EAPC
Atlas
of Palliative Care in Europe

Carlos Centeno • David Clark • Thomas Lynch • Javier Rocafort • Luis Alberto Flores • Anthony Greenwood • Simon Brasch • David Praill • Amelia Giordano • Liliana De Lima

EAPC

Universidad de Navarra

help the hospices

International Association for Hospice & Palliative Care

International Observatory on End of Life Care

Lancaster University

EAPC
Atlas
of Palliative Care in Europe

AUTHORS:

Carlos Centeno • David Clark • Thomas Lynch • Javier Rocafort • Luis Alberto Flores • Anthony Greenwood • Simon Brasch • David Praill • Amelia Giordano • Liliana de Lima

EAPC ATLAS OF PALLIATIVE CARE IN EUROPE

Authors:
Carlos Centeno
David Clark
Thomas Lynch
Javier Rocafort
Anthony Greenwood
Luis Alberto Flores
Liliana De Lima
Amelia Giordano
Simon Brasch
David Praill

Editorial Direction
Carlos Centeno, Palliative Medicine and Symptom Control Unit
Clínica Universitaria, University of Navarra, Pamplona (Spain)

Editorial Coordination:
Gonzalo Blanco

Cartography:
Juan José Pons & Luis Erneta
Department of Geography, University of Navarra, Pamplona (Spain)

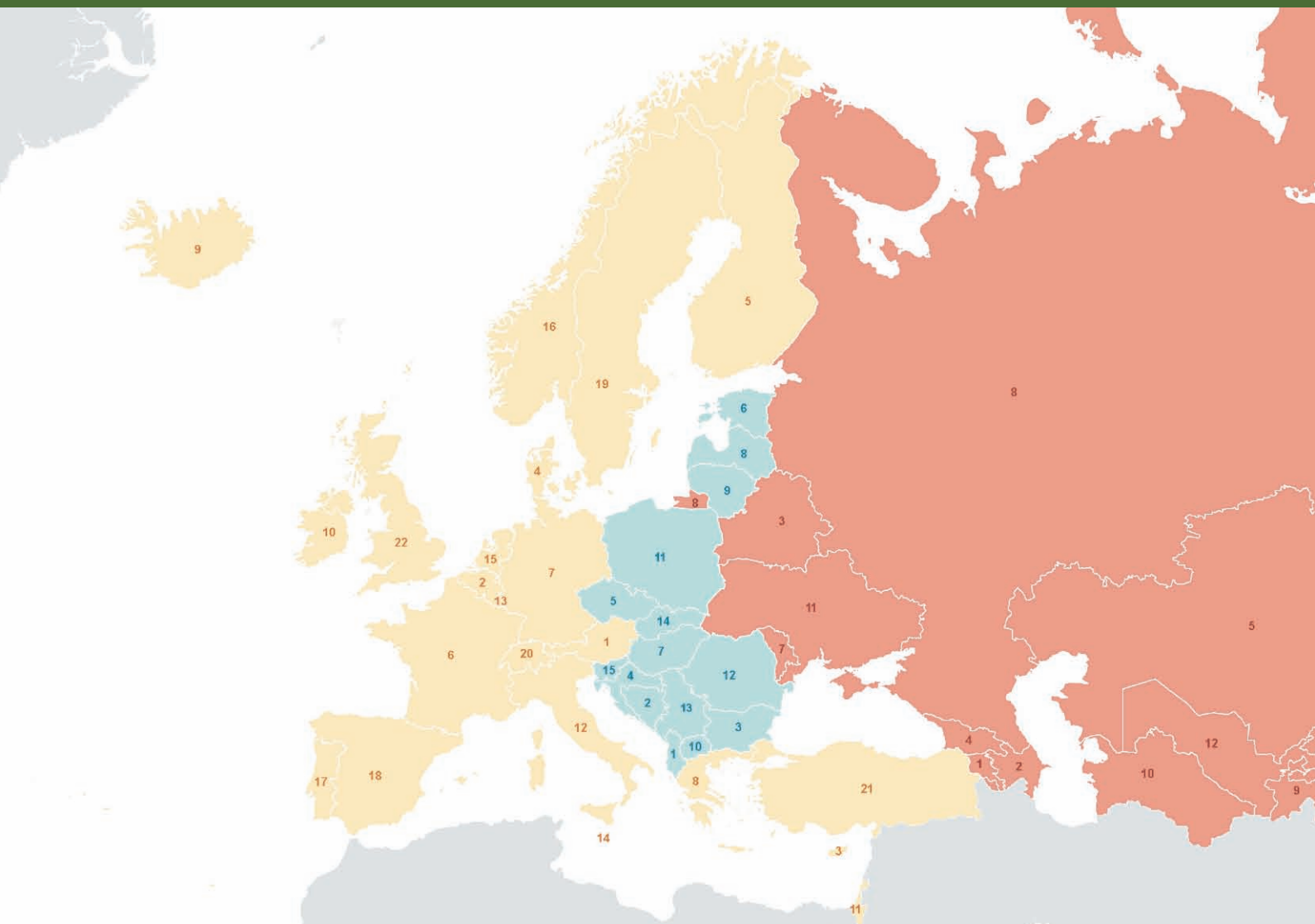
Tables and Production:
BN Comunicación

Address reprint requests to:
European Association for Palliative Care, EAPC
EAPC Head Office
National Cancer Institute,
Via Venezian 1, 20133 Milano (Italy)
Direct Phone: +39-02-23903391,
Mobile phone: +39-333-6059424,
Fax: +39-02-23903393
E-mail: Heidi.Blumhuber@istitutotumori.mi.it,
EAPC Web Site: http://www.eapcnet.org/

There are two version available of the Atlas: book (336 printed pages) and CD-book (45 printed pages & CD)

ISBN: 0-9758525-5-8
Legal Dep. VA-571/2007

EAPC
Atlas
of Palliative Care in Europe



Western Europe

1. Austria
2. Belgium
3. Cyprus
4. Denmark
5. Finland
6. France
7. Germany
8. Greece
9. Iceland
10. Ireland
11. Israel
12. Italy
13. Luxembourg
14. Malta
15. Netherlands
16. Norway
17. Portugal
18. Spain
19. Sweden
20. Switzerland
21. Turkey
22. United Kingdom

Central and Eastern Europe

1. Albania
2. Bosnia and Herzegovina
3. Bulgaria
4. Croatia
5. Czech Republic
6. Estonia
7. Hungary
8. Latvia
9. Lithuania
10. Republic of Macedonia
11. Poland


KEY MAP
Commonwealth of Independent States
1 Armenia
2 Azerbaijan
3 Belarus
4 Georgia
5 Kazakhstan
6 Kyrgyzstan
7 Republic of Moldova
8 Russian Federation
9 Tajikistan
10 Turkmenistan
11 Ukraine
12 Uzbekistan
12 Romania
13 Serbia and Montenegro
14 Slovakia
15 Slovenia
0 500 1.000 1.500 2.000 Km.
N
University of Navarra, Department of Geography

CONTENTS

AUTHORS

Carlos Centeno

Unidad de Medicina Paliativa y Control de Síntomas

Clínica Universitaria, University of Navarra. Pamplona (Spain)

EAPC Board Member

Chair of the Task Force

David Clark

International Observatory on End of Life Care.

Lancaster University

Lancaster (United Kingdom)

EAPC Board Member

Thomas Lynch

International Observatory on End of Life Care.

Lancaster University

Lancaster (United Kingdom)

Javier Rocafort

Programa Regional de Cuidados Paliativos, Servicio Extremeño de Salud

Mérida (Spain)

Sociedad Española de Cuidados Paliativos Website www.secpal.com, Editor

Anthony Greenwood

International Observatory on End of Life Care.

Lancaster University

Lancaster (United Kingdom)

Luis Alberto Flores

Centro de Salud Medina del Campo

Valladolid (Spain)

Spanish Directory of Palliative Care Services SECPAL, Director

Liliana De Lima

International Association for Hospice. and Palliative Care.

Houston (USA).

Amelia Giordano

European Association for Palliative Care, Head Office

Milan (Italy)

Simon Brasch

Help the Hospices

London (United Kingdom)

David Praill

Help the Hospices

London (United Kingdom)

PRESENTATION

I am delighted to have the honour, as EAPC President, to present the EAPC Atlas of Palliative Care in Europe. This huge work is one of the outcomes of the EAPC Task Force on the Development of Palliative Care in Europe, started in 2003 by Dr Carlos Centeno, chair of this group. This task force was developed with a core group of members, and has succeeded in compiling country reports for 43/52 participating countries, describing the quantitative and qualitative situation of palliative care development across Europe. The members are representative of the organisations collaborating with the EAPC as Help the Hospices, the International Observatory on End of Life Care (IOELC), the International Association of Hospice and Palliative Care (IAHPC) and the University of Navarra. These institutions have combined their efforts to achieve the several outcomes. In addition to this book, the diffusion and the communication of the results are being in websites, scientific journals and palliative care congresses.

The presentation of the results in an Atlas with 43 country reports is a very attractive way to show the situation of palliative care development. It will be an important tool for professional, care givers, policy makers and health providers. They will find in the Atlas the report country by country with an overview of the delivery of hospice and palliative care in different settings provided by the National Associations and also people identified as key persons in their countries. The milestones of development, health policy, accreditation of professionals and a selected bibliography are included in sections of each country report.

The clear presentation with tables and maps is very easy to use, and show in a very attractive way the hundred of teams, unit and services, hundred of papers and thousands of heath care professionals and volunteers. This apparent simplicity of the presentation masks the real difficulty in harmonizing the data of the diverse situations across the countries.

The members of the Task Force spent a lot of energy in collecting and verifying the data, and hope that the key collaborators and expert informants will remain a link between the task force and the countries, building a network of key informants.

The work is still in progress, and the task force members will continue their efforts over the next three years. I wish them every success and look forward to the production of next outcomes representing a European map of palliative care development.

Marilene Filbet
EAPC President

AUTHORS PREFACE

In 2003, the European Association for Palliative Care established a Task Force to examine the development of palliative care in Europe. The project has been a cooperative effort involving the International Observatory on End of Life Care, Help the Hospices, the International Association for Hospice and Palliative Care and the University of Navarra. The study has covered 52 countries in the WHO European region, assisted by key persons from each country and with the involvement of national associations for palliative care. Four work methods were employed: a literature review; a review of directories of palliative care; a qualitative survey of opinions about issues affecting the development of palliative care in Europe; and a factual survey of current provision of services.

Combining and summarizing all the information gathered from each country (and after a review process by key persons and National Associations) we first produced a set of country reports, disseminated through the EAPC website. Several key scientific papers have also been produced. This Atlas of Palliative Care in Europe brings together many of our findings. It should not be viewed as a definitive statement, but rather as a work in progress, based on the best methods we could devise within the resources available to us and in the face of many practical and methodological problems. We thank all of those who have assisted in its production. Any errors are solely those of the EAPC Task Force and we welcome comments, suggestions and corrections for further improvement as the work of the Task Force continues.

The Authors

COLLABORATORS

The following people have contributed, on their own behalf, or on behalf of national palliative care institutions: Kristo Huta and Claudia Taylor-East, Irena Laska **(ALBANIA),** Hrant H. Karapetyan and Narine Movsissyan **(ARMENIA),** Johann Baumgartner **(AUSTRIA),** Anna Garchakova **(BELARUS),** Trudie van Iersel and Anne Marie De Lust, Arsène Mullie (only Flanders), Chantal Doyen (Wallone) **(BELGIUM),** Adnan Delibegovic and Sanja Dopa **(BOSNIA AND HERZEGOVINA),** Nikolai Yordanov and Irene Hadjiiska **(BULGARIA),** Anica Jusic and Matija Rimac **(CROATIA),** Sophia Pantehki and Jane Kakas **(CYPRUS),** Martina Spinkova and Zdenek Bystricky, Jiri Vorlicek **(CZECH REPUBLIC),** Tove Bahn Vejlgaard and Marianne Klee **(DENMARK),** Inga Talvik **(ESTONIA),** Tiina Hannele Saarto, Kaija Holli and Tarja Korhonen **(FINLAND),** Bernard Devallois and Marilene Filbet **(FRANCE),** Ioseb Abesadze and Rema Gvaminchava **(GEORGIA),** Birgit Jaspers and Friedeman Nauck **(GERMANY),** Emmanuella Katsouda, Kyriaki Mistakidou and Athina Vadalouca **(GREECE),** Csaba Simkó and Katalin Hegedus (HUNGARY), Velgerdur Sigurdartottir **(ICELAND),** Anna Marie Lynch and Tony O'Brien **(IRELAND),** Micheala Bercovitch and Nathan Cherny **(ISRAEL),** Augusto Caraceni and Oscar Corli **(ITALY),** Valeriy Smola **(KAZAKHSTAN),** Vilnis Sosars **(LATVIA),** Arvydas Seskevicius and Rita Kabisinskiene **(LITHUANIA),** Keilen Michel and Marie-France Liefgen **(LUXEMBOURG),** Mirjana Adzic **(MACEDONIA),** Theresa Naudi and Antoinette Shah (MALTA), André Rhebergen and Marijke Wulp **(NETHERLANDS),** Jon Håvard Loge and Marit Jordhøy **(NORWAY),** Krystyna de Walden Galuszko and Jerzy Jarosz **(POLAND),** Isabel Galriça Neto **(PORTUGAL),** Elena Stempovscaia and Natalia Carafizi **(REPUBLIC OF MOLDOVA),** Daniela Mosoiu and Oana Donea **(ROMANIA),** Ekaterina Petrova and anonymous **(RUSSIAN FEDERATION),** Natassa Milicevic and Snezana Bojsniak, Jadra-a Lakicevic **(SERBIA AND MONTENEGRO),** Tatjana Zargi, Bra-o Zakotnik and Urska Lunder **(SLOVENIA),** Xavier Gomez Batiste and Luis Alberto Flores Pérez **(SPAIN),** Inger Fridegren and Carl Johann Furst **(SWEDEN),** Francoise Porchet and Michel von Wyss **(SWITZERLAND),** Mirzoeva Surayo Sobirovna **(TAJIKISTAN),** Seref Kömürcü and Ozgur Ozyilkan **(TURKEY),** Alexander Zubov and Yuriy Bogomazov **(UKRAINE),** Lucy Sutton, Christine Shaw and Anne Eve **(UNITED KINGDOM).**

Acknowledgments

On behalf of the EAPC, the authors would like to thank all those Associations, institutions and professionals who have helped with this study, through the provision of data that has been evaluated by the EAPC Task Force. Without their selfless contributions and hard work, this study would not have been possible.

This work was supported by an unrestricted grant from Mundipharma International and from financial support of EAPC, Help the Hospices, IOELC, IAHPC and the University of Navarra.

Sponsored as an educational service by Mundipharma International Limited.

ABOUT EAPC

The European Association for Palliative Care (EAPC) was established on 12 December 1988, with 42 founding members, following important initiatives by Professor Vittorio Ventafridda and the Floriani Foundation. The aim of the EAPC is to promote palliative care in Europe and to act as a focus for all of those who work, or have an interest, in the field of palliative care at the scientific, clinical and social levels.

Since 1990 the Head Office of EAPC has been based at the Division of Rehabilitation and Palliative Care within the National Cancer Institute in Milan. In 1998 the EAPC was awarded the status of NGO – Non Governmental Organisation of the Council of Europe, and was transformed to "Onlus" (Non profit organisation with social utility).

By 2007 the EAPC counted individual members in 40 countries, with collective members from 36 National Associations in 23 European countries, representing a movement of some 50.000 health care workers and volunteers working or interested in palliative care. (http://www.eapcnet.org/Howtojoin/memberscolllist.html)

EAPC operates with the following aims:

- Promote the implementation of existing knowledge; train those who at any level are involved with the care of patients and families affected by incurable and advanced disease; and promote study and research.
- Bring together those who study and practise the disciplines involved in the care of patients and families affected by advanced disease (doctors, nurses, social workers, psychologists and volunteers).
- Promote and sponsor publications or periodicals concerning palliative care.
- Unify national palliative care organizations and establish an international network for the exchange of information and expertise.
- Address the ethical problems associated with the care of terminally ill patients

EAPC initiatives

The Web: www.eapcnet.org

Our website has become a crucial communication tool to update on the latest developments and report in detail on the activities of EAPC.

The Scientific journals:

European Journal of Palliative Care (EJPC)

The EAPC Journal. Editor in chief Andrew Hoy, London, UK.

The EJPC is the journal of the EAPC. It is a multidisciplinary journal, published 6 times a year. EJPC concentrates on reviews and current awareness of palliative care on the European scene.

Palliative Medicine

The Research Journal of the EAPC. Editor in chief Geoffrey Hanks, Bristol, UK.

Palliative Medicine is the leading peer reviewed research journal of palliative care in Europe. It is published 8 times a year and is available by subscription to the printed version and via electronic access.

The "Research Network" - Chair Franco De Conno

The Board of Directors of the EAPC consider research a key issue for the future of palliative care and decided in 1996 to nominate the Italian Franco De Conno to chair and put together a Steering Committee for research. This group has organized eleven expert working groups on a variety of topics for which a common European position or recommendations are needed, has carried out a cross sectional survey and initiated two research projects (EPOS & PatC). By April 2007 13 papers had been published which are listed and/or downloadable at: http://www.eapcnet.org/publications/research.asp.

Following the input of the Research Network an extended research collaborative was established coordinated by the Pain and Palliation Research Group in Trondheim. The collaborative's application to the 6th Framework Programme was successfully evaluated in 2006 and received a 2.8 million Euro funding from the European Commission for a 3 year period, starting from 1 November 2006. The European Palliative Care Research Collaborative (EPCRC) consists of eight participating centres in six European countries: UK, Italy, Switzerland, Germany, Austria and Norway. For the EAPC Elections of 2007 Dr. De Conno will stand down from his position as chair of the Research Network.

The EAPC Forum on Research in Palliative Care

In December 2000 the Research Network organised the first Research Forum of the EAPC held in Berlin, Germany The Forum was such a success that the EAPC Board of Directors decided to continue to organise those meetings every second year in between the EAPC Congresses. The following countries have been hosting the Research Forum:

2nd Research Forum: Lyon, France (May 2002), 3rd Research Forum: Stresa, Italy (June 2004), 4th Research Forum: Venice, Italy (June 2006)

The 5th Forum will be held in Trondheim, Norway in June 2008

The EAPC Congresses

Since 1990 the EAPC has organised 9 successful Congresses with worldwide participation: http://www.eapcnet.org/congresses/congresses.html

1990 October: Paris, France
1992 October: Brussels, Belgium
1994 June: Bergen, Norway
1995 December: Barcelona, Spain
1997 September: London, United Kingdom
1999 September: Geneva, Switzerland
2001 April: Palermo, Italy
2003 April: Den Haag, the Netherlands
2005 April: Aachen, Germany
The future congresses are:
2007 June: Budapest, Hungary
2009 May: Vienna, Austria

The Taskforces & Projects

Taskforces are generally designed to be of limited duration, but some turn out to continue to function as small expert groups or networks in a special field and act as advising body to the EAPC Board of Directors.

The EAPC Ethics Task Force on Palliative Care and Euthanasia (http://www.eapcnet.org/publications/ethics.asp)

Chair - Lars Johan Materstvedt, Norway

The paper produced by this group of experts, "Euthanasia and physician-assisted suicide: a view from an EAPC Ethics Task Force", represents the official position of the EAPC. It was published originally in English and French, and has, this far, been translated into Italian, Hungarian, German, Greek and Finnish (downloadable from the EAPC website). As a follow up, a paper on the complications of translation written by Lars Johan Materstvedt was published in the European Journal of Palliative Care September/October 2006.

Nursing Education Taskforce (http://www.eapcnet.org/projects/nursingeducation.asp)

Chair - Phil Larkin, Ireland

The taskforce produced "A Guide for the Development of Palliative Nurse Education in Europe" available as downloadable pdf file in English, French and Dutch. As the fruition of a consensus process by 120 European nurses from 13 different countries, this document represents a solid and workable foundation for the development of education and training in palliative care. The authors encourage those responsible for education and training, particularly within each national association, to take and/or adapt this document locally, in their respective countries.

Taskforce on the Development of Palliative Care in Europe (http://www.eapcnet.org/Policy/DevelopmentTF.htm)

Chair - Carlos Centeno, Spain

The taskforce is a collaboration between four institutions, EAPC, The International Observatory on End of Life Care of the University of Lancaster, Help the Hospices and the University of Navarra - with the aim to achieve an overall vision of the care activity and development of Palliative Care teams in Europe. This Atlas is the result of the work of the taskforce which concluded in 2007. A second taskforce building on and updating the results of this survey will start its work in 2007.

Task Force CEE & FSU Newsletter (http://www.eapcnet.org/CeeFsuNlt/index.html)

Chair - Katalin Hegedüs, Hungary

The goal of the Central and Eastern Europe and Former Soviet Union Countries (CEE & FSU) ***Email-Palliative Care Monthly Newsletter*** is to communicate the activities, diversity, challenges and progress being made in palliative care development, to foster networking, communication in Central and Eastern Europe and the Former Soviet Union, and also to inform those throughout the world about the regional effort.

The Newsletter was developed by the Hungarian Hospice-Palliative Association ***in 2005 in English and Russian languages,*** with the support of the Open Society Institute Network Public Health Program's International Palliative Care Initiative and the European Association for Palliative Care.

Physician Education Taskforce (http://www.eapcnet.org/projects/TF-EducForPhys.asp)

Chair - Marilene Filbet, France

The European Association for Palliative Care (EAPC) has always regarded the education and training of health care professionals as of the highest importance for the promotion and expansion of Palliative Care in Europe. A taskforce was established to elaborate recommendations on medical education. The First report of the Taskforce with the Title: Curriculum in Palliative Care for Undergraduate Medical Education - Recommendations of the European Association of Palliative Care (EAPC) will be presented to the public and published in 2007. A draft for post graduate medical education is in discussion.

Taskforce on National Association Organization Developments (http://www.eapc-net.org/projects/NatAssOrgDevlop.asp)

Chair - David Praill

This task force was established in collaboration with "Help the hospices" in Spring 2006 with the aim to survey national association organizational development and find needs according to stages of development – be it beginnings, growth, maturity and decline. A survey with the national associations is conducted. The data will give an insight into the issues, problems and solutions associated with the work of national associations, their relationships to local health systems and their impact on the provision and motivation for palliative care service delivery. Based on the outcomes of this survey a training programme will be developed.

Taskforce on European Palliative Stage Opportunity (EPSO) (http://www.eapc-net.org/projects/EPSO.asp)

Chair - Tine de Vlieger

This taskforce has arisen out of initial work undertaken by the NTN Dutch palliative care network and the Nursing education group. Its aim is to prepare a web-based catalogue for people wishing to undertake clinical experience in another country. Guidelines and evaluation materials for both applicant and host centre are currently being prepared and will be finalized by November 2006; it is planned to publish the documents and information on the EAPC website under the direction of the group. Host centres will initially be identified by the National Association members and then approached to participate in the project. The outcome of the project will be a sustainable information base for potential clinical experiences to improve the sharing of best practice across Europe.

Solid facts in Paediatric Palliative Care - A new EAPC Taskforce (http://www.eapc-net.org/projects/Paedriatic.asp)

Chairs - Franca Benini & Huda Huyer Abu Saad

In the last decade palliative care has witnessed an expansion in knowledge and provision of services in many countries worldwide, while palliative care for children has not had the same attention and growth. Globally, very few children actually have access to palliative care and as a consequence, they face disease and death without dignity, in adult facilities not suitable to their age, without appropriate management of symptoms or clinical, psychological, religious, social and organizational support and assistance. The purpose of the EAPC Taskforce: "Solid facts in Paediatric Palliative Care" is to examine and describe the state of the art and need for palliative care in children through a systematic and comprehensive analysis of scientific evidence, anecdotal experience, suggestions and contributions from leading international experts in different fields of paediatric palliative care in order to formulate recommendations for health care policy. In particular, this Taskforce will be effective where there is an absence of adequate national health care strategy devised to establish costs and to determine problems and needs necessary for the development of appropriate and effective care services.

Milano, 20 April 2007
Heidi Blumhuber & Amelia Giordano
EAPC Head office

GLOSSARY

Due to the great diversity that exists in the nature, availability and provision of palliative and hospice care amongst countries and countries' national health care systems in Europe, a series of terms has been defined as follows:

Supportive care [1]

" is care that helps the patient and their family to cope with cancer and treatment of it, from pre-diagnosis through the process of diagnosis and treatment, to cure, continuing illness or death and into bereavement. It helps the patient to maximize the benefits of treatment and to live as well as possible with the effects of the disease. It is given equal priority alongside diagnosis and treatment"

Palliative care

World Health Organization (WHO)[2] defines palliative care as:

'…the active holistic care of patients with advanced progressive illness. Management of pain and other symptoms and provision of psychological, social and spiritual support is paramount. The goal of palliative care is achievement of the best quality of life for patients and their families. Many aspects of palliative care are also applicable earlier in the course of the illness in conjunction with other treatments.'

Palliative care is based on a number of principles and it aims to:

- provide relief from pain and other distressing symptoms
- integrate the psychological and spiritual aspects of patient care
- offer a support system to help patients to live as actively as possible until death
- to help the family to cope during the patient's illness and in their own bereavement
- be applied early in the course of illness in conjunction with other therapies intended to prolong life (such as chemotherapy or radiation therapy) and it should include investigations to better understand and manage distressing clinical complications.

Specialist palliative care services [3]

are those services with palliative care as their core speciality. These services are needed by a significant minority of people whose deaths are anticipated, and may be provided:

- Directly through the specialist services
- Indirectly through advice to a patient's present professional advisers/carers

Specialist palliative care services include:

Inpatient palliative care units

are usually within or attached to a hospital building and have beds exclusively allocated to palliative care. They provide multidisciplinary and specialized palliative care to incurable and terminally ill patients. They may offer formal education and training opportunities to health professionals and volunteers. Inpatient palliative care units are usually funded by national or regional trusts.

Hospices

usually operate outside the national health care system, and are mainly funded by non-governmental organizations, charitable foundations or particulars. They provide multidisciplinary and specialized palliative care to incurable, terminally ill and dying patients; respite care and day care. They may also offer formal or informal education and training opportunities to health professionals and volunteers.

Hospital Palliative Care Teams

provide specialist palliative care advice and support to other clinical staff, patients and their families/carers in the hospital environment; offer formal and informal education, and liaise with other services in and out of the hospital[4]. Other known hospital-based palliative care teams, such as hospital supportive care teams and hospital mobile teams are also included in this definition for the purpose of this study.

Home Palliative Care Teams

provide specialized palliative care to incurable, terminally ill and dying patients and support to their families/carers at the patients' home. They also provide specialist advice to general practitioners, family doctors and nurses caring for the patient at home.

Professionals involved in providing palliative care fall into two distinct categories[5]:

- those providing day-to-day care to patients and carers
- those who specialize in palliative care (e.g. palliative care consultants and specialist nurses in palliative care who devote most of their professional time to palliative care); some of them may be accredited or not (this depends very much upon the availability of pathways for accreditation in palliative care in the country)

Day Care Centre

refers to spaces in hospitals, hospices, palliative care units or in the community especially designated to promote pleasurable activities amongst palliative care patients. Patients usually spend a few hours or part of the day in the day care centre. In these centres, formal medical consultations do not usually take place, but patients may have some treatments done (such as a blood transfusion or a course of chemotherapy) while in the centre. Complementary therapies, such as massage, acupuncture, reflexology or others are frequently provided in the day care centre.

Number of palliative care physicians

refers to the total number of physicians working in palliative care in the country at the present time. They might work in palliative care on a full time basis (including physicians who devote most of their professional time to palliative care) or on a part time basis.

Number of palliative care nurses

refers to the total number of nurses working in palliative care in the country at the present time. They might work in palliative care on a full time basis (including nurses who devote most of their professional time to palliative care) or on a part time basis.

Number of palliative care or hospice beds

refers to the number of beds exclusively allocated to palliative care in either hospitals, other health care institutions, palliative care units or hospices. They are made available to palliative care patients with complex problems who would benefit from the continuous support of a multidisciplinary specialist palliative care team. It does not include hospitals 'or other health care institutions' beds in general or specialized wards that are different from palliative care occasionally allocated to palliative care patients.

Funding for services

refers to the financial support available to palliative care services in each country. Financial aid may come from the government, private institutions, non-governmental organizations, charitable foundations and other sources.

Urban [6]

of pertaining to, or constituting a city or town. It usually refers to settlements with a population of 10,000 or more residents.

Rural [6]

of pertaining to the country or country life. It usually refers to settlements with a population of less than 10,000 residents.

Publication in scientific journals

total number of articles published in scientific journal as result of a systematic search. Main criteria of this search: Medline and cinhal, 1995-2005, English, terms: "Palliative Care" or "Hospice care" and "name of each country"; readding title (filter) and readding abstract (filter).

Assistants attending EAPC congresses

total number of attendees at EAPC European general congresses as average of the last three ones: Aachen, 2005; The Hague, 2003 and Palermo, 2001. Data from EAPC Head office.

References:

[1] National Council for Hospice and Specialist Palliative Care Services (NCHSPCS) (2002) *Definitions of Supportive and Palliative Care.* Briefing paper 11 London, National Council for Hospice and Specialist Palliative Care Services working definition cited in the National Institute for Clinical Excellence (NICE) (2004) *Improving Supportive and Palliative Care for Adults with Cancer.* The Manual. London, National Institute for Clinical Excellence

[2] World Health Organization. National Cancer Control Programs: Policies and Managerial Guidelines, 2nd Ed. Geneva: WHO, 2002

[3] National Council for Hospice and Specialist Palliative Care Services (NCHSPCS) (1998) *Reaching out: Specialist Palliative Care for Adults with Non-malignant diseases.* Occasional paper 14 London, National Council for Hospice and Specialist Palliative Care Services

[4] National Council for Hospice and Specialist Palliative Care Services (NCHSPCS) (1996) *Palliative Care in the Hospital Setting.* Occasional Paper 10. London, National Council for Hospice and Specialist Palliative Care Services

[5] National Institute for Clinical Excellence (NICE) (2004) *Improving Supportive and Palliative Care for Adults with Cancer.* The Manual. London, National Institute for Clinical Excellence available at http://www.nice.org.uk/pdf/csgspmanual.pdf visited on November 2004

[6] Interim report of the inter-departmental urban-rural definition group: Classification and delineation of settlements available at http://www.consultationni.gov.uk/urbanreport.pdf visited on January 2005

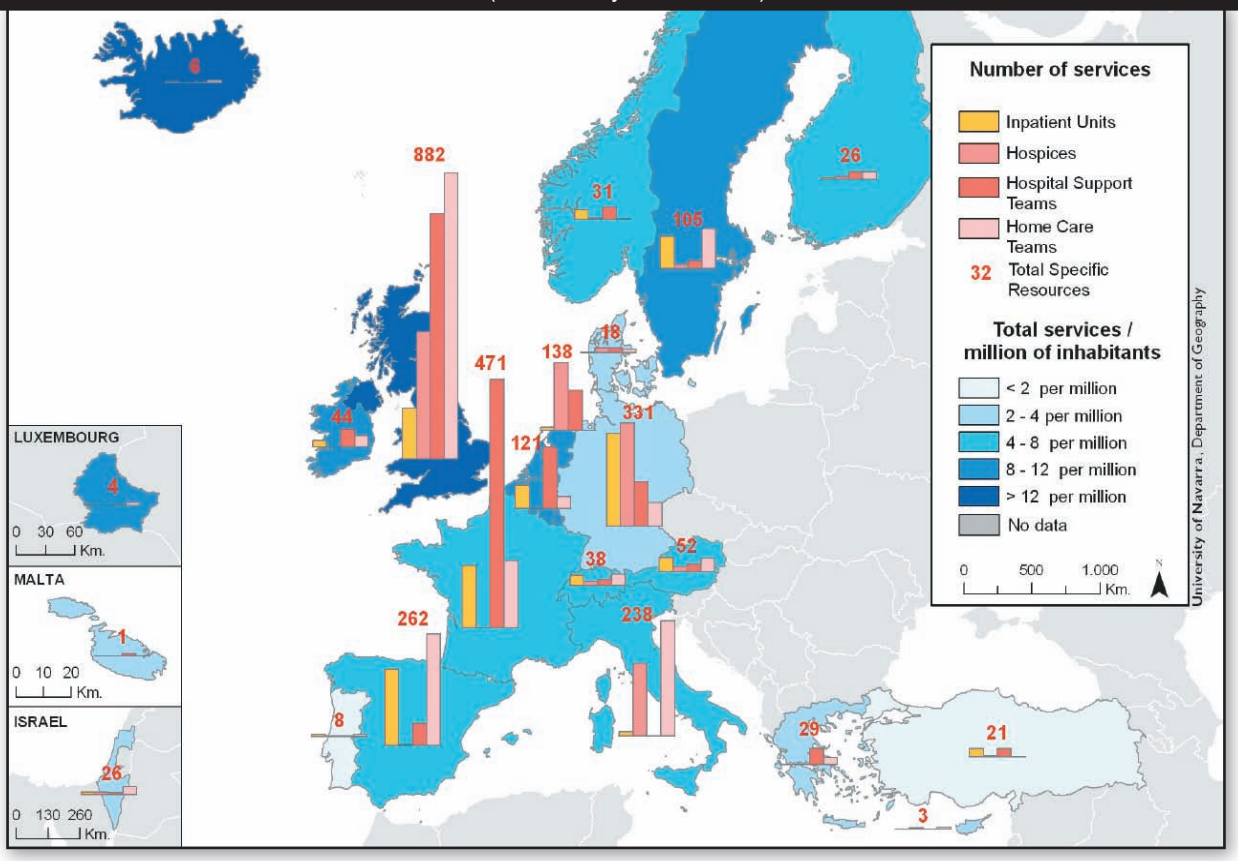

Iceland
Finland
Norway
Sweden
Denmark
Ireland
United Kingdom
Netherlands
Germany
Belgium
Luxembourg
Austria
France
Switzerland
Italy
Spain
Portugal
Greece
Turkey
Malta
Cyprus
Israel

Western Europe

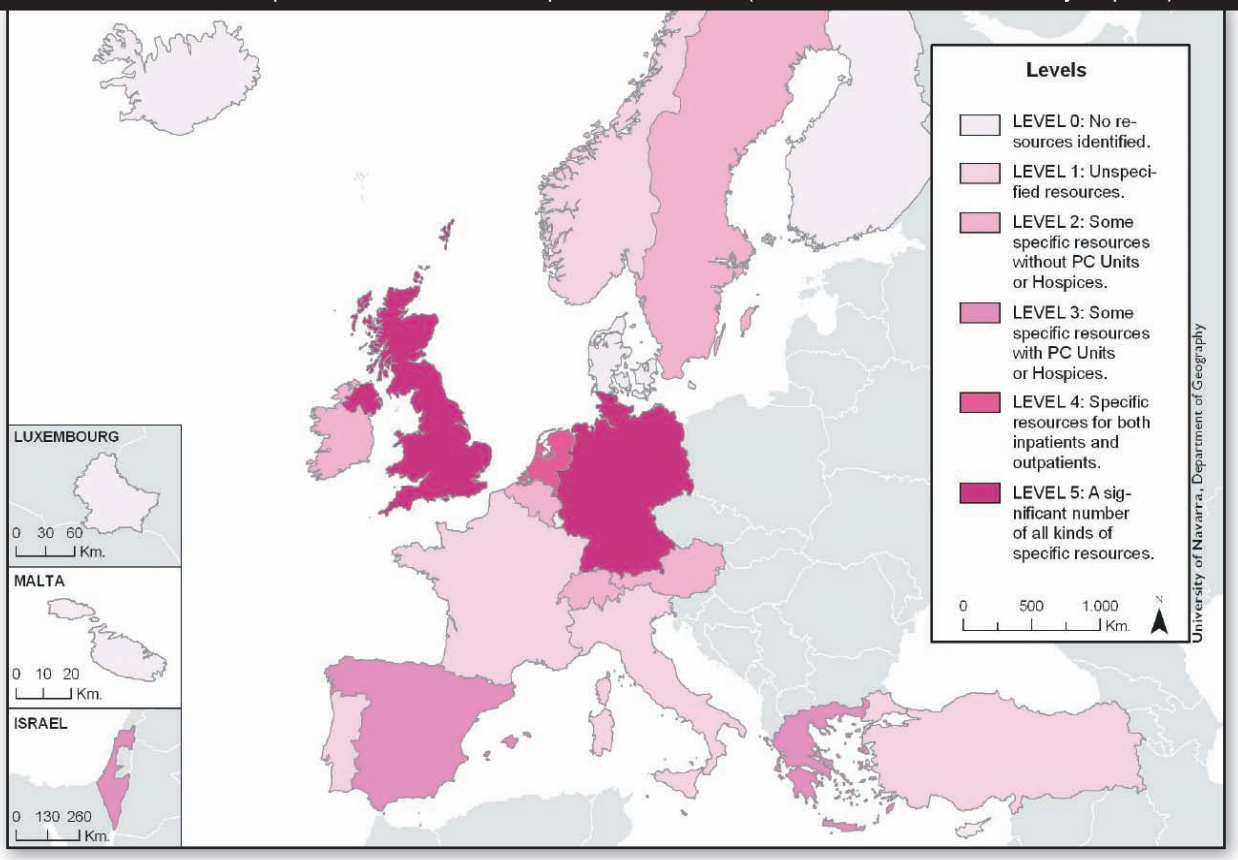
University of Navarra, Department of Geography

