

The State of Israel. Ministry of Health.
Circular of the general administration

No. 30/09 Date: July 12, 2009

Subject: Operation of palliative care service (hospice) in the community, general hospital and nursing institutions

1. Definition:

The Ministry of Health has adopted the definition of the World Health Organization (WHO), according to which palliative care is a therapeutic approach improving the quality of life of the patients and their family members, while coping with incurable diseases, by preventing and relieving the suffering via identification and careful evaluation of the symptoms, management of pain and other problems, including physical, mental and spiritual problems.

Palliative care:

- Alleviates pain and other distressing symptoms;
- Affirms life and perceives death as a normal process;
- Incorporates mental and spiritual aspects of patient's care;
- Is not intended to accelerate or postpone patient's death;
- Supports active life as much as possible till patient's death;
- The care is based on a team approach in order to assist the family cope with the patient's disease;
- The care is based on a team approach to address the patients' and families needs, including the mourning process, if required;
- Improves the quality of life, and may also exert a positive impact on the course of the disease;
- Is applicable during early stages of the disease, combined with other treatments designed to prolong life, such as chemotherapy or radiotherapy, including tests enabling better understanding and treatment of disturbing clinical complications of the disease.

Palliative care service is designed for patients suffering from advanced incurable diseases, and incorporates a combined plan of medical, nursing and psycho – social care. The treatment includes symptom control and psycho – social support for the patient and his/ her family members.

2. **General:**

- a. Development of palliative care service is essential as a basis for improving the quality of care and service continuity, and also as a basis for more informed utilization of medical technologies/ resources.

Development of palliative care skills and services will enable physicians and the medical staff to assist terminally ill patients coping with physical, psychological and social difficulties, as part of the comprehensive care provided to these patients, in order to enable them to live the last stages of their lives with dignity.

It is essential to turn palliative care into an integral part of all the treatment processes and disease stages. This circular is focused on the palliative care provided to the patient during several months before his/her death, and is applicable to both adults and children.

- b. The service is included in the basket of healthcare services specified in the second appendix in accordance with the Law of State Health Insurance, provided to HMO members.
- c. The institutions have to make all the arrangements required for provision of these services, according to this circular, within four years of issue of this circular, and to report to the Head of Medical Administration on their progress towards service implementation within one year of distribution of this circular.
- d. During the interim period, the institutions will at least use the available services.
- e. Implementation of this circular will be controlled in the setting of Medical Administration audits.
- f. Among the requirements for departmental residency program recognition by the Scientific Council of the Israel Medical Association, establishment of palliative care service and training of physicians in the relevant fields will be required as well.
- g. During this period, it is important to enable training of various healthcare professionals in the field of palliative care.

3. Purpose:

Determination of methods for implementation of palliative care in hospitals and HMOs.

4. Requirements for implementation of palliative care:

Palliative care service will be provided according to common international professional criteria for evaluation and management of symptoms and different types of pain for the patient and his/ her family: physical, emotional, spiritual, psychological and social.

Every treating physician is responsible for providing palliative care service to his/ her patients. Hospitalization, ambulatory and consulting services will facilitate this process as follows:

Hospitalization services

- 4.1 Developing and providing palliative hospitalization service.
- 4.2 Existence of consultation services in the field of palliative care in the general and geriatric hospitals.

Hospital ambulatory services

- 4.3 Developing and providing palliative service in the daycare hospitalization and outpatient settings.
- 4.4 The primary training of the palliative teams will be determined according to the recommendations of the Committee for palliative care specified below.

5. HMO services

The service is included in the basket of healthcare services specified in the second appendix in accordance with the Law of State Health Insurance, provided to HMO members according to the following principles:

- 1. Existence of a designated palliative care service at patient's home, available 24 hours a day.

Hospitalization services may be used for this purpose in relevant cases.

- 2. Existence of consultation services in the field of palliative care in every HMO district.

3. It is necessary to ensure compliance of the basic training level of the palliative team with the requirements defined by the Committee for palliative care in the hospital and community units, as specified below:

6. Target population:

1. Cancer patients with considerable physical or emotional distress at any disease stage, including terminally ill cancer patients.
2. Patients with end stage heart failure;
3. Patients with end stage lung disease;
4. Patients with end stage liver failure;
5. Patients with end stage renal disease;
6. Patients with severe stroke;
7. Patients with advanced neurodegenerative disease;
8. Unconscious patients.

7. Palliative care services in nursing institutions (institutions for chronic diseases including nursing care, rehabilitation).

These institutions have to make the arrangement necessary for providing palliative care to their patients, including training of the team members, utilization of consultation services as required, evaluation of pain, addressing the physical and psychological needs of the patients, ability to provide analgesic drugs including opiates.

8. Designated team for providing palliative care services in medical institutions

The institutional administrations have to define the roles of the designated team for providing palliative care services. The team will include at least a physician, a nurse, a psychologist and a social worker. In addition to its routine responsibilities, the team will operate exclusively or in incorporated manner, based on the needs and conditions of the specific institution.

This team will be part of the treating team, and will be responsible for consultation and implementation of the principles of palliative care within the institutional practice, and for further training of the relevant institution employees.

In hospitalization facilities including a Complex Nursing Department, the team of this department will undergo training in the field of palliative care.

9. Training requirements:

All the medical staff members have to undergo training in the field of palliative care.

Training in the field of palliative care will be provided under the responsibility of the medical institution, including HMOs.

The requirements according to professions are as follows:

Physician:

A physician, holder of a recognized clinical specialty certificate. Graduate of a palliative care course recognized by the Director or a person designated by the Director, who worked in this field for at least two years.

Nurse:

A registered nurse, graduate of an advanced course in the field of oncology or geriatrics, and graduate of a palliative care course recognized by the Director or a person designated by the Director, who worked in this field for at least two years, or a specialist in palliative care.

Social worker:

Three years of experience with clinical work, and graduate of a palliative care course recognized by the Director or a person designated by the Director, who worked in this field for at least two years, in a setting approved by the Ministry of Health.

Psychologist:

A psychologist registered in the registry of psychologists, specialist in clinical psychology, graduate of a palliative care course recognized by the Director or a person designated by the Director, who worked in this field for at least two years.

Please distribute the contents of this circular among all the relevant employees of your institution.

Sincerely,
[signature]
Prof. Avi Israeli

CC: MP Rav Jacob Litzman, Deputy Minister of Health
No. 196680