still embraced by professionals all over the world today.

**Palliative care coverage:** The UK continues to be the leader in palliative care development in Europe for what concerns quantity of services offered, high standards expected, and research environment.

**People in need:** The UK suffers a shortage of medical personnel in palliative care, where many vacant posts are unfilled due to insufficient qualified applicants. Other issues include training and drug availability outside of normal working hours.

**Elderly:** Although the UK population keeps ageing, it is projected to be one of the least aged countries in the EU by 2035.

**People over 65:** 17% of total population.

**People over 85:** 2,2% of total population, likely to double by 2030.

## FRANCE

**France vis à vis the EU:** Amongst European countries, France comes in at 6th place in terms of palliative care, almost tied with Spain and Germany.

**Palliative care coverage:** Despite a few imperfections in French palliative care services, such as professional prejudices against prescribing opioids, the French system is noteworthy for the wide availability and variety of free palliative care services, the research structure and the continued backing by the parliament. Care is usually based from the hospital, with a majority of palliative care teams dedicated to working in this setting, although recently home care has also seen rapid development. In the last ten years, the vitality of this field has grown enormously, evidenced by the quantity of palliative care associations which have sprung up and consistent legislation which defends palliative care as a right for all citizens. The formulation and implementation of a national plan on palliative care has also been named as one of the three health priorities of the President of the Republic.

**People in need:** The situation is less shocking than in many other European countries; however, many patients are unnecessarily in pain due to reluctance of GPs to prescribe opioids (see above). A lack of training for doctors is also an issue.

**Elderly:** By 2050, one out of three inhabitants will be at least 60 years old, whereas the ratio in 2005 was one to five. In 2004, 22% of the population was at least 60 years old while the same group will make up to 35% by 2040. Old-age dependency ratio (ratio between 65 year olds and population of working age [between 15 and 64 years old]) was 25% in 2008 and is expected to rise to 45,5% by 2060. By 2050, one out of three inhabitants will be at least 80 years old.

**People over 65:** 16,7% of total population.

**People over 80:** 5,4% of total population (predicted to be in 5,82% in 2025 and 8,75% in 2050).

## GERMANY

**Germany vis à vis the EU:** Amongst European countries, Germany comes in at 8th place in terms of palliative care, almost tied with France and Spain.

**Palliative care coverage:** Uneven, although it is growing steadily and spreading to most areas. The region of Nordrhein-Westfalen is clearly the most developed, sponsoring research projects and pilot programmes to test different care models, while other regions have little or no care available. Not all Germans are sufficiently aware of the problem yet, although efforts made by organisations such as the German Association for Palliative Medicine have been taking steps to address this for the past several years. Germany does not have a national palliative care policy (nor a national cancer or HIV control policy or an essential medicines list). However, a significant law came into effect in 2008: the inclusion and financing of home care in the national health infrastructure.

**People in need:** Many elderly patients suffer from untreated pain. GP often are insufficiently trained as palliative care is still not part of all curricula at medical faculties.

**Elderly:** Old-age dependency ratio (ratio between 65 year-old people and population of working age [between 15 and 64 years old]): 24,2% in 2000; expected to rise to 34,9% in 2030 and to 52,6% in 2040.

**People over 65:** 17m (=ca. 21% of total population).

**People over 80:** 4% in 2009; this number is expected to rise to 13-15% by 2045. Between now and 2025, some experts even predict a rise of the percentage of this population group by 70%.

## SPAIN

**Spain vis à vis the EU:** Amongst European countries, Spain comes in at 7th place in terms of palliative care services, almost tied with France and Germany.

**Palliative care coverage:** Uneven, with some highly developed regions, such as Catalonia and Extremadura, other medium-developed regions, like the Basque Country or Cantabria, and a few ones with relatively little development, such as Galicia.

**People in need:** Only about 40% of terminally ill receive appropriate palliative treatment. This is in spite of the fact that every year 55% of deceased suffer from a terminal illness, and around 250,000 of them need palliative care, according to data provided by the Laguna Palliative Care Hospital in Madrid.

**Elderly:** In three decades Spain will have the oldest population in the world, according to UN data.

**People over 65:** 17,5% of total population.

**People over 85:** 3,4% of total population.

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**Notizie****New Manifesto calls for Quality of Life in Old Age until the End**

11/10/2012



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There is urgency to develop palliative care services for elderly patients, experts say. For this





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Eventi



reason, the Vice-President of the European Parliament Gianni Pittella, in collaboration with the Maruzza Lefebvre Foundation, promoted a first ever dialogue between palliative medicine and geriatrics at EU level. The event took place at the European Parliament in Brussels on 25 September 2012.