Thematic Maps

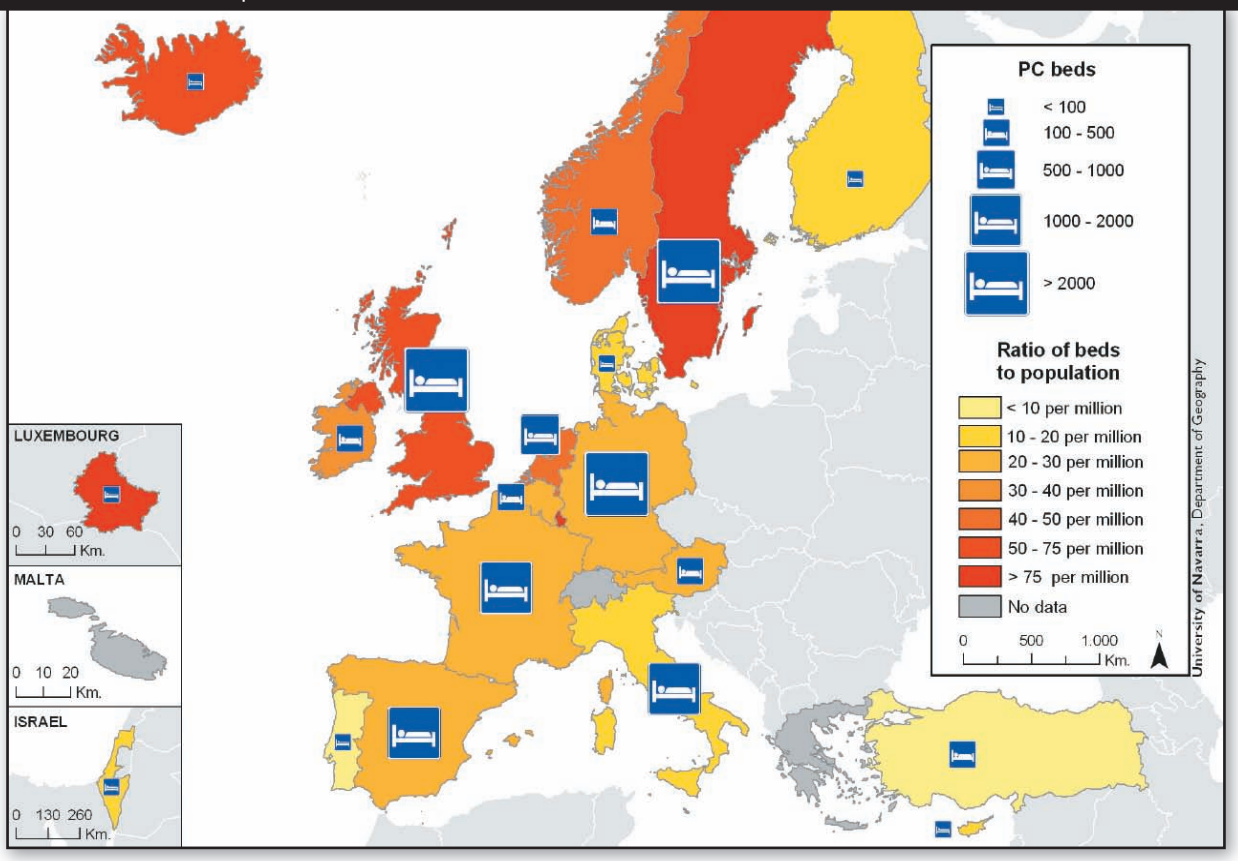
MAP 1: "Provision of Palliative Care Services (without Day Care Center)"



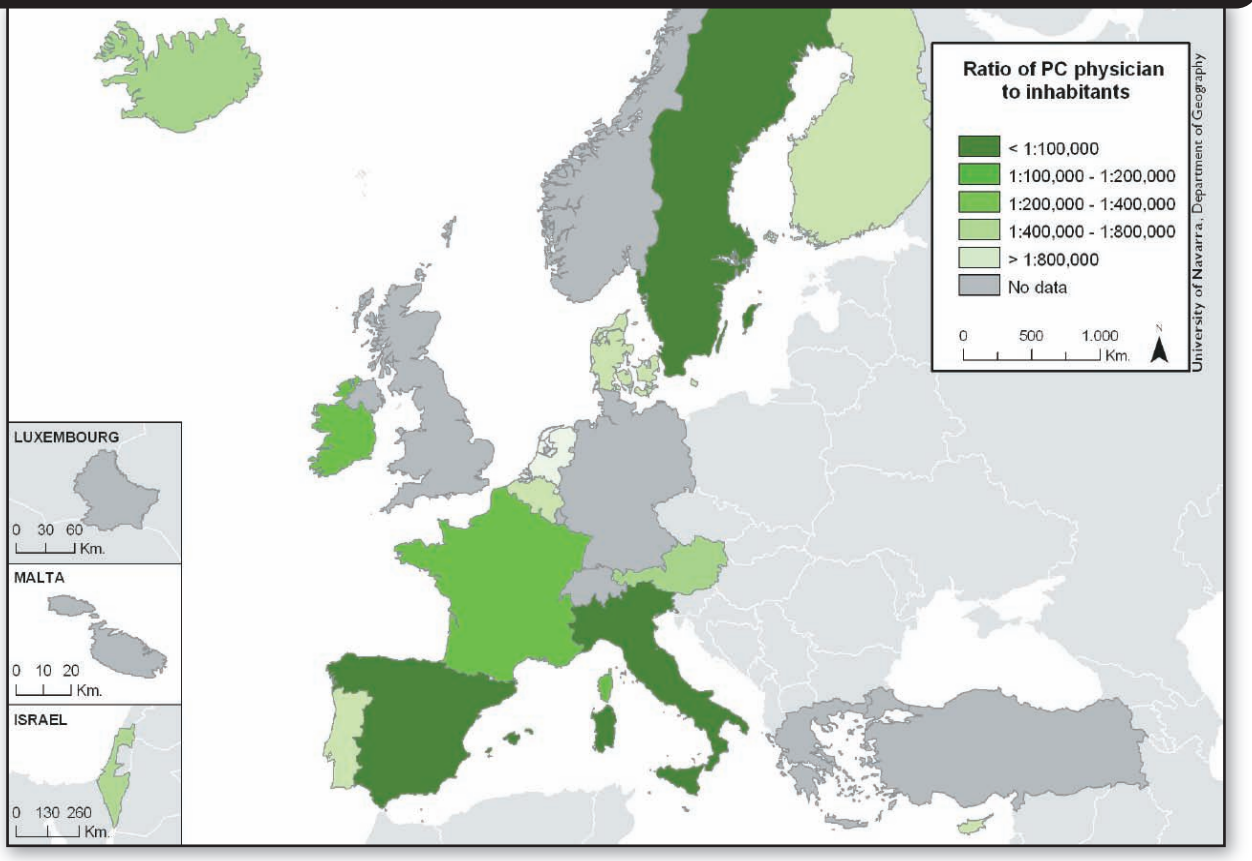
MAP 2: "Levels of Development of Paediatric PC Specific Resources (estimates from EAPC Country Reports)"



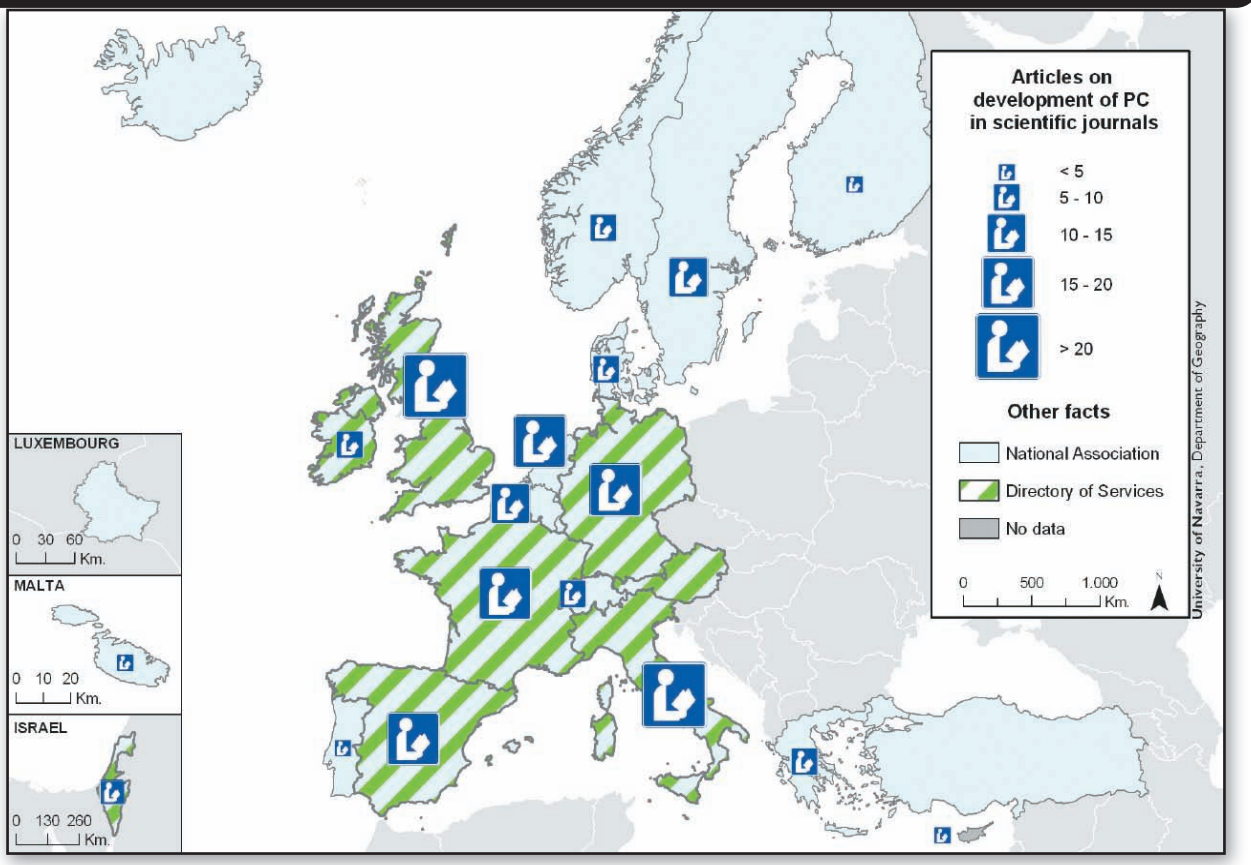
MAP 3: "Provision of specialist Palliative Care beds



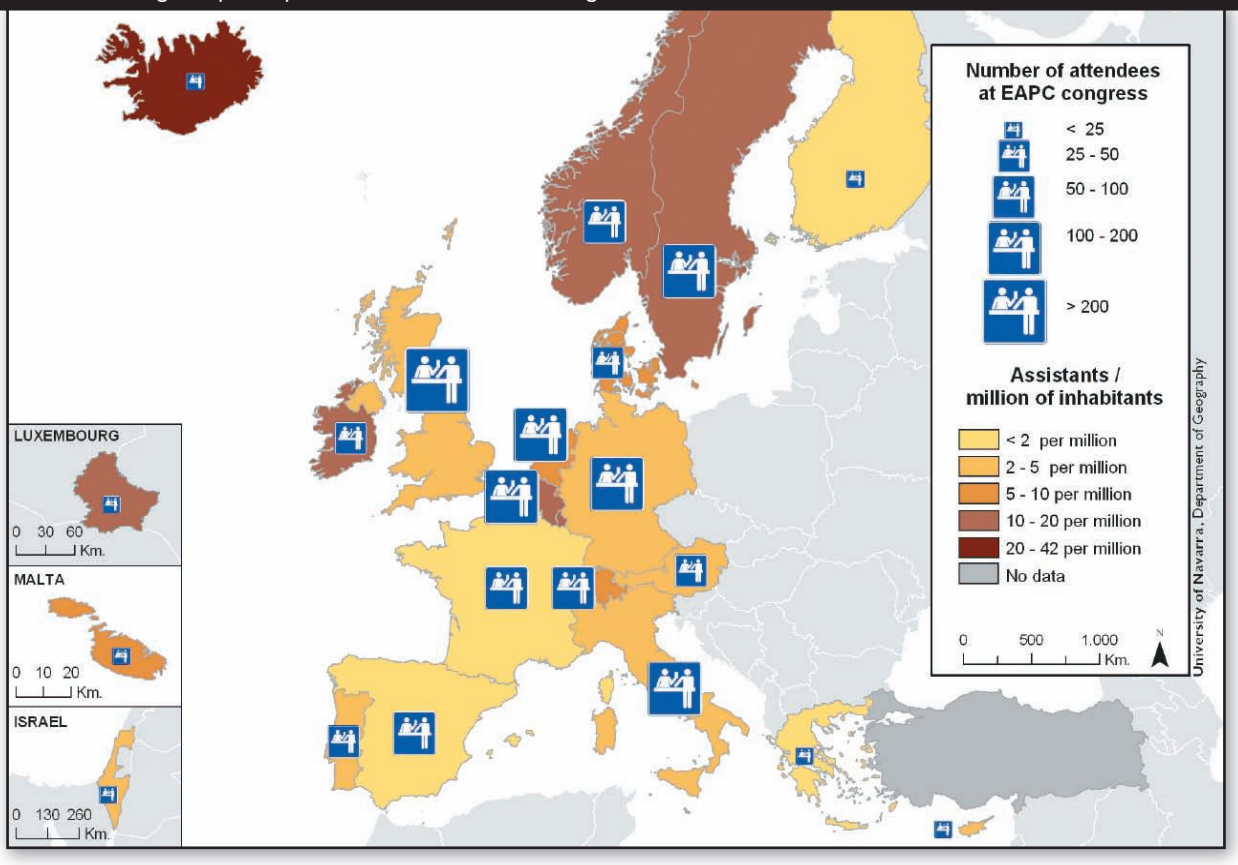
MAP 4: "Estimation of physicians working full time in Palliative Care"



MAP 5: "Countries with National Associations known and number of articles published in scientific journals on the development of Palliative Care in each country"



MAP 6: "Average of participants at EAPC General Congress of Palliative Care 2002-2006"



AUSTRIA

Current Directory:

Online version	Österreichische Palliativgesellschaft (OPG) www.palliativ.at Hospiz Österreich http://www.hospiz.at/ORG/organisation.html

Key Contact / National Association

Key contact:

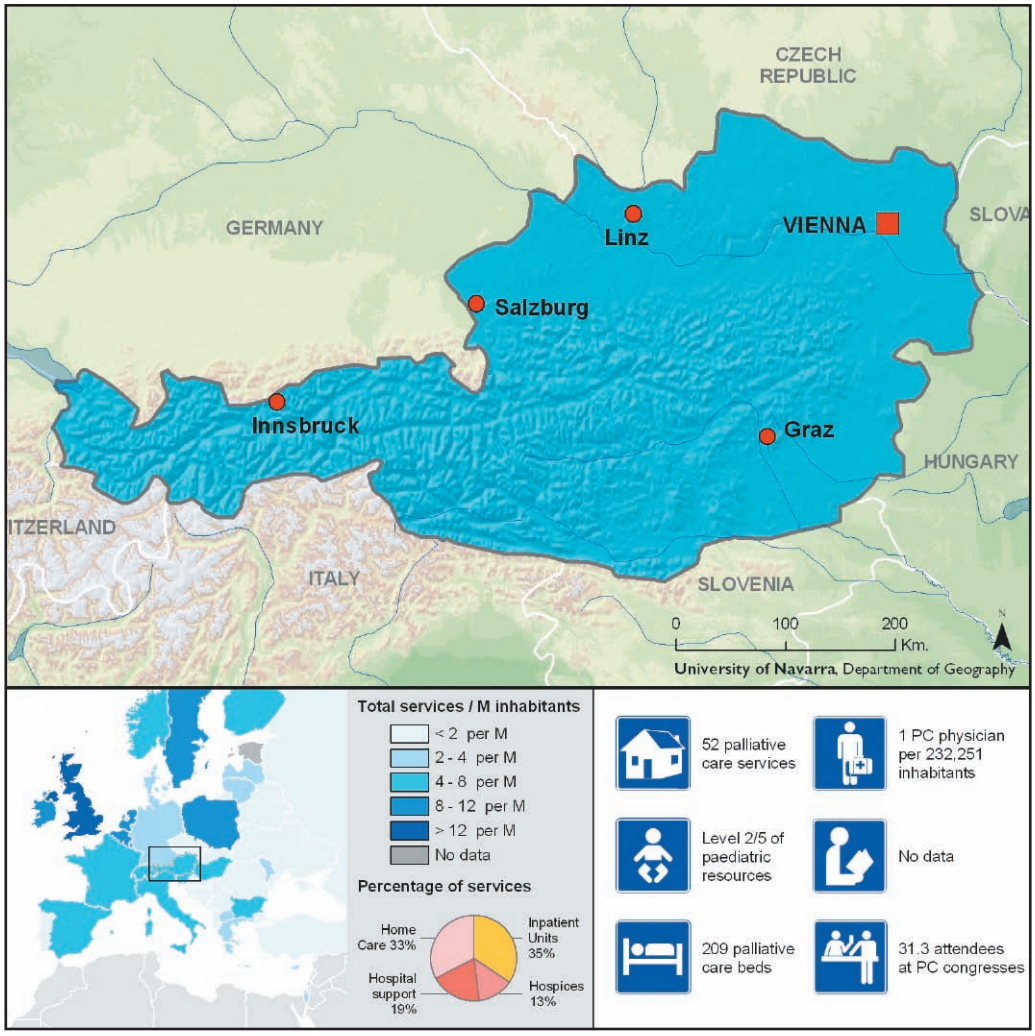
Dr. Johann BAUMGARTNER
Coordinator
Hospice and Palliative Care Styria
Steiermärkische
Krankenanstaltenges.m.b.H.,
Stiftingtalstr. 4-6
A-8010 Graz
AUSTRIA
Telephone: 0043 / 316 / 340 - 5839
Email: johann.baumgartner@kages.at

National Association:

HOSPICE AUSTRIA:
www.hospiz.at/
mailto: dachverband@hospiz.at

OPG - Austrian Palliative Care Association
www.palliativ.at/
mailto: opg-sek@palliativ.at

AUSTRIA



Population: 8.163.782

Austria, officially the Republic of Austria, is a landlocked country in Central Europe. It borders Germany and the Czech Republic to the north, Slovakia and Hungary to the east, Slovenia and Italy to the south, and Switzerland and Liechtenstein to the west. Its capital city is Vienna.

Austria is a parliamentary representative democracy consisting of nine federal states and is one of six European countries that have declared permanent neutrality and one of the few countries that includes the concept of everlasting neutrality in their constitution. Austria has been a member of the United Nations since 1955 and joined the European Union in 1995.

(http://en.wikipedia.org/wiki/Austria, accessed January 29th, 2006)

In 1999 Palliative Care units become part of the national plan for acute hospitals in Austria. In 2001 all political parties vote against euthanasia and for the further development of hospice and palliative care.

(EAPC Palliative Care Euro-Barometer 2005).

Palliative Care Services

NK = not known

Number of Palliative Care Services

	Inpatient Palliative Care Units	Hospices	Consultant Teams in Hospitals	Home Care Teams	Day Centres	Total
Adult/Children	18	7	10	17	2	**54**
Paediatric only	0	0	0	2	0	**2**

	Inpatient Palliative Care Units	Chronic Hospitals/ Nursing Homes	Total
Number of beds allocated to adult palliative care inpatients	163	46	**209**

	Adults	Children	Total
Number of Bereavement Support Teams	0	0	**0**

Comments/Sources

- The Albert Schweitzer Hospice in Graz (10 beds) is located in a hospital for chronically ill patients, the other hospices are located in nursing homes.
- There is a geriatric ward in a huge nursing home in Vienna, called "palliative care geriatric unit", but this is not a palliative or hospice unit in a narrower sense, so it is not included in the listed number of beds and facilities.
- There are no specialist bereavement support teams in Austria. However, bereavement services are often part of hospice and palliative care services or hospice associations. There are also some independent and private associations for bereavement, most of them for bereaved children and parents. The services they offer can be self-help groups, individual counselling and guided groups. There are also volunteers working in this field.

[Sources: HOSPICE AUSTRIA; 2005, Austrian Institute for Health Care (OEBIG), 2005]
[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Adult Palliative Care Population

90% of patients receiving palliative care have a cancer diagnosis

10% of patients receiving palliative care have other incurable conditions

	Cancer	(n)
Number of patients who die at home	NK	1267
Number of patients who die in a general hospital	NK	1671
Number of patients who die in other healthcare institutions	NK	805

Comments/Sources

- Percentages of patients with cancer/non-cancer diagnoses receiving palliative care are estimated. The percentages of patients with certain diagnoses differ between different services. In general, the absolute and relative number of non-cancer patients is growing in Austrian palliative care services.
- Approximately 25% of the patients cared for by home support teams die in palliative care units and 10% in hospices. 25% of the patients of hospital support teams die in a palliative care unit.
- The number of deaths in 'hospital' is rather high, as many of the beds in palliative care units are located in general hospitals.

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Palliative Care Services

Palliative Care Workforce Capacity

	Full-time	Part-time	Total
Physicians	35	50	**85**
Nurses	225	240	**465**
Social Workers	NK	NK	**65**
Psychologists	NK	NK	**25**
Physiotherapists	NK	NK	**25**
Occupational Therapists	NK	NK	**7**
Spiritual/Faith leaders	NK	NK	**30**
Volunteers	NK	NK	**1750**

Comments/Sources

- All of the figures for the palliative care workforce capacity in Austria are estimated. The calculation is based on the number of existing services and known criteria for staffing facilities. Many services are under development and there are no data about the exact number of persons working in this field.

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Funding of palliative care services

Total number of palliative care services funded by the government	**28**
Total number of palliative care services supported by a combination of private and public funds	**26**
Total number of palliative care services funded privately or by NGO's	**1**

Comments/Sources

- These estimated numbers are based on an assessment of the existing services.
- Palliative care units are publicly funded in Austria, but the funding does not cover all the costs. So the number of services funded by the government only includes palliative care units in public hospitals. The other services listed are funded through public projects.
- There are large differences between the percentage of public and private monies within the varying services.
- There is only one small service in Austria which is privately funded.

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Perceived use of main opioids in palliative care

Order of frequency	Opioid	Estimated cost per month (€)
First opioid	Fentanyl	€ 87,00
Second opioid	Hydromorphon	€ 57,00
Third opioid	Morphinhydrochloride	€ 20,00

Comments/Sources

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Other items on national palliative care development

Key issues and challenges

- There are several different bodies (federal, regional, communities, social health insurance and retirement pension insurance) that are responsible for the implementation of the required services.
- Acceptance of specialized hospice and palliative care into the traditional health care system still has to be developed.
- The prescription of strong opioids requires special obligations for safekeeping, provision and filling out.
- Many (or most) of those who prescribe strong opioids have mental prejudices.
- Undergraduate and also postgraduate education about strong opioids still needs improvement.

[EAPC Palliative Care Euro-Barometer 2005]

Palliative care accreditation

- There is no specialist accreditation for palliative care professionals in Austria at the present time. However, there are different certified courses for palliative care for physicians, nurses and other health care professionals.

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Palliative care milestones

- 1997: A minimum of 60 hours of "Palliative Care" is integrated into the curriculum of the undergraduate education for registered nurses.
- 1999: Palliative care units become part of the national plan for acute hospitals in Austria.
- 2001: All political parties in Austria vote against euthanasia and for the further development of hospice and palliative care.
- 2003: Hospice Austria, the umbrella organisation of the Austrian hospice and palliative care services, develops a clear perspective for the further development of hospice and palliative care.
- 2003: The first palliative care facilities are implemented in a medical university in Austria (Graz).
- 2003: "Declaration of the Austrian Government 2003 to 2006" aims for fair access to hospice and palliative care services for all those who need it.
- 2004: The Austrian Palliative Care Association marks the publication of the Council of Europe (2003) report on palliative care (Recommendation 24 of the Committee of Ministers to member states on the organisation of palliative care) with widespread discussion about the report among experts in hospice and palliative care. The Minster of Health and the State Secretary are informed about the report, and Dr. Harald Retschitzegger, an Austrian physician, is a member of the working group.
- 2004: The document "Grundlagen zur Weiterentwicklung der Hospiz- und Palliativversorgung in Österreich, Austrian Institute of Health" (ÖBIG, Vienna) is published.
- 2005: The document "Artikel 15 a Vereinbarung über die Organisation und Entwicklung des Gesundheitswesens" (p 8, Article 3 (2), Vienna) is published.
- 2005: The Ministry of Health implements a working group to prepare recommendations for the stepwise integration of hospice and palliative care into the health care system in Austria.

[EAPC Palliative Care Euro-Barometer 2005]

Health policy

- The adoption of hospice and palliative care units into the national plan for acute hospitals has enabled public funding for palliative care units in acute care hospitals. This funding is combined with criteria for staffing and equipment.
- The agreement about the organization and funding of the health care system in Austria, negotiated every four years between the federal and provincial governments, includes for the first time the topic 'hospice and palliative care'.
- A working group is planning steps for a systematic integration of hospice and palliative care services on all levels of care into the health care system.
- The Austrian Palliative Care Association has participated in the Council of Europe discussions about euthanasia (the Marty Report). Hospice Austria started a lobbying initiative among the politicians who represent Austria in the Council of Europe to vote against the Marty Report.
- At the current time, there are no initiatives in Austria that seek the legislation of euthanasia or assisted suicide. In 2001 all political parties in Austria voted against euthanasia and for hospice and palliative care.

[EAPC Palliative Care Euro-Barometer 2005]

Other items on national palliative care development

References

Gronemeyer, R., Fink, M., Globisch, M., and Schumann, F. (2005) Helfen am ende des lebens hospizarbeit und palliative care in Europa. Giessen: Hospiz und Hospizbewegung, pp. 77-99, Österreich.

Jaspers, B., and Schindler, T. 2004. Stand der palliativmedizin und hospizarbeit in Deutschland und im vergleich zu ausgewählten staaten. Enquete-Kommission des Bundestages. Ethik und Recht der modernen Medizin. Section 8.7, Österreich.

Information correct as at: 7th August 2006.

BELGIUM

Current Directory:

Online version	Federatie Palliatieve Zorg Vlaanderen www.palliatief.be

Key Contact / National Association

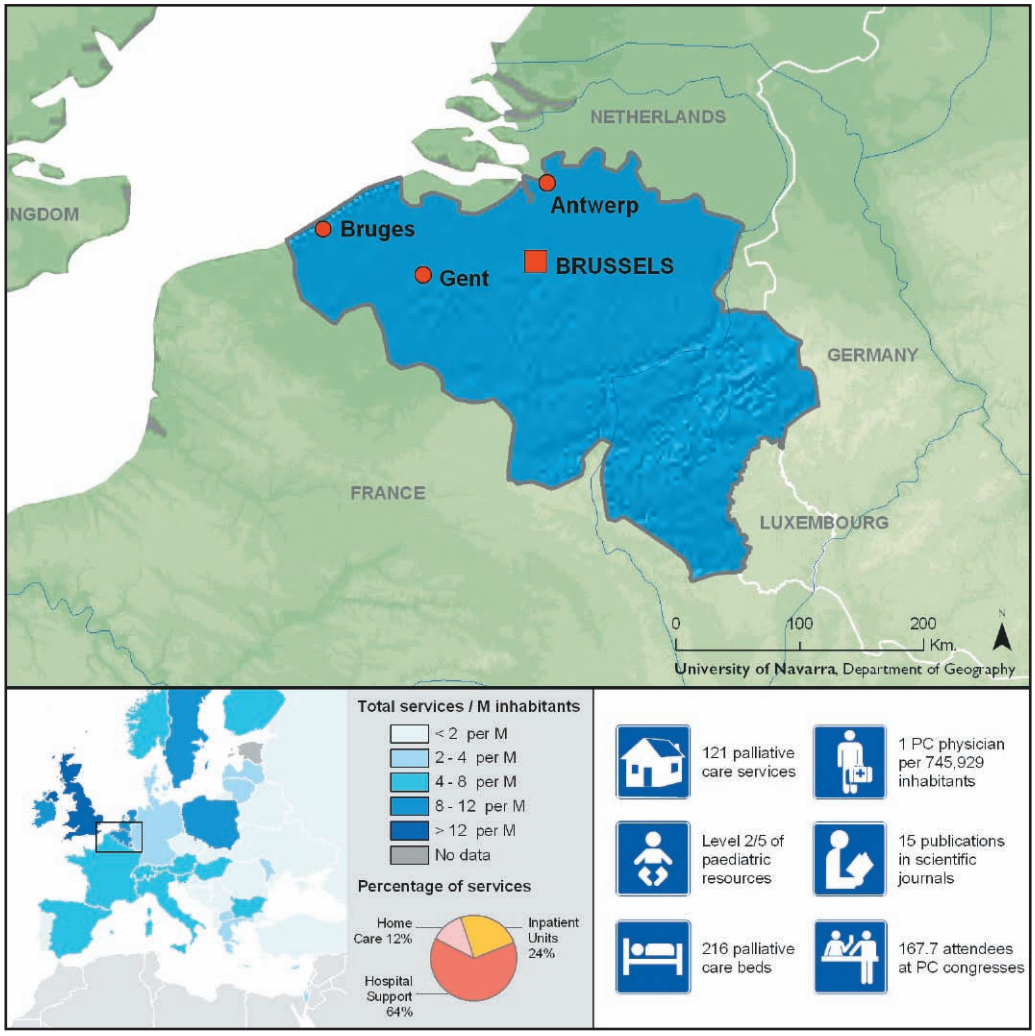
Key contact:

Anne-Marie De Lust,
Coordinator,
Federation Palliative Care Flanders
(FPCF),
J. Vander Vekenstraat 158,
1780 Wemmel,
BELGIUM.
Telephone: 00 32 2 456 82 08
Email: fpzv.de.lust@skynet.be
National Association:
Dr Trudie van Iersel,
Secretary of the Research Working Group,
Federation Palliative Care Flanders,
Diksmuidse Heirweg 647,
B 8200 Bruges,
BELGIUM.
Telephone: + 32 50 40 61 54
Email: tvaniersel@pznwvl.be

National Association:

Dr. Arsène Mullie,
President Federation Palliative Care
Flanders (FPCF),
J. Vander Vekenstraat 158,
1780 Wemmel,
BELGIUM.
Telephone: 00 32 2 456 82 00
Email: arsene.mullie@azbrugge.be

BELGIUM



Population: 10.443.012

The Kingdom of Belgium is a country in northwest Europe bordered by the Netherlands, Germany, Luxembourg and France and is one of the founding and core members of the European Union. Belgium has a population of over ten million people, in an area of around 30,000 square kilometres (11,700 square miles).

Straddling the cultural boundary between Germanic and Romance Europe, Belgium is linguistically divided. It has two main languages: 59% of its population, mainly in the region Flanders, speaks Dutch (Flemish); French is spoken by 40% in the southern region Wallonia.

(http://en.wikipedia.org/wiki/Belgium, accessed January 29th, 2006)

After two decades of intensive pioneering, palliative care is now well organised in Belgium. Belgium is subdivided into about 30 areas, called 'palliative networks', each of which cover around 300,000 inhabitants.

(Distelmans W, Bauwens S, Storme G, Tielemans L. Eur J Palliat Care. 2005)

Palliative Care Services

NK = not known

Number of Palliative Care Services

	Inpatient Palliative Care Units	Hospices	Consultant Teams in Hospitals	Home Care Teams	Day Centres	Total
Adult/Children	29	0	77	15	6	**127**
Paediatric only	0	0	0	2	0	**2**

	Inpatient Palliative Care Units	Chronic Hospitals/ Nursing Homes	Total
Number of beds allocated to adult palliative care inpatients	216	0	**216**

	Adults	Children	Total
Number of Bereavement Support Teams	15	0	**15**

Comments/Sources

- All figures apply to the Flanders region only. The Flanders region is one of the three autonomous regions of federal Belgium, the other two being Wallonie (French speaking) and Brussels (bilingual).
- Belgium has 10 million inhabitants of which 60% (6 million) are living in Flanders.
- There are 28 inpatient palliative care units in Flanders and one Dutch speaking inpatient palliative care unit in Brussels.
- There are 204 beds allocated to adult palliative care inpatients in Flanders, and 12 beds allocated to adult palliative care inpatients in Sint-Janziekenhuis, Brussels.
- There are no beds exclusively allocated to palliative care in nursing homes.
- In 1990, the children's oncology departments of three academic hospitals (Antwerp, Ghent and Louvain) took the initiative to develop palliative home care projects for children. The projects are financed entirely by fund-raising. The most important sponsor is the Flemish League against Cancer, a non-governmental organisation which finances the largest part of the salary and working expenses of these projects. The remaining funds are provided by companies, service clubs, schools and other individual actions.
- Children who require palliative care and who can no longer stay at home are transferred to the children's oncology department.
- The paediatric home palliative care teams also take care of the children in the oncology departments.
- Ghent and Louvain have their own paediatric home palliative care teams (Antwerp has one palliative care nurse).
- In Flanders, three kinds of bereavement support exist: several visits are paid to the family after the death of the patient; commemorations; people can talk to a bereavement specialist (There are 15 individuals who provide bereavement support - all 15 Flemish networks for palliative care have a bereavement specialist in their team).

['Hospital care teams' data provided by Rudy Verbinnen, Gespecialiseerde palliatieve zorg in de context van medicalisering, 2004-2005]
['Number of beds allocated to adult palliative care inpatients' data provided by Ann Schrauwen, Federation Palliative Care Flanders, Rosa Merckx, Network Brussels, and Christine Van Der Heyden, Vlaams Ministerie WVC]
['Paediatric palliative care services data provided by Ilse Ruysseveldt, Federation Palliative Care Flanders]
['Inpatient palliative care units' data provided by Ann Schrauwen, Federation Palliative Care Flanders]
['Day centre' data and 'Number of bereavement support team' data provided by Dr. Mullie, Federation Palliative Care Flanders]
[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Palliative Care Services

Adult Palliative Care Population

82%	of patients receiving palliative care have a cancer diagnosis
18%	of patients receiving palliative care have other incurable conditions

	Cancer	(n)
Number of patients who die at home	NK	3,609
Number of patients who die in a general hospital	NK	6,000
Number of patients who die in other healthcare institutions	NK	2,857

Comments/Sources

- Percentage of patients with cancer/non-cancer diagnoses receiving palliative care is an estimate only.
- Place of death data are estimates only.

