Abstract

The graduation thesis looks at the interconnection of parts of the health and social

systems in areas that are linked by palliative care. The palliative care patient, and with them the

informal carer, uses different trajectories through the health and social systems, looking for

moments that are empowering or, conversely, limiting in good practice in the delivery of

palliative care.

The theoretical part looks at the different areas of the health and social care system,

which should work very closely together and be intertwined, but it turns out that even the

separate disciplines have their shortcomings, making it even more difficult to link these systems

together. The aim of the theoretical part is to introduce the different segments in the social and

health fields, with a link to palliative care.

The aim of the empirical part was to investigate, through qualitative research, the

reasons for relatives or close friends of the patient (i.e., informal caregivers) to call the

emergency medical services (EMS) for their loved ones who were terminally ill, to identify

their needs. The resulting findings led to two outcomes from a social and a health care

perspective.

From the social perspective, the importance of engaging communication and how

information is delivered to informal caregivers and supporting them to manage their efforts to

provide care in the home environment. Lack of linkage to the social system emerged as

problematic, and nowhere did the research indicate that informal carers were seamlessly linked

to the social sphere and received sufficient support from the social system.

From a healthcare perspective, it can be concluded that callers needed sufficient and

adequate information, especially when dealing with acute medical problems, mostly related to

pain. The lack of sufficient communication and care from General Practitioners emerged as

crucial. Another crucial area is the lack of an accessible network of palliative care organisations.

At the same time, it emerged that carers do not call the EMS to provide lifesaving care, but

because of helplessness and their own exhaustion.

Keywords: palliative care, ambulance service, informal carers