

## *English summaries*<sup>\*</sup>

*(in alphabetical order)*

M.P. Calemmé, *Le opinioni degli operatori (Operators' Opinions)*

The article illustrates the results of a quantitative research on operators of palliative cures (mainly doctors, nurses and social workers). The questionnaire was emailed to the participants and held a double objective. The first was to highlight problems encountered in different operational contexts (hospitals, dedicated residential structures, home assistance), while the second aimed to identify ways to improve all-around service. Particular attention was given to relationship aspects, considering both the patients and their families, and other operators.

L. Di Giammaria, *Le cure palliative. Alcuni indici a confronto (Palliative Cures. Comparing Indexes)*

This contribution aims to describe the level of access to palliative home care in the Italian public health system, through five different indexes of access to the services. These indexes were defined considering both potential users, with specific reference to oncologic illness, and to users that actively request health service. Each level of access was evaluated through comparative analysis, on the basis of different criteria which consider every single territorial unit of the Italian public health system as well as the wider areas of the country, and reflect the classification criteria used in Italy by Istat. The results explain some of the reassembling elements regarding disparity in access to palliative home care services between Northern and Southern Italy.

L. Manconi, *Se si può limitare il dolore (If Pain can be Eased)*

During the last two decades there has been a growing public debate in Italy on important bioethical issues, in particular those concerning the «end of life». The debate, often influenced by media and emotionally charged news, has focused on crucial topics such as forestalled statements on treatment and euthanasia. It has, however, neglected problems that are at the origin of such aspects, as for example the issue of pain as an effect of pathologies and terminal illnesses, or invasive and invalidating treatments. This has led to a severe delay both in scientific and cultural elaboration of these issues, and in

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therapies and health policies. This article approaches these topics as well as the offer of qualified services against «unnecessary» pain, considering the new law on the matter recently approved by Italian parliament.

E.L. Vaccaro, *L'accesso alle cure palliative (Access to Palliative Cures)*

This contribution is based entirely on the reconstruction of conversations on palliative care held with privileged witnesses, interviewed in the seven most interesting or «critical» Italian regions on how to develop a network of services. After identifying the regions, a long series of in-depth interviews were conducted with hospital directors, hospice directors, and people responsible at different levels for palliative care. They were interviewed in regards to the difficulties encountered in the development of a network of palliative care services in the areas of their competence, considering both the implementation of single network «nodes» and the activation of communication processes among these. The focus was on the difference between structural, financial, political and cultural aspects, as well as on the research of the final beneficiaries' perceived resistances.

E.L. Vaccaro, *Gli hospice: le buone pratiche (Hospices: Best Practices)*

This contribution is based on a thorough thematic analysis of three of the best hospices selected on national Italian territory, and presents a selection of best practices collected in those facilities through in-depth interviews. «Best practice» indicates an element of experience that has been effective within those facilities and holds the value of a good example for other experiences. More specifically, it denotes an action that, positively experimented, is significant in terms of innovation, efficacy in reaching certain strategic goals (coherence of objectives and results), internal efficiency (good means-ends relation), increase in quality, future sustainability, and is replicable and transferable to other contexts.