*REVIEW ARTICLE*

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# HOSPICE-PALLIATIVE CARE INTERNATIONAL ORGANIZATIONS AND COUNTRIES

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## ABSTRACT

The increasing number of hospice and palliative care centers around the world in the 1990s led to the emergence of international associations of hospice and palliative care. Today, there are many organizations working on hospices in many parts of the world, providing coordination among its members and trying to adopt the importance of hospices to societies. Under the leadership of World Palliative Care Association (WPCA), they came together in other international organizations and established an internet magazine under the name of-E-Hospice for the purpose of to draw attention to the importance of palliative care and hospices, to give information about their activities and to announce the developments in the fields of palliative care and hospice to the wider masses. E-Hospice magazine is published in many world languages, especially English. Apart from this international journal, there are media outlets, televisions and websites. Hospice and palliative care centers have become one of the most important elements of modern health care. Many international organizations operating in the field of health and social services around the world draw attention to the importance of hospices.

**Keywords:** Hospice, palliative care, organizations

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## 1. INTRODUCTION

### 1.1 Hospice and Palliative Care International Organizations

### World Health Organization (WHO)

The World Health Organization (WHO) was established on 7 April 1948 in Geneva, Switzerland, under the United Nations. The World Health Organization (WHO) made its first studies in 1989 on the concepts of palliative care and hospice. World Health Organization; palliative care is an approach that improves the quality of life of patients and their relatives who encounter problems arising from life-threatening diseases by preventing or eliminating all physical, psychosocial and mental problems, especially pain, by early detection and effective evaluation ". In 2014, the standards set by the Palliative Care Association were adopted by the World Health Organization. With this report, the World Health Organization (WHO) has initiated efforts to introduce palliative care and hospices in order to open palliative care and hospices in the member states of the United Nations (Kömürcü ve Tanrıverdi, 2016).

### World Palliative Care Association (WPCA)

One of the most important organizations on a global scale is the World Palliative Care Association (WPCA), which works on the Hospice and Palliative care centers and works to spread these health institutions to all the world countries. The most important task of the World Palliative Care Association (WPCA) is to raise awareness on hospice and palliative care in the world and to draw attention to these areas. International Palliative Care Association (IAHPC), The European Association for Palliative Care (EAPC), African Palliative Care Association (APCA), Asia Pacific Hospice And Palliative Care Network (AHPN), American Academy of Hospice and Palliative Care (AAHPM) ("World Palliative Care Association", 2017).

As a result of the studies carried out by the World Palliative Care Association (WPCA), the World Health Organization (WHO) has increased its activities on hospice and palliative care.

### Hospice-Palliative Care International Organizations and Countries

In 2014, with the support of the World Palliative Care Association, the Executive Board of the World Health Organization (WHO) adopted a report on palliative care. With this report, the World Health Organization (WHO) has accepted the necessity of increasing the number of hospices and increasing the standards of hospices. The World Palliative Care Association (WPCA) adopted the report to the World Health Organization, which stated that 40 million people around the world need hospice and palliative care each year, and that 18 million people die due to various diseases ("World Palliative Care Association", 2017).

### International Palliative Care Association (IAHPC)

The International Association for Palliative Care (IAHPC) was founded in 1980 by Josefina Magno. It is the International Hospitals Institute, founded in 1980 by Josefina Magno, the pioneer of the International Association for Palliative Care (IAHPC). After the establishment of this institute, there has been a significant increase in scientific studies on hospice and palliative care in America. Subsequently, the International Association of Palliative Care (IAHPC) was established in 1997, with the merger of the Hospice Physicians Academy, the American Hospital and the Academy of Palliative Medicine, the International Institute of Hospitals and the School of Medicine (International Palliative Care Association, 2017).

In 1997 Roger Woodruff was elected chairman of the board. Roger Woodruff served until 1999. In 2000, Eduardo Bruera was elected Chairman of the Board of Directors, a position he held until the end of 2004. In 2005, Kathleen Foley was elected chairman of the board of directors and held this position until the end of 2007. In 2008, Roberto Wenk was appointed as the Chairman of the Board of Directors and he continued this duty until the end of 2013. Today, IAHPC is chaired by Lukas Radbruch, Germany's representative. The International Association for Palliative Care (IAHPC) also carries out press and publication activities. The Journal of Palliative Medicine and the Journal of Pain and Palliative Care are published by the International Association of Palliative Care (IAHPC), which shows the developments in palliative care and hospice. The main task of the IAHPC is to ensure the development of palliative care and hospice models in each country, and to provide the necessary resources for these studies by correcting the conditions. According to the organizational philosophy of IAHPC, developing countries should benefit from the accumulated experience and professional expertise in palliative care and hospice in developed countries ("International Palliative Care Association, 2017).