[Federation Palliative Care Flanders]
[Palliative Care for All - Evaluation of a geographic model, Trudie Van Iersel (figures 2001, abstract EAPC The Hague 2003) Workgroup Research, FPCF]
[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Palliative Care Services

NK = not known

Palliative Care Workforce Capacity

	Full-time	Part-time	Total
Physicians	14	879	**893**
Nurses	466	2,772	**3,238**
Social Workers	NK	NK	**86**
Psychologists	NK	NK	**86**
Physiotherapists	NK	NK	**29**
Occupational Therapists	NK	NK	**29**
Spiritual/Faith leaders	NK	NK	**115**
Volunteers	NK	NK	**1000**

Comments/Sources

- All palliative care workforce capacity figures are minimum estimates only.
- In half of the palliative care units (on average) there is one full time physician: 29/2 = 14 approximately.
- In the other half of the palliative care units: (on average) there is one part time physician = 15 approximately; on average there is one part-time physician/hospital = 63 (Flanders) + 8 (Dutch speaking hospitals in Brussels) = 71; on average there is one part-time physician/nursing home = 793 (879 in total).
- There are approximately 324 nurses employed full-time in palliative care units, and 126 nurses employed full-time in hospitals.
- There are approximately 1,042 nurses employed in hospitals; 1,586 nurses employed in nursing homes; 144 nurses employed in home palliative care teams (2,772 in total).

[www.wvc.vlaanderen.be/ouderenzorg/programma]
[ww.wvc.vlaanderen.be/ziekenhuizen/links/index.htm]
[www.bruxelles.irisnet.be/nl/citoyens/home/sante/hopitaux.shtml]
[http://aps.vlaanderen.be/statistiek/cijfers/gezondheid/verzorgingsvoorzieningen/indicator_11E_bedden_artsen.xls]
[RIZIV study of July 2004]
[Trudie Van Iersel, Palliatieve Zorg in Vlaanderen : evaluatie van een geografisch model, 2003]
[Federation Palliative Care Flanders]
[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Palliative Care Services

Funding of palliative care services	
Total number of palliative care services funded by the government	935
Total number of palliative care services funded privately or by NGO's	2

Comments/Sources

[Rudy Verbinnen, Gespecialiseerde palliatieve zorg in de context van medicalisering, 2004-2005]
[Rosa Merckx, Network Brussels]
[Ann Schrauwen, Federation Palliative Care Flanders]
[www.wvc.vlaanderen.be/ouderenzorg/programma]
[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Perceived use of main opioids in palliative care

Order of frequency	Opioid	Estimated cost per month (€)
First opioid	Durogesic	10 @ 7.6 € = 76 €
Second opioid	MS Contin	0.2 € @ 2/day @ 30 days = 12 €
Third opioid	Diamorphine	6 @ 4.2 € = 25.20 €

Comments/Sources

[Federation Palliative Care Flanders]
[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Other items on national palliative care development

Key issues and challenges

- Insufficient financial support from the government for local and national palliative care initiatives and research. Lack of financial support may lead to the development of systems that are not professionally-based.
- Lack of palliative care guidelines and standards for palliative care education.
- Lack of an up-to-date registration system for minimum data sets.
- There is a taboo relating to the use of morphine; there is often resistance from the patient, the family or the doctor.

[EAPC Palliative Care Euro-Barometer 2005]

Palliative care accreditation

- "In Flanders, there is no specialist accreditation for palliative care professionals at the present time. Palliative care networks and the Federation Palliative Care Flanders are organising a lot of training for professionals but the training is not yet accredited."

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Palliative care milestones

- 1987: The first palliative home care team is established.
- 1991: The first palliative care unit is established (in Brussels hospital).
- 1991: The first palliative care support teams form in hospitals.
- 1995: Regional "Networks for Palliative Care" are installed (by law).
- 1998: The first palliative day care centre is opened.
- 2001: A palliative care support team is active in 72% of hospitals.
- 2001: A specialised nurse or support team is active in 50% of nursing homes.
- 2002: Five palliative day care centres become active (involving a specialised nurse, physician, psychologist or social worker) on an experimental basis.
- 2002: The law on euthanasia is established.
- 2002: The law on palliative care is established.
- 2002: The notion of 'palliative sedation' is developed (key person: Prof. Dr. Bert Broeckaert, Katholieke Universiteit Leuven).
- 2004: The Federation Palliative Care Flanders marks the publication of the Council of Europe (2003) report on palliative care (Recommendation 24 of the Committee of Ministers to member states on the organisation of palliative care) by using the publication to argue for more governmental support for the further development and financial support of palliative care (oral presentation by the Chairperson of the Federation Palliative Care Flanders during the Conference for Palliative Care, organized by the National Health Insurance Organization on November 24th 2004).

[EAPC Palliative Care Euro-Barometer 2005]

Health policy

- There are 15 palliative care networks covering Flanders (one per 400,000 inhabitants). These networks are centres of palliative care coordination that stimulate cooperation between different health care institutions and professionals, organise courses for health care professionals and volunteers, and inform the public about the possibilities of palliative care support.
- Each of the 15 network regions has a multidisciplinary palliative home care team (specialised nurses, physician, psychologist or social worker), that support the regular home care professionals (and to a lesser degree care for individual patients).
- Palliative care has been built from the "bottom-up". From the development of palliative care in the late 1980s, there have been many working groups where palliative care professionals and volunteers meet and exchange experiences. These working groups focus on a theme, a discipline or a health care setting. In this way there is very wide-spread support among both professionals and volunteers for the present palliative care policy.
- There has been a development of covenants between the government and national and regional palliative care organisations. In these covenants, tasks and finances are regulated, national guidelines are developed, and palliative care standards are set.
- The importance of palliative care as an alternative to euthanasia is continuously emphasized. Palliative care and euthanasia are not considered antagonistic but complementary: when sound palliative care is offered, most requests for euthanasia will disappear; euthanasia (under strict conditions) is now available for those patients who persist in their request even when all possibilities of palliative care have been offered. As a consequence not only was the law on euthanasia accepted in 2002, but also the law on palliative care.
- The Federation Palliative Care Flanders has not participated in any way in the Council of Europe discussions about euthanasia (the Marty Report).

[EAPC Palliative Care Euro-Barometer 2005]

Other items on national palliative care development

References

Bauwens, S., and Distelmans, W. 2000. A new model for psychosocial care for cancer patients in Belgium. J. Pain and Symptom Management, vol. 20(6): S88.

Bauwens, S., and Distelmans, W. 2001. TOPAZ: first palliative day care centre in Belgium. The Hospice Bulletin, vol. 9(3): 1-2.

Bauwens, S., Distelmans, W., Storme, G., and Kaufman L. 2001. Attitudes and knowledge about cancer pain in Flanders. The educational effect of workshops regarding pain and symptom control. Palliat Med., vol. 15(3): 181-9.

Broeckaert, B., and Schotsmans, P. 2001. Palliative care in Belgium. In: H. Ten Have, and R. Janssens (Eds.) Palliative Care in Europe: Concepts and Policies. Amsterdam: IOS Press, 2001, pp. 31-42.

Broeckaert, B., and Janssens, R. 2005. Palliative Care and Euthanasia: Belgian and Dutch Perspectives. In: P. Schotsmans & T. Meulenbergs (Eds.), Euthanasia and Palliative Care in the Low Countries. Leuven: Peeters, 2005, pp. 35-69.

Buisseret C, Frank C, Nollet AF, Soulier ML. Palliative care associations. The Belgian experience. Eur J Palliat Care. 2003;10(6):247-249.

Deliens, L., Mortier, F., Bilsen, J., Cosyns, M., Vander Stichele, R., Vanoverloop, J., and Ingels, K. 2000. End-of-life decisions in medical practice in Flanders, Belgium: a nationwide survey. Lancet, vol. 356(9244): 1806-11.

Desmedt, M. 1999. Palliative care services in Belgium: benefits and shortcomings of a legal framework. Support. Care Cancer, vol. 7(3):109-12.

Distelmans, W., Bauwens, S., Storme, G., and Tielemans, L. 2003. Palliative Day Care in Belgium: Improving the quality of life in the terminally ill. Quality of Life News Letter. Fall Issue, 31: 7-8.

Distelmans W, Bauwens S, Storme G, Tielemans L. Palliative day care in Belgium. First observations. Eur J Palliat Care. 2005;12(4):170-173.

Distelmans, W., Bauwens, S., De Maegd, M., Rooze, M., and Van de Gaer, K. 2004. Palliative day care in Belgium: from terminal care towards care for incurable patients. Palliat Med., vol. 18: 375-376.

Gastmans, C. 2005. Caring for a dignified end of life in a Christian health care institution: The view of Caritas Catholica Flanders. In: P. Schotsmans & T. Meulenbergs (Eds.) Euthanasia and Palliative Care in the Low Countries. Leuven: Peeters, 2005, pp. 205-225.

Jaspers, B., and Schindler, T. 2004. Stand der palliativmedizin und hospizarbeit in Deutschland und im vergleich zu ausgewählten staaten. Enquete-Kommission des Bundestages. Ethik und Recht der modernen Medizin. Section 8.2., Belgium.

Mancini, I., Lossignol, D., Obiols, M., Llop, R., Toth, C., and Body, J. J. 2002. Supportive and palliative care: experience at the Institut Jules Bordet. Support. Care Cancer, vol. 10(1): 3-7.

Markstein, C., Helin, V., Hannicq, M., Polis, D., Van Raemdonck, J., and Jaumain, M. 1999. Palliative and continuous care in a public hospital. Experience at C.H.U. Brugmann. Rev. Med. Brux., vol. 20(2): A107-12.

Van Parys, T. 2003. From Belgium. Palliat. Med., vol. 17(2): 111-2.

Wouters, B. 1998. National viewpoints. Palliative care in Belgium. Eur. J. Palliat. Care, vol. 5(6): 201-3.

Wouters B. Education: Speciallist palliative care training in Belgium. Eur J Palliat Care 1999; 6(4): 139-140.

N.B. This report has been compiled by the Federation Palliative Care Flanders (FPCF), and therefore relates to the Flanders region of Belgium only.

Information correct as at: 7th August 2006.

CYPRUS

Key Contact / National Association

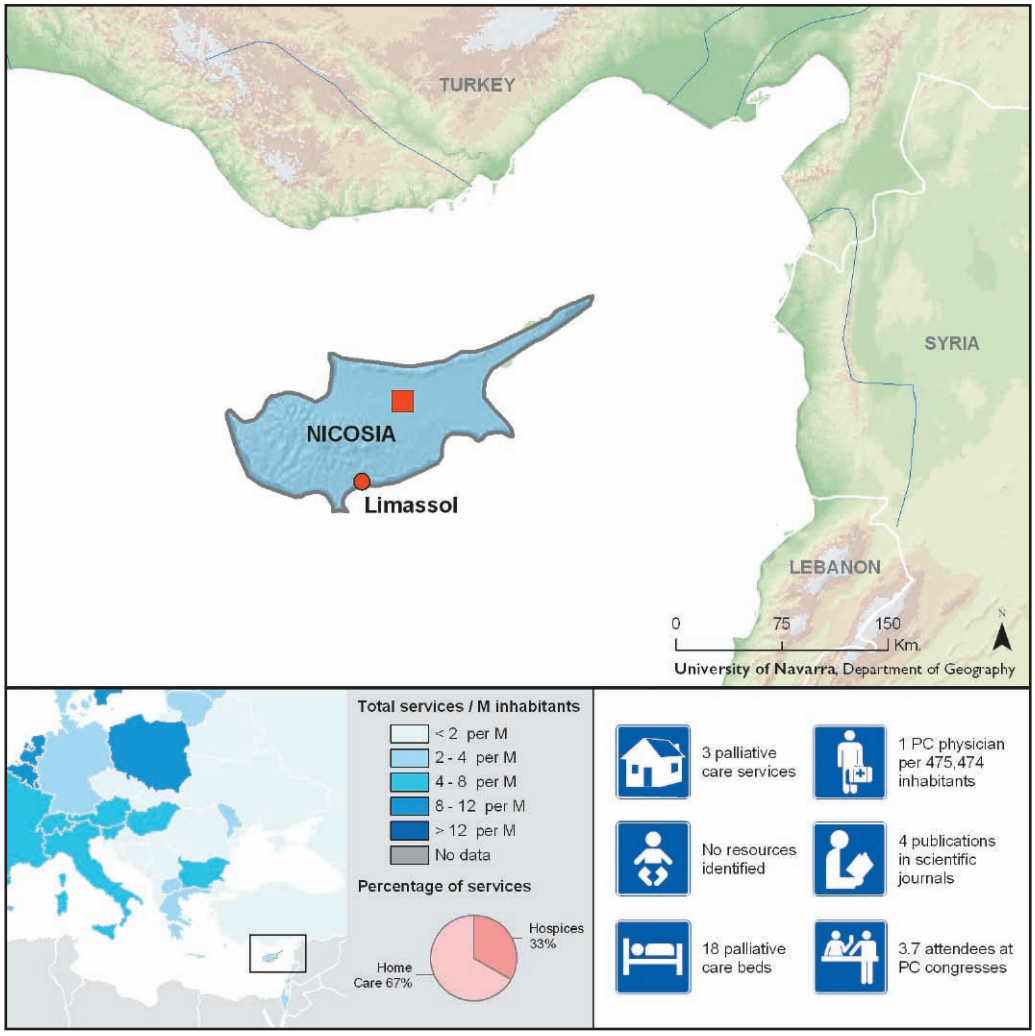
Key contact:

Jane Kakas,
Registered Nurse,
Coordinator for Home Care Services,
The Cyprus Association of Cancer Patients
and Friends,
No. 6 Pindou Street,
Limassol 3035,
CYPRUS.
Telephone:00 35725 747750
Email: sykaflim@cytanet.com.cy

National Association:

Sophia Nestoros Pantekhi,
Medical Director,
The Cyprus Anti-Cancer Society,
P.O. Box 25296,
1308 Nicosia,
CYPRUS.
Tel:+357 22 446222
Email:sophia.p@anticancersociety.org.cy

CYPRUS



Population: 950.947

Cyprus is a Eurasian island nation in the eastern part of the Mediterranean Sea south of the Anatolian peninsula (Asia Minor) or modern-day Turkey. It is the third largest island in the Mediterranean Sea. The Republic of Cyprus is divided into six districts [1]: Nicosia (the capital, Greek: Lefkosia, Anglicised: Nicosia), Ammochostos (Famagusta), Keryneia (Kyrenia), Larnaka (Larnaca), Lemesos (Limassol), and Pafos. A former British colony, the Republic of Cyprus gained independence in 1960 while the United Kingdom retained two Sovereign Base Areas. The Republic of Cyprus has been a member state of the European Union since 1 May 2004.

(http://en.wikipedia.org/wiki/Cyprus, accessed January 29th, 2006)

Palliative care activity was carried out by hospices, oncology units, private settings and home care services. There are two associations PASYKAF and CACA (Cyprus Against Cancer Association) which provides Palliative Care in the community.

There is only one Hospice located in Nicosia and it was founded by Cyprus Against Cancer Association in 1976.

PASYKAF has established Palliative home care teams in every Cypriot region.

(Costello J, Christoforou C. Int J Palliat Nurs. 2001)

Palliative Care Services

NK = not known

Number of Palliative Care Services

	Inpatient Palliative Care Units	Hospices	Consultant Teams in Hospitals	Home Care Teams	Day Centres	Total
Adult/Children	0	1	0	2	9	**12**
Paediatric only	0	0	0	0	0	**0**

	Inpatient Palliative Care Units	Chronic Hospitals/ Nursing Homes	Total
Number of beds allocated to adult palliative care inpatients	18	0	**18**
	Adults	Children	**Total**
Number of Bereavement Support Teams	0	0	**0**

Comments/Sources

- Information is from direct communication with the Medical Director or Matron.
- The care provided by the home care teams is supportive care. Palliative care is part of this and sometimes specialist palliative care depending on the skill mix of local staff.
- Day centres provide complementary therapies. No medical care is provided. Medical day care is provided in an oncology unit not designated as a palliative care unit.
- There are no dedicated beds for palliative care in any government hospital. NGOs provide one hospice for cancer patients. This covers a population of approx 700,000.
- There is no policy for paediatric palliative care in Cyprus.
- There are no official Bereavement Support Groups, although bereavement support is provided by two cancer charities.
- AIDS dept. Larnaca General Hospital.
- Paediatric Oncology Dept. Archbishop Makarios III Hospital, Nicosia.
- ELPIDA Charitable Organization for children at Makarios Hospital.

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Adult Palliative Care Population

-	of patients receiving palliative care have a cancer diagnosis	
-	of patients receiving palliative care have other incurable conditions	
	Cancer	**(n)**
Number of patients who die at home	21%	-
Number of patients who die in a general hospital	5%	-
Number of patients who die in other healthcare institutions	74%	-

Comments/Sources

- Place of death of cancer patients has not been part of official data collection in the cancer registry of Cyprus;
- However the Bank of Cyprus Oncology Centre, Nicosia, Cyprus (BOCOC) has unofficially collected data on place of death using a set period of 4 years; 2000 – 2003 inclusive.
- It must be stressed that these are cancer patients only. A total of 1063 deaths related to the above figures.
- Number of patients who die in other healthcare institutions is an estimation that includes approximately 51% of cancer deaths in the BOCOC (specifically a cancer unit and classed as a private clinic in the government statistics), 19% in the hospice and 2.3% in private clinics.
- No community nursing care is provided for paediatrics. Most children die in the inpatient setting, i.e the hospital ward.
- The Cyprus Cancer Registry, Report of the Triennial 1998-2000, Ministry of Health, Government of Cyprus.

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Palliative Care Services

Palliative Care Workforce Capacity

	Full-time	Part-time	Total
Physicians	2	2	**4**
Nurses	48	5	**53**
Social Workers	8	-	**8**
Psychologists	9	-	**9**
Physiotherapists	9	-	**9**
Occupational Therapists	1	-	**1**
Spiritual/Faith leaders	1	-	**1**
Volunteers	-	100	**100**

Comments/Sources

- The volunteer figure is an approximation - many more volunteers help with other activities such as fundraising.
- A psychiatry / psychology team is able to provide psychological support to families.
- The Cyprus Association of Cancer Patients and Friends Home Care Service.
- The Cyprus Anticancer Society Hospice and Home Care Service.

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Funding of palliative care services

Total number of palliative care services funded by the government	0
Total number of palliative care services funded privately or by NGO's	100%

Comments/Sources

- Palliative Care is a very small section of care provided by NGOs.
- NGOs help families / parents by providing minor financial support and also the provision of accommodation for parents and siblings if the distance from their home requires such a facility.

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Perceived use of main opioids in palliative care

Order of frequency	Opioid	Estimated cost per month (€)
First opioid	Oramorph Elixir 10mg/5ml	41 Euros per month
Second opioid	Fentanyl 10mg	182 Euros per month
Third opioid	Pethidine 100mg	35 Euros per month

Comments/Sources

- The Pharmaceutical Services of the Ministry of Health of Cyprus (2004).
- There are sufficient opioids for pain relief in cancer / palliative care, although training is needed to be able to use them efficiently.

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Other items on national palliative care development

Key issues and challenges

- Palliative care is not included in the current national health system, nor the one being planned for the future.
- There is a lack of awareness, knowledge and information about palliative care from the policy makers/ministry of health/government.
- Palliative care is not recognised as a speciality.
- There is a lack of knowledge among physicians and other health professionals (for example, pharmacists) about opioids and how to use them in different situations (for example, pain control).

[EAPC Palliative Care Euro-Barometer, 2005]

Palliative care accreditation

"There is no medical school is Cyprus, no accreditation for Palliative Care, no national policy for Palliative Care, and no designated Palliative Care posts for any medical or nursing staff. Although there is no community nursing as yet, the Ministry of Health is promoting the training of nurses for general care. Supportive Care is the essence of care provided in the community by the NGOs. Some of the specialist palliative care is provided according to the patient's location and the skill mix of staff on site. Without a National Policy for Palliative Care and no provision of community nursing, there are no local guidelines or standards to support Palliative Care. Difficulties arise regarding legislation. Methods of measuring quality of care and maintenance of standards indicate the essential need for policy. Procedures supporting infection control in the community, safe disposal of clinical waste, the availability of emergency medicines, specifically opioids during "out of hours" services, are but a few of the areas which need addressing."

Examples of health professional qualifications include:

- Two physicians employed at the hospice full-time. They are educated to MSc in Palliative Medicine or currently undertaking the MSc course.
- One oncologist radiotherapist is trained to MSc in Palliative Medicine. He works in the oncology ward of a government hospital and provides part time support to home care in NGO.
- One physician has a Diploma in Palliative Medicine. and offers limited part time support to NGO Home care.
- Specialist trained nursing staff qualifications include: MSc in Palliative Care, Dip. Palliative Care, Dip. Pain Management, Dip. HE Wound Management, Post Grad. Dip. Lymphoedema Management.

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Palliative care milestones

- 1971: The Cyprus Anti-Cancer Society is founded. It offers inpatient care (hospice care), home care service, day care, psychosocial support and lymphoedema clinics in all districts by health professionals trained in palliative care.

[EAPC Palliative Care Euro-Barometer, 2005]

Health policy

- In 2000, the medical committee at "Arodaphnousa" hospice changed the criteria for admissions: affected areas included pain and systems control, respite care, physiotherapy and rehabilitation, complementary therapies, and terminal stage of the illness.
- The hospice adopted a holistic approach towards patients and their families that was provided by a multidisciplinary team (doctors trained in Palliative Care, nurses, psychologists, social workers, physiotherapist, aromatherapist, occupational therapist, volunteers).
- The duration of staying at the hospice was decreased from an average of 40 days to 14 days.
- The most important initiative since 1995 undertaken to address the problem of uncontrolled pain as a health concern in Cyprus has been the increased availability of opioids.
- The Council of Europe report on palliative care (Recommendation Rec (2003) 24 of the Committee of Ministers to member states on the organisation of palliative care) was disseminated through lectures in six general hospitals and at the Oncology Centre and one main lecture "Palliative Care in Europe" on the 11th of February, 2005 by Andrew Hoy.
- Cyprus has not participated in any way in the Council of Europe discussions about euthanasia (the Marty Report).
- There are no initiatives in Cyprus that are seeking the legalisation of euthanasia or assisted suicide.

[EAPC Palliative Care Euro-Barometer, 2005]

Other items on national palliative care development

References

Costello, J., and Christoforou, C. 2001. Palliative care in a Mediterranean culture: a review of services in the Republic of Cyprus. Int. J. Palliat. Nurs. June 2001, vol. 7(6):286-9

http://www.eolc-observatory.net/global_analysis/cyprus.htm

Kakas, J., and Pitsillides, B. 1997. Managing cancer pain at home: the experience of Cyprus. Cancer Pain Release, vol. 10(2) Summer 1997: 6

Malas, S. 2003. From Cyprus. Palliat. Med. March 2003, vol. 17(2): 150

Pitsillides, B. From Cyprus. Palliat. Med. March 2003, vol. 17(2): 121

Pitsillides, B., and Pitsillides, A. 2004. From Cyprus. A virtual multidisciplinary team for terminal care. European Journal for Palliative Care, Sept / Oct 2004, vol. 11(5): 202

Information correct as at: 7th August 2006

DENMARK

Key Contact / National Association

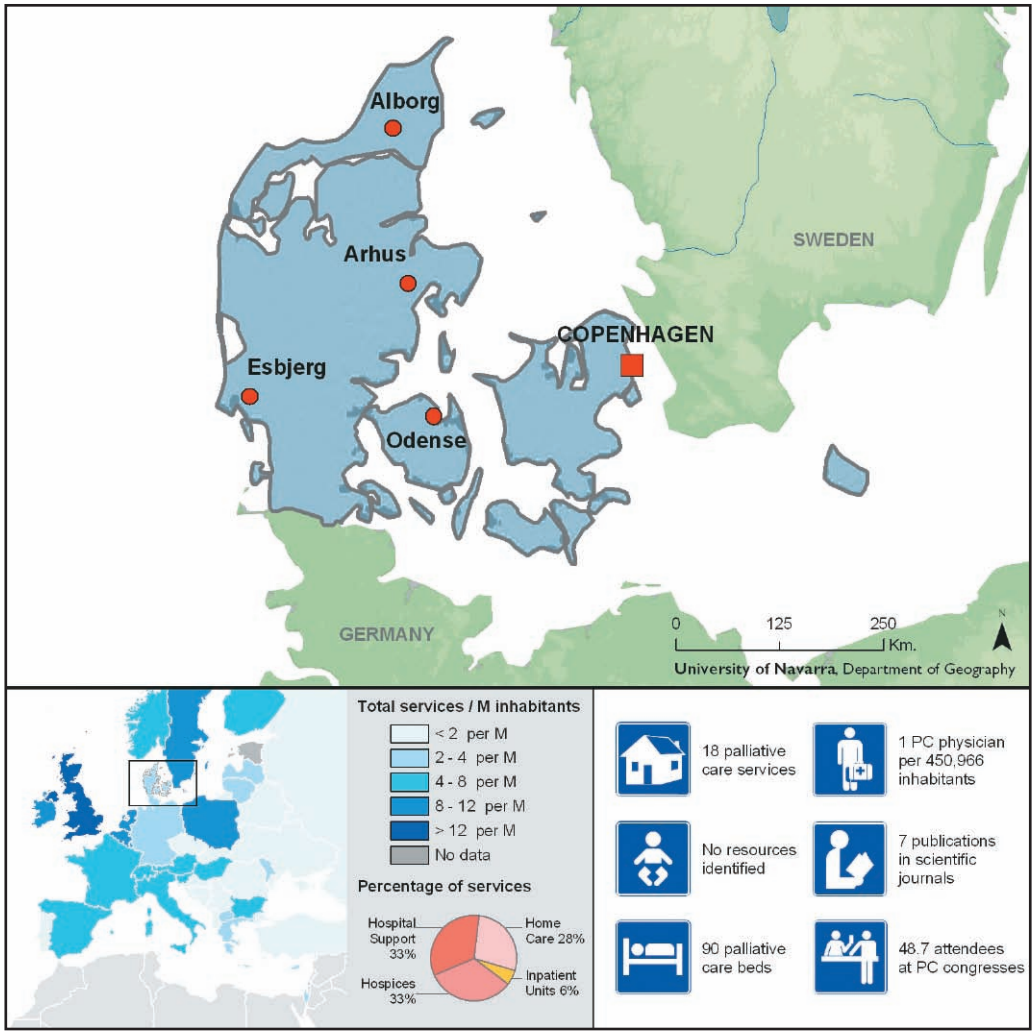
Key contact:

Dr. Marianne Klee,
Director,
Symptomcontrol.com,
AAkandevej 76,
3500 Vaerloese,
Denmark.
Telephone:+ 45 44 47 47 36
Email: klee@symptomcontrol.com

National Association:

Tove Bahn Vejlgaard,
Chairman,
Danish Association for Palliative Medicine,
Det Palliative Team,
Blegbanken 3,
DK-7100 Vejle,
Denmark.
Telephone: +45 76401600
Email:Tobave@vgs.vejleamt.dk

DENMARK



Population: 5.411.596

The Kingdom of Denmark is the smallest and southernmost of the Nordic countries. Located north of its only land neighbour, Germany, southwest of Sweden, and south of Norway, it is located at 56° N 10° E in northern Europe. The national capital is Copenhagen.

Denmark became a constitutional monarchy in 1849 after having been an absolutist state since 1660 and has been a parliamentary democracy since 1901. Denmark is a part of the European Union.

(http://en.wikipedia.org/wiki/Denmark, accessed January 29th, 2006)

The country is divided into 14 counties and each county can autonomously prioritize the resources allocated to health care. Hence the development of palliative care varies greatly from county to county. In 2001 very few counties were developing palliative care according to the national recommendations. Only four counties had beds dedicated to palliative care.

The country as a whole had approximately 55 palliative care beds for a population of 5.3 million. No specialist training in palliative medicine exists, and there are no academic faculty positions.

(Vejlgaard T, Addington-Hall JM. Palliat Med. 2005)

Palliative Care Services

NK = not known

Number of Palliative Care Services

	Inpatient Palliative Care Units	Hospices	Consultant Teams in Hospitals	Home Care Teams	Day Centres	Total
Adult/Children	1	6	6	5	0	**18**
Paediatric only	0	0	0	0	0	**0**

	Inpatient Palliative Care Units	Chronic Hospitals/ Nursing Homes	Total
Number of beds allocated to adult palliative care inpatients	81	9	**90**

	Adults	Children	Total
Number of Bereavement Support Teams	0	0	**0**

Comments/Sources

- There are no organised bereavement support teams in connection with the palliative care services. Most services will call the relatives once or more after the death of the patient and there may be one or two official memorial services a year.

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Adult Palliative Care Population

99.5% of patients receiving palliative care have a cancer diagnosis

0.5% of patients receiving palliative care have other incurable conditions

	Cancer	(n)
Number of patients who die at home	NK	700
Number of patients who die in a general hospital	NK	600
Number of patients who die in other healthcare institutions	NK	NK

Comments/Sources

- Percentage of patients with cancer/non-cancer diagnoses receiving palliative care are an estimate only.
- Very few patients other than cancer patients are seen in palliative care services.
- Place of death data is an estimate only based on the number of teams/units and the number of deaths reported by some of the services.

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Palliative Care Services

Palliative Care Workforce Capacity

	Full-time	Part-time	Total
Physicians	12	20	**32**
Nurses	NK	NK	**218**
Social Workers	NK	NK	**7**
Psychologists	NK	NK	**5**
Physiotherapists	NK	NK	**11**
Occupational Therapists	NK	NK	**1**
Spiritual/Faith leaders	NK	NK	**6**
Volunteers	NK	NK	**104**

Comments/Sources

- All palliative care workforce capacity figures are estimates only.

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Funding of palliative care services

Total number of palliative care services funded by the government	**16**
Total number of palliative care services funded privately or by NGO's	**0**

Comments/Sources

- There are three palliative care services that are supported by a combination of private and public funds.

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Perceived use of main opioids in palliative care

Order of frequency	Opioid	Estimated cost per month (€)
First opioid	Slow release morphine	121 kr = €16.25
Second opioid	Transdermal fentanyl	759 kr = € 101.25
Third opioid	Normal release morphine	399 kr. = €53.6

Comments/Sources

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Other items on national palliative care development

Key issues and challenges

- The government has failed to define the professional level at which a hospice is supposed to operate; therefore, the level at which they operate is extremely varied.
- Lack of knowledge and understanding about specialist palliative care. A lot of people (including many politicians) still think it is about 'loving tender care' as opposed to highly qualified and educated professional care.
- Lack of palliative care resources.
- Many health professionals do not give enough priority to the problems that terminally ill people encounter.
- Limited resources for hospices are a potential barrier to the development of palliative care for all patients.

[EAPC Palliative Care Euro-Barometer 2005]

Palliative care accreditation

"There is no specialist accreditation for palliative care professionals in Denmark at the present time. There is a Nordic diploma course in palliative medicine and a number of nursing courses but none of them are officially accredited by the government. In 2005, six doctors completed The Nordic Specialist Course in Palliative Medicine and ten Danish doctors have enrolled on the next course. With more medical understanding and education, palliative care will have better possibilities within the national health system."

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Palliative care milestones

- 1999: The National Board of Health publishes guidelines on palliative care in accordance with the WHO definition and with guidelines in the UK.
- 2004: The 'Hospice Law' is introduced in Denmark. The government decide that each county should have a hospice, and that the government will fund the building and the county is obliged to fund the running costs.
- 2004: The National Board of Health creates a chapter for the National Cancer Plan II recommending the development of palliative care in Denmark.
- 2005: The National Cancer Plan II is published and recommends that palliative care should be offered to all patients with incurable, progressive disease.

[EAPC Palliative Care Euro-Barometer 2005]

Health policy

- Denmark is divided into 14 counties and each county is responsible for the provision of health care. In some counties there is no specialist palliative care service, whilst in some the 'specialist' palliative care service is very far from WHO and international standards. In one county the specialist palliative care team consists of three nurses with no specific training in palliative care. In other counties, palliative care is reasonably well developed, with a multi-professional specialist palliative care team.
- Due to political interest in hospices and lobbying from voluntary hospice organisations, the government created a 'hospice foundation' to fund the building of a hospice in each county.
- Each hospice is a private institution run by a board of volunteers (often not health professionals) with full statutory funding from the government.
- Palliative care organisations/associations and Kræftens Bekæmpelse (the national board of cancer) have started to collaborate and are trying to build up a research and training centre for palliative care.
- The Danish Association for Palliative Medicine did not mark the publication of the Council of Europe (2003) report on palliative care (Recommendation 24 of the Committee of Ministers to member states on the organisation of palliative care).
- The Danish Association for Palliative Medicine has not participated in any way in the Council of Europe discussions about euthanasia (the Marty Report).
- There is an organisation that seeks the legalisation of euthanasia or assisted suicide, but it only has a few members. There is no open discussion about euthanasia at the moment.

[EAPC Palliative Care Euro-Barometer 2005]

Other items on national palliative care development

References

Gamborg, H., and Madsen, L. D. 1997. Palliative care in Denmark. Support. Care Cancer, vol. 5(2): 82-4.

Gronemeyer, R., Fink, M., Globisch, M., and Schumann, F. (2005) Helfen am ende des lebens hospizarbeit und palliative care in Europa. Giessen: Hospiz und Hospizbewegung, p. 112-129, Denmark.

Jarlbaek L, Andersen M, Kragstrup J, Hallas J. Cancer Patients' share in a population's use of opioids. A linkage study between a prescription database and the Danish Cancer Registry. J Pain Symptom Manage. 2004;27(1):36-43.

Jarlbaek L, Andersen M, Hallas J, Engholm G, Kragstrup J. Use of Opioids in a Danish Population-Based Cohort of Cancer Patients. J Pain Symptom Manage. 2005;29(4):336-343.

Jensen, N. H., Banning, A. M., Jensen, M. B., Klee, M. C., and Sjogren, P. 1997. Treatment of cancer pain in Denmark. A questionnaire survey. Ugeskr Laeger, vol. 159(14): 2086-90.

Pedersen, L., and Sjogren, P. 1998. Denmark's first research facility in palliative medicine. Organization and research strategy. Nord. Med., vol. 113(5): 147-5.

Vejlgaard, T., and Addington-Hall, J. M. 2005. Attitudes of Danish Doctors and Nurses to Palliative and Terminal Care. Palliative Medicine, vol. 19: 119-127.

Information correct as at: 7th August 2006.

