

# Paradigmashift: from HCV caRemanagement to palliative care, the mental challenges of the team.

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**‘The Antwerp model’** is a strong cooperation between ZAS Cadix (a large community hospital) and ngo Free Clinic (a low threshold drugservice) - has a long history of treating PWUD for hepatitis C.

In the early days of interferon we have treated the most motivated, during the first years of DAA we treated the sick (F3,F4), and later on the easiest to catch. Since a few years we’ve noticed we are confronted with multiple problems on different levels. Social and economic problems, but also multiple health problems in this very fragile population.

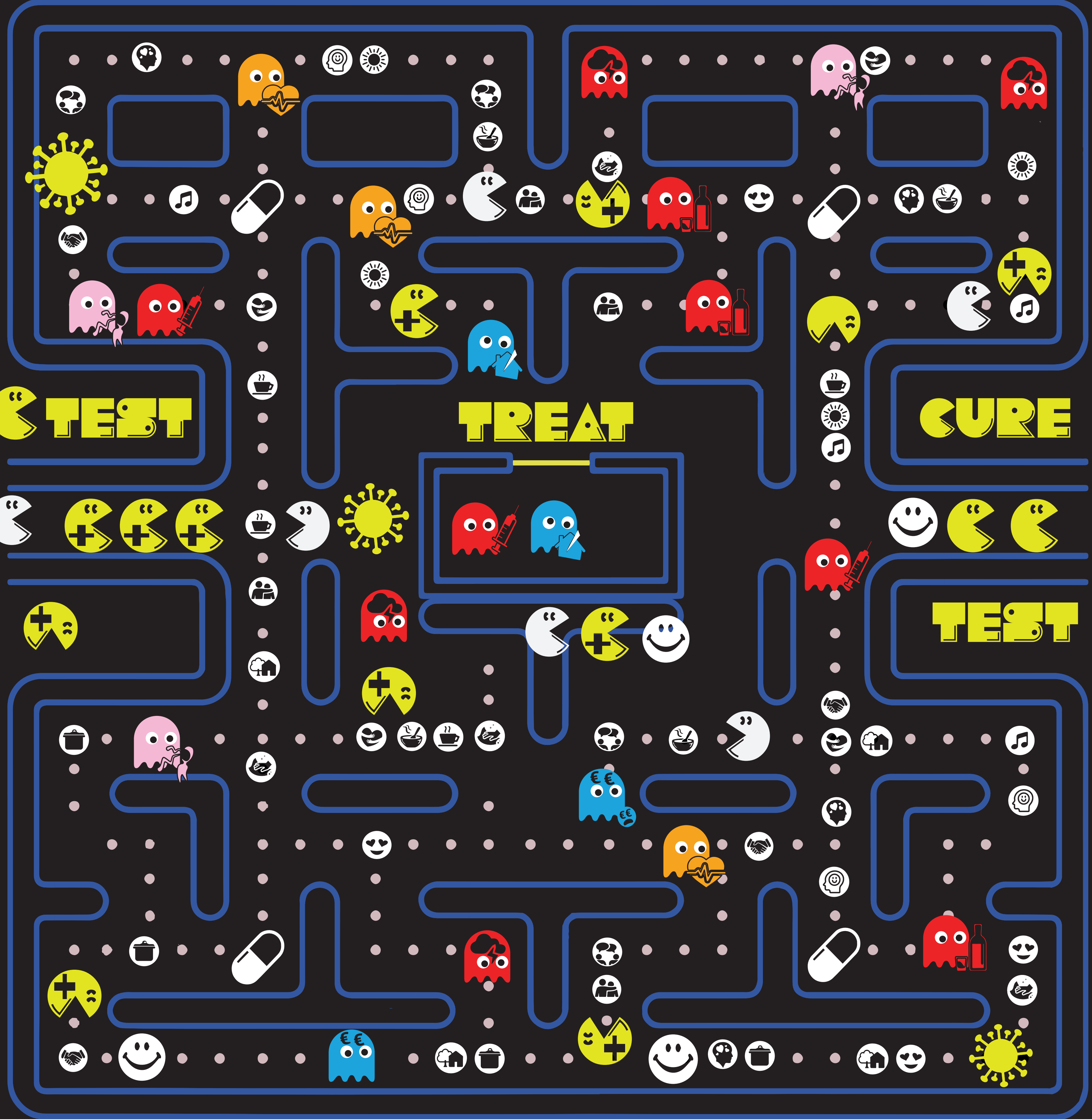
**TEST . . . . TREAT . . . . CURE**  
**CASEMANAGEMENT WAS NOT SUFFICIENT ANYMORE**

We developed a good practice model of care – based on intensive support, including peersupport.

