



Information on the

Charter for the Care of
*the critically Ill and the Dying
in Germany*

Publishers

DGP – German Association for Palliative Medicine
DHPV – German Hospice and Palliative Care Association
BÄK – German Medical Association

The Charter

The Charter for the Care of the Critically Ill and the Dying in Germany was launched in 2010. It comprises five key principles including a description of the state of healthcare issues and a definition of objectives and commitments for the future. Since its publication, more than 600 organisations and health care services, as well as 2,600 individuals had signed up to the charter (as of May 2013).

The responsible bodies are the *Deutsche Gesellschaft für Palliativmedizin* (DGP – German Association for Palliative Medicine), the *Deutsche Hospiz- und Palliativverband* (DHPV – German Hospice and Palliative Care Association) and the *Bundesärztekammer* (BÄK – German Medical Association). The decision-making body was a roundtable consisting of representatives from more than 50 relevant healthcare and socio-political institutions and organisations.

About 200 experts participated in this national project which is Germany's contribution to the international Budapest Commitments initiative. The first phase (2008–2010) (in which the charter was produced) was funded by the *Robert Bosch Stiftung* (Robert Bosch foundation), the *Deutsche Krebshilfe* (German Cancer Aid) and the *Federal Ministry for Family, Senior Citizens, Women and Youth* (BMFSFJ). Since the start of the implementation phase (2011–2013) practical projects have been putting the charter into action. This second phase is funded by the Robert Bosch foundation and BMFSFJ. As a next step, a national strategy based on the charter will be developed.

You are very welcome to support the charter!

1

Socio-political Challenges – Ethics, the Law and public Debate

All human beings have a right to a dignified death. They must be sure that they will be respected in the last phase of life with regard to their preferences, wishes and values, and that all decisions will be made according to their wishes. Care by family, professionals and volunteers should work towards this goal.

Dying in dignity very much depends on the circumstances, under which people live together. This is deeply influenced by societal values and social conditions, which are reflected in laws and regulations.

We will take action to facilitate dying in dignity and to ensure that efforts to legalise assisted suicide are balanced by a perspective of care and support. Society must attach value to the idea that dying is part of life.

2

Needs of Patients and Families / Organisation of Care

All critically ill and dying people have a right to comprehensive medical, nursing, psychosocial and spiritual care that takes into account their individual situation and palliative/hospice care needs. Relatives and close friends are part of the unit of care.

Care is given by professionals and volunteers for as long as possible in the patient's own home or other place of choice. To achieve this goal, all carers have to work closely together.

We will take action to further develop a high-quality network of healthcare structures. All patients in need, independent of their age or the nature of their disease, shall have access to the necessary support structures. All relevant healthcare structures must form a network in order to ensure continuity of care.

3

Training and Education Requirements for Professionals

All critically ill and dying people have a right to appropriate, qualified and, if required, multiprofessional care.

In order to make this possible, all professionals involved in the care of the critically ill must have the opportunity to participate in further training to obtain the necessary knowledge, skills and thoughtful attitude. The latter necessitates a willingness to reflect on one's own mortality and on ethical and spiritual matters.

Curricula must be regularly updated to reflect international advances in the field.

We will take action to ensure that care of the critically ill and the dying is integrated in all relevant curricula (in education, further education and continual professional development) in a comprehensive and differentiated manner.

4

Future Development and Research

All critically ill and dying people have the right to care based on best practice. To ensure this, new knowledge derived from research and practice must be shared and integrated into clinical routine, provided ethical and legal regulations are respected.

To achieve this aim, the general conditions under which research in this field can take place must be improved, in particular research structures and the funding of research and innovative practice models. Furthermore, topics of research need to be identified, and research methods and strategies relevant to the care of dying patients need to be further developed.

We will take action to further develop interdisciplinary research and ensure that research results are integrated efficiently into clinical routine. By doing this, the care of the dying and their families will continuously be improved.

5

European and International Dimension

All critically ill and dying people have a right to benefit from care that takes into account internationally recognised and adopted recommendations and standards regarding the delivery of palliative care. In this context, a national strategy is needed that must be worked out consensually and supported by all stakeholders.

We will take action to improve the international networking of clinical and research organisations in this field, and we will support a continuous and systematic exchange with other countries. We want to learn from their experience and exchange ideas and initiatives.