At this occasion, the European Association for Palliative Care (EAPC Onlus) and the European Union Geriatric Medicine Society (EUGMS) unveiled a joint manifesto promoting a European action plan on palliative care and geriatrics. The objective was to improve the quality of life of elderly patients with chronic diseases and cut back on health care costs by up to 60 per cent. Its ultimate scope was to insert geriatric palliative care in the EU agenda, in the hope of it becoming a human right one day.

John Dalli, European Commissioner for Health and Consumer Policy, and Mario Mauro, Head of Delegation of the Pdl to the European Parliament both intervened during the event, which was embedded into the framework of the European Year for Active Ageing and Intergenerational Solidarity.

The Maruzza Lefebvre Foundation tackled the issue of urgency of a dialogue between palliative medicine and geriatrics by bringing

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together policy makers, palliative care experts and geriatricians. It is the first time that dialogue between the two medical disciplines happens at an EU level. The manifesto, unveiled on the day of the event, developed in cooperation with EAPC Onlus and EUGMS, represents the first concrete step towards an EU legislation on palliative care.

The [manifesto](#) calls upon European Governments and EU Institutions to ensure that every older citizen with chronic diseases, especially at an advanced stage, is offered the best possible palliative care approach wherever they are cared for. This could be achieved by:

1. Recognizing that older people with chronic diseases have the right to the best possible palliative care approach.
2. Promoting public awareness.
3. Promoting a collaborative effort between geriatric and palliative medicine.
4. Investing in education.
5. Investing in research.
6. Establishing an EU platform for the exchange, comparison and benchmarking of best practices between member states.

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## New Manifesto calls for Quality of Life in Old Age until the End

11/10/2012



There is urgency to develop palliative care services for elderly patients, experts say. For this reason, the Vice-President of the European Parliament Gianni Pittella, in collaboration with the Maruzza Lefebvre Foundation, promoted a first ever dialogue between palliative medicine and geriatrics at EU level. The event took place at the European Parliament in Brussels on 25 September 2012.

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The Maruzza Lefebvre Foundation tackled the issue of urgency of a dialogue between palliative medicine and geriatrics by bringing together policy makers, palliative care experts and geriatricians. It is the first time that dialogue between the two medical disciplines happens at an EU level. The manifesto, unveiled on the day of the event, developed in cooperation with EAPC Onlus and EUGMS, represents the first concrete step towards an EU legislation on palliative care.

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Condividi



Archivio notizie



***Quality of Life in Old Age until the End. Dialogo tra geriatria e medicina palliativa a livello europeo per una medicina più vicina, equa ed economica. Parlamento Europeo/Bruxelles, 25 settembre 2012.***

Il 25 settembre la Fondazione Maruzza Lefebvre D'Ovidio Onlus e **Gianni Pittella**, vicepresidente del Parlamento europeo, organizzano un incontro al Parlamento europeo dove specialisti di cure palliative e geriatria discutono con eurodeputati e altre personalità politiche riguardo le strategie più adeguate per migliorare l'accesso dei pazienti anziani alle cure palliative.

Il mondo sta invecchiando. Tra qualche anno, 1 cittadino europeo su 4 avrà più di 65 anni, e il 10% saranno over 80; in Italia e in Spagna, la media sale addirittura a uno su tre. Tuttavia, vivere una più a lungo è positivo solo se la vita è priva di dolore e di altri sintomi disturbanti. Purtroppo la realtà è molto diversa: il 25% di tutti gli anziani è afflitto da dolore, spesso causato dalle molteplici patologie croniche degenerative di cui soffre.

L'esito è ineluttabile: ma le condizioni non lo sono. La Fondazione Maruzza vuole dunque facilitare l'accesso ai servizi delle cure palliative per tutti i pazienti anziani in difficoltà, migliorando la loro qualità della vita. L'obiettivo finale? Che l'accesso ai servizi palliativi diventi un diritto umano per tutti I cittadini. Per il momento, c'è ancora molto da fare. In Italia, il 50% dei pazienti over 80 muore in casa e, in un caso su quattro, chi si prende cura di loro ha, a sua volta, più di 65 anni. È dunque evidente l'urgenza di potenziare sia le strutture che erogano cure palliative negli ospedali, sia l'assistenza domiciliare, per rispondere al bisogno crescente della popolazione di una medicina più vicina, equa ed economica.