FINLAND

Key Contact / National Association

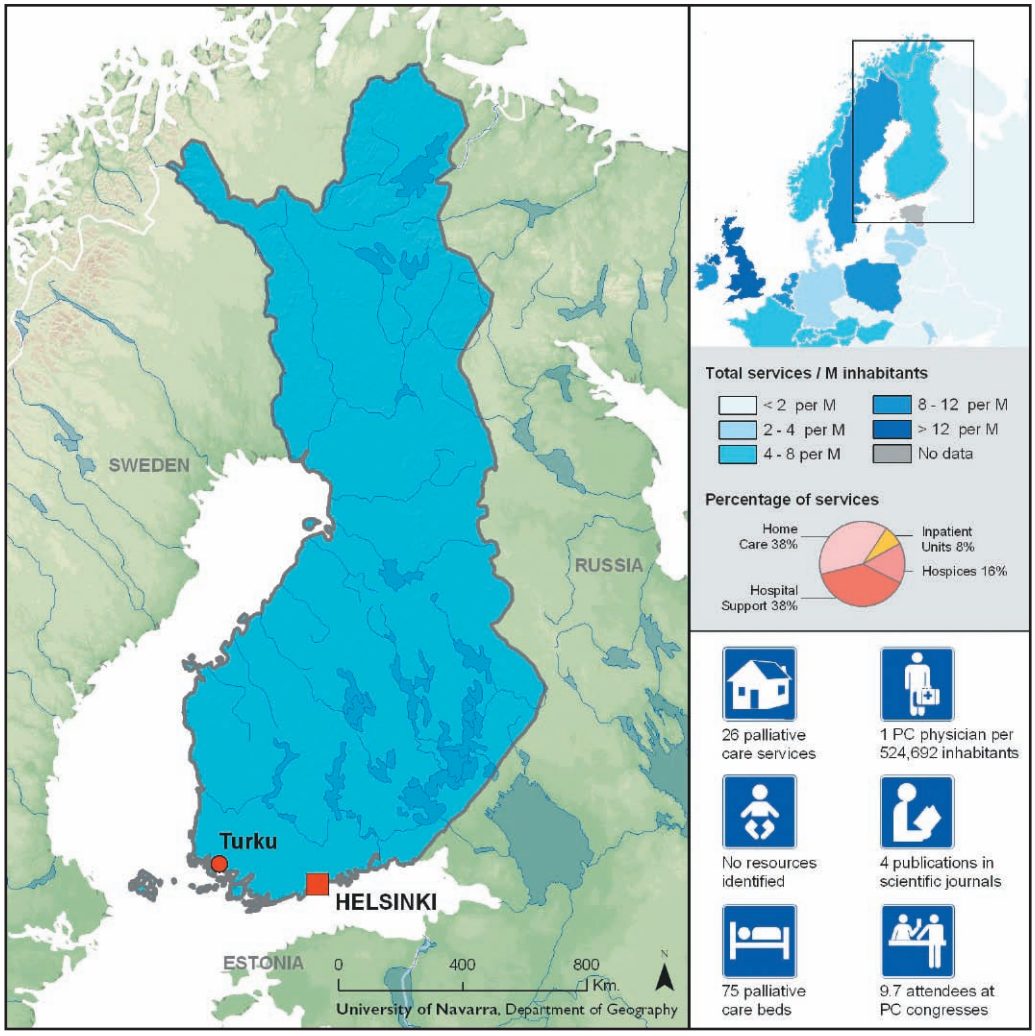
Key contact:

Kaija Holli/Tarja Korhonen,
Head of palliative care unit, professor of palliative care/specialist in palliative care,
Department of Palliative Care,
Tampere University Hospital,
P.O. Box 2000,
33521,
Tampere,
FINLAND.
Telephone: (Tarja Korhonen) +358 3 3116 7513
Email: tarja.korhonen@pshp.fi

National Association:

Tiina Hannele Saarto,
Palliative care physician,
Department of Oncology,
Helsinki University Central Hospital,
PO BOX 180,
00029-HUS,
Helsinki,
FINLAND.
Telephone: +358-50-4270256
Email: tiina.saarto@hus.fi

FINLAND



Population: 5.246.920

The Republic of Finland is one of the Nordic countries. Situated in Northern Europe, it shares land borders on the Scandinavian Peninsula with Sweden to the west, Russia to the east and Norway to the north while Estonia lies to its south.

Finland has a population of 5,276,571 people spread over more than 330,000 km² (127,000 sq. mi). Finland is a democratic republic with a semi-presidential system and parliamentarism. The Republic of Finland is a member of the European Union.

(http://en.wikipedia.org/wiki/Finland, accessed January 29th, 2006)

The need for palliative care is increasing, and the rising costs of health care have led to reorganisation of the health care system. This also means changes in how palliative care is organised. Growing numbers of terminal cancer patients are now to be treated within the primary health care setting.

In Finland the consumption of strong opioids is relatively low. In all Scandinavia Finland ranks lowest; the consumption is only one-tenth of that in Denmark.

(Hinkka H. Kosunen E. Kellokumpu-Lehtinen P. Lammi UK. Support Care Cancer. 2001)

Palliative Care Services

NK = not known

Number of Palliative Care Services

	Inpatient Palliative Care Units	Hospices	Consultant Teams in Hospitals	Home Care Teams	Day Centres	Total
Adult/Children	2	4	10	10	4	**30**
Paediatric only	0	0	0	0	0	**0**

	Inpatient Palliative Care Units	Chronic Hospitals/ Nursing Homes	Total
Number of beds allocated to adult palliative care inpatients	75	0	**75**

	Adults	Children	Total
Number of Bereavement Support Teams	0	0	**0**

Comments/Sources

- Number of hospital care teams and home care teams are estimates only.
- Although no pediatric units are specifically allocated for palliative care use, it is included in pediatric care units in different hospitals.
- There are no specialist bereavement support teams. However, bereavement support is provided in hospices, special palliative care units (such as the one at Tampere) and in some primary health care units.

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Adult Palliative Care Population

90% of patients receiving palliative care have a cancer diagnosis

1% of patients receiving palliative care have other incurable conditions

	Cancer	(n)
Number of patients who die at home	NK	10
Number of patients who die in a general hospital	NK	50
Number of patients who die in other healthcare institutions	NK	40

Comments/Sources

- Percentage of patients with cancer/non-cancer diagnoses receiving palliative care are an estimate only.
- Place of death data are an estimate only.

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Palliative Care Services

Palliative Care Workforce Capacity

	Full-time	Part-time	Total
Physicians	10	50	**60**
Nurses	150	300	**450**
Social Workers	NK	NK	**NK**
Psychologists	NK	NK	**NK**
Physiotherapists	NK	NK	**NK**
Occupational Therapists	NK	NK	**NK**
Spiritual/Faith leaders	NK	NK	**NK**
Volunteers	NK	NK	**250**

Comments/Sources

- All palliative care workforce capacity figures are estimates only.
- There are two specialist palliative care units in Finland (Tampere and Helsinki) employing four full-time physicians, and four hospices that employ either full or part time physicians. Some of the primary care centres also employ physicians who work part-time in palliative care.
- The number of nurses working in palliative care is very difficult to estimate. In addition to nurses working in hospices and palliative care units, there are also nurses providing palliative care in home care teams and health care units.
- All hospices and palliative care units have health workers in their teams who work predominantly with other patients, but can provide their services to palliative care patients when needed.

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Funding of palliative care services

Total number of palliative care services funded by the government	0
Total number of palliative care services funded privately or by NGO's	30

Comments/Sources

- No palliative care services are funded directly by the government. All hospices are society-based and all hospitals are funded by the communities.

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Perceived use of main opioids in palliative care

Order of frequency	Opioid	Estimated cost per month (€)
First opioid	Morphine	14.50 € (30mgx2)
Second opioid	Oxycodone	70.40 € (20mg x2)
Third opioid	Fentanyl plaster	49 € (25 µg/72h)

Comments/Sources

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Other items on national palliative care development

Key issues and challenges

- Lack of organisation.
- Palliative care is not recognised as a sub-speciality.
- Lack of education about how to use opioids.
- Special forms are required for opioid prescription.
- Lack of time for physicians to concentrate on symptom management.

[EAPC Palliative Care Euro-Barometer 2005]

Palliative care accreditation

- "There is no specialist accreditation for palliative care professionals in Finland at the present time."

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Palliative care milestones

- 1995-2000: The number of pain units in hospitals steadily increases.
- 2000-2005: The development of professorship positions improves education relating to palliative care.
- 2000-2005: Palliative care units become established in University Hospitals. Palliative care is taken more seriously among doctors through University Hospital activity and education that makes it a part of medical science, not simply nursing.
- 2000-2005: A Nordic specialist course in palliative medicine is developed.
- 2004: The Helsinki University Central Hospital mark the publication of the Council of Europe (2003) report on palliative care (Recommendation 24 of the Committee of Ministers to member states on the organisation of palliative care) by promoting the report at a number of educational events in an attempt to get palliative medicine established as a sub-speciality in Finland.

[EAPC Palliative Care Euro-Barometer 2005]

Health policy

- Palliative care is not officially organised in Finland. In primary care, GPs are responsible for palliative care. In some regions specialised palliative care is available, but in some it is not.
- The Helsinki University Central Hospital participated in the Council of Europe discussions about euthanasia (the Marty Report) through the publication of a number of newspaper articles about euthanasia that were written by the chairperson.
- At the current time, there are no initiatives in Finland that seek the legalisation of euthanasia or assisted suicide.
- There is a good chance that in the future palliative care will become a sub-speciality in Finland. This will provide official educational positions in Universities.
- Palliative medicine needs to be recognised as a sub-speciality. At the moment, any person can call themselves a 'palliative care specialist', and any unit can call itself a 'palliative care' unit, as there are neither official recommendations nor requirements for specialised knowledge and organisation.

[EAPC Palliative Care Euro-Barometer 2005]

Other items on national palliative care development

References

Hinkka, H., Kosumen, E., Kellokumpu-Lehtinen, P., Lammi, U.K. Assesment of pain control in cancer patients during the last week of life: comparisson of health centre wards and a hospice. Support Care Cancer. 2001 sep; 9(6): 428-34

Kaasalainen, V., Vainio, A., and Ali-Melkkilthe, T. 1997. Developments in the treatment of cancer pain in Finland: the third nation-wide survey. Pain. Vol. 70(2-3): 175-83.

Lammi, U.K., Kosunen, E., and Kellokumpu-Lehtinen, P. 2001. Palliative cancer care in two health centres and one hospice in Finland. Support. Care Cancer, vol. 9(1): 25-31.

Vainio A. Palliative care in Finland. Palliat Med. 1990;4:225-227.

Information correct as at: 7th August 2006.

FRANCE

Current Directory:

Printed version	Le Répertoire des soins palliatifs en France 2000 Société Française d'Accompagnement et de soins Palliatifs-SFAP París 2004
Online version	Répertoire-SFAP http://www.sfap.org/content/view/38/76/ JAMALV http://www.jalmalv.fr/associations/les_associations.html

Key Contact / National Association

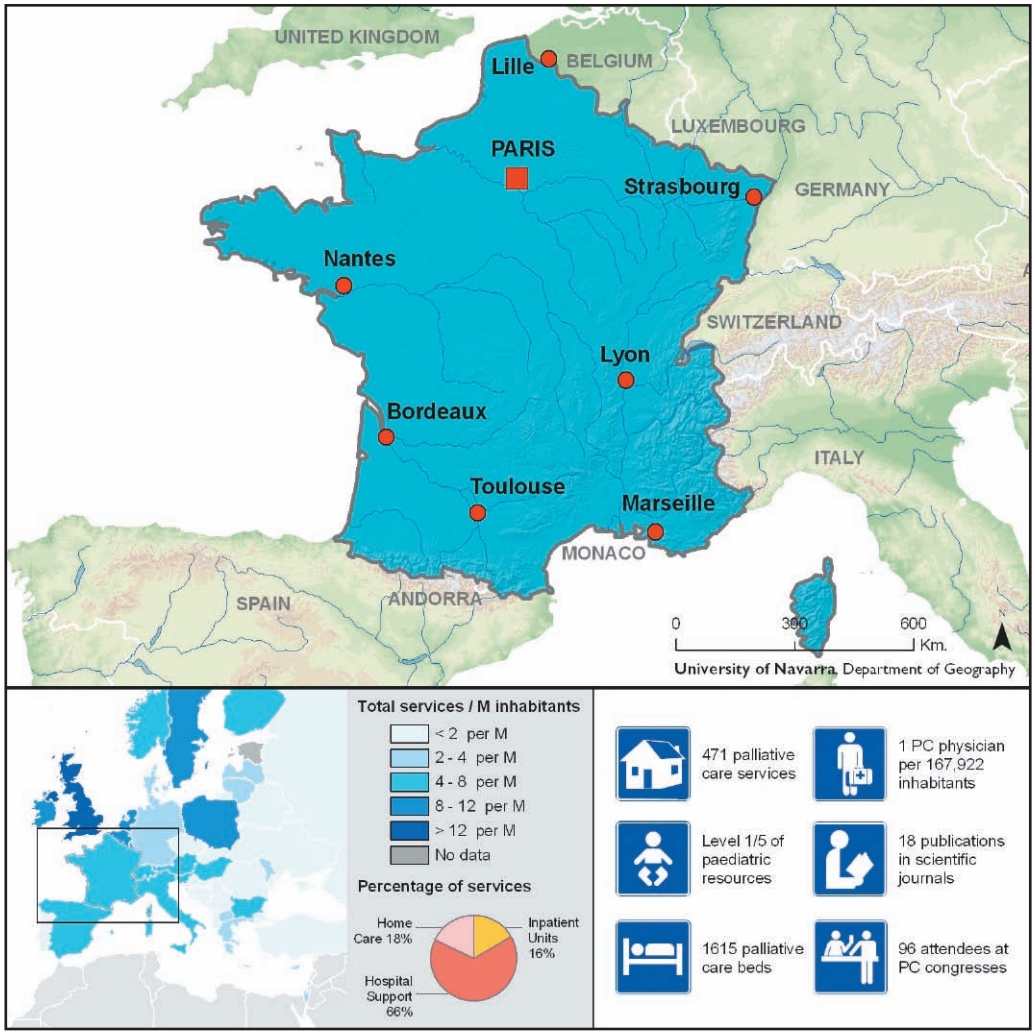
Key contact:

Marilène Filbet,
Chief of Service,
Centre de soins palliatifs centre hospital universitaire de Lyon,
Hospices Civils de Lyon,
HGVA 69380 ALIX Fr.
Telephone:0033472541766
Email: marilene.filbet@chu-lyon.fr

National Association:

Bernard Devallois,
President,
Société Française d'Accompagnement et de Soins Palliatifs (SFAP)
Address: NK
Telephone: NK
Email: bd@palliatif.org

FRANCE



Population: 60.619.718

France is a country whose metropolitan territory is located in Western Europe and that also comprises various overseas islands and territories located in other continents.

France is bordered by Belgium, Luxembourg, Germany, Switzerland, Italy, Monaco, Andorra, and Spain. In some of its overseas departments. The French Republic is a democracy that is organised as a unitary semi-presidential republic. France is one of the founding members of the European Union. France is also a founding member of the United Nations.

(http://en.wikipedia.org/wiki/France, accessed January 29th, 2006)

The most important policy change to affect the development of hospice and palliative care in France since 2000 is the triennial plan that focuses on specific social insurance funding for palliative care at home.

(EAPC Palliative Care Euro-Barometer 2005)

Palliative Care Services

NK = not known

Number of Palliative Care Services

	Inpatient Palliative Care Units	Hospices	Consultant Teams in Hospitals	Home Care Teams	Day Centres	Total
Adult/Children	78	0	309	84	0	**471**
Paediatric only	0	0	NK	NK	NK	**0**

	Inpatient Palliative Care Units	Chronic Hospitals/ Nursing Homes	Total
Number of beds allocated to adult palliative care inpatients	782	833	**1615**

	Adults	Children	Total
Number of Bereavement Support Teams	NK	NK	**NK**

Comments/Sources

- In France, there is no difference between an inpatient palliative care unit and a hospice.
- The 833 beds allocated to adult palliative care inpatients in hospitals qualify as "identified beds". Under the umbrella term 'palliative care unit', there are units with specialized beds for palliative care patients only. However, there is also palliative care activity in units not specifically devoted to palliative care (for example, in rehabilitation centres). In addition, there are also beds 'recognised' or 'dedicated' to palliative care in 'acute' care settings where the unit does not specialise in palliative care, but has the help of a palliative care support team if required.
- Paediatricians in France are strongly opposed to creating a palliative care structure solely for children.

[Ministry of Health, 2003]
[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Adult Palliative Care Population

90%	of patients receiving palliative care have a cancer diagnosis
10%	of patients receiving palliative care have other incurable conditions

	Cancer	(n)
Number of patients who die at home	NK	NK
Number of patients who die in a general hospital	NK	NK
Number of patients who die in other healthcare institutions	NK	NK

Comments/Sources

- Percentage of patients with cancer/non-cancer diagnoses receiving palliative care is an estimate only.

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Palliative Care Services

Palliative Care Workforce Capacity

	Full-time	Part-time	Total
Physicians	361	0	**361**
Nurses	1909	0	**1909**
Social Workers	NK	NK	**NK**
Psychologists	NK	NK	**NK**
Physiotherapists	NK	NK	**NK**
Occupational Therapists	NK	NK	**NK**
Spiritual/Faith leaders	NK	NK	**NK**
Volunteers	NK	NK	**NK**

Comments/Sources

- Palliative care workforce capacity data is an estimate only.

[Ministry of Health, 2002]
[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Funding of palliative care services

Total number of palliative care services funded by the government	100%
Total number of palliative care services funded privately or by NGO's	0%

Comments/Sources

- All palliative care units are paid for by the public health care system.

[Ministry of Health, 2003]
[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Perceived use of main opioids in palliative care

Order of frequency	Opioid	Estimated cost per month (€)
First opioid	NK	NK
Second opioid	NK	NK
Third opioid	NK	NK

Comments/Sources

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Other items on national palliative care development

Key issues and challenges

- Palliative care support teams in hospitals are more developed than the palliative care at-home services.
- Some areas of France are not yet covered under palliative care programmes.
- The biomedical model is pre-eminent in palliative care and in medicine overall.
- The denial of death within French society.
- Lack of palliative care training (especially for physicians).
- Opiophobia, hospital legislation, and lack of opioid training among physicians are barriers to the adequate availability of strong opioids in France at the present time.

[EAPC Palliative Care Euro-Barometer 2005]

Palliative care accreditation

- There is no specialist accreditation for palliative care professionals in France at the present time. However, training sessions at different levels are provided and University Diplomas may be undertaken.

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Palliative care milestones

- 1986: Palliative care begins to develop in France.
- 1997: The "Kouchner" law is introduced to address the problem of uncontrolled pain as a health concern in France.
- 2002: The official document "Circulaire DHOS/O 2/DGS/SD 5D n°2002-98 du 19 fevrier 2002:relative à l'organisation des soins palliatifs et de l'accompagnement en application de laloi n°99-477 du 9 juin 1999,visant à garantir le droit à l'accompagnement en soins palliatifs" is published.
- 2004: Société Française d'Accompagnement et de Soins Palliatifs (SFAP) marks the publication of the Council of Europe (2003) report on palliative care (Recommendation 24 of the Committee of Ministers to member states on the organisation of palliative care) by sending a copy of the report to all of its members, and placing the recommendations of the report on the SFAP web site.

[EAPC Palliative Care Euro-Barometer 2005]

Health policy

- The first government funding of palliative care development was for three years duration; the second government funding of palliative care development was for four years duration.
- Palliative care is not fully integrated into the public health system – the palliative care movement has tried to have palliative care established as a medical speciality but has not yet succeeded.
- The most important policy change to affect the development of hospice and palliative care in France since 2000 is the triennial plan that focuses on specific social insurance funding for palliative care at home.
- The most important initiatives undertaken since 1995 to address the problem of uncontrolled pain as a health concern in France have been public communication around the theme "pain is not a fate", and a change to the legislation of CLUD (Comités Omites de Lutte Contre la Douleur) in each hospital.
- Société Française d'Accompagnement et de Soins Palliatifs (SFAP) participated in the Council of Europe discussions about euthanasia (the Marty Report) through contacts with the European Association for Palliative Care.
- At the current time, there are no initiatives in France that seek the legalisation of euthanasia or assisted suicide. However, a law has been established that provides people with the right to have life-saving treatment withdrawn if they so wish. This law was established to avoid the legalization of euthanasia and to slow down the pro-euthanasia movement.

[EAPC Palliative Care Euro-Barometer 2005]

Other items on national palliative care development

References

Ben-Diane, M. K., Pegliasco, H., Galinier, A., Lapiana, J. M, Favre, R., Peretti-Watel, P., and Obadia, Y. 2003. Terminal care of patients by the general practitioner and the specialist. Results of a French survey "Attitudes and practices in palliative treatment - 2002". Presse. Med., vol. 32(11): 488-92.

Beuzart, P., Ricci, L., Ritzenthaler, M., Bondu, D., Girardier, J., Beal, J. L., Pfitzenmeyer, P. 2003. An overview on palliative care and the end of life. Results of a survey conducted in a sample of the French population. Presse. Med., vol. 32(4): 152-7.

Boute, C., Millot, I., Ferre, P., Devilliers, E., Piegay, C., Lemery, B., Cyvoct, C., Simon, I., and Gisselmann, A. 1999. How are palliative care needs estimated in short-stay establishments? Apropos of an experience in Cote d'Or. Sante Publique., vol. 11(1): 29-39.

Dagada, C., Mathoulin-Pintlissier, S., Monnereau, A., and Hoerni, B. 2003. Management of cancer patients by general practitioners. Results of a survey among 422 physicians in Aquitaine. Presse. Med., vol. 32(23): 1060-5.

D' Hérouville, D. 2003. From France. Palliat. Med., vol. 17(2): 109.

Filbet, M. 2003. Mise en pratique des programmes de soins palliatifs en France. EJPC., vol. 10: 24-5.

Gronemeyer, R., Fink, M., Globisch, M., and Schumann, F. 2005. Helfen am ende des lebens hospizarbeit und palliative care in Europa. Giessen: Hospiz und Hospizbewegung, p. 137-155, Francja.

Guerrier, M., Bourstyn, E., and Hirsch, E. 2003. From France. Palliat. Med., vol. 17(2): 129.

Jaspers, B., and Schindler, T. 2004. Stand der palliativmedizin und hospizarbeit in Deutschland und im vergleich zu ausgewählten staaten. Enquete-Kommission des Bundestages. Ethik und Recht der modernen Medizin. Section 8.3, Frankreich.

Kermarec J. Palliative care--objectives and accomplishments of the Association for the Development of Palliative Care. Bull Acad Natl Med. 1996 Nov; 180(8): 1951-64

Larue, F., Colleau, S. M., Fontaine, A., and Brasseur, L. 1995. Oncologists and primary care physicians' attitudes toward pain control and morphine prescribing in France. Cancer, vol. 76: 2375-2382.

Larue, F., Fontaine, A., Brasseur, L., and Neuwirth, L. 1996. France: status of cancer pain and palliative care. J. Pain Symptom Manage., vol. 12(2): 106-8.

Lassauniere, J. M. 2002. Palliative care mobile team at a Parisian university hospital. Rev. Med. Brux., vol. 23(1): 27-30.

Morize, V., Nguyen, D. T., Lorente, C., and Desfosses, G. 1999. Descriptive epidemiological survey on a given day in all palliative care patients hospitalized in a French university hospital. Palliat. Med., vol. 13(2): 105-17.

Peretti-Watel, P., Bendiane, M. K., Pegliasco, H., Lapiana, J. M., Favre, R., Galinier, A., and Moatti, J. P. 2003. Doctors' opinions on euthanasia, end of life care, and doctor-patient communication: telephone survey in France. BMJ, vol. 327(7415): 595-6.

Poulain, P. 1998. The evolution of palliative care in France. Eur. J. Palliat. Care, vol. 5(1): 4.

Salamagne, M. 2002. An overview of the Lyon Congress. Eur. J. Palliat. Care, vol. 9(5): 206-7.

Salomon, L, Belouet, C., Vinant-Binam, P., Sicard, D., and Vidal-Trecan, G. 2001. A terminal care support team in a Paris university hospital: care providers' views. J. Palliat. Care, vol. 17(2): 109-16.

Vainio, A. 1995. Treatment of terminal cancer pain in France: a questionnaire study. Pain, vol. 62(2): 155-62.

Vallee JP. Palliative care at the hospital: new aspects. Presse Med. 2000 Oct 21;29(31):1711-5.

Vidal-Trecan, G., Fouilladieu, J. L., Petitgas, G., Chassepoux, A., Ladegaillerie, G., and Rieu, M. 1997. The management of terminal illness: opinions of the medical and nursing staff in a Paris University Hospital. J. Palliat. Care, vol. 13(1): 40-7.

Information correct as at: 7th August 2006.

GERMANY

Current Directory:

Printed version	Wegweiser Hospiz und Palliativmedizin Deutschland 2006-2007 Sabatowski R, Radbruch L, Nauck F, Roß J, Zernikow B Hospiz Verlag 2006
Online version	Wegweiser Hospiz und Palliativmedizin Deutschland 2006-2007 http://wegweiserhospiz.shifttec.de/index.html

Key Contact / National Association

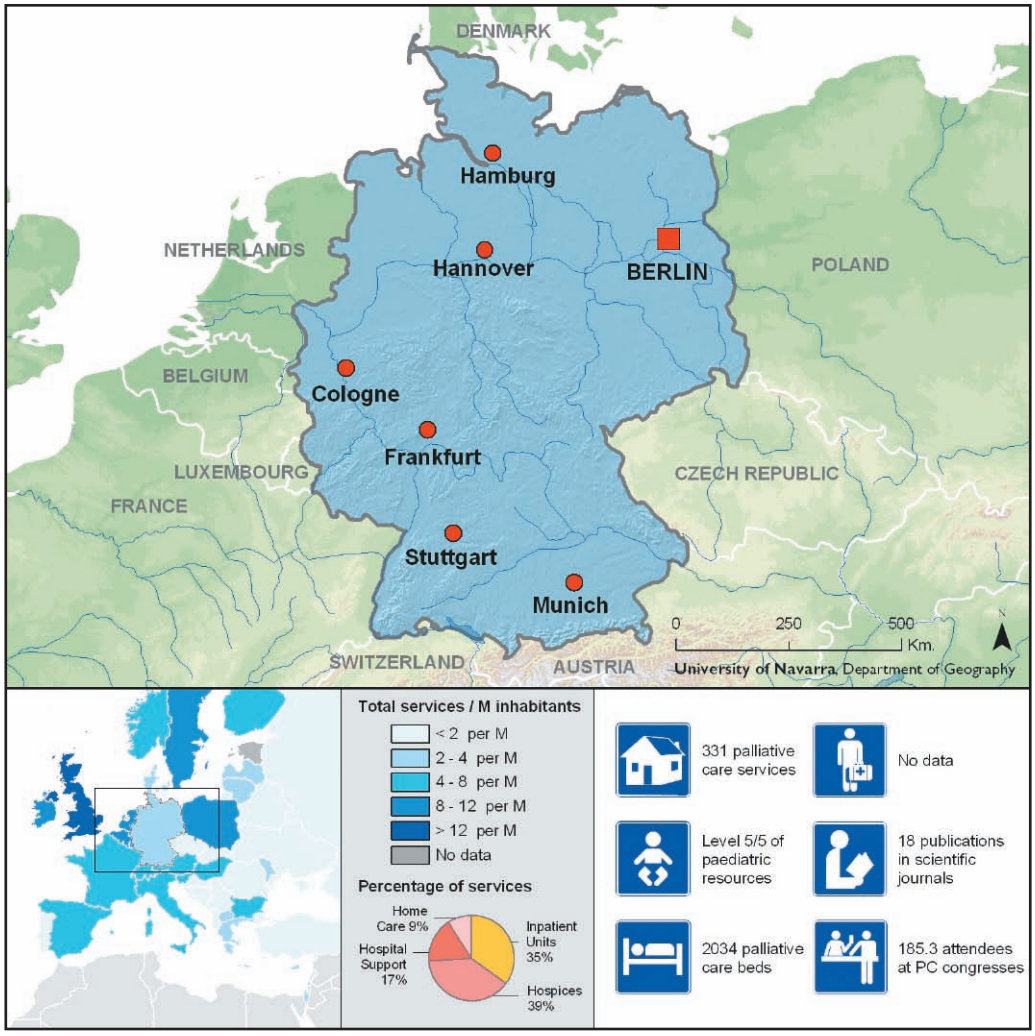
Key contact:

Dr. Friedemann Nauck,
Medical Consultant,
Department for Anaesthesiology, Intensive Care, Pain Therapy and Palliative Medicine,
Centre for Palliative Medicine,
Malteser Hospital,
University of Bonn,
Von-Hompesch-Str. 1,
53123 Bonn,
Germany.
Telephone: +49 228 6481-361
Email: Friedemann.Nauck@Malteser.de

National Association:

Birgit Jaspers,
Scientific Assistant to the President of the Association,
German Association for Palliative Medicine,
Malteser Hospital,
Von-Hompesch-Straße 1
53123 Bonn,
Germany.
Telephone:+49 228 6481 361
Email: Birgit.Jaspers@Malteser.de

GERMANY



Population: 82.726.188

Germany is a country in Central Europe. It is bordered on the north by the North Sea, Denmark, and the Baltic Sea, on the east by Poland and the Czech Republic, on the south by Austria and Switzerland, and on the west by France, Luxembourg, Belgium and the Netherlands.

Germany is a democratic parliamentary federal republic of 16 states (Bundesländer). The Federal Republic of Germany is a member state of the United Nations, NATO, the G8 and the G4 nations, and is a founding member of the European Union. It has the largest population and largest economy of all European Union member states.

(http://en.wikipedia.org/wiki/Germany, accessed January 29th, 2006)

The first palliative care unit was established at the University of Cologne in 1983. Since then, palliative medicine has spread with slow but steady progress. In the last years, an increasing number of inpatient units had been established. In May 2002, 631 beds were available in 79 palliative care units and another 909 beds could be accessed in 107 inpatient hospices.

A German hospice directory with addresses and services provided has been issued regularly since 1993.

(Radbruch L, Nauck F, Sabatowski R. J Pain Symptom Manage. 2002)

Palliative Care Services

NK = not known

Number of Palliative Care Services

	Inpatient Palliative Care Units	Hospices	Consultant Teams in Hospitals	Home Care Teams	Day Centres	Total
Adult/Children	116	129	56	30	11	**342**
Paediatric only	1	8	7	0	0	**16**

	Inpatient Palliative Care Units	Chronic Hospitals/ Nursing Homes	Total
Number of beds allocated to adult palliative care inpatients	2034	0	**2034**
	Adults	Children	**Total**
Number of Bereavement Support Teams	480	15	**495**

Comments/Sources

- Hospital care teams are estimated because there is no regular governmental or health care system funding; therefore, teams can only be counted from model projects where specialisation is ensured; the number of palliative care units which include this kind of team is increasing.
- Home care teams are estimated: there are also about 1,000 home palliative care teams which are hospice-based and consist of volunteers and therefore cannot count as specialised teams as defined in the glossary; about 350 services are led by a specialised co-ordinator (half-time, paid).
- There are a total of 32 day care places in hospices and 32 day care places in palliative care units.
- There are approximately 50 beds in hospitals that provide some palliative care but do not have a palliative care unit or a fully equipped hospice.
- There are 350 adult bereavement support teams located in hospice services (with a part-time co-coordinator), a further 50 located at palliative care units, and a further 80 located at hospices.
- There are no exact numbers available for bereavement support teams specifically for children. Although there are a few bereavement services that specialise in children's bereavement, most services work with parents, children and young adults. Each inpatient children's hospice has at least one service (including a bereavement service for adults/parents).

[Paediatric palliative care services data is based on personal information provided by Dr. Boris Zernikow, University Children's Clinic, Datteln]
[Adult bereavement support team data is based on personal information provided by Chris Paul, Head of Trauer Institut, Deutschland]
[Wegweiser Hospiz und Palliativmedizin Deutschland 2005]
[Jaspers, B., and Schindler, T., 2004]
[http://www.bundestag.de]
[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Adult Palliative Care Population

95%	of patients receiving palliative care have a cancer diagnosis
5%	of patients receiving palliative care have other incurable conditions

	Cancer	(n)
Number of patients who die at home	49%	-
Number of patients who die in a general hospital	19%	-
Number of patients who die in other healthcare institutions	32%	-

Comments/Sources

- Place of death data is for patients cared for by a palliative home care service in 2001 (all illnesses) (Sabatowski, et al., 2003).

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Palliative Care Services

Palliative Care Workforce Capacity

	Full-time	Part-time	Total
Physicians	-	-	-
Nurses	-	-	-
Social Workers	-	-	-
Psychologists	-	-	-
Physiotherapists	-	-	-
Occupational Therapists	-	-	-
Spiritual/Faith leaders	-	-	-
Volunteers	-	-	80,000

Comments/Sources

- There is no national data about the palliative care workforce in Germany. It is estimated, however, that each palliative care unit has at least one full-time physician who is trained in palliative care. Inpatient hospices usually have no in-house doctor but work together with local GPs, of whom an increasing number have participated in a palliative care training course.
- According to German Social Code V, § 39a, hospices are obliged to employ at least one trained palliative care nurse and palliative home care services at least 4 trained palliative care nurses; the ratio of nurses at palliative care units is 1:2 beds, about 80% of head nurses of a palliative care unit are trained in palliative care and about one third of other nurses also.

[Wegweiser Hospiz und Palliativmedizin Deutschland 2005]
[Website Federal Working Group Hospice]
[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Funding of palliative care services

Total number of palliative care services funded by the government	0
Total number of palliative care services funded privately or by NGO's	100 %

Comments/Sources

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Perceived use of main opioids in palliative care

Order of frequency	Opioid	Estimated cost per month (€)
First opioid	Morphine (MST)	TBC
Second opioid	Fentanyl TDS (Durogesic)	€ 202
Third opioid	Hydromorphone	€ 199.50

Comments/Sources

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Other items on national palliative care development

Key issues and challenges

- Research activities in the field of palliative medicine and palliative care are increasing, but still at an insufficient level. More networking in terms of research is necessary and better funding and education in research is also needed.
- Even though Germany has a considerable number of services, they are not enough to cover the need. Furthermore, the distribution of services is not even; in some areas there are still some quite big "blind spots".
- Hospice and palliative medicine services are still somewhat separated in Germany, even though cooperation and shared aims are increasing.
- Palliative care still needs to be much better integrated into the other departments of hospitals and nursing homes.
- Since most patients want to die at home, specialised home care must be urgently improved. More services and better qualified staff are needed to fulfil the wish of most people, who – as death approaches – would like to die where they live.
- Public awareness of palliative care services is not as good as it should be; communication needs to be improved between physicians, patients and families.
- Family doctors need to play a more important role in the delivery of palliative care.
- Certain criteria need to be established to improve admittance to inpatient hospices.
- There exists a lack of education and training in palliative care in the medical, nursing and other allied professions - palliative care is not integrated into the obligatory syllabus for medical students, insufficiently integrated into nurse education, and not integrated at all into the education of other professions.
- The remuneration of services is insufficient; there is a need to find private money from charity, cancer society etc., in order to pay for the setting up and the running of palliative care services.

[EAPC Palliative Care Euro-Barometer, 2005]

Palliative care accreditation

"There is no specialist accreditation for palliative care professionals in Germany at the present time, although the Federal Medical Chamber has passed a new regulation for a sub-specialisation in palliative medicine (post-graduate training regulations). Currently, numerous physicians are passing the exams for this sub-specialisation in more than half of the Bundesländer. For more than 10 years, palliative care training programmes have been available: more than 1,500 physicians have qualified in a 40-hour basic palliative medicine course; furthermore, there are advanced courses in palliative medicine (120 hours)."

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Palliative care milestones

- 1983: The Deutsche Krebshilfe (German Cancer Aid) funds the first German palliative care unit at the University of Cologne.
- 1992: The umbrella movement for the hospice organisation is founded (The Federal Hospice Working Group and its Länder Working Groups).
- 1994: The German Association for Palliative Medicine is founded.
- 1996: The German Ministry of Health initiates a meeting of physicians from PCUs to define a core instrument to be recommended for use in the inpatient units, and to enable the evaluation of the concepts and procedures used in the different units.
- 2002: The Federal Hospice Working Group and its Länder Working Groups begins a German-wide statistical project collecting data on patients in hospice services, where are they being cared for, disease and place of death, and the work tasks of volunteers.
- 2003: New post-graduate training regulations are passed by the German Medical Association; palliative medicine can now be chosen as a sub-speciality.
- 2004: The model project "pain-free hospital" commences, with five participating hospitals.
- 2004: The Council of Europe (2003) report on palliative care (Recommendation 24 of the Committee of Ministers to member states on the organisation of palliative care) is translated into German and a printed version distributed to interested persons (members of the German Association for Palliative Medicine, journalists, participants of the palliative care courses at the Centre for Palliative Medicine, University of Bonn, Malteser Hospital, Bonn).

[EAPC Palliative Care Euro-Barometer, 2005]

Health policy

- The development of a standardised core documentation system is part of a long-term quality assurance project for palliative care units in Germany, and an interdisciplinary working group has been developing the core documentation system since 1996.

