Resolution Protocol of the 106th German Medical Assembly 2003

Palliative Care in Germany

On request of the board of the German Medical Association, the 106th German Medical Assembly unanimously adopted the following resolution:

As physicians, we deal with patients for whom curative treatment is no longer possible and who have to face considerable physical, mental, social and spiritual problems. Caring for those patients also means that the patients' families and the team of caregivers, especially nursing staff and physicians, are burdened with these problems.

Fear of an undignified life in such seemingly hopeless situations repeatedly gives rise to public requests for the legalisation of euthanasia.

Rather than resignation and hopelessness, however, the answer to these problematic issues is active palliative care, i.e. the development of a perspective on life for patients with incurable, far advanced and progressing illnesses and with limited life expectancy. This can be achieved through measures such as comprehensive symptom control, particularly management of pain, empathetic care and fulfilment of realistic expectations, which help ensure a dignified end of life.

The German Medical Assembly considers the strengthening and promotion of palliative medicine and pain control to be essential, and it is against euthanasia and (physician-) assisted suicide.

Therefore, the German Medical Assembly welcomes the inclusion of palliative medicine in the new model post-graduate training regulations and empathically supports the important designated position of palliative medicine as an fundamental element of medical practice.

The 106th German Medical Assembly demands:

- **The inclusion of palliative medicine in the canon of cross-subjects of the qualification requirements for physicians and its approval as an optional subject in the final medical exams**
  Even though palliative medicine was mentioned in the qualification requirements for physicians for the first time in the last amendment in spring 2002, this will not prove very effective, since it was not recognised as a cross-subject or optional subject. According to the phrasing of the existing qualification requirements for physicians, it has been left to the commitment of medical faculties whether or not issues of palliative medicine are included in qualification requirements. Therefore it seems likely that there will be no increase in the small number of medical students who become familiar with the fundamental principles of palliative medicine.

- **Development and expansion of outpatient palliative care networks**
  Care for the dying and their families is an integral part of the medical profession. But there are often circumstances that place a strain on the time-consuming and intensive care services for the dying and their next of kin, and make it difficult or impossible to provide adequate home care at the end of life. Despite clear benefits for the medical support of patients who wish to die at home, specialised services model projects that have proven their great effectiveness and contribution to the home care sector for the critically ill and the dying, have so far been limited to a few regions.

Against the background of the implementation of diagnosis-related groups (DRGs) which are expected to lead to a quicker discharge of patients - particularly the critically ill and dying - to their home settings, it is essential to develop and expand effective outpatient palliative care networks. The relevant authorities are called upon to abolish the bureaucratic impediments for the funding of care for the critically ill, i.e. to allow for a prompter allocation of grants from the nursing care insurance.

- **Development and expansion of palliative care networks for inpatients and the adjustment of hospital financing to the needs of the critically ill and the dying**
  The unmodified introduction of diagnosis-related groups (DRGs) for hospital financing will be a mayor threat to the creation of new and management of existing palliative care units, because DRGs are not designed to reflect the financial needs of palliative care services.
  The DRG version in operation since 1st January 2003 fails to provide an accurate reflection of palliative treatment of the critically ill and the dying. The reason for this may be that the Australian DRG system was the model for the German health care funding system, and in Australia palliative care is not included in DRGs, but funded through other sources. If palliative care units are to remain places of high quality care for the critically ill and the dying and places of vocational training and further education in the future, special provisions for adequate funding of palliative inpatient hospital treatment must be found.

- **Cross-sector and cross-profession care networks (integrated care)**
  Individuals suffering from serious and incurable illnesses are in need of a trouble-free chain of care services, including optimal interdisciplinary and multi-professional co-operation. Therefore, it is important to abandon the strict separation of care into inpatient and outpatient services within the standard benefit regulations.

- **Promotion and expansion of paediatric palliative care**
  The number of paediatric palliative care services is far too small to meet the demand of critically ill children and their families. Palliative care networks must include services for parents and siblings.

- **Palliative and hospice care instead of euthanasia**
  The German Medical Assembly is against euthanasia. It emphasises the necessity of good palliative care networks as a means to counter the call for euthanasia with a real life-affirming answer to such problems. Without the provision of resources for good medical palliative treatment and care, any stated rejection of euthanasia remains pure lip service and is inhuman. It will feed the fears of patients who – in the absence of dignified end-of-life care – will begin to request euthanasia. Politicians and the paying public are therefore reminded of their duty to implement the legal and financial preconditions to ensure the availability of qualified palliative care for the critically ill and the dying at all times. (23.5.2003)