Da alcuni mesi si sta lavorando a un manifesto per le cure palliative dirette all'anziano. Il documento, che sarà presentato il giorno dell'evento, delinea un piano d'azione su come sviluppare al meglio le strutture di assistenza palliativa a livello europeo. Il manifesto è stato redatto dalle due organizzazioni leader in Europa nei settori della medicina geriatrica (**EUGMS**) e delle cure palliative (**EAPC Onlus**).

Parteciperanno **John Dalli**, Commissario europeo per la salute e la politica dei consumatori, e **Mario Mauro**, capo delegazione del PdL in Parlamento.

Per ulteriori informazioni contattare s.bettiza@maruzza.org o l.wagner@maruzza.org

***Per vedere l'articoli sul sito dell'Anno Europeo dell'invecchiamento attivo, fare click [qui](#).***



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## News & Events

Targeting the elderly, a European initiative for a fairer and more cost effective medicine

**20 September 2012**

The Vice-President of the European Parliament Gianni Pittella, in collaboration with the Foundation Maruzza Lefebvre D'ovidio Onlus, will unveil a European roadmap outlining an innovative strategy of assistance and care for the elderly. The event will take place at the European Parliament in Brussels on 25 September 2012.

- For the programme, please click [here](#)
- For more information, please click [here](#)

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## Quality of Life in Old Age until the End

### TARGETING THE ELDERLY. A EUROPEAN INITIATIVE FOR A FAIRER AND MORE COST EFFECTIVE MEDICINE

The Vice-President of the European Parliament Gianni Pittella, in collaboration with the Foundation Maruzza Lefebvre D'Ovidio Onlus, will unveil a European roadmap outlining an innovative strategy of assistance and care for the elderly. The event will take place at the European Parliament in Brussels on September 25<sup>th</sup>.

At this occasion, the European Association for Palliative Care ([EAPC](#) Onlus) and the European Union Geriatric Medicine Society ([EUGMS](#)) will present a joint manifesto to promote a European action plan on palliative care and geriatrics. The objective is to outline a new model to improve the quality of life of elderly patients with chronic diseases and cut back on health care costs by up to 60 per cent.

#### EU: what are the obstacles?

What is lacking today is a common European strategy. The EU leaves policymaking in this area up to member states which, in many cases, have failed to adopt the necessary measures to improve palliative care services. While more than 100m people per year would benefit from such treatments, less than 8 per cent of those in need have access to it. The UK leads the world in quality of dying, but many rich nations like Italy, Spain and Denmark lag a long way behind.

**John Dalli, European Commissioner for Health and Consumer Policy, and Mario Mauro, Head of Delegation of the Pdl to the European Parliament, will intervene.**

The event is embedded into the framework of the European Year for Active Ageing.

#### PRESS OFFICE

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#### THE MARUZZA LEFEBVRE D'OIDIO ONLUS FOUNDATION

Maruzza Lefebvre D'Ovidio passed away in her early forties, after a very short illness, on the 18th of October, 1989. During the hardship of her illness, she made the wish to help those who had to face the same destiny.

In 1999 the Foundation was born. It was named after Maruzza, and it puts into practice her ideal of solidarity: to help the incurably ill, respecting their quality of life, dignity and values.

The Maruzza Lefebvre D'Ovidio Onlus Foundation (FMLDO) pursues charitable purposes and works for the spread and development of palliative care in Italy and abroad, focusing its activity on the most vulnerable patients: the children and the elderly.

Today, FMLDO works closely with decision-makers and palliative care experts to carry out important projects at a national and international level, with the aim of developing new models of care.

**To see the press release on the website of the European Commission, click [here](#).**



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## "Better Care for Older People Geriatric Medicine & Palliative Care"

### priorities

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- recovery ➤

### cities in action



**The conference on the 25th September, organised by the Cyprus Presidency, aims to emphasise integrated health care programs on the standard of life of elderly people suffering from chronic illness.**

With further questions please call Elvira Lefebvre D'Ovidio on +39 063290609 or send an email to [s.lefebvre@maruzza.org](mailto:s.lefebvre@maruzza.org).

#### Address & country

European Parliament, Brussels - Belgium

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