Other items on national palliative care development

- A working group from several palliative care units, the German Cancer Association and the German Association of Palliative Medicine produced a draft for the core instrument, which was tested in evaluation periods in 1999 and 2000.
- New palliative care qualification requirements for physicians were passed by the legislator in spring 2002 and came into force in January 2003.
- Patients who are treated at palliative care units are covered by their health insurances.
- Pain societies and the German Association for Palliative Medicine have been informing health care providers and the public about pain treatment with opioids (including lectures, congresses, further education programmes, own magazines, interviews in all media etc.) for many years.
- The German Association for Palliative Medicine has participated in the Council of Europe discussions about euthanasia (the Marty Report).
- At the current time, initiatives in Germany exist that are both for and against the legalisation of euthanasia or assisted suicide.
- In 2005, the Study Commission of the German Bundestag on Ethics and Law in Modern Medicine presented its interim report on the improvement of care of the critically ill and the dying though palliative medicine and hospice work to the President of the German Bundestag. The report includes numerous recommendations for the improvement of care, including its further development, funding, remuneration, research, education, further education, availability of services etc.
- The coalition treaty of CDU, SPD and FDP, signed on November 11, 2005, includes a passage on the political will to improve the care of the critically ill and the dying by further development of palliative care and palliative care services.

[EAPC Palliative Care Euro-Barometer, 2005]

Other items on national palliative care development

References

Binsack, T. 1999. Caring for terminally ill patients. The Johannes Hospiz in Munich: a palliative care unit in Southern Bavaria, Germany. Support. Care Cancer. Nov., vol. 7(6):377-8

Gronemeyer, R., Fink, M., Globisch, M., and Schumann, F. 2005. Helfen am Ende des Lebens Hospizarbeit und Palliative Carein Europa. Giessen: Hospiz und Hospizbewegung, pp. 200-224, Germany.

Illhardt, F. J. 2001. Palliative care in Germany. In: H. ten Have and R. Janssens (Eds.) Palliative Care in Europe: Concepts and Policies. Amsterdam: IOS Press, 2001, pp. 43-54, Germany.

Jaspers, B., and Schindler, T. 2004. Stand der Palliativmedizin und Hospizarbeit in Deutschland und im Vergleich zu ausgewählten Staaten. Enquete-Kommission des Bundestages. Ethik und Recht der modernen Medizin, Section 3, Deutschland.

Klaschik, E., and Nauck, F. 1998. National viewpoints. The German experience. Eur. J. Palliat. Care, Nov-Dec., vol. 5(6): 203

Kloke M., and Scheidt, H. 1996. Pain and symptom control for cancer patients at the University Hospital in Essen: integration of specialists' knowledge into routine work. Support. Care Cancer. Nov., vol. 4(6):404-7

Nauck, F., Ostgathe, C., Radbruch, L., Bausewein, C., Fuchs, M., Lindena, G., Neuwöhner, K., Schulenberg, D., Klaschik, E., and the Working Group on the Core Documentation for Palliative Care Units in Germany. 2004. Drugs in Palliative Care. Results from a representative survey in Germany. Palliative Medicine, vol. 18:100-107

Nauck, F., Radbruch, L., Ostgathe, C., Elsner, F., Bausewein, C., Fuchs, M., Lindena, G., Neuwöhner, K., Schulenberg, D., and the Working Group on the Core Documentation for Palliative Care Units in Germany. 2003. What are the problems in palliative care? Results from a representative survey. Supportive Care in Cancer, vol. 11: 442-451

Ostgathe, C., Nauck, F., Klaschik, E., and Dickerson, E.D. 2002. German medical education in pain therapy and palliative medicine: a comparison of British, Canadian, and United States models. J. Pain Symptom Manage. Jul., vol. 24(1):13-5

Principles of the German Medical Association concerning terminal medical care, 2000. J. Med. Philos. Apr., vol. 25(2): 254-8

Radbruch, L., Nauck, F., and Sabatowski, R. 2002. Germany: Cancer pain and palliative care - current situation. J. Pain Symptom Manage. Aug., vol. 24(2):183-7

Radbruch, L., Nauck, F., Fuchs, M., Neuwohner, K., Schulenberg, D., and Lindena, G. 2002. What is palliative care in Germany? Results from a representative survey. J Pain Symptom Manage. Jun., vol. 23(6):471-83

Sabatowski, R., Radbruch, L., Loick, G., Grond, S., and Petzke, F. 1998. National viewpoint. Palliative care in Germany - 14 years on. Eur. J. Palliat. Care, Mar-Apr., vol. 5(2): 52-5

Sabatowski, R., Radbruch, L., Müller, M., Nauck, F., and Zernikow, B. 2003. Hospiz- und Palliativführer. Pall. Med. vol. 4: 4-6

Sahm, S. W. 2000. Palliative care versus euthanasia. The German position: the German General Medical Council's principles for medical care of the terminally ill. J. Med. Philos. Apr., vol. 25(2):195-219

Strumpf M, Zenz M, Donner B. Germany: status of cancer pain and palliative care. J Pain Symptom Manage. 1996 Aug;12(2):109-11

Tuffs, A. 1996. Germany drafts guidelines for care of the dying. Lancet, May 4, vol. 347(9010):1256

Zenz, M., Zenz, T. H., Tryba, M., and Strumpf, M. 1995. Severe undertreatment of cancer pain: a 3-year survey of the German situation. J. Pain Symptom Manage. vol. 10:187-191.

Information correct as at: 7th August 2006.

GREECE

Key Contact / National Association

Key contact:

Katsouda Emmanouela
Pain Relief & Palliative Care Unit
Dept. of Radiology, University of Athens,
Medicine School, Areteion Hospital
27 Korinthias Street, Ambelokipi 11526
Athens, GREECE
Tel: +30 210 770 7669
Email: emankats@yahoo.gr

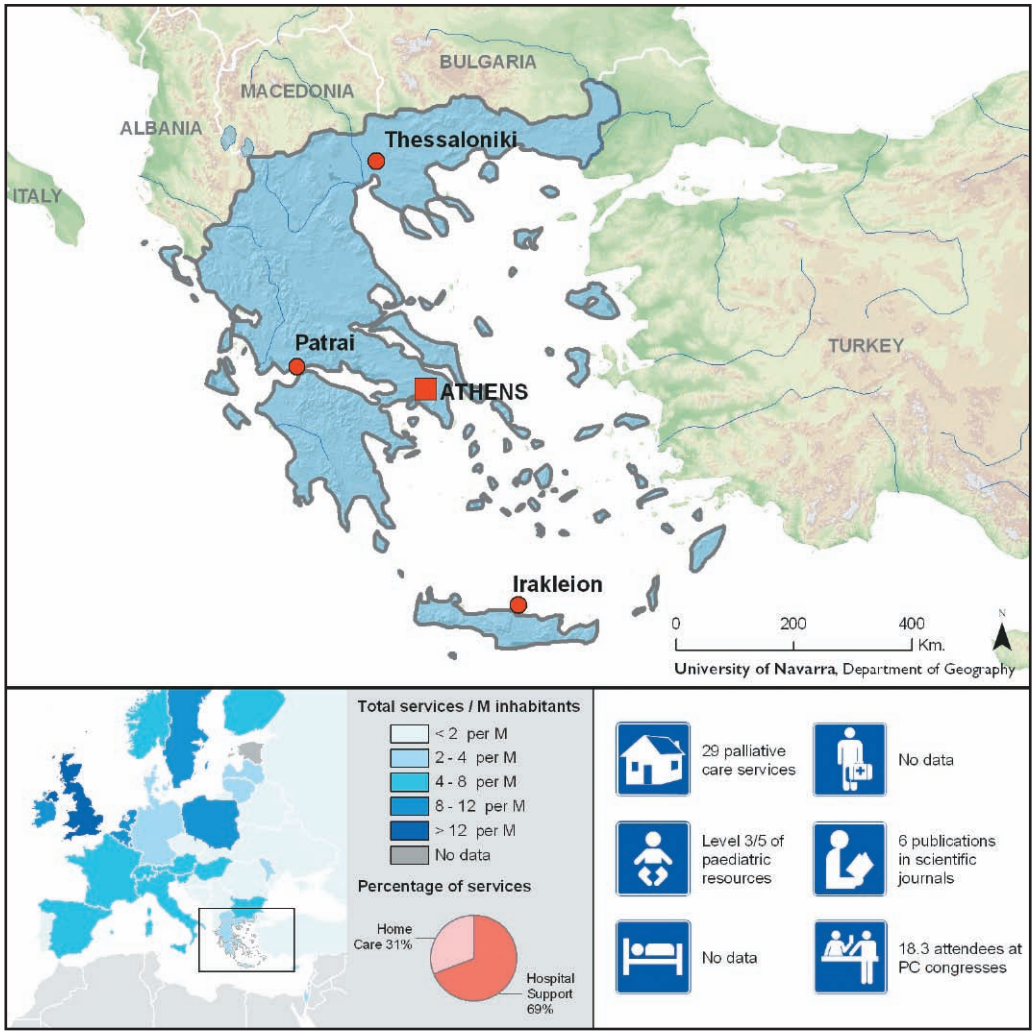
National Association:

Dr Kyriaki Mystakidou
President, Hellenic Association for Pain Control & Palliative Care. Dept. Radiology
School of Medicine, University of Athens
Areteiton Hospital
Korinthias 27
11526 Ampelokipi - Athens
GREECE.
Tel.: +30 210 7707669
Fax: + 30 210 7488437
E-mail: mistakidou@yahoo.com

Dr Athina Vadalouca,
President, Hellenic Society of Palliative and Symptomatic Care of Cancer and non-Cancer Patients. Professor of Anaesthesiology, School of Medicine, University of Athens, Areteion Hospital

Lefkon Oreon,
Gerakas 15344,
Athens,
GREECE
Telephone: +30 693 671 8181
Email: athinajv@ath.forthnet.gr

GREECE



Population: 11.212.468

Greece is a country in south-eastern Europe, situated on the southern end of the Balkan Peninsula. It is bordered by Bulgaria, the Former Yugoslav Republic of Macedonia and Albania to the north and by Turkey to the east. The Aegean Sea lies to the east and south of mainland Greece, while the Ionian Sea lies to the west. Both parts of the eastern Mediterranean basin, feature a vast number of islands. Greece lies at the juncture of Europe, Asia, and Africa.

Greece is a member of the European Union since 1981 and a member of the Economic and Monetary Union of the European Union since 2001.

(http://en.wikipedia.org/wiki/Greece, accessed January 29th, 2006)

Palliative care and home care is available in Greece but not in organised palliative care units. (Mystakidou K. National viewpoint. Eur J Palliat Care 1998)

Palliative Care Services

NK = not known

Number of Palliative Care Services

	Inpatient Palliative Care Units	Hospices	Consultant Teams in Hospitals	Home Care Teams	Day Centres	Total
Adult/Children	0	0	20	9	3	**32**
Paediatric only	0	0	0	0	0	**0**

	Inpatient Palliative Care Units	Chronic Hospitals/ Nursing Homes	Total
Number of beds allocated to adult palliative care inpatients	NK	NK	NK

	Adults	Children	Total
Number of Bereavement Support Teams	3	2	5

Comments/Sources

- In Greece, there are no officially established palliative care units - 95% of the estimated numbers are part of the Pain Centres of Anaesthesia Departments or of Oncology Departments and the 24-hour service offered by pain and palliative care specialists on a voluntary basis.
- In 2000 the Jenny Karezi foundation donates a four floor building to the University of Athens, Department of Radiology, Pain Relief and Palliative Care Unit. This building includes a day care unit, an out-patient unit, a research room and a seminar/education area.
- There are no beds specifically allocated to adult palliative care inpatients. There is no data relating to the exact number of beds availables, but it is estimated that in every Oncology Department or Pain Centres of Anaesthesia Departments, at least exist the possibility of to have two or three beds available for palliative care inpatient.
- Four of the home palliative care teams are inclusively rather than exclusively involved in home care. Although they provide palliative care at home, they are not exclusively involved in palliative care (two are included in general and oncological hospitals and two in municipalities).
- There are no specialised palliative care units for children. Rather, they are treated in the Oncological Department of a children's hospital, and in some special cases they are referred to the Pain Relief and Palliative Care Unit at Areteion Hospital. Exist two or three societies and non-government organisations that are doing an effort in two national hospitals to organize palliative care centres, but at the moment this service is only offered on a voluntary basis by oncologists, anaesthesiologists, nurses and psychologists.
- Bereavement support is mainly organised through volunteers. There are also a few non-government organizations for bereavement support. In Greece, bereavement support is provided through rituals and customs. More specifically, commemoration masses that take place after the death of a loved one help the bereaved to communicate and resolve their grief. Bereavement rituals have formed an important part of the Greek culture from ancient times until the present day.

[Documents of the Hellenic Society of Palliative Symptomatic Care of Cancer and non-Cancer Patients (HSPSCCNCP)]
["Palliative Care Newsletter" of HSPSCCNCP]
["Home Care Services in Greece" - abstract from the 4th International Scientific Conference of Bialystok, Poland 21-24 April, 2005]
[1st Panhellenic Symposium for Palliative Care of the HSPSCCNCP, Athens 1998]
[1st Symposium for Palliative Care of the HSPSCCNCP and IKA (Social Security Organization)]
["Merimna" past President D. Papadatou]
[Personal communication with the Consultant Anaesthetist of the Children's Hospital in Greece]
[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Palliative Care Services

Adult Palliative Care Population

85% of patients receiving palliative care have a cancer diagnosis

15% of patients receiving palliative care have other incurable conditions

	Cancer	(n)
Number of patients who die at home	NK	1305
Number of patients who die in a general hospital	NK	278
Number of patients who die in other healthcare institutions	NK	139

Comments/Sources

- Percentage of patients with cancer/non-cancer diagnosis receiving palliative care is an estimate only.

[Data collected from the Pain Relief and Palliative Care Centre of Aretaieion Hospital, University of Athens and other hospitals]
["Home Care Services in Greece" - abstract from the 4th International Scientific Conference of Bialystok, Poland 21-24 April, 2005]
[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Palliative Care Workforce Capacity

	Full-time	Part-time	Total
Physicians	2	NK	**2**
Nurses	60	NK	**60**
Social Workers	NK	NK	**30**
Psychologists	2	NK	**40**
Physiotherapists	NK	NK	**10**
Occupational Therapists	NK	NK	**10**
Spiritual/Faith leaders	NK	NK	**NK**
Volunteers	NK	NK	**NK**

Comments/Sources

- There is no official data about physicians working part-time in palliative care in the Health System. There are several internists, general practitioners, and anaesthesiologists working in pain clinics, and some oncologists who work part-time in palliative care. There are also physicians working in private hospitals and in a few foundations or non-profit organizations in the field of palliative care.
- Many nurses who work in the oncological departments of general hospitals also work part-time in palliative care.
- Oncological departments of general hospitals and oncological hospitals employ social workers, physiotherapists, occupational therapists and chaplains as part of their teams, working part-time with palliative care patients.
- All palliative care workforce capacity data are estimates only.
- There are no officially established palliative care nursing departments in Greece. However, there are four centres in Athens in national hospitals, two in private hospitals and three in other urban areas.
- It is not possible to estimate the numbers of volunteers because most of the people working in the field of palliative care in Greece are afforded volunteer status. The Greek Cancer Society has 73 chapters all over Greece comprising of more than 50,000 volunteers.

[University of Athens Faculty of Nursing, Greece]
[Pain and Palliative Care Unit, Anaesthesiology department, University of Athens]
[Greek Cancer Society]
[Hellenic Society of Palliative and Symptomatic Care of Cancer and non Cancer Patients]
[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Funding of palliative care services	
Total number of palliative care services funded by the government	6
Total number of palliative care services funded privately or by NGO's	9

Comments/Sources

- Total number of palliative care services funded privately or by NGO's is an estimate only.
- There an estimated three palliative care services that are supported by a combination of private and public funds

[Documents of HSPSCCNCP]
[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Perceived use of main opioids in palliative care

Order of frequency	Opioid	Estimated cost per month (€)
First opioid	Durogesic	NK
Second opioid	Morphine	NK
Third opioid	Morphine (slow release)	NK

Comments/Sources

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Other items on national palliative care development

Key issues and challenges

- There are no officially established palliative care centres and the provision of palliative care is based on the voluntary services of anaesthesiologists, oncologists, psychologists, nurses etc. Palliative care services in primary, secondary and tertiary health care need to be developed and expanded. There is no support from the government and the people are not very well informed about palliative care.
- Accreditation of palliative care is required in some way.
- There are restrictions in prescribing opioids. There is an extensive bureaucracy that results in extensive delay in opioid administration (especially in non-cancer patients). Some strong opioids are not available in Greece; for example, buprenorfine and methadone.

[EAPC Palliative Care Euro-Barometer 2005]

Palliative care accreditation

- There is no medical specialization for palliative care in Greece. Since 1994, palliative care has been taught at the University of Athens as an elective subject only. At the beginning there were only 40 students and today there are more than 320. The further expansion of University curricula and training programmes in palliative care for health care professionals and medical students is of special importance for the development of the discipline in Greece

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Palliative care milestones

- 1994: The "Pain Relief and Palliative Care" course begins to be taught as an elective subject at the University of Athens.
- 1997: The Hellenic Society of Palliative and Symptomatic Care of Cancer and non-Cancer patients is established.
- 2000-2005: With the financial cooperation of the Jenny Karezi foundation a Pain Relief and Palliative Care Unit is open in the University of Athens in a separate building with a day care unit, an out-patient unit, a research room and a seminar/education area. They organize palliative care seminars for nurses and social workers within the municipality of Athens.
- 2004: The Pain Relief and Palliative Care Unit mark the publication of the Council of Europe (2003) report on palliative care (Recommendation 24 of the Committee of Ministers to member states on the organisation of palliative care) by translating and editing the report.
- 2005: The principle that Greek doctors are obliged to alleviate pain and offer quality of life through palliative care to terminally ill patients is established for the first time in Greek law.
- 2006: The 8th Panhellenic Conference on Regional Anaesthesia, Pain Management & Palliative Care, is held with International Participation (Olympia, May 19-21, 2006).

[EAPC Palliative Care Euro-Barometer 2005]

Health policy

- The Hellenic Society of Palliative and Symptomatic Care for Cancer and non-Cancer Patients continues to make every effort to persuade the Greek government to establish an official pain relief and palliative care centre in every hospital.
- The Pain Relief and Palliative Care Unit and the

School of Nursing at the University of Athens are in collaboration with the associations of oncologists/oncologist–radiotherapists, and the Minister of Health for the promotion of Palliative Care in Greece.

- Members of The Pain Relief and Palliative Care Unit of the University of Athens contributed with an article to comment in Palliative Medicine the position paper: "Euthanasia and physician-assisted suicide: a view from an EAPC Ethics Task Force". The Hellenic Society of Palliative and Symptomatic Care for Cancer and non-Cancer Patients translate the position paper into Greek, and discuss euthanasia at a workshop on palliative care in December 2005.
- The Pain Relief and Palliative Care Unit mark the publication of the Council of Europe (2003) report on palliative care (Recommendation 24 of the Committee of Ministers to member states on the organisation of palliative care) by translating and editing the report.
- At the current time there are no initiatives in Greece that seek the legalisation of euthanasia or assisted suicide.

[EAPC Palliative Care Euro-Barometer 2005]

Other items on national palliative care development

References

Argyra, E., 2003. The role of education in pain management and palliative care in Greece. 5th Panhellenic Congress of Regional Anaesthesia, Pain Relief and Palliative Care, 3-5 October, Delphi, Greece, 2003, Abstract Book: p. 15.

Mystakidou, K., Liossi, C., Vlachos, L., and Papadimitriou, J. 1996. Disclosure of diagnostic information to cancer patients in Greece. Palliat. Med., vol. 10(3):195-200.

Mystakidou, K. 1998. National viewpoint. Promoting palliative care in Greece. Eur. J. Palliat. Care, vol. 5(3): 98.

Mystakidou, K. 2001. Interdisciplinary working: a Greek perspective. Palliat. Med., vol. 15(1):67-8.

Papadatou, D. 2001. Paediatric care. The evolution of palliative care for children in Greece. Eur. J. Palliat. Care, vol. 8(1): 35-8.

Tsokantaridis, C., Nagy, E., Vadalouca, A., Theodosopoulou, E., and Chadzopoulou, A., 2005. Home Care Services in Greece. Abstract in the 4th international scientific conference of Bialystok, Poster No.33, Poland 21-24 April, 2005

Vadalouca, A (ed) 1999. Textbook of Palliative and Symptomatic Care of Terminally Ill Patients. Athens: Parisianou.

Vadalouca, A., and Besbeas S. 2002. Pain Relief, Management and Palliative Care Service in Terminally Ill Patients. In: A. Vadalouca and S. Besbeas (Eds) Prevention and Early Diagnosis of Degenerative Diseases. Athens: Hellenic Cancer Society, 2002, 851–871.

Vasilatou-Kosmidis, H. 1998. Supportive care in children with cancer: our experience at "A. Kyriakou" Children's Hospital in Athens, Greece. Support. Care Cancer, vol. 6(1): 4-7.

N. B. This report has been compiled mainly from data provided by The Hellenic Society of Palliative and Symptomatic Care for Cancer and non-Cancer Patients, and from Hellenic Association for Pain Control & Palliative Care. Both organisations are Nationals Associations and members of the EAPC. Others sources as a deep bibliographic search and several personal communications were also used.

Information correct as at: 30th August 2006

N. B. This report has been compiled mainly from data provided by The Hellenic Society of Palliative and Symptomatic Care for Cancer and non-Cancer Patients, and from Hellenic Association for Pain Control & Palliative Care. Both organisations are Nationals Associations and members of the EAPC. Others sources as a deep bibliographic search and several personals communications also were used.

ICELAND

Key Contact / National Association

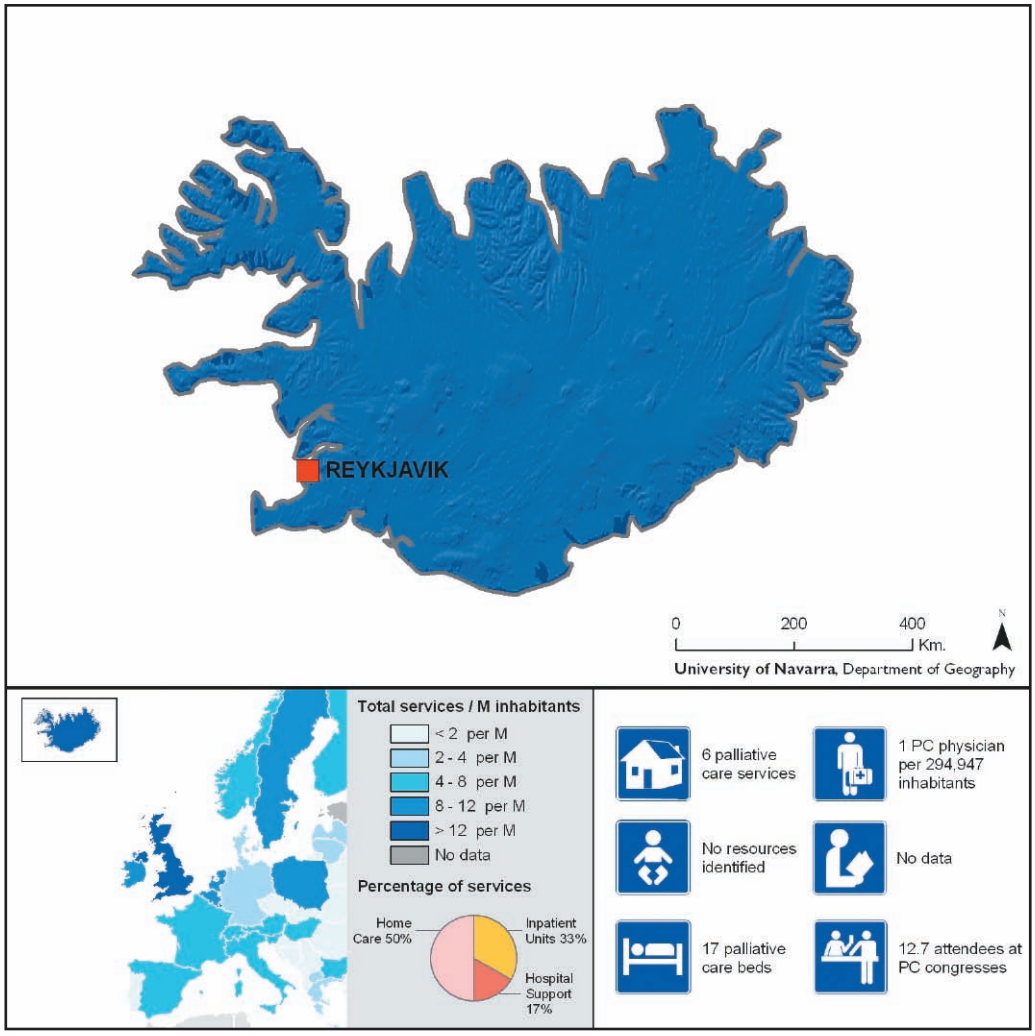
Key contact:

Valgerdur Sigurdardóttir,
Senior Consultant in Palliative Medicine,
The Palliative Care Unit,
Landspitali University Hospital,
Kópavogsbraut 5-7
Kópavogur
Iceland.
Telephone: +354 543 6602
Email: valgersi@landspitali.is

National Association:

Valgerdur Sigurdardóttir,
Senior Consultant in Palliative Medicine,
The Palliative Care Unit,
Landspitali University Hospital,
Kópavogsbraut 5-7
Kópavogur
Iceland.
Telephone: +354 543 6602
Email: valgersi@landspitali.is

ICELAND



Population: 294.947

Iceland, officially the Republic of Iceland is a European island nation in the northern Atlantic Ocean between Greenland, Norway, Scotland, Ireland, and the Faroe Islands.

Today, Iceland is a highly developed country, the world's fifth and second in terms of GDP per capita and human development respectively. Iceland is a member of UN, NATO, EEA and OECD.

(http://en.wikipedia.org/wiki/Iceland, accessed January 29th, 2006)

Initially, palliative care in Iceland was based on the work of pioneers and enthusiastic individuals, but during the last five years palliative care has become established within the official health care system and considered to be an accepted part of the health care service.

Palliative care in Iceland is well established, especially in Reykjavík and the surroundings area.

(EAPC Palliative Care Euro-Barometer 2005)

Palliative Care Services

NK = not known

Number of Palliative Care Services

	Inpatient Palliative Care Units	Hospices	Consultant Teams in Hospitals	Home Care Teams	Day Centres	Total
Adult/Children	2	0	1	3	0	**6**
Paediatric only	0	0	0	0	0	**0**

	Inpatient Palliative Care Units	Chronic Hospitals/ Nursing Homes	Total
Number of beds allocated to adult palliative care inpatients	17	0	**17**

	Adults	Children	Total
Number of Bereavement Support Teams	2	0	**2**

Comments/Sources

- Both inpatient palliative care units are at the University hospital, one general and the other geriatric.
- A four-bed hospice unit is under development at the north side (Akureyri) of the country.
- There is one palliative care hospital team at the University Hospital.
- There are three home care teams (two in Reykjavík and one at Akureyri).
- A day centre is expected to open in 2006 at the palliative care unit in Kópavogur.
- Few children die of cancer or other chronic disorders (less than 10 a year). They are treated at the University Hospital by the children's oncological team. Most of these children die at the hospital but a few clinical nurse specialists or a physician will visit the children at home if needed. In cases where the parents want the child to die at home, one of the two palliative home care teams in Reykjavík offers support with symptom control and a 24 hour nursing service.
- Individual in-patient units at the University Hospital have follow-up programmes of bereavement support, and bereavement support groups are run by volunteers in different parts of the country.
- Six units at the University Hospital have their own bereavement support systems. Cancer patients have the most extensive bereavement support (for example, the program at the palliative care unit in Kópavogur).

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Adult Palliative Care Population

95%	of patients receiving palliative care have a cancer diagnosis
5%	of patients receiving palliative care have other incurable conditions

	Cancer	(n)
Number of patients who die at home	NK	40
Number of patients who die in a general hospital	NK	130
Number of patients who die in other healthcare institutions	NK	0

Comments/Sources

- Percentage of patients with cancer/non-cancer diagnoses receiving palliative care are an estimate only.

[Annual reports (2004) from the palliative care units and teams]
[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Palliative Care Services

Palliative Care Workforce Capacity

	Full-time	Part-time	Total
Physicians	1	5	**6**
Nurses	27	15	**42**
Social Workers	0	2	**2**
Psychologists	0	0	**0**
Physiotherapists	0	1	**1**
Occupational Therapists	0	0	**0**
Spiritual/Faith leaders	NK	NK	**4**
Volunteers	0	0	**0**

Comments/Sources

- The full time physician is an oncologist. Of those who work part time, four are geriatricians, the fifth is an oncologist.
- Full-time nurses are those nurses working in palliative care for at least 80% of their time. Both in-patients units have auxiliary nurses, 10 working full time and 5 part time. Only nurses work in the hospital care team and the home care team.
- There are two part-time social workers in palliative care; one at the geriatric unit and the other at the department of oncology.
- There are no psychologists working in palliative care, although the palliative care unit in Kópavogur offers the services of psychologists working in cancer care.
- One physiotherapist works for 50% of their time at the palliative care unit in Kópavogur. The geriatric palliative care unit and the home care teams also have access to a physiotherapist.

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Funding of palliative care services

Total number of palliative care services funded by the government	4
Total number of palliative care services funded privately or by NGO's	0

Comments/Sources

- One home care team is supported by a combination of private and public funds (the Icelandic Cancer Society and the State Security System).

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Perceived use of main opioids in palliative care

Order of frequency	Opioid	Estimated cost per month (€)
First opioid	Contalgin (morphine sulphate)	10mgx2;60tabs/month=1.610ISK(100tabs=2.680)
Second opioid	Durogesic	25 microg every 3rd day; = 10.670 ISK
Third opioid	Morphine chloride	5 mg x 6/24 hs: 900 mg/month = 19.286 ISK

Comments/Sources

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Other items on national palliative care development

Key issues and challenges

- Financial restrictions in the health care economy.
- Limited interest in palliative care on the part of the Department of Health.
- Limited knowledge of the possibilities within palliative care (other than taking care of the dying person).

[EAPC Palliative Care Euro-Barometer 2005]

Palliative care accreditation

- "Palliative Medicine is not accepted as a medical entity by the Icelandic Medical Association. Two doctors have graduated from the Nordic specialist course in Palliative Medicine but neither of them is working within palliative care at the moment. One clinical nursing specialist in palliative care is working at the University Hospital, the only one in the country. She has a Master's Degree in palliative care from Canada. There is no formal education in palliative medicine/care in Iceland. However, the Nordic specialist course in palliative medicine and a newly distributed Nordic Core Curriculum in palliative care for medicine, nursing, psychosocial and spiritual professions will give further possibilities for establishment of formal education in palliative care in Iceland."

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Palliative care milestones

- 1987: The first palliative home care team is started in Reykjavík by the Icelandic Cancer Society.
- 1988: The first oncological inpatient ward is opened.
- 1992: Two palliative home care teams are started, both nurse operated, one in Reykjavík and the other at Akureyi.
- 1997: A palliative care consulting team is started at the University Hospital in Reykjavík, seeing around 300 patients a year.
- 1999: A palliative care unit is established at the University Hospital with eight beds.
- 2001: A geriatric palliative care unit is established, with nine beds for cancer patients aged 67 years or older, and served by two geriatricians (both working part time).
- 2001: The Department of Health appoints a working group on priorities within health care and publishes its minutes stating that palliative care comes second only to acute care.
- 2003-2004: Assessment of patients in palliative care services using the minimum data set for palliative care instrument (MDS-PC) is conducted in Reykjavík.

[EAPC Palliative Care Euro-Barometer 2005]

Health policy

- Initially, palliative care in Iceland was based on the work of pioneers and enthusiastic individuals, but during the last five years palliative care has become established within the official health care system and considered to be an accepted part of the health care service.
- Palliative care in Iceland is well established, especially in Reykjavík and the surroundings area where 60% of the population live (and also around Akureyri).
- Although palliative care has developed within the oncological and geriatric sectors, interest is increasing within the neurological, lung and heart divisions. A palliative care clinic is on the agenda at the University Hospital and will include an inpatient unit, a day care centre, a home care team, a hospital consultation team and a bereavement service.
- The Palliative Care Unit, Landspitali University Hospital, did not mark the publication of the Council of Europe (2003) report on palliative care (Recommendation 24 of the Committee of Ministers to member states on the organisation of palliative care).
- The Palliative Care Unit, Landspitali University Hospital, has not participated in any way in the Council of Europe discussions about euthanasia (the Marty Report).
- At the current time, there are no initiatives in Iceland that seek the legalisation of euthanasia or assisted suicide. The discussion on euthanasia has never received any interest in Iceland, and both lay people and health care professionals seem to have little interest in the topic. A few articles have appeared in newspapers but gained little attention.

[EAPC Palliative Care Euro-Barometer 2005]

Other items on national palliative care development

References

- There are no palliative care references for Iceland.

Information correct as at: 7th August 2006.

IRELAND

Current Directory:

Printed version	Directory of specialist palliative care services in Ireland 2005 Irish Association for Palliative Care Dublin 2005
Online version	Directory of specialist palliative services in Ireland http://www.iapc.ie

Key Contact / National Association

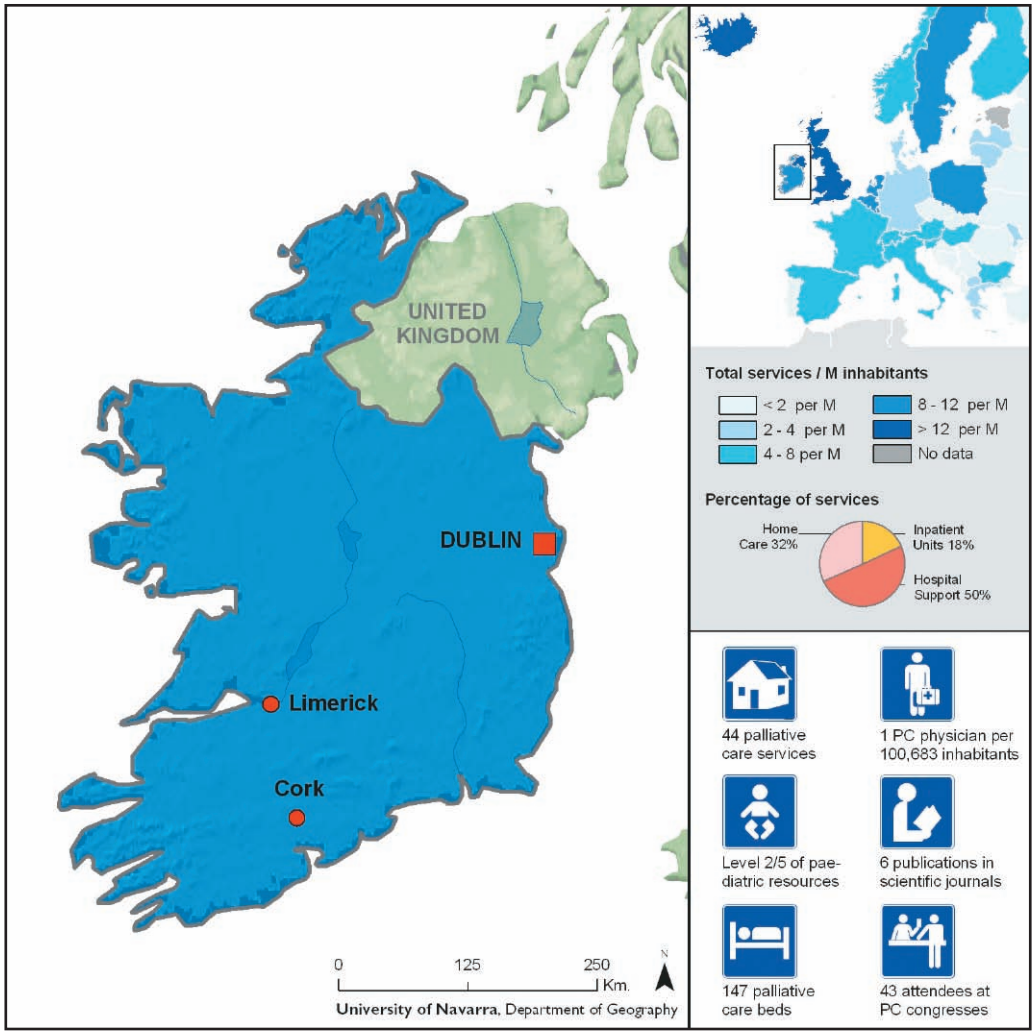
Key contact:

Tony O'Brien,
Medical Director & Consultant Physician
in Palliative Medicine,
Marymount Hospice & Cork University
Hospital,
Cork,
Ireland.
Telephone: 353 21 4503893
Email: Tony.OBrien1@mailp.hse.ie

National Association:

Anna Marie Lynch,
Honorary Secretary and Member of the
Executive Committee,
Irish Association for Palliative Care,
P.O. Box 5593,
Ballsbridge,
Dublin 4,
Ireland.
Telephone: 00 353 1 4972101 (330)
Email: info@iapc.ie

IRELAND



Population: 4.027.303

Ireland is the third largest island in Europe. It lies to the northwest of Continental Europe with the island of Great Britain lying to the east. Politically it is divided into the Republic of Ireland, a sovereign state occupying five-sixths of the island, and Northern Ireland, a part of the United Kingdom, occupying the north-eastern sixth of the island.

