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Conference report

Report from the 2. International LAST AID Conference Online—The social impact of palliative care, October 30 2020, Maribor, Slovenia

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Abstract: The second International Last Aid Conference Online was held on 30th October 2020 with 174 participants from 18 countries. The main topics of the conference were the social impact of palliative care, public palliative care education (PPCE) and experiences with Last Aid Courses from different countries. Invited lectures and submitted abstracts on these topics highlighted the need for PPCE. The experiences with Last Aid Courses for both adults and children, as well as the Online Last Aid courses that were developed during the COVID-19 pandemic were presented. This conference report provides an overview of the topics and the content of the presentations.

Keywords: palliative care; public awareness; end-of-life care; home death; compassionate communities; Last Aid Course; public palliative care education; online course; COVID-19 pandemic

LAST AID is a public educational program to raise awareness about palliative care. In analogy to the chain of survival used in emergency medicine we need a "Chain of Palliative Care" to illustrate palliative care pathways in the community [1]. The second International LAST AID Conference, "The Social Impact of Palliative Care" was initially planned to be held in Maribor, Slovenia on 30th October 2020. Due to the COVID-19 pandemic, it was transitioned to an online

conference organized by Medical Faculty Maribor, LAST AID International and Medical Faculty Sonderborg Denmark. We hosted 174 participants from 18 countries including; Australia, Austria, Brazil, Croatia, Czech Republic, Denmark, England, Estonia, Germany, Ireland, Italy, Lithuania, Poland, Romania, Spain, Slovenia, Sweden, and Switzerland. The program was intensive and was divided into a plenary section with multiple renowned keynote speakers and a workshop section with the topics including Spirituality, Last Aid Courses for children and teenagers and research on Last Aid.

The plenary section included lectures from international keynote speakers. Among these was Professor Allan Kellehear, the founder of Compassionate Communities [2,3]. Compassionate communities are derived from the WHO concept of "Healthy Cities" or "Healthy Communities", an earlier set of public health ideas that formally dates from the 1980s but has even earlier policy and practice roots in health education [2]. Prof. Kellehear introduced the topic with a powerful statement that end-of-life care is everyone's business, as health is everyone's business. This is especially true now during the current COVID-19 pandemic. He added, "The biological act of dying and the event of bereavement are not themselves the major problems for most people, the problem is what accompanies dying and grief; is the anxiety, the depression, social isolation, loneliness, social rejection, the stigma, the lost working days, the lost school days, suicide, sudden death…" and these events need early intervention and need a public health approach. The fact is that dying people spend less than 5% of time with nurses and doctors. He asks us, what people do and need in the other 95%? If we are truly invested in palliative care, we must consider this. Because of this fact we clearly need compassionate communities, a public health approach to palliative care. Kellehear gave some examples and introduced forms of leadership of compassionate communities. There are different stories, different styles of leading the compassionate communities but the central aspect are always the people.

Palliative care is not only about symptom management, but also about health promotion. The health promoting palliative care approach by public palliative care education was introduced by the founder of the international LAST AID project in his lecture [1,4,5]. Georg Bollig is convinced that everyone is able to participate in palliative care provision for all in need, that compassionate communities should be established and that all citizens should learn basic knowledge and skills in palliative care. He stated, "Everybody can contribute to end-of-life care at home."

The internationally demographic change continues to lead to an increase in the number of elderly and multi-morbid people. As most people would prefer to die at home, more people will need palliative care at home in the future [6]. Therefore, everyone should learn to provide Last Aid [7]. The idea of a Last Aid Course for the general public was first introduced by Bollig in 2008 [1,4,5]. An international working group from Norway, Denmark and Germany designed a short basic Last Aid Course with 4 modules (each lasting 45 minutes) in 2013–2014. In 2015, the Last Aid course received an award from the German Association of Palliative Medicine. Today more than 30,000 citizens have participated in Last Aid Courses in various European countries and more than 2500 instructors have been educated [7]. Most Last Aid Course participants appreciate the course, including having the opportunity to talk about death and dying in a comfortable atmosphere. The majority would recommend the course to others. At present, 17 European countries participate in the International Last Aid working group. European Association for Palliative Care (EAPC) Taskforce Last Aid has been created to review current knowledge relating to palliative care education and to

support the development of a consensus guide on the optimal curriculum and content of public courses. In 2019 the Last Aid Research Group Europe (LARGE) was established.

