LE CURE ONCOLOGICHE DOMICILIARI

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

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Si dichiara l'assenza di conflitto d'interessi



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IL PROFESSIONISTA IN MEDICINA PALLIATIVA: COMPETENZA/DISCIPLINA

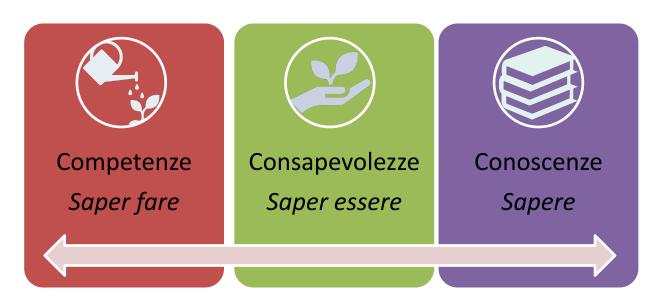
Andrea Bovero

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.



IL PROFESSIONISTA IN MEDICINA PALLIATIVA: COMPETENZA/DISCIPLINAI

- 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

CMAI

Palliative

Graeme Rocker M

the Economist Canada 11th in c 18th in availability For efforts to devel care. Canada scor behind Mongolia ar attest to the need to o ing with late-stage some 250 000 nec medicine has turned nesses into chronic will live for many v or cognitive impair care from family or of palliative care of 2015, the Canac Care Physicians had with workforce short its role in the face and new challenges assisted dving.

In this article, we ments to palliative c analyze evidence fro help the developmen cessible palliative car chronic illness. We d Canada and abroad.

How do Canadi services curren

Canadian palliativ chronic illness rema oped. According to t ASCO dian Institute for Hea

2884 Volume 41, Issue 16 and 2011, noncance more than two thirds of all deaths in Canadian provinces.7A Other studies have noted that only

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us to

¹University Hospital Trust, Ferrara, Italy ²Institute of Psychiatr Schenartment of Psyci ⁴University of Michiga 5Department of Psyc

V1 First publishe Latest publish

Abstract Cancer is a devast among patients an growing implement psychological cons post-traumatic stre of psychological di scientific cancer as significant related i and psychopharma

and comprehensiv

F1000Resea

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ORIGINAL A

Relation bringing death back into life

Open Access Funding degli Studi di Torino

While many people are overtreated in hospitals with Treatment in the last months of life is costly and a families and communities relegated to the margins, still cause of families falling into poverty in countries without more remain undertreated, dying of preventable universal health coverage. In high-income countries conditions and without access to basic pain relief. The between 8% and 11-2% of annual health expenditure for sour-reservoirs unbalanced and contradictory picture of death and dying the entire population is spent on the less than 156 who Section requires die in that year. Some of this high expenditure is justified. https://ei.org/10.181 How people die has changed radically over recent but there is evidence that patients and health

rom a family and community setting to primarily the continues for too long. propriate treatment can continue into the last hours of Dectors, patients, or family members may find it easier Medin/Mexcon/Oesta life. The roles of families and communities how a continue of the continue as death and dying have become unfamiliar and skills, to inappropriate treatment at the end of life. Palliative traditions, and knowledge are lost. Death and dving have care can provide better outcomes for patients and carers become unbalanced in high-income countries, and at the end of life, leading to improved quality of life, offers increasingly in low-and-middle-income countries; there at a lower cost, but attempts to influence mainstream

The COVID-19 pandemic has meant that death is Rebalancing death and dying will depend on changes minent in daily media reports and health systems across death systems—the many inter-related social, Madical Sappor have been overwhelmed. People have died the ultimate cultural, economic, religious, and political factors that medicalised deaths, often alone but for masked staff in determine how death, dying, and bereavement are POTENDAMEN hospitals and intensive care units, unable to communicate understood, experienced, and managed. A reductionist, with family except electronically. This situation has linear approach that fails to recognise the complexity of further fuelled the fear of death, reinforcing the idea of the death system will not achieve the rebalancing needed. a page on out to achieve the rebalancing needed.

Report of the Lancet Commission on the Value of Death:

Libby Sallyour, Richard Smith, Som H Ahmedror, Afson Bhadelis, Charlotte Chamberlain, Yoli Cona, Brett Doble, Luckson Dulle, Robin Durie

Frix A Finiteletein, Sam Guelani, Melanie Hadson, Bettina SHarotha, Allan Kellehaar, Colla Etzinaer, Felicia Marie Knaul, Scott A Murrou hida Nauberner Sesenur (F. Mahorus M. P. Rainnoppel Scrob Burcell Felin Sone Entherine F. Slemman, Shekkan Solaman, Ros Tradar

Mpha Tutu van Furth, Katrina Wyatt, on behalf of the Lancet Commission on the Value of Death'

The story of dying in the 21st century is a story of paradox.

Climate change, the COVID-19 pandemic, environ- disadvantaged and powerless suffer most from the mental destruction, and attitudes to death in high-imbalance in care when dying and grieving. Income, tendes 100 High-imbalance in care when dying and grieving. Income, income countries have similar roots—our delusion that education, gender, race, ethnicity, sexual orientation, and www.styetheaper, hepwe are in control of, and not part of, nature. Large sums other factors influence how much people suffer in death. Novemplor #57hoobs PRO are being invested to dramatically extend life, even systems and the capacity they possess to change them. achieve immortality, for a small minority in a world that Radically reimagining a better system for death and struggles to support its current population. Health care dving, the Lancet Commission on the Value of Death has the support of the Commission of the Value of Death has the support of the Commission of the Value of Death has the support of the Commission of the Value of Death has the support of the Commission of the Value of Death has the support of the Commission of the Value of Death has the support of the Commission of the Value of Death has the support of the Commission of the Value of Death has the support of the Commission of the Value of Death has the support of the Commission of the Value of Death has the support of the Commission of the Value of Death has the support of Death has the S and individuals appear to struggle to accept the set out the five principles of a realistic utonia: a new Witht Consumption

there would be no life. Death allows new ideas and new physiological event; networks of care lead support for ways. Death also reminds us of our fragility and people dying, caring, and grieving conversations and some philosophers and many carers, both lay and common; and death is recognised as having value. professional, have recognised. Much of the value of death Systems are constantly changing, and many prois no longer recognised in the modern world, but grammes are underway that encourage the rebalancing

generations. Death comes later in life for many and professionals hope for better outcomes than are likely,

is an excessive focus on clinical interventions at the health-care services have had limited success and end of life, to the detriment of broader inputs and palliative care broadly remains a service-based response (Charlesian PAC). Policy

health-care services as the custodian of death.

dying is often prolonged. Death and dying have moved meaning treatment that is intended to be curative often

Just as they have during the COVID-19 pandemic, the

vision of how death and dying could be. The five University of Misro, Misro Philosophers and theologians from around the globe principles are: the social determinants of death, dying, have recognised the value that death holds for human and grieving are tackled; dying is understood to be a theory, ut professor life. Death and life are bound together: without death relational and spiritual process rather than simply a SARAGONFILEMENT. sameness: we all die. Caring for the dying is a gift, as stories about everyday death, dying, and grief become categories

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misperceptions that equate palliative care with "end-of-life" care

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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

