professionals in home palliative care and hospice

Perception of end-of-life decisions by healthcare

/C15

Discuss. New lessons will have to be learned from the 2020 change, also based on "lessons learned" from Ethical aspects are key for good pandemic preparedness and

Conclusions:

over time (2002 vs. 2020) and horizontally (e.g. between Italy ability of such interventions prevail. Contexts vary vertically differ across Europe and the EU. Questions of transfer-
distancing vs. autonomy: Isolation and quarantine are handled currently, most scarce resources (esp. vaccines, antivirals). Currently, most options of scarce resources (esp. vaccines, antivirals). Currently, most ethical issues. Ethical aspects of 2002 and 2020 that were Ethical aspects are key for good pandemic preparedness and

Comparison with previous studies can’t be performed because

Conclusions:

ask for them, but palliative care seems to be the most discussed care-related topic.

86% of the professionals. The participants reported they usually discuss terminal issues only when patients or relatives

potential life-shortening effect with the patient. The involve-
treatment'' decisions. None of the participants discussed the

42 subjects have been enrolled, most of them are nurses, 64.1%

Methods:

A questionnaire was administered to healthcare personnel in 5

north-eastern home-care services and hospices caring for

Background:

Home care and hospices are gaining higher importance in

The new public health imposed and its missing links - people, cultures, anthropology, health for all

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Critical medical anthropology has been active throughout the decades (Baer, Susser, Singer 1986; Lock, Nichter, 2002; Lupton, 1995, 2000, 2015) in proving that public health is not only an addition to equations of equity in health care but rooted in cultures of people globally (Špoljar Vržina 2003,
Italian anthropologist codified the postmodern ‘doing good only in states of emergencies’ (Pandolfi, 2010). In times of Corona Covid 19 -2020 epidemiological freights we are urged to take this further into account, especially since witnessing racial stigmatizing on the basis of ethnicity and nationality. Paradoxically, Italy as one of the cradles of quarantines is facing the potential permanent closure of neighbouring borders rather than experiencing a historically practiced cooperation, as in the case with Croatia, over centuries (Blázina, Blázina 2015). If there should be a New Public Health (Baum 2016, 2019; Lupton 1997, 2000) it should be recalibrated by anthropological findings that re-focus towards the good of people, cultures and their cooperation. The work of this paper presents this urgent challenge. This anthropological research is a long-term follow up of Croatian medicine system dismantling (Špoljar Vržina, 2008 onwards) through a continuous analyses of micro (people), intermediary (governmental) and macro (international) changes (Bear et al. 1986), departures from functioning for the benefit of people and finding entry points for ethical corrective interventions. The analysis proved an existing switch of the public health paradigm from global health into states of neoliberal sickness, with clear possibilities of returning to ‘health for all’ if disengaging from the politics of culture/public health. Public health enhancements need to be based on the recalibration towards knowledges of populational and cultural realities.

Key messages:
- Reintroducing the ‘innovative’ wisdom of doing good for all regardless of emergencies is the core of a new public health agenda.
- The new public health agenda is based on recognizing cultures as pillars of communities and global societies that matter.