The population of the island is slightly under six million (2006), with just over 4.2 million in the Republic of Ireland (1.7 million in Greater Dublin) and about 1.7 million in Northern Ireland (0.6 million in Greater Belfast).

(http://en.wikipedia.org/wiki/Ireland, accessed January 29th, 2006)

The Goverment establishes the National Council for Specialist Palliative Care in 2005.
(EAPC Palliative Care Euro-Barometer, 2005)

Palliative Care Services

NK = not known

Number of Palliative Care Services

	Inpatient Palliative Care Units	Hospices	Consultant Teams in Hospitals	Home Care Teams	Day Centres	Total
Adult/Children	8	0	22	14	5	**49**
Paediatric only	0	0	1	0	0	**1**

	Inpatient Palliative Care Units	Chronic Hospitals/ Nursing Homes	Total
Number of beds allocated to adult palliative care inpatients	147	0	**147**

	Adults	Children	Total
Number of Bereavement Support Teams	8	0	**8**

Comments/Sources

- Specialist teams require multi-disciplinary input.
- In-patient specialist palliative care unit and hospice are used interchangeably.
- Children with specialist palliative care needs remain under the direct medical care of paediatric trained doctors and nurses. Specialist advice is provided by specialist palliative care teams in hospital and community settings.
- There are no dedicated children's hospice beds, and a recent needs assessment study suggests that such a facility is not required.
- Patients/families are supported by medical, nursing and psychosocial professionals during the patient's illness. Family members deemed to be at risk may be invited to avail of additional support.

[Directory of Palliative Care Services in Ireland, 2004]
[EAPC Palliative Care Facts in Europe Questionnaire, 2005]

Adult Palliative Care Population

95%	of patients receiving palliative care have a cancer diagnosis
5%	of patients receiving palliative care have other incurable conditions

	Cancer	(n)
Number of patients who die at home	26%	NK
Number of patients who die in a general hospital	42%	NK
Number of patients who die in other healthcare institutions	32%	NK

Comments/Sources

- Number of patients who die in other healthcare institutions: 14% die in hospice; 18% die in other settings.

[EAPC Palliative Care Facts in Europe Questionnaire, 2005]

Palliative Care Services

Palliative Care Workforce Capacity

	Full-time	Part-time	Total
Physicians	20-40	0	**20-40**
Nurses	346	NK	**346**
Social Workers	30.5	NK	**30.5**
Psychologists	NK	NK	**NK**
Physiotherapists	13	NK	**13**
Occupational Therapists	9	NK	**9**
Spiritual/Faith leaders	11.5	NK	**11.5**
Volunteers	NK	NK	**NK**

Comments/Sources

- There are 20 fully trained consultant specialists. A further 9 doctors are in an approved national training programme to become consultants/specialists. There are approximately a further 31 other doctors who are working in both full-time and part-time posts, or who are spending 3 or 6 months in palliative care for experience.
- There is limited data available on the palliative care workforce capacity. The main source is the recently published 'Baseline Study on the Provision of Hospice and Specialist Palliative Care Services'. At present, palliative care units are funded by both statutory and voluntary sources.

[EAPC Palliative Care Facts in Europe Questionnaire, 2005]

Funding of palliative care services

Total number of palliative care services funded by the government	**NK**
Total number of palliative care services funded privately or by NGO's	**NK**

Comments/Sources

- The government provides variable levels of funding to all services. In some instances, this might be a very small percentage of the total costs. In other situations, it might be in excess of 90%. All services rely to some extent on voluntary/non-statutory funding.

[EAPC Palliative Care Facts in Europe Questionnaire, 2005]

Perceived use of main opioids in palliative care

Order of frequency	Opioid	Estimated cost per month (€)
First opioid	Morphine	NK
Second opioid	Fentanyl	NK
Third opioid	Oxycodone	NK

Comments/Sources

- This is a subjective opinion and not supported by firm data.
- Estimated costs are not known; they are dose dependent.

[EAPC Palliative Care Facts in Europe Questionnaire, 2005]

Other items on national palliative care development

Key issues and challenges

- There is a lack of sufficient public funding for health care generally.
- There is a serious infra-structural deficiency.
- There is a serious deficit in terms of education and training which will have a negative impact on recruitment in the years ahead.
- The new health care structures being set up in Ireland presently may not deliver an integrated health care service. This, in turn, will have implications for the delivery of specialist palliative care.
- Non-availability of certain staff grades i.e. doctors, nurses and allied health care professionals with specialist palliative care training.

[EAPC Palliative Care Euro-Barometer, 2005]

Palliative care accreditation

- There is specialist accreditation for palliative care professionals in Ireland at the present time.

[EAPC Palliative Care Facts in Europe Questionnaire, 2005]

Palliative care milestones

- 1994: The role of palliative care services in improving quality of life is recognised in the Health Strategy.
- 1995: Ireland becomes the second country in Europe to recognise palliative medicine as a distinct medical speciality.
- 1996: The documents 'Cancer Services in Ireland: a national strategy' and 'Position paper on development of hospice and specialist palliative care services in Ireland' support the development of palliative care in Ireland.
- 1999: The Minister for Health and Children establishes the National Advisory Committee on Palliative Care.
- 2001: The 'Report of the National Advisory Committee on Palliative Care' is published. It provides a framework from which to develop specialist palliative care in Ireland by developing and co-ordinating growth and by establishing regional and national structures.
- 2003: Publication of the Council of Europe Report
- 2005: Government establishes the National Council for Specialist Palliative Care.

[EAPC Palliative Care Euro-Barometer, 2005]

Health policy

- 'Health Strategy: Shaping a Healthier Future' (1994) recognises the role of palliative care services in improving quality of life.
- 'Cancer Services in Ireland: a national strategy' (1996) and the 'Position paper on development of hospice and specialist palliative care services in Ireland' (1996) supports the development of palliative care in Ireland.
- The Council of Europe (2003) report on palliative care (Recommendation 24 of the Committee of Ministers to member states on the organisation of palliative care) is circulated to IAPC members, funded by the Department of Health and Children.
- The Irish Association for Palliative Care participates in the Council of Europe discussions about euthanasia (the Marty Report) by lobbying politicians who sat on the Council of Europe, and informing the membership of the IAPC through a presentation delivered by Andre Rhebergen at the AGM.
- At the current time, are there no initiatives in Ireland that are seeking the legalisation of euthanasia or assisted suicide.
- Palliative care is being placed under the authority of the Primary, Community and Continuing Care Directorate, which will have 32 Local Health Offices and seek greater involvement of service users, their families and communities in the planning and design of services in this area.

[EAPC Palliative Care Euro-Barometer, 2005]

Other items on national palliative care development

References

Dowling, S., and Broomfield, D. 2002. Ireland, the UK and Europe: a review of undergraduate medical education in palliative care. Ir. R. Med. J., vol. 95(7): 215-6

Dowling, S., and Broomfield, D. 2003. Undergraduate teaching in palliative care in Irish medical schools: a questionnaire survey. Med. Educ., vol. 37(5):455-7

Igoe, D., Keogh, F., and McNamara, C. 1997. A survey of Irish palliative care services. Ir. J. Med. Sci. vol. 166(4):206-11.

Irish Hospice Foundation, 2006. A Baseline Study on the Provision of Hospice and Specialist Palliative Care Services in Ireland. Irish Hospice Foundation: Health Service Executive/The Atlantic Philanthropies.

Ling, J., and O' Siorain, L. (Eds.) 2005. Palliative Care in Ireland. Maidenhead: Open University Press.

Loughrey, E. 1997. New developments in palliative medicine. Ir. Med. J., vol. 90(6): 221

Ni Riain, A., Langton, D., Loughrey, E., and Bury, G. 2001. Deaths in general practice: an Irish national profile. Ir. J. Med. Sci., vol. 170(3): 189-91

Tiernan, E., O'Connor, M., O'Siorain, L., and Kearney, M. 2002. A prospective study of preferred versus actual place of death among patients referred to a palliative care home-care service. Ir. Med. J., vol. 95(8):232-5

Information correct as at: 7th August 2006.

ISRAEL

Key Contact / National Association

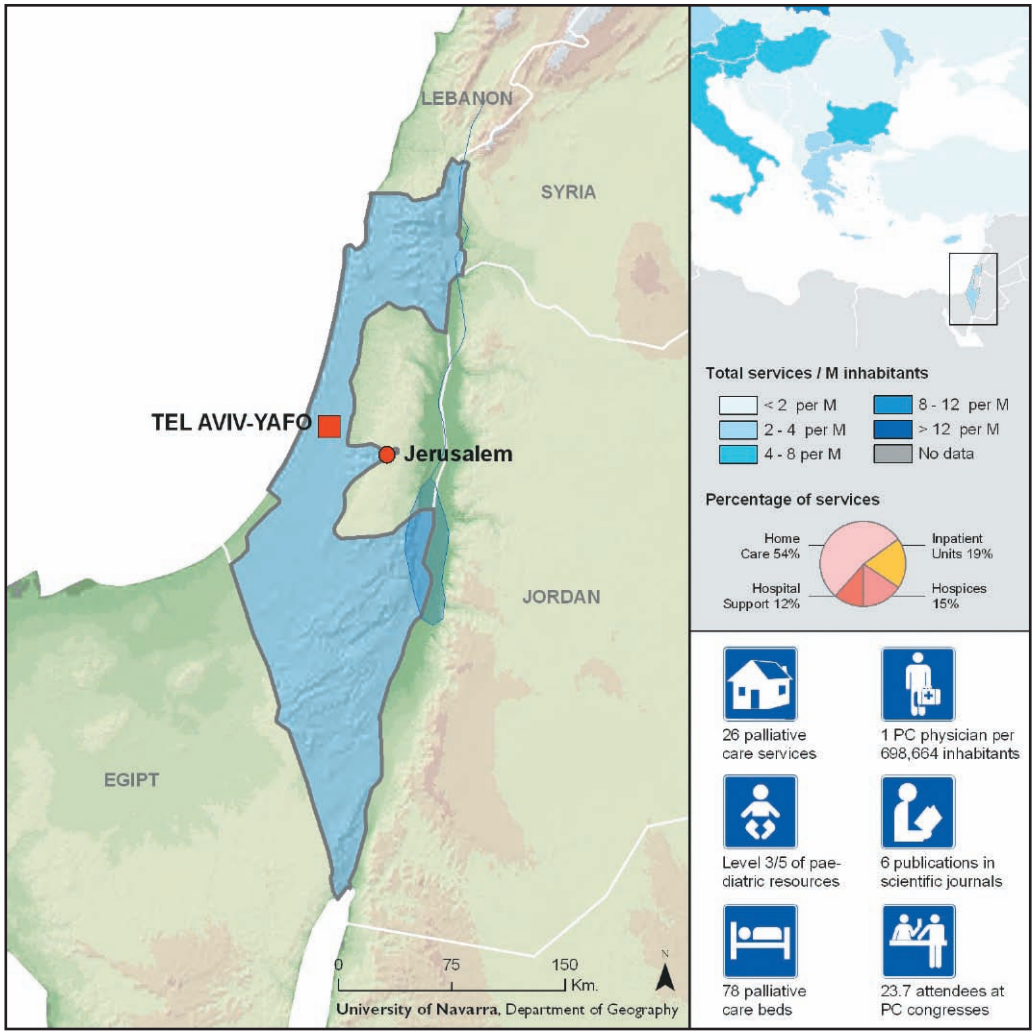
Key contact:

Nathan I Cherny,
Director,
Dept of Oncology,
Shaare Zedek Medical Center,
Jerusalem,
Israel.
Telephone: +972 2 6555111
Email: chernyn@netvision.net.il

National Association:

Michaela Bercovitch,
Chair,
Israel Palliative Medical Society,
Oncological Hospice,
Sheba Medical Center,
Tel Hashomer 52621
Telephone: 972.3.5303290
Email: almi@sheba.health.gov.il

ISRAEL



Population: 6.986.639

The State of Israel is a country in the Western Asian Levant, on the south-eastern edge of the Mediterranean Sea. It borders Lebanon on the north, Syria and Jordan on the east, and Egypt on the south-west. It has a population of over seven million people. Israel declared independence in 1948 and is the world's only Jewish state, although its population includes citizens of many ethnic and religious backgrounds. It is the Middle East's only liberal democracy, according to the international data of Freedom House.

(http://en.wikipedia.org/wiki/Israel, accessed January 29th, 2006)

Palliative care in Israel has seen a very substantial expansion over the past 5 years.

Israel is served by five impatient hospices, 11 home care services, and one integrated medical oncology and palliative care service.

(Cherny NI. J Pain Symptom Manage. 1996)

Palliative Care Services

NK = not known

Number of Palliative Care Services

	Inpatient Palliative Care Units	Hospices	Consultant Teams in Hospitals	Home Care Teams	Day Centres	Total
Adult/Children	5	4	3	14	1	**27**
Paediatric only	1	1	6	0	0	**8**

	Inpatient Palliative Care Units	Chronic Hospitals/ Nursing Homes	Total
Number of beds allocated to adult palliative care inpatients	64	14	**78**

	Adults	Children	Total
Number of Bereavement Support Teams	NK	NK	**NK**

Comments/Sources

- Number of home palliative care teams is an estimate only.
- Home care services include home care cancer services that deliver home palliative care.
- Number of beds allocated to hospices is an estimate only.
- Although no palliative care beds are specifically allocated to the chronically ill in nursing homes, many nursing homes provide these services.
- There is only one hospital with a purpose built paediatric hospice. However, that hospice no longer has a dedicated palliative care specialist. Other paediatric hospitals offer some form of palliative care home services.
- Bereavement support is not well developed in hospice or palliative care services.

[Report on palliative care in Israel by Brookdale Institute]
[Personal familiarity with available services]
[http://www.eolc-observatory.net/global_analysis/israel.htm]
[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Adult Palliative Care Population

97%	of patients receiving palliative care have a cancer diagnosis
3%	of patients receiving palliative care have other incurable conditions

	Cancer	(n)
Number of patients who die at home	NK	35%
Number of patients who die in a general hospital	NK	45%
Number of patients who die in other healthcare institutions	NK	20%

Comments/Sources

- Percentage of patients with cancer/non-cancer diagnoses receiving palliative care is an estimate only.
- Place of death figures refer to all illnesses (not just cancer) and are estimates only. The figures may vary depending on the range of services provided in each region.
- Among patients with advanced cancer, most will have access to some form of palliative care service. For most, however, the services will not be specialist services. Indeed, in many cases, the palliative care programmes are ad hoc and are unaccredited.
- There are almost no specialist services provided for non cancer patients.

[Report on palliative care in Israel by Brookdale Institute]
[Personal familiarity with available services]
[http://www.eolc-observatory.net/global_analysis/israel.htm]
[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Palliative Care Services

Palliative Care Workforce Capacity

	Full-time	Part-time	Total
Physicians	10	50	**60**
Nurses	30	100	**130**
Social Workers	NK	NK	**50**
Psychologists	NK	NK	**15**
Physiotherapists	NK	NK	**15**
Occupational Therapists	NK	NK	**15**
Spiritual/Faith leaders	NK	NK	**8**
Volunteers	NK	NK	**75**

Comments/Sources

- All palliative care workforce capacity figures are estimates only.

[Report on palliative care in Israel by Brookdale Institute]
[Personal familiarity with available services]
[http://www.eolc-observatory.net/global_analysis/israel.htm]
[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Funding of palliative care services

Total number of palliative care services funded by the government	**0**
Total number of palliative care services funded privately or by NGO's	**20**

Comments/Sources

- There is no direct government funding of palliative care. Palliative care services are either paid for by HMOs (which receive government funding) or are dependent on philanthropic support.
- There are 10 palliative care services supported by a combination of private and public funds.

[Report on palliative care in Israel by Brookdale Institute]
[Personal familiarity with available services]
[http://www.eolc-observatory.net/global_analysis/israel.htm]
[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Perceived use of main opioids in palliative care

Order of frequency	Opioid	Estimated cost per month (€)
First opioid	Oxycodone	NK
Second opioid	Morphine	NK
Third opioid	Fentanyl	NK

Comments/Sources

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Other items on national palliative care development

Key issues and challenges

- Lack of funding.
- No recognition of palliative care as a medical or nursing specialty.
- No relevant guidelines for end of life care.
- The prescription of strong opioids for non-cancer pain.
- Lack of awareness about the 1996 law "Changes in opioid prescription regulation" on the part of pharmacists and physicians.

[EAPC Palliative Care Euro-Barometer 2005]

Palliative care accreditation

- There is no specialist accreditation for palliative care professionals in Israel at the present time

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Palliative care milestones

- 1996: A prescription law ("Changes in opioid prescription regulation") is passed that allows opioids to be prescribed at one month intervals and that removes maximal dose limitations and allows "as needed" dosing.
- 2001: Ben Gurion University recognises the need to teach palliative care and introduces a short introductory course.
- 2004: Tel Aviv University recognises the need to teach palliative care and introduces a short introductory course.

[EAPC Palliative Care Euro-Barometer 2005]

Health policy

- Since 2004, there has been a raised awareness about palliative care within the Ministry of Health.
- The Israel Palliative Medical Society did not mark the publication of the Council of Europe (2003) report on palliative care (Recommendation 24 of the Committee of Ministers to member states on the organisation of palliative care).
- The Israel Palliative Medical Society did not participate in the Council of Europe discussions about euthanasia (the Marty Report).
- At the current time, there are no initiatives in Israel that seek the legalisation of euthanasia or assisted suicide.

[EAPC Palliative Care Euro-Barometer 2005]

Other items on national palliative care development

References

Bonneh, D. Y., and Shvartzman, P. 1997. Profile of a home hospice care unit in Israel. Isr. J. Med. Sci., vol. 33(3):175-81

Carmel, S., and Mutran, E. 1997. Wishes regarding the use of life-sustaining treatments among elderly persons in Israel: an explanatory model, Social Science & Medicine, 45(11): 1715-1727

Cherny, N. I., 1996. Israel: status of cancer pain and palliative care. J. Pain Symptom Manage., vol. 12(2): 116-7

Cohen, M.Z., Musgrave, C.F., McGuire, D.B., Strumpf, N.E., Munsell, M.F., Mendoza, T.R., and Gips, M. 2005. The cancer pain experience of Israeli adults 65 years and older: the influence of pain interference, symptom severity and knowledge and attitudes on pain and pain control, Supportive Care in Cancer, 13 (9): 708-714

Delbar, V. 1999. From the desert: transcultural aspects of cancer nursing care in Israel. Cancer Nursing 22(1): 45-51

Freedman, L.S., Barchana, M., Al-Kayed, S., Qasem, M.B., Young, J.L., Edwards, B.K., Ries, L.A.G., Roffers, S., Harford, J., Silbermann, M. 2003. A comparison of population-based cancer incidence rates in Israel and Jordan. European Journal of Cancer Prevention 12(5): 359-365. http://www.eolc-observatory.net/global_analysis/israel.htm

Loven, D., Goldberg, E., Hart, Y. and Klein, B. 1990. Place of death of cancer patients in Israel: the experience of a 'home-care programme' Palliative Medicine, 4: 299-304

Sapir, R., Catane, R., Strauss-Liviatan, N., and Cherny, N.I. 1999. Cancer pain: knowledge and attitudes of physicians in Israel, Journal of pain and symptom management, 17 (4): 266-272

Waller, A. 1997. Hospice and palliative care services in Israel. In: C. Saunders and R. Kastenbaum (Eds.) Hospice care on the international scene. New York: Springer Publishing, 1997, pp.235-241

Information correct as at: 7th August 2006

ITALY

Current Directory:

Printed version	Le Unità di Cure Palliative e le Organizzazioni Non Profitnell'Italia del 2000 Corli O. GPA edizioni. Milano 2000
Online version	Societá Italiana di Cure Palliative http://www.sicp.it/centri.asp#

Key Contact / National Association

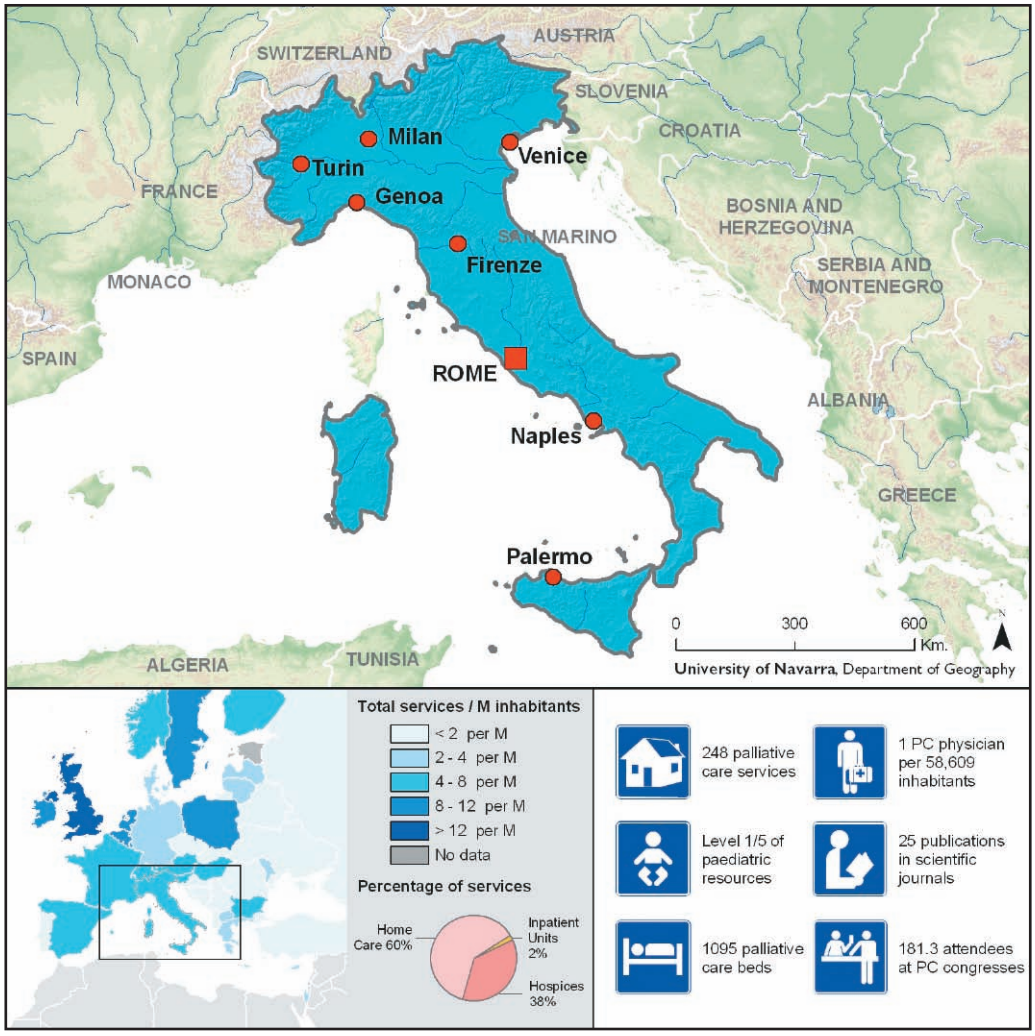
Key contact:

Oscar Corli,
Director,
Palliative Care Unit,
Vittore Buzzi Hospital,
Milan via Castelvetro 32,
20154,
Italy.
Telephone: 0039 02 57995647
Email: o.corli@virgilio.it

National Association:

Augusto Caraceni,
Secretary,
Italian Association of Palliative Care,
National Cancer Institute,
Milan via Venezian 1
20133,
Italy.
Telephone: 0039 02 23903375
Email:
augusto.caraceni@istitutotumori.mi.it

ITALY



Population: 58.608.565

Italy is a country located in Southern Europe that comprises the Po River valley, the Italian Peninsula and the two largest islands in the Mediterranean Sea, Sicily and Sardinia. Italy shares its northern alpine boundary with France, Switzerland, Austria and Slovenia.

Today, Italy is a highly-developed country with the 7th-highest GDP and the 17th-highest Human Development Index rating in the world. It is a member of the G8 and a founding member of what is now the European Union of the Council of Europe and of the Western European Union.

(http://en.wikipedia.org/wiki/Italy, accessed January 29th, 2006)

In June 2000, there were 137 services providing palliative care within the NHS and 31 NPO's active, wholly or partially, in the sector .Of the 137 centres in the NHS directory, 129 are located in the public sector and 8 in the private sector.

The ideal structural and organisational model of palliative care involves the parallel provision of outpatient care, home care, day hospital and hospitalisation in specifically dedicated beds (hospice).Currently, however, only 16 units are able to guarantee the complete model.

(Corli O. Eur J Palliat Care 2001)

Palliative Care Services

NK = not known

Number of Palliative Care Services

	Inpatient Palliative Care Units	Hospices	Consultant Teams in Hospitals	Home Care Teams	Day Centres	Total
Adult/Children	5	90	NK	153	10	**258**
Paediatric only	0	0	0	0	0	**0**

	Inpatient Palliative Care Units	Chronic Hospitals/ Nursing Homes	Total
Number of beds allocated to adult palliative care inpatients	1095	0	**1095**
	Adults	Children	**Total**
Number of Bereavement Support Teams	0	0	**0**

Comments/Sources

- Estimates are based on a combination of palliative care units operating in the health service and non-profit organisations which supply palliative care.
- There are also approximately 100 palliative care beds in acute hospitals.
- There are no specific palliative care centres or hospices for children in Italy. However, in about 5 paediatric oncology units, there are beds or palliative care teams for the palliative care of children (based on personal information).
- Although there are no specific bereavement support teams, counselling and bereavement support is provided by psychologists in approximately 40% of palliative care centres (PCU and NPO).

[Osservatorio Italiano Cure Palliative (O.I.C.P.) www.oicp.org]
[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Adult Palliative Care Population

60% of patients receiving palliative care have a cancer diagnosis

40% of patients receiving palliative care have other incurable conditions

	Cancer	(n)
Number of patients who die at home	75%	45,000
Number of patients who die in a general hospital	10%	6,000
Number of patients who die in other healthcare institutions	15%	9,000

Comments/Sources

- Adult palliative care population data is based on estimates and refers to all palliative care patients (not just cancer).
- There are approximately 630,000 deaths in Italy each year – approximately 160,000 of these deaths are due to cancer.

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Palliative Care Services

Palliative Care Workforce Capacity

	Full-time	Part-time	Total
Physicians	1000	0	**1000**
Nurses	1200	0	**1200**
Social Workers	-	-	**50**
Psychologists	-	-	**140**
Physiotherapists	-	-	**100**
Occupational Therapists	-	-	**30**
Spiritual/Faith leaders	-	-	**-**
Volunteers	-	-	**1400**

Comments/Sources

- All Palliative Care Workforce Capacity figures are based on estimates from 2001.
- At the present time it is very difficult to evaluate the full-time and part-time palliative care workforce capacity in Italy, because the situation is continually evolving. It is possible that since this data was collected (2001), there may have been a 30-40% increase in palliative care workforce capacity.
- The number of spiritual/faith leaders is unknown.

[Corli, O. 2003. Risorse professionali e umane. In: D. Amadori e F. De Conno "Libro italiano di Cure Palliative" Poletto Ed. Gaggiano (Milano), pp. 401-404]
[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Funding of palliative care services

Total number of palliative care services funded by the government	**250**
Total number of palliative care services funded privately or by NGO's	**137**

Comments/Sources

- There are 155 palliative care services funded by a combination of private and public funds. These palliative care units are part of the National (or Regional) Health Service, where a part of professional resources are supported by private or non-profit organisations.

[Osservatorio Italiano Cure Palliative (O.I.C.P.) www.oicp.org]
[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Perceived use of main opioids in palliative care

Order of frequency	Opioid	Estimated cost per month (€)
First opioid	Fentanyl	190,00 €
Second opioid	Morphine	70,00 €
Third opioid	Methadone	30,00 €

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Other items on national palliative care development

Key issues and challenges

- There are insufficient education curricula and insufficient academic recognition within palliative care. At the moment, depending on regional differences, palliative care services are directed by oncologists or by anaesthesiologists.
- There are inadequate quality requirements and a lack of homogeneous standards for services. In 2003, the Italian Association for Palliative Care and the Palliative Care Federation published a joint document on the technological and organisational requirements for palliative care services (including hospices). The document was accepted by some committees at the Health ministry level but is not yet officially used to define the overall standard of palliative care services.
- Many GPs are uncertain about their role in the integration of palliative care with specialist services.
- The bureaucratisation of services without professional certification and academic role does not support personal motivation or guarantee to offer patients high quality services.
- Some GPs and specialists know little about pain, resulting in inappropriate prescription and insufficient prescription.

[EAPC Palliative Care Euro-Barometer, 2005]

Palliative care accreditation

"At the present time in Italy there are no University chairs or specialist schools for palliative care. However, several Masters courses and other palliative care specialisation courses are organised by Universities, scientific societies and private schools."

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Palliative care milestones

- 2001: The law on opioid prescription is passed.
- 2004: The Italian Association of Palliative Care marks the publication of the Council of Europe (2003) report on palliative care (Recommendation 24 of the Committee of Ministers to member states on the organisation of palliative care) by translating the document ready for publication and dissemination.
- 2005: All opioids for strong and moderate pain are made reimbursable by the public health care system (including oxycontin, oxycodone, methadone, codeine, tramadol, morphine, fentanyl and buprenorphine patches).

[EAPC Palliative Care Euro-Barometer, 2005]

Health policy

- The devolution of many political decisions concerning health care from the central government to the regional government has made it difficult to propose homogeneous standards for the provision of palliative care, with the development of very different reimbursement and accreditation models all over the country.
- In some cases this has resulted in different attitudes of non-profit organizations which have been developing models of care providers in competition with and in substitution to hospital-based and NHS professionally driven models.
- There is a national programme called 'Ospedale senza dolore' ('Hospital without pain') which has no specific funds and which has been developed in different ways by different regional governments but is slowly penetrating in most hospitals.
- A discussion about palliative care has reached the level of the Education and University Ministry with a meeting between oncology, anaesthesia, and internal medicine specialties representatives and the proposal of a post-specialty master's course of one year to qualify as palliative medicine specialists.
- At the current time, there no initiatives in Italy that are seeking the legalisation of euthanasia or assisted suicide, although there is a bill about advanced directives which is currently in the process of discussion at the parliament health commission.

[EAPC Palliative Care Euro-Barometer, 2005]

Other items on national palliative care development

References

Blengini, C., and Ventafridda, V. 2000. Use and cost of opioids in Italy. J. Pain Symptom Manage., vol. 20(6): 397-8

Corli, O. 2001. Palliative care in Italy in the new millennium. Eur. J. Palliat. Care, vol. 8(2): 58-60

Costantini, M., Toscani, F., Gallucci, M., Brunelli, C., Miccinesi, G., Tamburini, M., Paci, E., Di Giulio, P., Peruselli, C., Higginson, I., and Addington-Hall, J. 1999. Terminal cancer patients and timing of referral to palliative care: a multicenter prospective cohort study. Italian Cooperative Research Group on Palliative Medicine. J. Pain Symptom Manage., vol. 18(4):243-52

Costantini, M., Balzi, D., Garronec, E., Orlandini, C., Parodi, S., Vercelli, M., and Bruzzi, P. 2000. Geographical variations of place of death among Italian communities suggest an inappropriate hospital use in the terminal phase of cancer disease. Public Health, vol. 114(1): 15-20

Cruciatti, F., Monti, M., Cunietti, E. 1995. Global exchange. The first public hospice in Italy: socio-cultural aspects and staff organization. J. Palliat. Care, vol. 11(1): 33-7

De Conno F, Panzeri C, Brunelli C, Saita L, Ripamonti C. Palliative Care in a National Cancer Center: Results in 1987 vs. 1993 vs. 2000. J Pain Symptom Manage 2003; 25(6):499-511.

De Conno, F., Ripamonti, C., Caraceni, A., and Saita, L. 2001. Palliative care at the National Cancer Institute of Milan. Support. Care Cancer, vol. 9(3):141-7

De Conno F. Boffi R. Saita L. Ventafridda V. Eighteen years of home care: from assistance by phone to a complete service within the health care system. J Palliat Care 1998 Autumn; 14(3): 91-3

Di Cosimo, S., Ferretti, G., Silvestris, N., Battigagliam, B., Di Chio, G., Cirignotta, S., and D'Aprile, M. 2003. General practitioners' views on cancer treatment, home care and oncologists: an Italian survey. N. Z. Med. J., vol. 116(1168): U311

Ferrario, T., and Saita, L. 1998. Palliative care - "the Italian reality". Int. J. Palliat. Nurs., vol. 4(5): 254-5

Gronemeyer, R., Fink, M., Globisch, M., and Schumann, F. 2005. Helfen am Ende des Lebens Hospizarbeit und Palliative Carein Europa. Giessen: Hospiz und Hospizbewegung.

Maltoni, M., Derni, S., Fabbri, L., and Sansoni, E. 2000. The specialist palliative care team in Forli, Italy. Support. Care Cancer., vol. 8(5):349-52

Mercadante, S., and Trizzino, G. 1997. The SAMOT supportive care programme in southern Italy. Support. Care Cancer, vol. 5(1):5-8

Mercadante, S. 1998. Oral Morphine Consumption in Italy and Sicily. J. Pain Symptom Manage., vol. 15(4):227-30

Mercadante, S., Villari, P., and Ferrera, P. 2003. A model of acute symptom control unit: Pain Relief and Palliative Care Unit of La Maddalena Cancer Center. Support. Care Cancer, vol. 11(2):114-9

Monti M, Cunietti E, Castellani L, Merli M, Cruciatti F. Ten years´ activity of the first Italian public hospice for terminally ill patients. Support Care Cancer. 2004;12:752-757.

Privitera, S. 2001. Palliative care in Italy. In: H. ten Have and R. Janssens (Eds.) Palliative Care in Europe: Concepts and Policies. Amsterdam: IOS Press, 2001, pp. 99-108.

Sbanotto, A., and Burnhill, R. 1998. Palliative care in Italy: the current situation. Support. Care Cancer, vol. 6(5):426-9

Tirelli, W., Ginobbi, P., Penco, I., Caratelli, A., and Arcuri, E. 1999. The development of the first hospice organization in central Italy one year after its starting to operate. Minerva Med., vol. 90(7-8):245-6

Toscani, F. 1996. Classification and staging of terminal cancer patients: rationale and objectives of a multicentre cohort prospective study and methods used. The Italian Co-operative Research Group on Palliative Medicine. Support. Care Cancer, vol. 4(1):56-60

Toscani, F. 2002. Palliative care in Italy: accident or miracle? Palliat. Med., vol. 16(3):177-8

Ventafridda, V., and De Conno, F. 1996. Report on the activities of the Milan World Health Organization Collaborating Center. J. Pain Symptom Manage., vol. 12(2): 79-81

Ventafridda, V. 2002. Italy: status of cancer pain and palliative care. J. Pain Symptom Manage., vol. 24(2):194-6

Welshman, A. 2003. From Italy. Palliat. Med., vol. 17(2): 122-3.

Zucco F. Welshman A. The National Health Service and the care for the dying. Eur J Palliat Care 2001. Mar-Apr; 8(2): 61-5.