**HEP+ CAREMANAGEMENT**

**GLOBAL MEDICAL AND NON-MEDICAL SUPPORT INCLUDING OUTRACH AND A STRONG PEER SUPPORT PROGRAMME**

**PWUD WITH MULTI PROBLEMS**  
**no social network/alcohol/IV druguse/mental health issues**  
**poor general health condition/no income/housing/homeless**



**WE SUPPORT**

Acceptance of clients choice and knowing they are ready to go

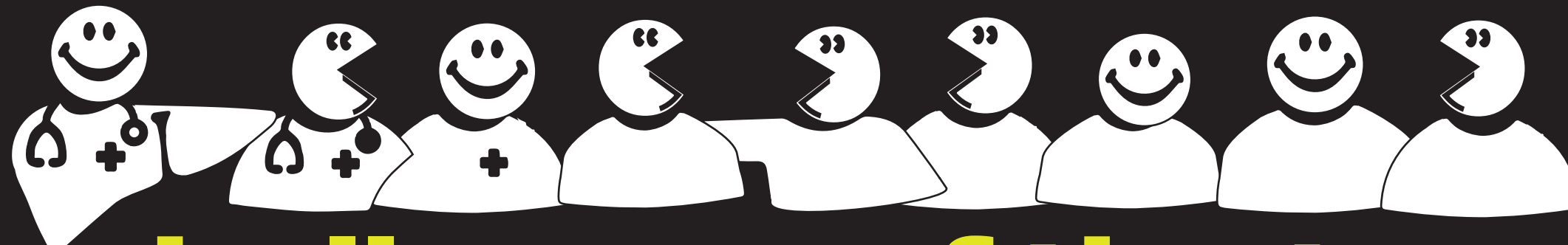
**THE TEAM NEEDS EXTRA CARE AND SUPPORT**

In this **‘caRemanagement’**, both the hepC team (nurses and peers) and the hepatologist very intensively collaborate and supervise the medical caRemanagementplans, PWUD are supported by the C-Buddy team in guiding them throughout the different medical treatments. This approach has proven his efficacy in different cases.

But for some people this support came too late, due to major medical problems they became palliative. As this population, of whom most have a unhealthy lifestyle, is also getting older, the team is confronted with comorbidity and sometimes fatal diseases (COPD, kidneyproblems, hartissues,HCC, lungcancer, dementia,...). Since the team is working closely with this population, they challenge mental burdens during and after this

**palliative care.**

**CaseManagement:**  
Straight forward, Easy going

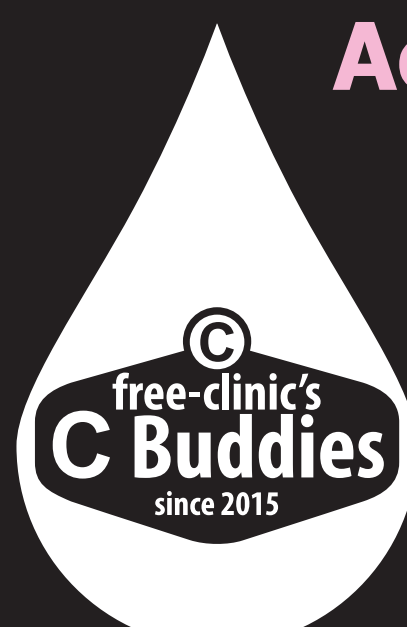


**the challenges of the team**

CaRemanagement is a complex, intens, close to pwud, hollistic support system. Sometimes people become palliative and live with no to minor supportive system. Given the intens and strong long term connection with clients the team organise this pallitive care and are confronted with new mental challenges in this complex and intens support

**PREVENTION OF REINFECTION**  
**CaRemanagement**  
Long term work  
Very intense  
Difficult to find way in complex situations  
Frustration  
Impatience  
Too involved  
Making impulsive actions

**Palliative care**  
In between wishes of client and family/context /organisations  
Constant pressure  
Knowing that the end is near and thinking you can get this message on every moment  
Palliative care is mostly narrowed to medical care at the end  
Working with the family  
Organising the funeral is closure, but is not easy  
Losing clients, after working long time with them  
Sorrow  
Pressure  
Frustration  
Helplessness  
Acceptance choice euthanasia (struggle with)  
Guild - feelings  
Insecurity  
Constant alertness



**Positive feelings**  
Knowing you went the extra mile