The third lecture was provided by keynote speakers Professor Uršula Lipovec Čebron and PhD Candidate Sinja Žorž. They discussed the importance of socio-cultural dimensions in health and healthcare while presenting some common misinterpretations and misconceptions of the concept of culture that often led healthcare professionals to provide inappropriate and unequal patient care. Based on different cases, they demonstrated that many healthcare professionals regularly neglect the fact that not only does culture influence patients, but it also influences healthcare professionals work. Western medicine is not culturally neutral, but is influenced by the environment in which it exists. Cebron and Zorz then discussed how healthcare professionals, especially providers of palliative care, become a part of a complex process of dying, which involves other people – including the patients and their families—for whom experiencing death is new and unknown. The relatives and healthcare professionals can share different ideas about the dying process and might have specific culturally conditioned needs, which should be considered in order to turn a persons death for their loved one into a positive experience. Such experiences can assist in the grieving process.

The second part of the conference focused on the activities of the international LAST AID organisation in various countries. The members introduced the work in Austria, Switzerland, Denmark, Germany, Scotland, Australia, Brazil, Slovenia, and Lithuania. Because of the COVID-19 pandemic, projects were postponed in some countries, including Romania and Italy. In Scotland, Germany, and Slovenia, Last Aid online courses were started. While all member countries agreed that the Last Aid Online Courses are only the second-best option for participants, the general consensus is that it is possible to continue during this pandemic. All member reports ended with optimistic and very positive feedback.

Before the workshops, research ideas in palliative care were introduced by young physicians and students. The HOSPIC movement in Slovenia celebrated 25 years of work, so they were given the opportunity for a brief presentation in the program. During the conference, participants were invited to work in small groups. They could choose between three different workshops: Spiritual care in LAST AID, LAST AID for Children and Research in LAST AID. The workshops represented an opportunity to interact with colleagues about a chosen topic. The last part of the conference included invited lectures on actual topics. Georg Bollig presented the first experiences from teaching Last Aid to children and teenagers in Germany. He concluded that children and teenagers are interested in the topic of death and dying and appreciate the opportunity to discuss the subject [8]. Nevenka Krčevski Škvarč emphasised in her lecture that caring for the dying person is not just about attending to physical symptoms and controlling pain; the meaning of life must be recognized and discussed as the part of treatment process. Helping patients to reduce their negative feeling and respecting their dignity is crucial. Although the debilitating physical symptoms of cancer have long been known, the psychological and social impacts have become the subject of examination only relatively recently. Social support helps the patient and his family to cope better with the situation and provides them with a sense of identity.

Professor Simone Veronesse, an Italian palliative physician working in the region of Italy most affected during the first wave of the pandemic, spoke about how to achieve social support and recognition of palliative care in pandemic times. His lecture was very touching for all of us. He reminded us that palliative care must be an integral part of healthcare in all settings.

The main conclusion from the conference was that healthcare professionals and lay people must all work together to enable people to die at home and help them to experience a death with dignity. As Allen Kellhear said: "Compassionate communities are communities that decide to bring the vulnerable communities back in to the activity profile, social support and social life in the community again."

Finally, the conference closed with an invitation to the Third International Last Aid Conference to be held on October the 28th 2022 in Maribor, Slovenia. The abstract book of the Second International Last Aid Conference can be accessed via the conference homepage: https://lastaid.paliativa.si

Conflict of interest

The authors declares that there is no conflict of interest in this paper.

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