

# LE CURE ONCOLOGICHE DOMICILIARI

Il contributo di ANT da 45 anni  
a casa di chi soffre

**Sabato 10 giugno 2023**

Centro Congressi FICO Eataly World Bologna  
Via Paolo Canali, 8 - 40127 Bologna



FONDAZIONE  
**45ANT**  
FRANCO PANNUTI

**Si dichiara l'assenza di conflitto d'interessi**

# LE CURE ONCOLOGICHE DOMICILIARI

Il contributo di ANT da 45 anni  
a casa di chi soffre

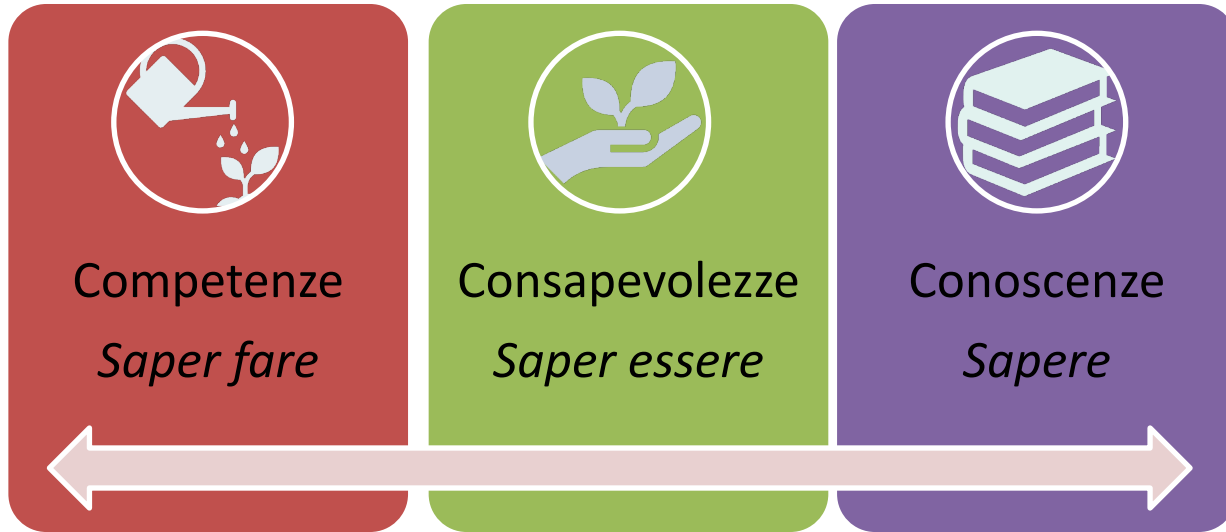
IL PROFESSIONISTA IN MEDICINA PALLIATIVA: COMPETENZA/DISCIPLINA

Andrea Bovero

S.S.D. Psicologia Clinica, Università degli Studi di Torino  
A.O.U. Città della Salute e della Scienza di Torino



# L'IDENTITÀ DEL PROFESSIONISTA



Società Italiana di Cure Palliative (SICP) (2013). Core curriculum dello psicologo in cure palliative.



## Report of the Lancet Commission on the Value of Death: bringing death back into life

Libby Salowe, Richard Smith, Sam M Ahmed, Afnan Haddad, Charlotte Chamberlain, Tull Cheng, Brent Dalrym, Louise Dulle, Robi Duric, Eric A Finlayson, Sam Grogan, Miriam Hadden, Bettina S Henkle, Alisa Kellison, Colin Kitching, Felicia Marie Knott, Scott A Murray, John Neuberger, Gorman O'Mahony, M Phipps, Geoff Russell, Lily Saxe, Katherine E Sherman, Sander Silverman, Ron Taylor, Myles Tait, and Farah, Katrina Wyatt, on behalf of the Lancet Commission on the Value of Death\*

**Executive summary**  
The story of dying in the 21st century is a story of paradox. While many people are over-treated in hospitals with families and communities relegated to the margins, still more remain undertreated, dying of preventable conditions and without access to basic pain relief. The undervalued and contradictory picture of death and dying is the basis for this Commission.

How people die has changed radically over recent generations. Death comes later in life for many and dying is often prolonged. Death and dying have moved from a family and community setting to primarily the domain of health systems. Facile or inappropriately inappropriate treatment can continue into the last hours of life. The roles of families and communities have receded as death and dying have become unfamiliar and skills, traditions, and knowledge are lost. Death and dying have become unbalanced in high-income countries, and increasingly so in low-and-middle-income countries. There is an excessive focus on clinical interventions at the end of life, to the detriment of broader inputs and contributions.

Rebalancing death and dying will depend on changes across death systems—the many inter-related social, cultural, economic, religious, and political factors that determine how death, dying, and bereavement are understood, experienced, and managed. A reductionist linear approach that fails to recognize the complexity of the death system will not achieve the rebalancing needed, just as they have during the COVID-19 pandemic, the disadvantaged and powerless suffer most from the imbalance in care when dying and grieving. Income, education, gender, race, ethnicity, sexual orientation, and other factors influence how much people suffer in death systems and the capacity they possess to change them.

Radically reimagining a new world for death and dying, the Lancet Commission on the Value of Death has set out the five principles of a realistic utopia: a new vision of how death and dying could be. The five principles are: the social determinants of death, dying, and grieving are tackled; dying is understood to be a relational and spiritual process rather than simply a physiological event; networks of care lead support for people dying, caring, and grieving; conversations and stories about everyday death, dying, and grief become common, and death is recognized as having value.

Systems are constantly changing, and many programs are underway that encourage the rebalancing

This is an open access article under the terms of the Creative Commons Attribution License, which permits use, distribution and reproduction in any medium, provided the original work is properly cited.  
© 2023 The Authors. Psycho-Oncology published by John Wiley & Sons Ltd.  
Psycho-Oncology, 2023;12:429–437.  
wileyonlinelibrary.com/journaltop

Journal of Clinical Oncology

both to drive essential research and policy-making and to address misperceptions that equate palliative care with "end-of-life" care.

- Cure palliative per malattie croniche
- Person-Centered Approach
- Assessment degli aspetti psicosociali e interventi evidence-based
- Sofferenza esistenziale, sedazione terminale, comunicazione
- Etica (Virtù)
- Valore della morte

inTi  
Have  
CMAJ  
Palliative

Graeme Rocker M  
In its 2015 Quilley  
Economicist  
Canada 11th in  
18th in availability  
For efforts to devel  
care, Canada score  
all th  
bioc  
even  
this  
appr  
45%  
port  
cole  
have  
pup  
Why  
Their  
ing i  
mat  
appr  
life i  
cum  
burd  
who  
help  
apple  
beer  
will  
From  
regie  
while  
I rec  
strug  
the i  
mize,  
solt a  
help  
w/c  
sults

How do Canadi  
services current  
Canadian palliativ  
chronic illness rem  
oped. According to  
dian Institute for He  
and 2011, noncan  
more than two-third  
of all deaths in Canadian  
provinces.<sup>14</sup> Other studies have noted that only



# IL PROFESSIONISTA IN MEDICINA PALLIATIVA:COMPETENZA/DISCIPLINA|



Implementare programmi di formazione interprofessionali

Implementare la ricerca in cure palliative

Percorsi formativi pre-laurea con crediti formativi in cure palliative

Master di II livello in Cure Palliative e Terapia del Dolore per psicologi

Fondamenti della prospettiva psicosociale maggiormente inseriti nei percorsi accademici

Più formazione basata su apprendimento esperienziale, valutazione dei bisogni formativi

