

OP37.1

Palliative care and aging: how to build specific service and the role of general practitioner

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Background: The aging population is a growing workload for future generations of family doctors. Recently, several scientific societies have called for an opening of palliative care to elderly patients with advanced stages of disease. W.H.O. in various documents it highlighted the need to build palliative care services for the elderly. Despite these recommendations it is not entirely clear how to transfer these tips to current practice.

Aims: using the existing network of palliative care in my area, I'm trying to create a more specific route for this population group, some issues remain unresolved as 1. How select patients to refer to the service? 2. What characteristics make this path specific and useful for patients and care giver? 3. What is the role of the general practitioner? 4. What are the most important barriers for GP's in this field?

Method: Through the methodology of focus group (or workshop) try to analyze the proposed route, reply by the most sensitive issues, to make the model proposed stronger and realistic.

Conclusion:

1. Use the experience of future young family physicians as a resource to propose new avenues of assistance where the figure of the family doctor is increasingly active
2. If the proposed model is considered interesting, create a working group to strengthen it and spread it in different contexts (cultural or socio-economical) or at least gain some positive element to be transferred to their own working context.