HEALTH AND HEALTH CARE INNOVATION

Rethinking Care Toward the End of Life

December 14 to 19, 2016
Schloss Leopoldskron, Salzburg, Austria
Rethinking Care Toward the End of Life

Why this topic and why now?

Health care systems everywhere face a multi-faceted crisis, and care towards the end of life is at the sharpest end of that, from care of the increasingly vulnerable through to extensive palliative care. There is a need to re-think such care to make sure it is actually what patients want, what they need to serve their goals at the end of life, and to shape provision through aggregating preferences and through community engagement rather than structuring care as legacy systems dictate. We need to identify best practice, first in ascertaining these preferences and variations among them, and then in acting on them, often when there are growing uncertainties and resources are constrained.

As well as effective shared decision making necessary to shape treatment in line with patient preferences, the aggregation of data about such choices is required to guide the development of capacity in health systems. And comprehensive end of life care transcends the traditional boundaries of health care systems, of course – ever greater emphasis is being placed on the integration of health care with social care. The way we gather, integrate and deploy data around health and social care towards the end of life is crucial in ensuring that interventions are effectively centred on patients’ values, their wants and needs.

Ethically and politically a particularly acute issue is how decisions are taken when a patient can no longer express their own preferences. There are diverse protocols to guide clinicians in these circumstances. But this cannot be resolved technocratically - it requires continuing public engagement and debate.

These questions around end of life care are urgent globally, and innovators and pioneering organizations in the US, Europe and low and middle income countries are making breakthroughs. The time is ripe to ensure that these are scaled up and replicated to the benefit of general populations – bearing in mind that the resources necessary for effective care varies greatly across the social spectrum and in low and middle income countries. Less wealthy countries can often teach much across borders as to innovation and the most effective use of resources, to the benefit of other countries, rich and poor. This applies to end of life care for younger populations just as much for elders. But no country, whether the United States or in Europe, is in a position to continue “business as usual” and meet the challenge of ageing populations.
Participant Profile
The 60 participants will be drawn from all regions of the world and will include health and social care leaders and practitioners, patient advocates, innovators, ethicists and policymakers, along with representatives of civil society, the media and other stakeholders in the debate. As appropriate, they will work together in country and thematic teams.

Session Format
The session is envisioned as being highly participatory, with a strong focus on building new insights and aggregating perspectives and experiences from different sectors, areas of expertise and regions. Working groups will prepare recommendations.

Key Questions
• How do we engage patients and families to ensure that end of life care honors what matters most to them, with respect for culture and for context at the level of the individual and the population?
• What are the relative contributions of health care and community-based social care in different contexts? How can they best be joined up to maintain function, independence, and agency for people for whom death is near?
• How can health care systems better support families, care-givers and community members in caring for people of all ages for whom death is near?
• How are robust processes established and implemented for arriving at decisions when patients can no longer express their own preferences? What role does public engagement and government have in this?
• Which are the most promising evidence-based and cost-effective innovations in care towards the end of life? What yields greatest value to patients, especially in low resource settings?
• What can we learn from the systems failures in high income countries with regard to supporting patients, families and care-givers with palliative care?
• How can palliative care best be undertaken in the context of societal deprivation or conflict?

Outcomes and Impacts
• Cross border learning and transmission of best practice in shaping care towards the end of life;
• Ongoing networking and collaborations among participants and the institutions they represent;
• Action plans devised for specific country or thematic contexts;
• A Salzburg Statement of key principles guiding care towards the end of life.
Salzburg Global Seminar

Salzburg Global Seminar is an independent non-profit institution founded in 1947 with a distinguished track record of convening emerging and established leaders to address global challenges and drive progress based on Imagination, Sustainability and Justice. It convenes imaginative thinkers from different cultures and institutions, implements problem-solving programming, supports leadership development, and engages opinion-makers through active communication networks, all in partnership with leading international institutions.

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Health and Health Care Innovation in the 21st Century

Salzburg Global Seminar has long been a leading forum for the exchange of ideas on issues in health and health care affecting countries throughout the world. At these meetings agendas have been re-set affecting policy and practice in crucial areas, such as patient safety and the engagement of patients in medical decision making. In 2010, Salzburg Global Seminar launched a multi-year series – Health and Health Care Innovation in the 21st Century – to crystallize new approaches to global health and health care in the face of emerging challenges affecting us now and set to continue on through the coming generation.

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