Information correct as at: 7th August 2006

LUXEMBOURG

Key Contact / National Association

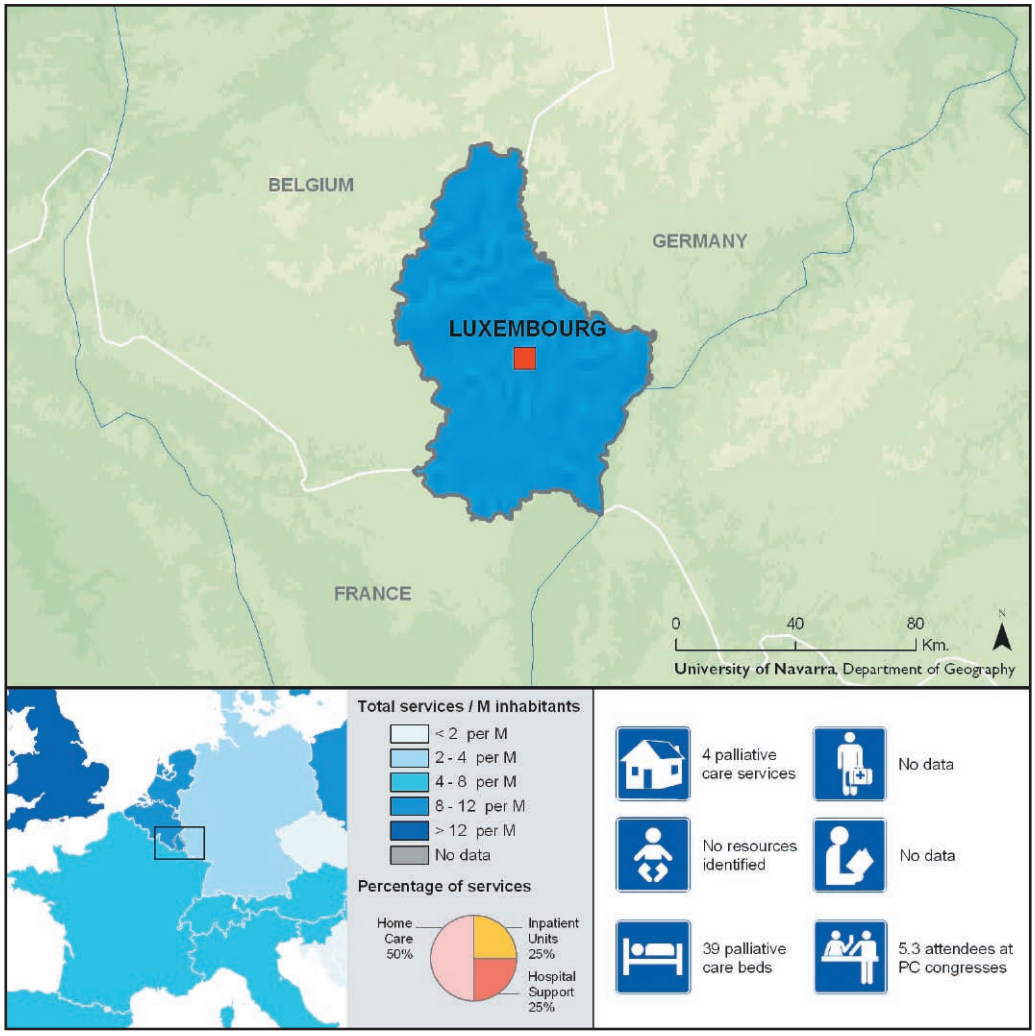
Key contact:

Marie-France Liefgen,
Nursing teacher specialised in oncology and palliative care,
Lycée Technique pour Professions de Santé,
27 rue Barblé,
L-1210,
Luxembourg.
Telephone: +352 36 62 79
Email: marie-france.liefgen@education.lu

National Association:

Michel Keilen,
Project-leader,
Omega 90,
138, rue Adolphe Fischer,
L-1521,
Luxembourg.
Telephone: +352 29 77 89 - 1
Email: michelkeilen@omega90.lu

LUXEMBOURG



Population: 455.581

The Grand Duchy of Luxembourg is a small landlocked country in western Europe, bordered by Belgium, France, and Germany. Luxembourg has a population of fewer than half a million people in an area of about 2,600 square kilometres.

Luxembourg is a parliamentary representative democracy with a constitutional monarchy, ruled by a Grand Duke. Luxembourg is a founding member of the European Union, NATO, the United Nations, Benelux, and the Western European Union.

Luxembourg is a trilingual country; French, German, and Luxembourgish are official languages. Although a secular state, Luxembourg is predominantly Roman Catholic.

(http://en.wikipedia.org/wiki/Luxemburg, accessed January 29th, 2006)

In Luxembourg, general hospitals are currently responsible for palliative care provision. The Law of 28 August 1998 on hospitals explicitly included palliative care among the tasks of hospitals, laying down an obligation, especially in incurable and terminal cases.

In June 2004 a pilot project agreement was signed with a care and assistance network in order to enable terminally ill people to receive medical and social care at home.

(Luxemburg EU report, 2005. http//ec.europa.eu/employment_social_protection/docs/4c_ltc 2005_lu_en.pdf. accessed January, 2006)

Palliative Care Services

NK = not known

Number of Palliative Care Services

	Inpatient Palliative Care Units	Hospices	Consultant Teams in Hospitals	Home Care Teams	Day Centres	Total
Adult/Children	1	0	1	2	0	**4**
Paediatric only	0	0	0	0	0	**0**

	Inpatient Palliative Care Units	Chronic Hospitals/ Nursing Homes	Total
Number of beds allocated to adult palliative care inpatients	8	31	**39**

	Adults	Children	Total
Number of Bereavement Support Teams	1	0	**0**

Comments/Sources

- A further four hospitals have a mixed oncology/palliative care unit, in which a total of 31 beds are reserved for palliative care patients.
- Number of beds allocated to adult palliative care inpatients is an estimate only.
- Most children who require palliative care are treated in Belgium.
- Omega 90 provides bereavement support. Although support is provided mainly to adults, some support is also provided for adolescents and children.

[omega90@pt.lu]
[Luxembourg Ministry of Health]
[Telephone calls to the directors of all the hospitals/nursing homes in Luxembourg]
[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Adult Palliative Care Population

NK of patients receiving palliative care have a cancer diagnosis

NK of patients receiving palliative care have other incurable conditions

	Cancer	(n)
Number of patients who die at home	NK	NK
Number of patients who die in a general hospital	NK	NK
Number of patients who die in other healthcare institutions	NK	NK

Comments/Sources

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Palliative Care Services

Palliative Care Workforce Capacity

	Full-time	Part-time	Total
Physicians	0	13	**13**
Nurses	35	45	**80**
Social Workers	1	0	**1**
Psychologists	4	0	**4**
Physiotherapists	0	0	**0**
Occupational Therapists	0	0	**0**
Spiritual/Faith leaders	0	0	**0**
Volunteers	0	110	**110**

Comments/Sources

- Palliative care workforce capacity data are estimates only.
- There are also physicians in nursing homes/home care who provide some form of palliative care.
- There are also two pedagogues working full time in palliative care teams (one at Omega 90, another in a palliative home care team).
- 110 volunteers have completed a 112 hour palliative care training programme; approximately 60 of these volunteers are part of palliative care teams.

[Telephone calls to the directors of all the hospitals/nursing homes in Luxembourg]
[omega90@pt.lu]
[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Funding of palliative care services

Total number of palliative care services funded by the government	NK
Total number of palliative care services funded privately or by NGO's	NK

Comments/Sources

- All hospital palliative care services are funded by the Ministry of Health.
- Omega 90 and the two palliative home care services are partially funded by the government (Ministry of Health and Ministry of Family) and partially by private funds (donations).
- The Ministry of Family pays the salaries of Omega 90 employees (a director, three nurses, two psychologists, one social worker, one pedagogue and two secretaries / 7.5 equivalent full time jobs) and covers most of the functional costs of the organisation.

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Perceived use of main opioids in palliative care

Order of frequency	Opioid	Estimated cost per month (€)
First opioid	Durogesic	NK
Second opioid	MS-Direct	NK
Third opioid	MS-Contin.	NK

Comments/Sources

[Data provided by hospital nursing directors, palliative care nurses and the Union of Health Insurances]
[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Other items on national palliative care development

Key issues and challenges

- There are plenty of individual palliative care initiatives, but there is a lack of a national coordination board.
- Despite optimal national availability of strong opioids, there is a lack of education about specific pharmacology amongst doctors and nurses.
- Prejudices and taboos relating to opioids (among doctors, nurses, patients and families).
- The absence of a medical research university in Luxembourg.

[EAPC Palliative Care Euro-Barometer 2005]

Palliative care accreditation

- There is no specialist accreditation for palliative care professionals in Luxembourg at the present time. However, there are a number of palliative care training courses. In 2004, the Ministry of Health organised 14 pain relief and palliative care training sessions for physicians - 76 physicians attended these training units.
- In the last 13 years, about 350 nurses have each completed 130 hours of palliative care training organised by Omega 90. Approximately 60 volunteers are involved in palliative care teams and have supervision sessions organized by Omega 90.

[Ministry of Health, 02.07.2004]
[omega90@pt.lu]
[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Palliative care milestones

- 1990: Omega 90 begins to develop the palliative care culture in Luxembourg.
- 1998: The term “palliative” appears for the first time in health policy; the first time in a policy about nursing (“règlement grand-ducal du 21 janvier 1998 portant sur l’exercice de la profession d’infirmier”), and several months later in a law about hospitals (“loi du 28 août 1998 sur les établissements hospitaliers”)..
- 2005: The Ministry of Family agrees to fund the construction of the first hospice in Luxembourg (to be built by Omega 90 within the next two years).

[EAPC Palliative Care Euro-Barometer 2005]

Health policy

- Omega 90, the national association of palliative care, is supported by six nationally recognized organisations: Caritas Luxembourg, Red Cross Luxembourg, AMIPERAS (National Association for the Elderly), Luxembourg Cancer Foundation and the two most important home care organisations (Hellef Doheem and Doheem Versuergt). It is financially supported by the Ministry of Family and Social Integration.
- Omega 90 did not mark the publication of the Council of Europe (2003) report on palliative care (Recommendation 24 of the Committee of Ministers to member states on the organisation of palliative care).
- Omega 90 has not participated in any way in the Council of Europe discussions about euthanasia (the Marty Report).
- At the current time, there are no initiatives in Luxembourg that seek the legalisation of euthanasia or assisted suicide. In 2002, a policy proposition about euthanasia “dying with dignity” was introduced to the parliament (Chambre des Députés), but it was not voted upon.

[EAPC Palliative Care Euro-Barometer 2005]

Other items on national palliative care development

References

There are no palliative care references for Luxembourg.

Information correct as at: 7th August 2006.

MALTA

Key Contact / National Association

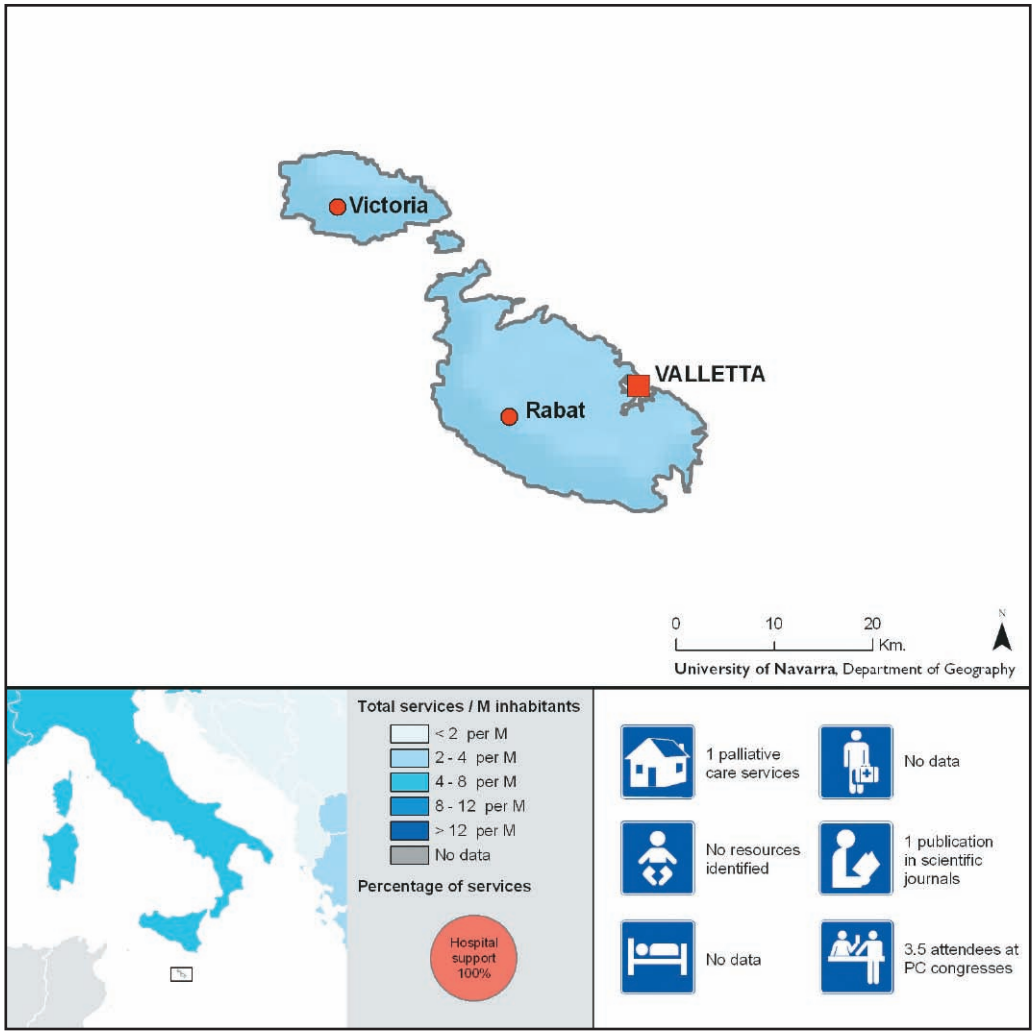
Key contact:

Mrs Antoinette Shah,
General Manager,
The Malta Hospice Movement,
39 Good Shepherd Avenue,
Balzan BZN 07
Malta.
Telephone: +356 2144 0085
Email: hospice@onvol.net

National Association:

Mrs Theresa Naudi,
Chair - The Council of Management,
The Malta Hospice Movement,
39 Good Shepherd Avenue,
Balzan BZN 07
Malta.
Telephone: +356 21440085
Email: theresanaudi@onvol.net

MALTA



Population: 384.594

Malta, officially the Republic of Malta, is a small and densely populated island nation consisting of an archipelago of seven islands in the middle of the Mediterranean Sea. Malta lies directly south of Sicily, east of Tunisia and north of Libya. The country's official languages are Maltese and English. Roman Catholicism is the most practised religion.

Malta has been a member state of the European Union since 2004 and it is currently the smallest EU country both in population and in area.

(http://en.wikipedia.org/wiki/Malta, accessed January 29th, 2006)

The Malta Hospice Movement is a voluntary organization founded in 1989. With very limited resources, the movement began modest services of Home Care and Day Care. Today it has a staff complement of 20 and volunteer "force" of 200.

(Naudi T. Palliat Med. 2002)

Palliative Care Services

NK = not known

Number of Palliative Care Services

	Inpatient Palliative Care Units	Hospices	Consultant Teams in Hospitals	Home Care Teams	Day Centres	Total
Adult/Children	0	0	1	0	0	**1**
Paediatric only	0	0	0	0	0	**0**

	Inpatient Palliative Care Units	Chronic Hospitals/ Nursing Homes	Total
Number of beds allocated to adult palliative care inpatients	0	0	**0**

	Adults	Children	Total
Number of Bereavement Support Teams	1	1	**2**

Comments/Sources

- The Malta Hospice Movement is the only provider of palliative care in Malta. The team provides home, hospital, and day care.
- Officially, there are no palliative care beds in Malta. The Malta Hospice Movement is home-care based. There are no inpatient services.
- There are oncology wards for children in the main hospital.
- Bereavement support is assessed by use of the Bereavement Risk Assessment Tool applied by key workers. This helps the movement to identify at risk members of family units. One-to-one Bereavement Support sessions are offered by qualified staff members that have a social work background and qualified volunteers who have a social work and psychology background. These staff members are also supported by trained bereavement care workers. Four support sessions are held each year.

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Adult Palliative Care Population

99%	of patients receiving palliative care have a cancer diagnosis
1%	of patients receiving palliative care have other incurable conditions

	Cancer	(n)
Number of patients who die at home	16.22%	-
Number of patients who die in a general hospital	72.30%	-
Number of patients who die in other healthcare institutions	11.48%	-

Comments/Sources

- The Malta Hospice Movement cares for cancer and motor neurone disease patients only.
- Place of death statistics refer to all illnesses (not just cancer)

[The Malta Hospice Movement Statistics 2004]
[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Palliative Care Services

Palliative Care Workforce Capacity

	Full-time	Part-time	Total
Physicians	0	0	**0**
Nurses	2	4	**6**
Social Workers	0	2	**2**
Psychologists	0	0	**0**
Physiotherapists	1	0	**1**
Occupational Therapists	0	1	**1**
Spiritual/Faith leaders	0	1	**1**
Volunteers	0	160	**160**

Comments/Sources

- Malta also has a fully qualified complementary therapist.

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Funding of palliative care services

Total number of palliative care services funded by the government	33%
Total number of palliative care services funded privately or by NGO's	67%

Comments/Sources

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Perceived use of main opioids in palliative care

Order of frequency	Opioid	Estimated cost per month (€)
First opioid	Morphine	-
Second opioid	-	-
Third opioid	-	-

Comments/Sources

- Morphine is the only opioid used in palliative care in Malta.

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Other items on national palliative care development

Key issues and challenges

- The lack of career structure for doctors and the lack of formal education for undergraduates often results in graduates not choosing to enter palliative care.
- Without specialist doctors, it is very difficult to open an in-patient unit in Malta.
- One-third of all palliative care referrals are from hospital doctors/general practitioners, and two-thirds of referrals are initiated by families.
- Due to being the only hospice service on the island, the Malta Hospice Movement is somewhat isolated.
- Morphine is available in state hospitals but not in privately owned pharmacies because of the fear of theft. Diamorphine is not available on the island.

[EAPC Palliative Care Euro-Barometer, 2005]

Palliative care accreditation

- "Unfortunately, we do not have accreditation for palliative care professionals in Malta. However, this is something that we at the Malta Hospice Movement are trying very hard with the authorities to start."

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Palliative care milestones

- The Malta Hospice Movement is established in 1989 with the aim of introducing hospice/palliative care to the Maltese Islands.
- In 1990, the Malta Hospice Movement is twinned with Hayward House Macmillan Palliative Care Unit, Nottingham, England, providing a solid foundation for the organisation.
- A pain clinic is set up in the state general hospital in 1998 to manage chronic pain.
- Fentanyl patches are introduced in 2005 into the private health sector.

[EAPC Palliative Care Euro-Barometer, 2005]

Health policy

- The Malta Hospice Movement has initiated talks with the state Department of Health to introduce palliative care formally into medical practice in Malta.
- The Malta Hospice Movement is in the process of extending its vision and policy to include End of Life Care in accordance with WHO policy and recommendations on the global level. It is hoped that the movement will expand and develop according to the needs of the Maltese people.
- The Movement is also in dialogue with the faculty of medicine, as part of endeavours to include palliative care in the undergraduate curriculum.
- The Malta Hospice Movement did not officially mark the publication of the Council of Europe report on palliative care (Recommendation Rec (2003) 24 of the Committee of Ministers to member states on the organisation of palliative care). However, the movement brought the publication to the attention of the state health authorities and to the faculty of medicine in 2005.
- The Malta Hospice Movement has not participated in any way in the Council of Europe discussions about euthanasia (the Marty Report).
- At the current time, there are no initiatives in Malta that are seeking the legalisation of euthanasia or assisted suicide.

[EAPC Palliative Care Euro-Barometer, 2005]

Other items on national palliative care development

References

Naudi, T. 2002. Global perspective. Family support: a summer holiday programme for Maltese children. Palliat. Med., vol. 16(2):159-61

Information correct as at: 7th August 2006.

NETHERLANDS

Key Contact / National Association

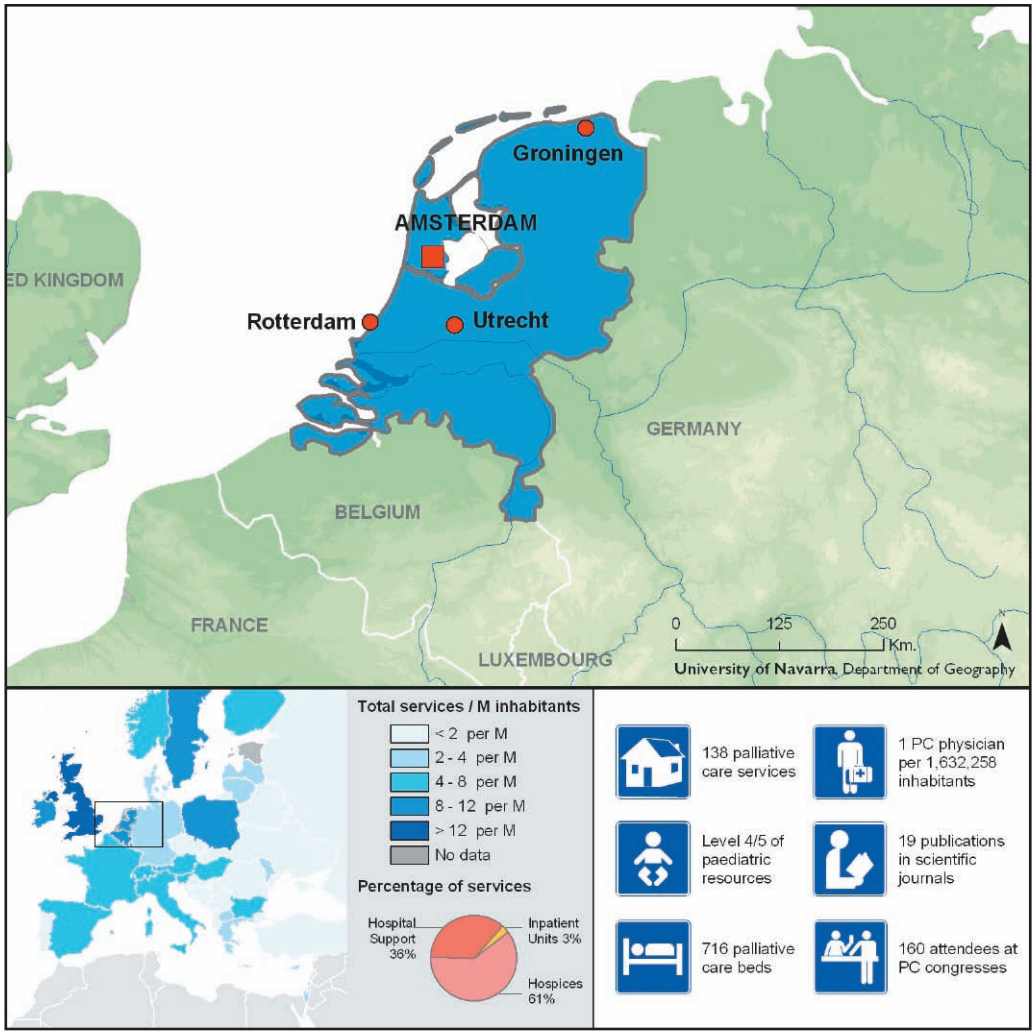
Key contact:

Marijke Wulp,
Staff member,
Agora, National Information Centre for Palliative Care,
J.F. Kennedylaan 101,
3981 GB Bunnik,
The Netherlands.
Telephone: +31-306575898
Email: mwulp@palliatief.nl

National Association:

Andre Rhebergen
Director/secretary on the board,
Netwerk Palliatieve zorg voor Terminale Patienten Nederland (NPTN),
J.F. Kennedylaan 101,
3981 GB Bunnik,
Netherlands.
Telephone: (0031) 306575 898
Email: arhebergen@palliatief.nl

NETHERLANDS



Population: 16.322.583

The Netherlands, which consists of the Netherlands, the Netherlands Antilles, and Aruba is a constitutional monarchy, located in northwestern Europe. It is bordered by the North Sea to the north and west, Belgium to the south, and Germany to the east. The current borders were established in 1839.

The country is host to the International Criminal Tribunal for the Former Yugoslavia, the International Court of Justice, the International Criminal Court and the European Union's criminal intelligence agency (Europol) at The Hague.

(http://en.wikipedia.org/wiki/Netherlands, accessed January 29th, 2006)

In The Netherlands, health care is characterized by its strong emphasis on primary care, and there is a consensus that palliative care should be provided in the patient´s home if possible.

In 1998, a national palliative care program was launched to stimulate education and research in palliative care as well as the development of local Palliative Care Consultation Teams (PCC teams). The first PCC team was established in 1997, and by March 2002 there were 20 PCC teams covering two-thirds of the country.

(Kuin A, Courtens AM, Deliens L, Vernooij-Dassen MJFJ, van Zuylen L, van der Linden B, van der Wal G. J Pain Symptom Manage. 2004)

Palliative Care Services

NK = not known

Number of Palliative Care Services

	Inpatient Palliative Care Units	Hospices	Consultant Teams in Hospitals	Home Care Teams	Day Centres	Total
Adult/Children	4	84	50	NK	NK	**138**
Paediatric only	0	4	4	2	0	**10**

	Inpatient Palliative Care Units	Chronic Hospitals/ Nursing Homes	Total
Number of beds allocated to adult palliative care inpatients	346	370	**716**

	Adults	Children	Total
Number of Bereavement Support Teams	NK	NK	**NK**

Comments/Sources

- There are many other institutions in the Netherlands that provide some form of palliative care but are not classified as 'inpatient palliative care unit/hospice'. Many of these institutions employ qualified palliative care doctors and nurses, and also social workers, physiotherapists and volunteers.
- Palliative care consultation teams contain experts who give advice to care workers working in home care or in a palliative care institution (hospice or a palliative care unit).
- The 50 consultation teams in hospitals consist of specialized and trained teams of doctors and nurses, and other disciplines also. Their services are available for regular home care, general practitioners, residential care, and hospitals.
- There are approximately 35 day care centres that are focused on patients with cancer; however, they are not called 'palliative day-care', but 'Institutions for psycho-social oncology' or 'inloophuizen' (walk-in homes). The workforce is a mix of volunteers and healthcare professionals.
- In the Netherlands, there are four children's hospices that provide terminal care and respite care. Within these hospices there are a total of 39 beds.
- The paediatric home palliative care teams are specialized teams in Rotterdam and Amsterdam for chronically or terminally ill children.
- Number of beds allocated to adult palliative care inpatients are estimates only.
- Many nursing homes possess beds that are exclusively allocated to adult palliative care inpatients. These beds are not for use by regular patients at the nursing home, but are for use by palliative care patients coming from hospital or home. The nursing homes employ qualified palliative care doctors and nurses.
- Most specialised palliative care services include bereavement services. However there is a big difference between the volunteer and professional services. The National Grief Counselling Foundation (Landelijke Stichting Stervensbegeleiding) aims to support people in mourning after the loss of a loved one.

[www.achterderegenboog.nl]
[www.palliatief.nl]
[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Adult Palliative Care Population

80%	of patients receiving palliative care have a cancer diagnosis
20%	of patients receiving palliative care have other incurable conditions

	Cancer	(n)
Number of patients who die at home	NK	NK
Number of patients who die in a general hospital	NK	NK
Number of patients who die in other healthcare institutions	NK	NK

Comments/Sources

- Percentage of patients with cancer/non-cancer diagnoses receiving palliative care is an estimate only.

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Palliative Care Services

Palliative Care Workforce Capacity

	Full-time	Part-time	Total
Physicians	10	200	**210**
Nurses	50	400	**450**
Social Workers	1	60	**61**
Psychologists	NK	NK	**60**
Physiotherapists	NK	NK	**15**
Occupational Therapists	NK	NK	**15**
Spiritual/Faith leaders	NK	NK	**NK**
Volunteers	NK	NK	**6000**

Comments/Sources

- All palliative care workforce capacity figures are estimates only.
- Physicians working part time in palliative care work mainly in nursing homes and homes for the elderly with a palliative unit. Most physicians combine palliative care with other activities.
- In the Netherlands, women mostly work part time (approx. 24 hours a week). This applies to nurses in palliative care also.
- The only social worker who works full-time in palliative care is in hospice Kuria in Amsterdam. Every nursing home and a lot of homes for the elderly have a social worker, but they are not working in palliative care alone. The same is true for physiotherapists, chaplains, psychologists and occupational therapists. In the urban areas there are many workers available who can work in palliative care, but they do so with the help of a consultation team.
- There are many spiritual/faith leaders of various denominations.

[www.vtz-nederland.nl]
[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Funding of palliative care services

Total number of palliative care services funded by the government	107
Total number of palliative care services funded privately or by NGO's	0

Comments/Sources

- About 40% of palliative care services are supported by a combination of private and public funds.
- The hospices and most 'home houses' have mixed financing (sponsors, funds, donations, etc.)

[Monitor palliatieve zorg, rapport 2004, February 2005]
[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Perceived use of main opioids in palliative care

Order of frequency	Opioid	Estimated cost per month (€)
First opioid	NK	NK
Second opioid	NK	NK
Third opioid	NK	NK

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Other items on national palliative care development

Key issues and challenges

- Lack of control relating to the quality of new palliative care services (and motivation of people to start such services).
- Government policy which states that palliative care is part of general medicine, not a specialism.
- A lack of finances for health care in general.
- Lack of knowledge about strong opioids on the part of general practitioners.
- Irrational fears of the general public on the dangers of addiction to strong opioids.

[EAPC Palliative Care Euro-Barometer 2005]

Palliative care accreditation

- "At this moment there is no specialisation for physicians or nurses in palliative medicine, but the branch organisations (NAPC and NVVPZ) are developing specialisation programmes. There are also a lot of different training programmes for palliative care professionals (nurses, physicians, physiotherapists)".

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Palliative care milestones

- 1993: Four "bodies of knowledge of pain" are created. Their task is to improve the treatment of pain through developing research and education in the field of pain.
- 1997-2003: The pain centres are involved in the Centres for development of palliative care, which is financed by the government for a six-year period.
- 2003: The EAPC conference focuses attention on palliative care at the policy level, and within the health care organisations and professions.
- 2004: The NPTN (in partnership with AGORA) translate and distribute the Council of Europe (2003) report on palliative care (Recommendation 24 of the Committee of Ministers to member states on the organisation of palliative care).

[EAPC Palliative Care Euro-Barometer 2005]

Health policy

- The combination of AGORA (the national institute for information and stimulation of development of palliative care) and the departments of palliative care that have been created within regional comprehensive cancer centres allow knowledge to be spread quickly and efficiently.
- The development of networks and the functioning of the departments for palliative care of the cancer centres are monitored by the College of Health Insurers, and by a yearly monitor for the ministry of health. AGORA, being directly financed by the ministry, has yearly plans and submits quarterly and yearly reports to the ministry.
- The national association NPTN has adopted a quality system that has been developed for high-care hospices and intends to broaden the scope of this quality system to make it applicable for units in nursing homes and for home care as well.
- There have been a number of policy developments to stimulate the integration of hospices and palliative care into the regular health care system, including the financing of local network coordinators.
- Funds have been made available for the support of volunteers in terminal care.
- The NPTN has not participated in any way in the Council of Europe discussions about euthanasia (the Marty Report) as the laws of the organisation state that no position should be taken relating to euthanasia or assisted suicide.

[EAPC Palliative Care Euro-Barometer 2005]

Other items on national palliative care development

References

Baar, F. 1999. Organisation of services. Palliative care for the terminally ill in the Netherlands: the unique role of nursing homes. Eur. J. Palliat. Care, vol. 6(5): 169-72

Cohen-Almagor, R., 2002. Dutch perspectives on palliative care in the Netherlands. Issues Law Med., vol. 18(2): 111-26

De Wit, R., van Dam, F., Vielvoye-Kerkmeer, A., Mattern, C., and Abu-Saad, H. H. 1999. The treatment of chronic cancer pain in a cancer hospital in The Netherlands. J. Pain Symptom Manage., vol. 17(5): 333-50.

Francke, A. L., and Kerkstra, A. 2000. Palliative care services in The Netherlands: a descriptive study. Patient Educ. Couns., vol. 41(1): 23-33

Gordijn, B., and Janssens, R. 2000. The prevention of euthanasia through palliative care: new developments in The Netherlands. Patient Educ. Couns., vol. 41(1): 35-46

Gordijn, B., and Visser, A. 2000. Issues in Dutch palliative care: readjusting a distorted image. Patient Educ. Couns., vol. 41(1): 1-5

Gronemeyer, R., Fink, M., Globisch, M., and Schumann, F. (2005) Helfen am ende des lebens hospizarbeit und palliative care in Europa. Giessen: Hospiz und Hospizbewegung, p. 156, Holandia.

Haverkate, I., and van der Wal, G. 1996. Policies on medical decisions concerning the end of life in Dutch health care institutions. JAMA., vol. 275(6): 435-9

Janssens, R. J., and ten Have, H. A. 2001. The concept of palliative care in The Netherlands. Palliat. Med., vol. 15(6):481-6.

Janssens, R., and ten Have, H. 2001. Palliative care in the Netherlands. In: H. ten Have and R. Janssens (Eds.) Palliative Care in Europe: Concepts and Policies. Amsterdam: IOS Press, 2001, pp. 13-30.

Jaspers, B., and Schindler, T. 2004. Stand der palliativmedizin und hospizarbeit in Deutschland und im vergleich zu ausgewählten staaten. Enquete-Kommission des Bundestages. Ethik und Recht der modernen Medizin. Section 8.5., Niederlande.

Kuin, A., Courtens, A. M., van Zuijlen, L., van der Linden, B., and van der Wal, G. 2004. Palliative care consultation in the Netherlands: a nationwide evaluation study. Journal of Pain and Symptom Management, vol. 27(1): 53-60.

Schrijnemaekers, V., Courtens, A., van den Beuken, M., and Oyen, P. 2003. The first 2 years of a palliative care consultation team in the Netherlands. Int. J. Palliat. Nurs., vol. 9(6): 252-7

Stooker, T., van Acht J. W., van Barneveld, E. M., van Vliet, R.C.J., van Hout, B. A., Hessing, D. J., and Busschbach, J. J. V. 2001. Costs in the last year of life in The Netherlands. Inquiry, vol. 38(1): 73-80

Van der Wal, G. 2003. From the Netherlands. Palliat. Med., vol. 17(2): 110

Veldink, J., Wokke, J. H. J., van der Wal, G., de Jong, J. M. B. V., and van den Berg, L. H. 2002. Euthanasia and physician-assisted suicide among patients with amyotrophic lateral sclerosis in the Netherlands. New England Journal of Medicine, vol. 346: 1638-1644.

Zylicz, Z. 1996. The Netherlands: status of cancer pain and palliative care. J. Pain Symptom Manage., vol. 12(2): 136-8

Zylicz Z. The story behind the blank spot. Am J Hospice Palliat Care. 1993:30-34.