## The European Association for Palliative Care (EAPC)

The European Palliative Care Association (EAPC) was established on December 12, 1988 under the leadership of 42 founding members. The aim of the EAPC is to promote palliative care in Europe, to promote palliative care services and hospices, and to increase interest in these institutions. There are 57 associations based on hospice, palliative care and cancer in 32 European countries of the European Palliative Care Association. European Palliative Care Association (EAPC); There are 32 members in the UK, Germany, France, Austria, Netherlands, Slovakia, Norway, Sweden, Switzerland, Ireland, Denmark, Ukraine, Croatia, Hungary, Greece, Romania, Moldova, Czech Republic, Spain, Portugal and Malta. The International Association for Palliative Care (IAHPC) works in coordination with the World Health Organization ("European Palliative Care Association", 2017).

The world palliative care organization works in cooperation with all health organizations in the world. EAPC has gathered its studies under the titles of education, ethics, organization, clinical care and research on its official website. EAPC continues its activities by following the developments seen in health management, nursing, social services and medical sciences and carries out projects related to its member countries every year. Apart from these projects, statistical information about the hospice and palliative centers of EAPC members is shared. The EAPC plays an important role in the dissemination and organization of hospices throughout Europe, and in raising palliative care and hospice standards ("European Palliative Care Association, 2017).

## African Palliative Care Association (APCA)

The African Palliative Care Association (APCA) was founded in 2002 in Cape Town, South Africa, under the leadership of 28 palliative care centers. APCA continued to operate in other countries of Africa within a short period of time. The African Palliative Care Association (APCA), which opened offices in Tanzania in 2004 and in Kampala, the capital of Uganda in 2005, is now known as Uganda, Botswana, Malawi, Kenya, South Africa, Mozambique, Rwanda, Ivory Coast, Senagal, Nambia, Nigeria, Zambia, Zimbabwe, Cameroon, Tunisia, Morocco, Egypt. The African Palliative Care Association (APCA) is the most important regional organization operating throughout Africa ("African Palliative Care Association, 2017).

Identification of patients who need to stay in hospice and palliative care centers, presence of caregivers to be employed in these centers, training of health personnel, increasing sensitivity to hospice and palliative care, promotion of hospice and palliative care centers, carrying out activities in coordination with African governments and member associations support, acting jointly with academic institutions, media and media activities are within the scope of APCA. APCA cooperates with International Palliative Care Association (IAHPC) and World Palliative Care Association (WPCA) in palliative care and hospice studies and carries out international projects ("African Palliative Care Association, 2017).

### Asia Pacific Hospice and Palliative Care Network (AHPN)

The Asia Pacific Hospice and Palliative Care Network (AHPN) was established through a series of meetings from 1995 to 2001. The first meeting was held in Japan in 1997. The third meeting was held in Hong Kong in 1997, while the fourth meeting was held in Japan in 1998. The fifth meeting was held again in May 1999 in Hong Kong. After the fifth meeting, the name and organizational structure of the Asia Pacific Hospice and Palliative Care Network (AHPN) began to become clearer and the secretariat was established in 1999 in Singapore. The first general meeting was held on May 1st, 2001 in Taipei, Taiwan. APHN's founding members include fourteen founding members, including Australia, Hong Kong, India, Indonesia, Japan, Korea, Malaysia, Myanmar, New Zealand, the Philippines, Singapore, Taiwan, Thailand and Vietnam. In the establishment of AHPN, Sinagapur Hospice Council and National Cancer Center, Hong Kong Hospice Care Promotion Association and Taiwan Hospice Foundation carried out important works. The activities of these institutions and the donations they make have a significant effect on the establishment of AHPN. Sixteen general meetings were held in May 2001 from the first general meeting held in Taipei, Taiwan until 2016. The last general meeting was held in Hue, the former capital of Vietnam and Assoc. Dr. Cynthia Goh has been elected ("Asia Pacific Hospice and Palliative Care Network", 2017).

Since its inception, APHN has been working to improve the quality of hospice and palliative care in Asia Pacific countries. The most important goal of APHN is to identify people who need palliative care. In this context, it continues to work for more people to benefit from palliative care and hospices. APHN, in coordination with regional and international organizations, gives importance to education and research ((Asia Pacific Hospice and Palliative Care Network ", 2017)

### American Academy of Hospice and Palliative Care (AAHPM)

AAHPM was established in 1988 under the leadership of 250 founding members. Shortly after its establishment, it has started its newsletter and publication activities since 1990. In 1997, the institution began to publish books as a centerpiece for palliative care and hospices, and in the same year began training for hospice and palliative medicine services throughout the United States ("American Academy of Hospice and Palliative Care 201, 2017).

The American Academy of Hospice and Palliative Care (AAHPM) has become one of the most important organizations in the United States to train palliative care specialists providing specialized training for palliative care and hospice. In 2003, the number of its members approached one thousand four hundred, and the AAHPM played an important role in the development of the national palliative care program in the United States and the establishment of the American Academy of Palliative Care. They carried out studies with the American Physicians Association and made efforts to spread and spread the hospice and palliative care centers. In collaboration with universities, they carried out scientific activities in the field of hospice and palliative care. As of 2013, the number of members exceeded five thousand. Today, AAHPM continues its activities with many pediatric health organizations and organizations throughout the USA, especially the Palliative Nurses Association ("American Academy of Hospice and Palliative Care, 2017).

