

KEYNOTE · LIECHTENSTEIN 2026

Last Aid in Action

Research, development and the people who carry it

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Everyone will face it.
Almost no one is prepared for it.

Last Aid exists to close that gap.

ONE COURSE, ONE ROOM

A story to begin with

“If Only I Had Known This Earlier...”.

A sentence we hear too often after someone has accompanied a loved one through dying and death.

Last Aid aims to make this knowledge available before it is needed.



Where we stand today

?

courses delivered

29

countries active

?

people trained

TO COMPLETE — we need more research...

PART ONE

What the research shows



	Conversion	ROI Rev	Clicks	ROI Cost	ROI Inv	ROI Exp
Total	80%	\$1.00	\$2.00	\$1.00	\$1.00	\$1.00
7 days	80%	\$0.50	\$2.00	\$1.00	\$1.00	\$1.00
30 days	80%	\$0.50	\$2.00	\$1.00	\$1.00	\$1.00
90 days	80%	\$0.50	\$2.00	\$1.00	\$1.00	\$1.00
1 year	80%	\$0.50	\$2.00	\$1.00	\$1.00	\$1.00
2 years	80%	\$0.50	\$2.00	\$1.00	\$1.00	\$1.00
3 years	80%	\$0.50	\$2.00	\$1.00	\$1.00	\$1.00
4 years	80%	\$0.50	\$2.00	\$1.00	\$1.00	\$1.00
5 years	80%	\$0.50	\$2.00	\$1.00	\$1.00	\$1.00
6 years	80%	\$0.50	\$2.00	\$1.00	\$1.00	\$1.00
7 years	80%	\$0.50	\$2.00	\$1.00	\$1.00	\$1.00
8 years	80%	\$0.50	\$2.00	\$1.00	\$1.00	\$1.00
9 years	80%	\$0.50	\$2.00	\$1.00	\$1.00	\$1.00
10 years	80%	\$0.50	\$2.00	\$1.00	\$1.00	\$1.00

What the research shows

01 We ask what changes

Confidence. Conversations. Behaviour.

02 We measure it

Qualitative studies, participant feedback, evaluation.

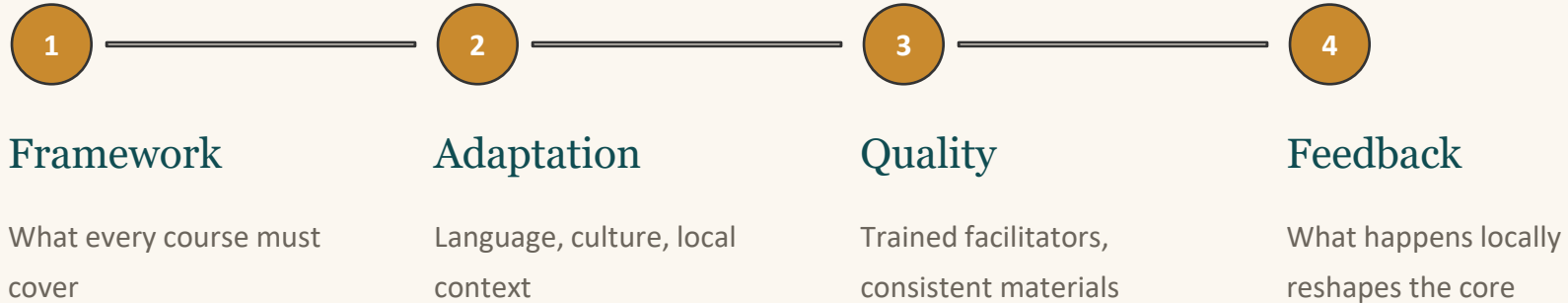
03 We rewrite the course

Findings go straight back into the curriculum.



1. Bollig G, Mills J, Müller-Koch, Pani P, Neumann B, Zelko E. Last Aid Courses as a Means for Public Palliative Care Education—A Narrative Review of the Literature and 10 Years of Experience Around the World with Implications for Future Research. *Healthcare* 2026, 14(1), 96
2. Bollig G, Mueller-Koch S, Zelko E. Instructors' Views on and Experiences with Last Aid Courses as a Means for Public Palliative Care Education — A Longitudinal Mixed-Methods Study. *Int. J. Environ. Res. Public Health* 2025, 22, 1117.

How a course actually gets built?



The loop is the point: every local course changes the programme it came from.

What practice taught us



Small beats spectacular

Regular local courses outperform one-off events.

Facilitators are the bottleneck

Demand grows faster than (the number of) trained educators.

Support never stops

Supervision and peer exchange keep quality consistent.

Nobody builds this alone

Networks

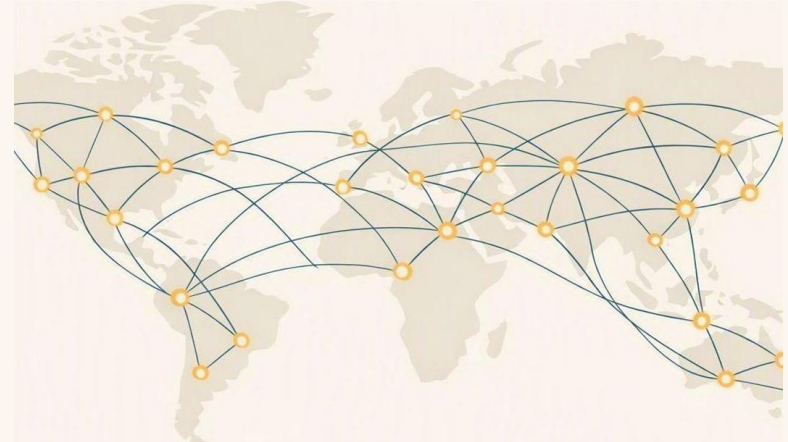
Across countries, disciplines and sectors.

Shared knowledge

Common materials, translated and openly exchanged.

Proof it works

Pilots that became cross-border standards.



Germany as one strong example for all!

Liechtenstein sits where languages and health systems meet — a natural place to test cooperation.

Where this goes next

01

Evidence

Longer-term outcomes, compared across countries.

02

Reach

Deeper networks, shared standards, joint funding.

03

Formats

New audiences and new ways to take part.

Where would your country, institution or community fit into this?

What I am asking of this room

01 Host a course

Take Last Aid to a community you already have access to.

02 Train a facilitator

Send one person from your organisation.

03 Share your data

Join the research that keeps the course honest.

Last Aid is not a concept. It is what people do.

Research, careful development and partnership are what keep it alive.

Thank you — questions welcome.