Regional Conference CDA Senioren

20 APRIL 2023 Maastricht

**Dear Colleagues and friends,**

**When perusing the subjects discussed in ESU meetings, one will find a diverse range of topics. I often like to say that we are the bridge between European politics and the needs and expectations of European citizens. Upon reflection, I can confidently state that we are closest to EU politics because we strive to keep our members informed about European initiatives. However, this time was different. Our colleagues from the Netherlands took the initiative to introduce a subject that had never been on the agenda before: “palliative care”. At first, I was surprised and hesitant, but I am now pleased with the choice and confident that it will not be a one-time discussion. Thank you for proposing this theme.**

## Palliative care

1. The need for palliative care has been growing for many years. However, due to the unique characteristics of healthcare systems and the competences of member states for health and care policies, the organization and institutional form of palliative care varies among countries. This includes differences in hospice care, home care, nursing homes, and hospital-based palliative care units. Additionally, opinions differ on the concept of palliative care and its moral values.
2. During the COVID-19 pandemic, these differences were more visible than ever before. Existential questions arose about how to treat patients and how caregivers, family, and friends could assist their dying loved ones. In "Ethics and the Coronavirus: Very Existential Questions Arise in the Face of Scarce Resources," medical ethicist Prof. Dr. Christiane Woopen, chair of the high-level European ethics advisory body, explains in an interview the perils that the disease created for society as a whole.[[1]](#footnote-1)
3. The reflection on palliative care is not new. In recent years, several international organizations have developed research and recommendations concerning the functions and optimization of palliative care. This includes the vision that palliative care is fundamental to human dignity and a component of the human right to health (Council of Europe), focusing on preventing and relieving suffering through a holistic approach addressing physical, psychosocial, and spiritual problems (World Health Organization), and paying tribute to informal caregivers while insisting on the implementation of good practices.
4. Given the recent initiatives of the EU on care, supporting member states to develop and strengthen their care systems, couldn't we expect that palliative care should be integrated as a human right and defined as part of the healthcare and care systems? Isn't palliative care the final "end-of-life" care that ensures a dignified life with qualified care for everyone who needs it? We hope to continue our contacts with the EU Commission to underline the necessity of palliative care.


And we are sure that the 20 April meeting will bring new insights and strengthen our motivation to learn more about it.

An Hermans
*ESU President*

1. [Corona Ethics: "Very Existential Questions Arise in the Face of Scarce Resources" - DER SPIEGEL](https://www.spiegel.de/international/world/corona-ethics-very-existential-questions-arise-in-the-face-of-scarce-resources-a-7e671bee-49fb-463f-8016-15b61fa28f51): <https://www.spiegel.de/international/world/corona-ethics-very-existential-questions-arise-in-the-face-of-scarce-resources-a-7e671bee-49fb-463f-8016-15b61fa28f51> [↑](#footnote-ref-1)