The American Academy of Hospice and Palliative Care (AAHPM) carries out activities to increase the number and standards of hopsis and palliative care centers throughout the United States, and continues to publish and publish through various magazines. In 2016, Professor Christian T. Sinclair was elected President of the AAHPM. A strategy guideline covering the years 2016-2020 to increase the number of American nursing homes and palliative care centers and to increase the quality of care has been published. ("American Hospice and Palliative Care Academy, Strategic", 2017).

## 2. PALLIATIVE CARE AND HOSPICE CENTERS IN AMERICAN and EUROPEAN COUNTRIES

According to World Health Organization (WHO) data for 2013, 9% of deaths in the world are injuries, 25% are infectious diseases and 66% are non-infectious diseases with fatal effects. All of these diseases require palliative care. According to the 2013 World Health Organization (WHO) data, 40 million people in the world need hopsis and palliative care. 48% of the patients in need of palliative care and hospice were female and 52% were male. While 25% of these patients are adults in the 15-59 age group, 6% are in the 0-14 age group. 69% of children are adults over 60 years of age. Most of the patients in need of hospice and palliative care are the middle and old age group and 6% of them are two million four hundred thousand children. This demonstrates the importance of child hospices for children, especially in underdeveloped and developing countries (WHO, January 2014).

Hospice services include the services provided in order to reduce the pain and pain and to facilitate the transition to death by continuing the necessary treatment and care services during the transition from life to death. Hospice services must be provided during the terminal period. The ideal treatment and care period for hopsies is at least 3 months. The first hospice in 1974 in the United States today more than 5 thousand hopsis centers and hospice services provided to millions of people in these centers. The average length of service given in hospices in the United States was well below 60 days. While the average was 29 days for 1995, this number decreased by three more days for 2005 to 26 days (Sur, 2015).

Shortening the duration of stay in hospices does not contribute to the quality of life of patients and their families. For this reason, it is necessary to stay in the hospices for at least 3 months in order for the hospice services to be beneficial for the patient and family. Also in the United States, the satisfaction rate of hospice patients and their families with the services provided was evaluated in different sub-groups and this rate remained very low. Although it is not possible to fully satisfy patients and their families in terms of services provided in hopsies, health workers working in hopsies need to work more devotedly, giving more importance to their work (Akbolat et al., 2014).

In America, 44.6% of deaths occurred in hospitals in 2011. From 1998 to 2008, the amount paid by private health insurances to hospices throughout the United States increased by 5 times and reached $ 11.2 billion from $ 2.2 billion. (Sur, 2015).

Since the early 1990s, there has been a significant increase in palliative care and hospice services in Europe, particularly in the UK, Germany, Scandinavian countries and developed countries such as Canada. In 1999, there were 236 palliative care and hospice centers in public health institutions throughout the UK. In 1999, there were 138 centers in the UK providing private palliative care and home hospice services throughout the UK. In addition, 209 palliative care and hospice centers were established in hospitals. It was calculated as approximately 54 palliative patient beds for one million population in the creation of services and hospices. Palliative care is recognized as a specialty in the UK (Kaya, 2015).

According to these countries, although it is too late to include the palliative care and hospice centers in the health system, this area has experienced great developments in Germany in recent years. The German Ministry of Health initiated a study for palliative services and hospices between 1991 and 1996. As a result of this study, more than 4,200 health personnel have been trained for palliative treatment and care services. Palliative care centers were established in 220 hospitals until 2010 and 170 hospice centers were established in addition to these (Kaya, 2015).

## 3. CONCLUSION

Many international organizations operating in the field of health and social services around the world draw attention to the importance of hospices. The first palliative service in Germany Since the opening in 1983, home care and inpatient health care institutions to undertake palliative service units and hospices were established (Bağ, 2012). In the study of Wright et al. (2008), 33% of the 234 countries (78 countries) did not have palliative care activities, 18%

(41 countries) had the capacity of structuring palliative care services, 34% (80 countries) had palliative care local and palliative care services were not integrated to health services in 15% (35 countries) (Şahan uslu ve Terzi, 2015). From the beginning of the 20th century, especially in England and France, the palliative care units that have been established in many European countries have the same from the second half of the century, except for European countries USA, Canada, Japan has been established in many developed countries such as. Palliative in Europe and developed countries care services are usually provided in hospices and the development of palliative care and the establishment of hospices in the aforementioned countries (Haylı, 2017).

Through these institutions and organizations, the process of pre-diagnosis and treatment of diseases, the possibility of children becoming ill, reducing the lethal effects of diseases, and providing pedagogically more accurate, scientific services to children in the terminal care period will be provided.

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