Zylicz, Z., and Finlay, I. G. 1999. Euthanasia and palliative care: reflections from The Netherlands and the UK. J. R. Soc. Med., vol. 92(7): 370-3

Information correct as at: 7th August 2006

NORWAY

Key Contact / National Association

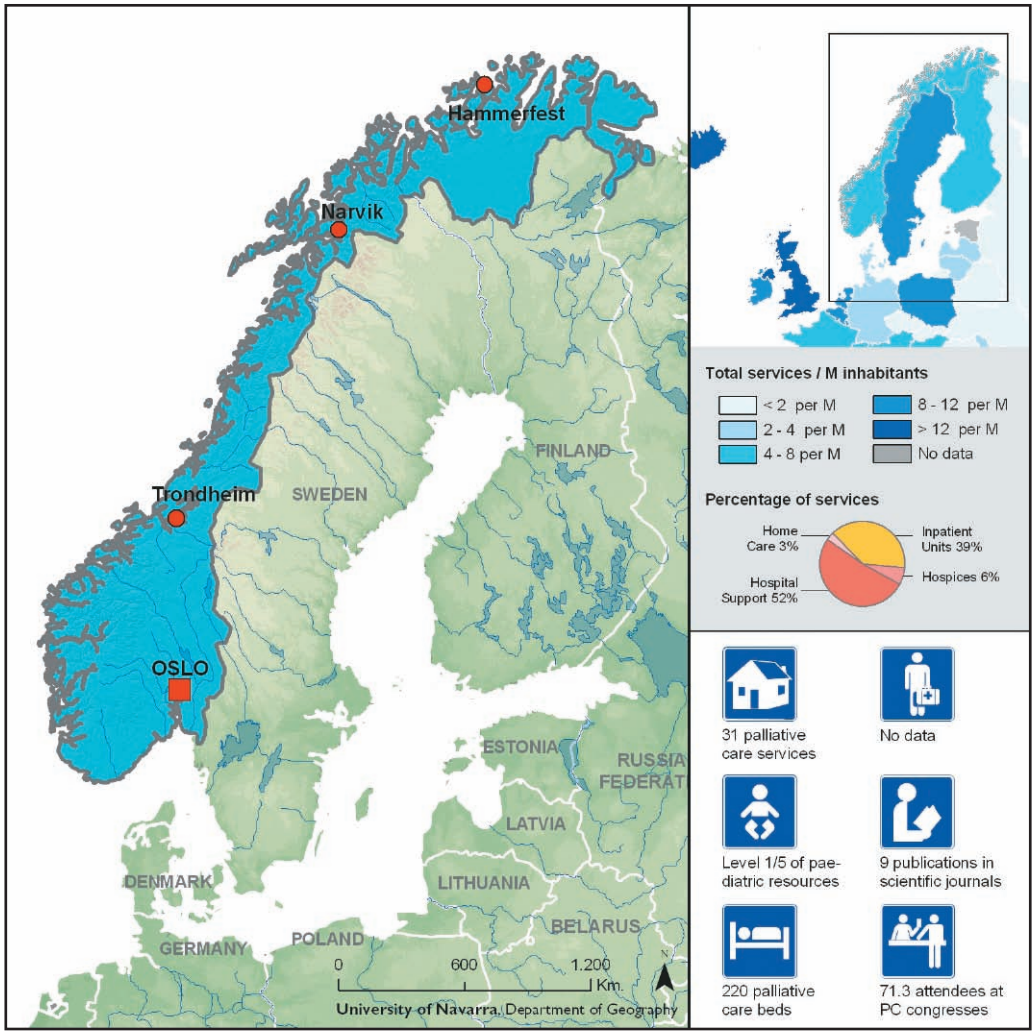
Key contact:

Marit Slaaen Jordhøy,
Physician (Head of Unit),
Unit of Oncology and Palliative Care,
Nordland Hospital,
8092 Bodø,
Norway
Telephone: +47 75534032
Email: marit.jordhoy@nordlandssykehu-set.no

National Association:

Jon Håvard Loge,
Consultant,
Centre for Palliative Medicine,
Oncological Department,
Ullevål University Hospital,
0407 Oslo,
Norway.
Telephone: + 47 22 11 86 75
Email: j.h.loge@medisin.uio.no

NORWAY



Population: 4.606.363

The Kingdom of Norway is a Nordic country on the western portion of the Scandinavian Peninsula, located in Europe, and bordering Sweden, Finland and Russia. Norway has a very elongated shape; the country's extensive coastline along the North Atlantic Ocean is home to its famous fjords. The Kingdom of Norway also includes the Arctic island territories of Svalbard and Jan Mayen.

(http://en.wikipedia.org/wiki/Norway, accessed January 29th, 2006)

At all University Hospitals in Norway, small centers are established. Unfortunately, there is still only one comprehensive palliative medicine unit, at the University Hospital in Trondheim.

(Kaasa S, Breivik H, Jordhoy M. J Pain Symptom Manage. 2002)

In 1984, the Norwegian government produced a document "Care for Terminally Ill Patients", which became tremendously important to the hospice movement. The document recommended the establishment of consultation teams in all hospitals and the establishment of palliative care units at university hospitals in the five health regions.

(Schjolberg T. Int J Palliat Nurs 1995)

Palliative Care Services

NK = not known

Number of Palliative Care Services

	Inpatient Palliative Care Units	Hospices	Consultant Teams in Hospitals	Home Care Teams	Day Centres	Total
Adult/Children	12	2	16	1	3	**34**
Paediatric only	0	0	0	0	0	**0**

	Inpatient Palliative Care Units	Chronic Hospitals/ Nursing Homes	Total
Number of beds allocated to adult palliative care inpatients	106	114	**220**

	Adults	Children	Total
Number of Bereavement Support Teams	NK	NK	**NK**

Comments/Sources

- Nine of the palliative care units are situated in, or connected, to nursing homes. They provide both short-term and long-term palliative care to solve more acute problems or provide respite for patients and relatives. In addition to these units, there are a minimum of 36 nursing homes scattered all over the country which have between one and six beds specifically allocated to palliative care. Three inpatient palliative care units are hospital based, and provide acute palliative care. Two are based in university hospitals, a 12 bed unit in Trondheim and a four bed unit connected to the Department of Oncology in Tromsø. The third is a three bed unit in a secondary hospital with a clearly defined organisation and function, connected to a palliative care team. However, there are also seven other hospitals that have between two and six beds located in acute wards that are exclusively allocated to palliative care patients.
- There is only one home palliative care team located outside hospitals, nursing homes or hospices, and that is Fransiskushjelpen in Oslo. There are no institution based home care teams taking full responsibility for the patient's care at home.
- There are 16 hospital based palliative care teams that give counselling, support and advice to primary care professionals taking care of the patient at home (although not all of them provide visits to the patients' homes).
- There are 89 beds in inpatient palliative care units (19 in hospital based units, 70 in nursing home-based units) and 17 in hospices.
- There are 27 beds exclusively allocated for palliative care patients in 7 different acute hospitals (24 are localised in acute hospitals, 3 in intermediate wards), and a minimum of 87 beds exclusively allocated for palliative care patients, localised in a total of 36 nursing homes.
- There is no palliative care service for children in Norway. However, children who require palliative care are normally taken care of by the hospital paediatric wards. If home care is planned, there is close cooperation between the hospital paediatricians, nurses and multidisciplinary team and the primary care physician/home care nurses, and after submission there is usually also a very close contact between the hospital and the primary care services. Where palliative care units/teams are established, these units/teams may also give support and counselling in paediatric cases.
- All palliative care units and teams offer bereavement support, but not always systematically in all cases of bereavement. The Norwegian Cancer Society plays an important role in palliative cancer care, and has organised bereavement support groups in larger cities. In many cities and communities, volunteer workers or religious communities/associations also provide such services.
- Most Norwegian secondary hospitals have an outpatient cancer unit with a varying number of cancer nurses. These units provide oncological treatment including chemotherapy, and for the large majority of their patients, the treatment has a palliative intention. The larger units are staffed with oncologists, whereas the smaller ones administer treatment initiated and controlled by the university based regional oncology department. Apart from administering chemotherapy, the cancer nurses in these units play an important role in the follow-up of cancer patients and their relatives in the palliative phase of their disease.

[The five Centres of Palliative Care Competence, each serving the five Health Care Regions in Norway]
[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Palliative Care Services

Adult Palliative Care Population

NK	of patients receiving palliative care have a cancer diagnosis
NK	of patients receiving palliative care have other incurable conditions

	Cancer	(n)
Number of patients who die at home	12.9%	NK
Number of patients who die in a general hospital	60.7%	NK
Number of patients who die in other healthcare institutions	26.4%	NK

Comments/Sources

- Percentage of patients with cancer/non-cancer diagnoses receiving palliative care is not available in any registry. However, the vast majority of patients in all palliative care units are cancer patients.

[Cancer deaths in Norway, 1990-1994. Norges offentlige utredninger: Omsorg og kunnskap: Norsk kreftplan. NOU 1997:20. 88-89. Statens forvaltningstjeneste, Statens trykning, Oslo, Norway]
[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Palliative Care Workforce Capacity

	Full-time	Part-time	Total
Physicians	NK	NK	78
Nurses	NK	NK	NK
Social Workers	NK	NK	NK
Psychologists	NK	NK	NK
Physiotherapists	NK	NK	NK
Occupational Therapists	NK	NK	NK
Spiritual/Faith leaders	NK	NK	NK
Volunteers	NK	NK	NK

Comments/Sources

- Unfortunately no formal registry exists, and neither exact numbers nor reliable estimates can be given. The best estimate of the number of full-time and part-time palliative care physicians in Norway is gained by citing the number of members of the Norwegian Association of Palliative Medicine (presently 78 physicians).
- Some hospitals have cancer nurses working in the Departments of Internal Medicine or Surgical Departments, and a considerable number of the Norwegian communities have a cancer nurse included in their home care nursing staff. The community based cancer nurse is often the key person in providing and coordinating palliative home care, especially in rural communities.

[The five Centres of Palliative Care Competence, each serving the five Health Care Regions in Norway]
[Norwegian Association of Palliative Medicine]
[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Palliative Care Services

NK = not known

Funding of palliative care services	
Total number of palliative care services funded by the government	**34**
Total number of palliative care services funded privately or by NGO's	**0**

Comments/Sources

- One or two palliative care services also receive support from private organisations.

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Perceived use of main opioids in palliative care

Order of frequency	Opioid	Estimated cost per month (€)
First opioid	Morphine	SR (5mg) = 147 NOK FR (10mg) = 153 NOK Inj (10mg) = 116 NOK
Second opioid	Oxycodone	SR (10mg) = 448 NOK FR (5mg) = 216 NOK
Third opioid	Fentanyl	Transdermal patches (5 patches) = 379 NOK

Comments/Sources

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Other items on national palliative care development

Key issues and challenges

- Lack of personnel.
- Indifference among health administrators and other health personnel.
- Subgroups of health personnel are still not fully aware of the possibility of using strong opioids.
- Patients believe they become drug abusers.
- There is too little focus on palliative care within medical education.

[EAPC Palliative Care Euro-Barometer 2005]

Palliative care accreditation

"Although The Norwegian Society for Palliative Medicine is recognized as a specialist society within the Norwegian Medical Association, palliative medicine is not a formalised medical speciality in Norway, and there is no specific curriculum or education defined by the Norwegian Medical Association or health care authorities for palliative care physicians. A Nordic specialist course for palliative medicine has, however, been established, and the first seven Norwegian physicians are now being educated. There is also no nationally defined curriculum in palliative care for other health professionals, but specialisation courses (1/2 - 1 year or two years part time) have been established at 6 university colleges (some for nurses only, others are multidisciplinary). All health regions have an educational programme (2 years) for cancer nursing at one or more university colleges. Although not focusing on palliative care in particular, these programmes provide an education that covers the major aspects of palliative care. A large number of cancer nurses have been educated during the last 10 –15 years."

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Palliative care milestones

- 1977: The first service for seriously ill and dying patients is established in Oslo: "Fransiskushjelpen", a non-profit organisation providing home care.
- 1994: The first academic palliative care unit opens in Trondheim: the Palliative Medicine Unit (PMU) at St Olav's Hospital.
- 1995: There is a public hearing on the "Treatment and Care of the Incurably Ill and Dying".
- 1996-1999: A governmental committee is established and a report published giving professional recommendations concerning the development and organisation of palliative care.
- 1999: The results from the public hearing on the "Treatment and Care of the Incurably Ill and Dying" are published and become the main guideline for the development of palliative care and the special needs of palliative care patients (including the relief of pain).
- 2001: The Norwegian Society for Palliative Medicine is recognized as a specialist society within the Norwegian Medical Association, giving palliative medicine the same accreditation as other specialised areas within medicine.

[EAPC Palliative Care Euro-Barometer 2005]

Health policy

- Palliative care and palliative medicine are rapidly developing within Norway. Palliative teams have been established in several hospitals, one hospice has been running for 10 years, two minor hospices have been established within the last couple of years, and palliative beds are being established at various nursing homes. At the Oncological Centre at Ullevål University Hospital, a 12-bed palliative medicine unit is under construction at the present. This will serve the whole region as a highly competent and specialised unit.
- Resources are being allocated to palliative care and palliative care services. The main challenge is to use the present climate to integrate palliative care into other parts of the health care system. This includes establishing good research projects and funding for palliative care research.
- The development of palliative care is partly related to mainstream palliative care, hospice ideology, and to an increased awareness of individuals' needs. In addition, the strong focus on scientific activities within the development of palliative care has been a driving force and has had a major impact on the content and organization of palliative care.
- The single most important policy change since 2000 has been the establishment of specific funding for palliative care delivery. This funding has stimulated the establishment of palliative care teams at most of the national hospitals. The possibility of increasing the hospitals' income by use of this special funding has made it possible to establish palliative care teams.
- The Centre for Palliative Medicine, Ullevål University Hospital, did not mark the publication of the Council of Europe (2003) report on palliative care (Recommendation 24 of the Committee of Ministers to member states on the organisation of palliative care) in any way.
- The Centre for Palliative Medicine, Ullevål University Hospital, has not participated in any way in the Council of Europe discussions about euthanasia (the Marty Report). However, the Norwegian Palliative Care Physicians Association has been involved in these discussions.
- At the current time, there any no official initiatives in Norway that seek the legalisation of euthanasia or assisted suicide (some private initiatives have been registered, but they appear to have had little impact).

[EAPC Palliative Care Euro-Barometer 2005]

Other items on national palliative care development

References

Gronemeyer, R., Fink, M., Globisch, M., and Schumann, F. (2005) Helfen am ende des lebens hospizarbeit und palliative care in Europa. Giessen: Hospiz und Hospizbewegung, p. 225-243, Norwegia.

Jaspers, B., and Schindler, T. 2004. Stand der palliativmedizin und hospizarbeit in Deutschland und im vergleich zu ausgewählten staaten. Enquete-Kommission des Bundestages. Ethik und Recht der modernen Medizin. Section 8.6, Norwegen.

Jordhøy MS. Saltvedt I. Fayers P. Loge JH. Ahlner-Elmqvist M. Kaasa S. Which cancer patients die in nursing homes? Quality of life, medical and sociodemographic characteristics. Palliat Med 2003 Jul; 17(5): 433-44.

Kaasa S., Klepp, O., Hagen, S., Wist, E., and Kvinnsland, S. 1996. Treatment intention in hospitalized cancer patients in oncological wards in Norway: a national survey. Cancer Treat. Rev., vol. 22, Suppl A: 33-9.

Kaasa S., Breivik, H., and Jordhoy, M. 2002. Norway: development of palliative care. J. Pain Symptom Manage., vol. 24(2): 211-4.

Lorensen, M. Davis, A. J. Konishi, E. and Bunch, E. H. 2003. Ethical issues after the disclosure of a terminal illness: Danish and Norwegian hospice nurses' reflections. Nurs. Ethics, vol. 10(2): 175-85.

Ottesen, S. 2003. From Norway. Palliat.Med., vol. 17(2): 169.

Schjolberg T. Development of palliative care in Norway: an overview. Int J Palliat Nurs 1995; 1:53-6.

Sørbye, L.W. 2000. Research study. A longitudinal study on dying in a Norwegian hospital. Int. J. Palliat. Nurs., vol. 6(2): 71-2, 74-9.

Information correct as at: 7th August 2006.

PORTUGAL

Key Contact / National Association

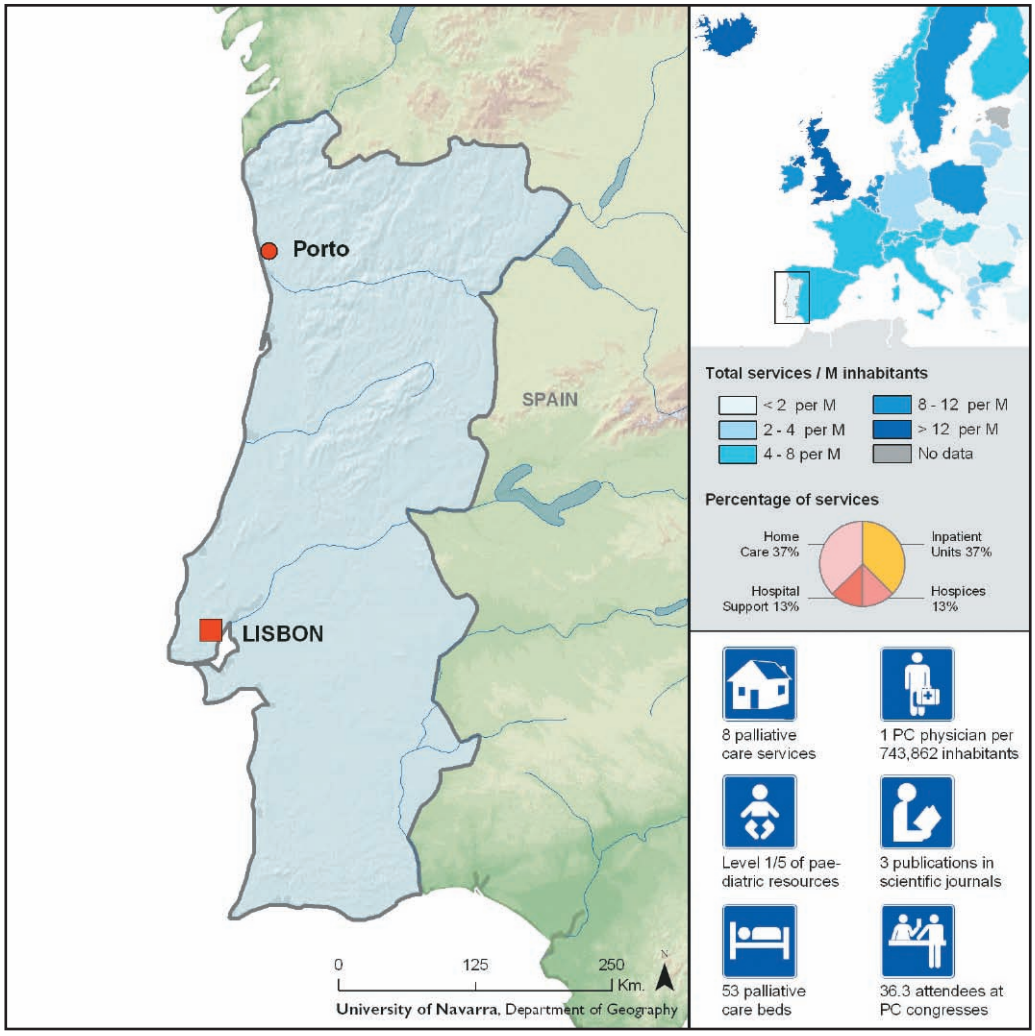
Key contact:

Isabel Galriça Neto,
Team Co-ordinator/Medical Director,
Equipa de Cuidados Continuados,
Centro de Saúde de Odivelas,
Address: (Home) Praceta Teresa Gomes,
Nº 3 1º B Venda Nova,
2700-808 Amadora,
Portugal.
Telephone: (Home) 00351 21 4765977
Email: isaneto@esoterica.pt

National Association: (member of the EAPC):

Isabel Galriça Neto;
President,
Associação Nacional de Cuidados Paliativos,
Unidade de Cuidados Continuados,
Instituto Português de Oncologia Porto,
Rua Dr. António Bernardino de Almeida,
4200-072 Porto,
Portugal.
Telephone: Tel 00 351225097300
Email: www.ancp.pt

PORTUGAL



Population: 10.463.170

Portugal is located in south-western Europe on the Iberian Peninsula, is the westernmost country of mainland Europe. Portugal is bordered by Spain to the north and east and by the Atlantic Ocean to the west and south. The Atlantic archipelagos of the Azores and Madeira are also part of Portugal.

A developed country, Portugal is a member of the European Union (since 1986), the United Nations (since 1955), and a founding member of the Eurozone, OECD, and NATO.

(http://en.wikipedia.org/wiki/Portugal, accessed January 29th, 2006)

Palliative care is now needed in Portugal and must be developed... In my opinion, it is more important to do something useful immediately for patients with advanced chronic diseases who are suffering unnecessarily than to wait for conditions that anyone might imagine to be ideal.

(Ferraz JA. Support Care Cancer, 2001)

Palliative Care Services

NK = not known

Number of Palliative Care Services

	Inpatient Palliative Care Units	Hospices	Consultant Teams in Hospitals	Home Care Teams	Day Centres	Total
Adult/Children	3	1	1	3	1	**9**
Paediatric only	0	0	0	1	0	**1**

	Inpatient Palliative Care Units	Chronic Hospitals/ Nursing Homes	Total
Number of beds allocated to adult palliative care inpatients	53	0	**53**

	Adults	Children	Total
Number of Bereavement Support Teams	0	0	**0**

Comments/Sources

- There is little formal or organized palliative care for children. However, palliative care is provided for children at home by the Equipa de Odivelas home care team.
- Bereavement support is provided by the multidisciplinary team; there are no specific services for this purpose.

  [Information provided by medical directors of the following teams: Hospital Units - IPO Porto, IPO Coimbra, Hospital Fundão; Hospice - Unidade da Misericórdia da Amadora; Home Teams - Equipa de Odivelas, Misericórdia de Azeitão, IPO Porto; Hospital Teams - Hospital de S.João-Porto; Day centre - IPO Porto]

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Adult Palliative Care Population

97%	of patients receiving palliative care have a cancer diagnosis
3%	of patients receiving palliative care have other incurable conditions

	Cancer	(n)
Number of patients who die at home	NK	NK
Number of patients who die in a general hospital	NK	NK
Number of patients who die in other healthcare institutions	NK	NK

Comments/Sources

- Percentage of patients with cancer/non-cancer diagnoses receiving palliative care is an estimate only. Only the teams in Odivelas, Fundão and Azeitão provide palliative care for non-cancer patients.

  [Information provided by medical directors of the following teams: Hospital Units - IPO Porto, IPO Coimbra, Hospital Fundão; Hospice - Unidade da Misericórdia da Amadora; Home Teams - Equipa de Odivelas, Misericórdia de Azeitão, IPO Porto; Hospital Teams - Hospital de S.João-Porto; Day centre - IPO Porto]

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Palliative Care Services

Palliative Care Workforce Capacity

	Full-time	Part-time	Total
Physicians	6	14	**20**
Nurses	36	23	**59**
Social Workers	NK	NK	**6**
Psychologists	NK	NK	**7.5**
Physiotherapists	NK	NK	**4**
Occupational Therapists	NK	NK	**1**
Spiritual/Faith leaders	NK	NK	**5**
Volunteers	NK	NK	**27**

Comments/Sources

- Number of volunteers is an estimate only. There is a national non-profit organization (AMARA) that prepares volunteers and provides support mainly in the Lisbon area.

  [Information provided by medical directors of the following teams: Hospital Units - IPO Porto, IPO Coimbra, Hospital Fundão; Hospice - Unidade da Misericórdia da Amadora; Home Teams - Equipa de Odivelas, Misericórdia de Azeitão, IPO Porto; Hospital Teams - Hospital de S.João-Porto; Day centre - IPO Porto]

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Funding of palliative care services

Total number of palliative care services funded by the government	7
Total number of palliative care services funded privately or by NGO's	0

Comments/Sources

- Three palliative care services are supported by a combination of private and public funds.

  [Information provided by medical directors of the following teams: Hospital Units - IPO Porto, IPO Coimbra, Hospital Fundão; Hospice - Unidade da Misericórdia da Amadora; Home Teams - Equipa de Odivelas, Misericórdia de Azeitão, IPO Porto; Hospital Teams - Hospital de S. João-Porto; Day centre - IPO Porto]

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Perceived use of main opioids in palliative care

Order of frequency	Opioid	Estimated cost per month (€)
First opioid	Morphine (slow release)	NK
Second opioid	Fentanyl patch	NK
Third opioid	Morphine (immediate release)	NK

Comments/Sources

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Other items on national palliative care development

Key issues and challenges

- Lack of political will, namely in practical implementation of specific palliative care teams.
- Misunderstanding about the costs of palliative care.
- Lack of acknowledgement about the importance of palliative care.
- Many hospitals give expensive strong opioids free of charge to the patients.
- Aqueous morphine and methadone are needed.
- Pain network and palliative care networks are written in documents but not adequately implemented in the field.

[EAPC Palliative Care Euro-Barometer 2005]

Palliative care accreditation

- There is no specialist accreditation for palliative care professionals in Portugal at the present time. Some of the doctors that run the units have worked abroad and/or had specific training in palliative care.
- There is a palliative care Master's course in the Lisbon Faculty of Medicine

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Palliative care milestones

- There have not been any important policy changes affecting the development of hospice and palliative care in Portugal since 2000.

[EAPC Palliative Care Euro-Barometer 2005]

Health policy

- The 'Associação Nacional de Cuidados Paliativos' did not mark the publication of the Council of Europe (2003) report on palliative care (Recommendation 24 of the Committee of Ministers to member states on the organisation of palliative care).
- The 'Associação Nacional de Cuidados Paliativos' has not participated in any way in the Council of Europe discussions about euthanasia (the Marty Report).
- At the present time there are no initiatives in Portugal that are seeking the legalisation of euthanasia or assisted suicide.

[EAPC Palliative Care Euro-Barometer 2005]

Other items on national palliative care development

References

Ferraz-Gonçalves, J., A. 2001. A Portuguese palliative care unit. Support. Care Cancer, vol. 9(1): 4-7.

Ferraz-Gonçalves, J., A. 2003. "The last 48 hours of life in a Portuguese palliative care unit: does it differ from elsewhere?" Journal of Palliative Medicine, vol. 6(6): 895-900.

Information correct as at: 7th August 2006

SPAIN

Current Directory:

Printed version	Directorio SECPAL de Cuidados Paliativos 2004 España Flores LA, Centeno C, Rubiales AS, Hernansanz S SECPAL. Madrid 2005
Online version	Directorio de Cuidados Paliativos SECPAL http://www.secpal.com/directorio

Key Contact / National Association

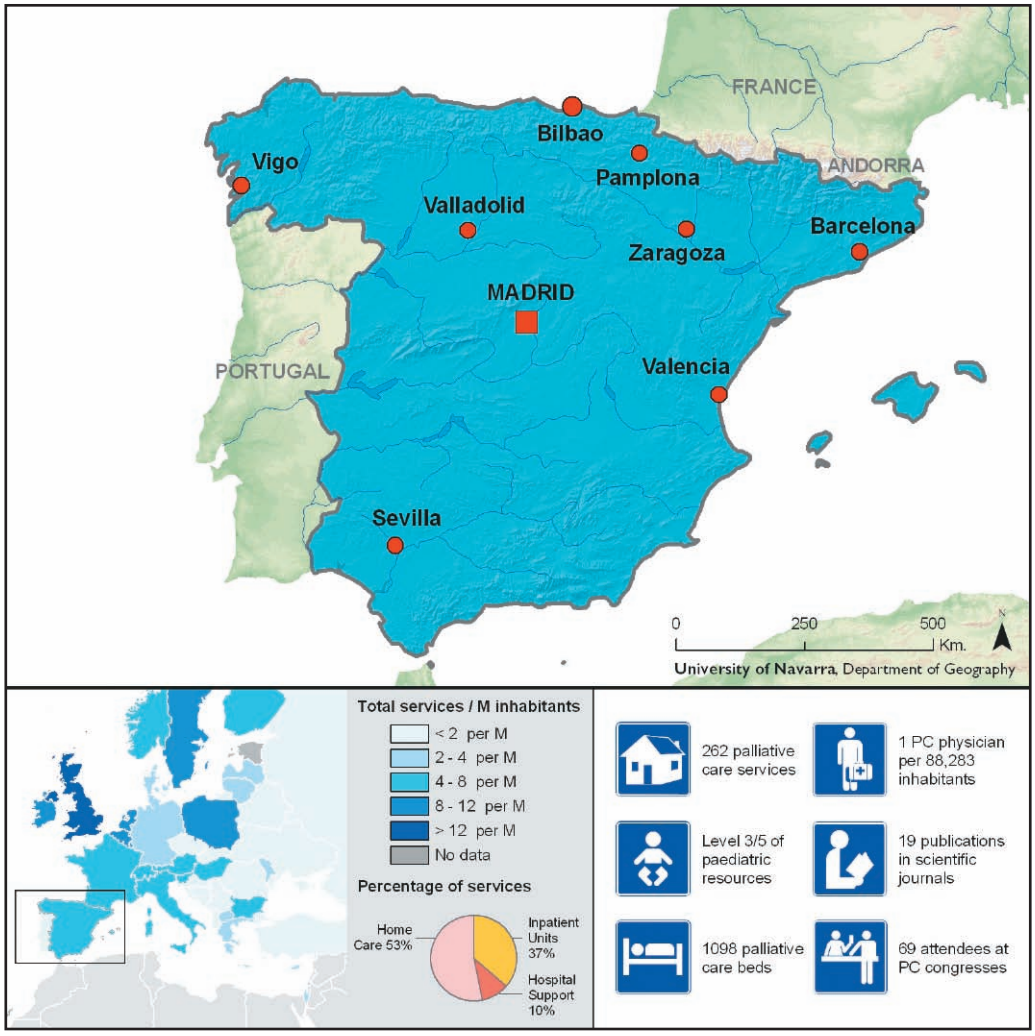
Key contact:

Luis Alberto Flores Pérez,
Coordinator, Directorio SECPAL,
Sociedad Española de Cuidados Paliativos
(SECPAL),
Toreros 19 – 5 A,
SPAIN.
Telephone: 34 696218721
E-Mail: luisafp@secpal.com

National Association:

Xavier Gómez-Batiste, MD, PhD,
President, Sociedad Española de Cuidados
Paliativos (SECPAL),
Palliative care Service,
Institut català d'Oncologia,
Avda Granvia s/n,
08917 HOSPITALET BARCELONA,
SPAIN.
Telephone: 00.93.260.77.89
Email: xgomez@ico.scs.es

SPAIN



Population: 43.435.136

Spain is a country located in Southern Europe, with two small exclaves in North Africa.

Spain is a democracy which is organized as a parliamentary monarchy. It is a developed country with the ninth-largest economy in the world.

To the west, Spain borders Portugal, to the south, it borders Gibraltar (a British overseas territory) and Morocco, through its cities in North Africa (Ceuta and Melilla). To the northeast, along the Pyrenees mountain range, it borders France and the tiny principality of Andorra.

(http://en.wikipedia.org/wiki/Spain, accessed January 29th, 2006)

We can estimate that each year around 25000 dying patients are treated within specific palliative care programmes. If we only consider cancer patients, then palliative care teams would cover 22% of the patients who die each year of cancer in Spain. If five or ten beds for 100,000 population is considered to be the optimum ratio, Spain needs to double the number of available beds.

(Centeno C, Arnillas P, Hernansanz S, Flores LA, Gomez M, Lopez-Lara F. Palliat Med. 2000)

Palliative Care Services

NK = not known

Number of Palliative Care Services

	Inpatient Palliative Care Units	Hospices	Consultant Teams in Hospitals	Home Care Teams	Day Centres	Total
Adult/Children	95	0	27	139	28	**289**
Paediatric only	2	0	0	0	0	**2**

	Inpatient Palliative Care Units	Chronic Hospitals/ Nursing Homes	Total
Number of beds allocated to adult palliative care inpatients	883	215	**1098**

	Adults	Children	Total
Number of Bereavement Support Teams	2	0	**2**

Comments/Sources

- The numbers of services reported are from the Spanish Directory of Services 2004 that uses restrictive criteria to show only specific resources of Palliative Care. There are other sources of information that provide further data: Health System from Autonomic Regions, Hospitalization at Home Teams, etc.
- There are geographic differences in Spain between Autonomic Regions. There are three different levels of development of Palliative Care in Spain: high level (more that 50% of coverage of Palliative Care): Catalonia, Extremadura, Navarra, Canarias, Rioja; medium level (between 30-50% of coverage): at least the follow Castilla y León, Cantabria, País Vasco and some others; low level (lees than 30% of coverage): regions with very slow implementation as for example Galicia and Valencia.
- Considering only Cataluña the provision of services could be as follow: 63 Palliative Care Units with 552 beds (22 of them in Hospital for non-Acute Patients); 34 Consultants Teams in Hospitals, 70 Home Care Teams (called PADES, they have Palliative Care structure and process but some of them are working also with geriatric patients in Community. They attend 35.000 Palliative Care process, 12.400 cancer patients y 8.700 non-cancer patients.

[Directorio SECPAL 2004]
[EAPC Palliative Care Facts in Europe Questionnaire 2005]
[Departament de Salut i Departament de Benestar i Família, Catalonia]

Adult Palliative Care Population

95%	of patients receiving palliative care have a cancer diagnosis
5%	of patients receiving palliative care have other incurable conditions

	Cancer	(n)
Number of patients who die at home	NK	7200
Number of patients who die in a general hospital	NK	14900
Number of patients who die in other healthcare institutions	NK	NK

Comments/Sources

- Percentage of patients with cancer/non-cancer diagnoses receiving palliative care is an estimate only.

[Directorio SECPAL 2004]
[Instituto Nacional de Estadística www.ine.es/]
[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Palliative Care Services

Palliative Care Workforce Capacity

	Full-time	Part-time	Total
Physicians	492	0	**492**
Nurses	798	0	**798**
Social Workers	NK	NK	**137**
Psychologists	NK	NK	**118**
Physiotherapists	NK	NK	**35**
Occupational Therapists	NK	NK	**2**
Spiritual/Faith leaders	NK	NK	**40**
Volunteers	NK	NK	**NK**

Comments/Sources

- There are 111 palliative care units that have some volunteers, although the exact number of volunteers is unknown.
- Considering Catalonia only: there are 140 physicians working full-time in Palliative Care.

[Directorio SECPAL 2004]
[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Funding of palliative care services

Total number of palliative care services funded by the government	135
Total number of palliative care services funded privately or by NGO's	11

Comments/Sources

- There are 115 palliative care services supported by a combination of private and public funds.

[Directorio SECPAL 2004]
[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Perceived use of main opioids in palliative care

Order of frequency	Opioid	Estimated cost per month (€)
First opioid	Fentanyl	88 €
Second opioid	Morphine	14€
Third opioid	Buprenorfine	88 €

Comments/Sources

[Ministerio de Sanidad y Consumo www.msc.es]
[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Other items on national palliative care development

Key issues and challenges

- Lack of political commitment of some regional health ministries.
- Lack of appropriate professional leadership in some regions..
- The development of hospice and palliative care occurs at two different speeds, according to political involvement: some regions are implementing it very quickly (for example, Catalonia, Extremadura)

[EAPC Palliative Care Euro-Barometer 2005]

Palliative care accreditation

- There is no specialist accreditation for palliative care professionals in Spain at the present time but there is an open process working for an Specific Area of Capacitation in Palliative Care (sub-specialty).

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Palliative care milestones

- 1984-1991: First Palliative Care Services and Units: H. Valdecilla Santander, Hospital Santa Creu, Vic (Barcelona), Hospital El Sabinal (Las Palmas de Gran Canarias), Hospital Gregorio Marañón de Madrid.
- 1990-1995: Catalonia WHO Demostration Project on Palliative Care
- 1991: First Home Care Team of the Spanish Association Against Cancer
- 1992: Spanish Society of Palliative Care was founded.
- 1994: The Spanish Ministry Decree improves the availability of strong opioids.
- 1994: First issue of "Medicina Paliativa" Spanish Journal of Palliative Care
- 1995: First Spanish Congress on Palliative Care and 4th European Congressin Barcelona
- 1997: First Edition of the Spanish Directory of Palliative Care
- 1999: www.secpal.com, a wep site for professionals in Spanish is launched
- 2001: National Plan on Palliative Care from Spanish Minister of Health
- 2004: Sociedad Española de Cuidados Paliativos (SECPAL) marks the publication of the Council of Europe (2003) report on palliative care (Recommendation 24 of the Committee of Ministers to member states on the organisation of palliative care) by translating the document into Spanish and Galician.
- 2005: Palliative care is included in the 'Plan Nacional de Cáncer' - the Ministry of Health recommends its implementation and recognises palliative care as a human right to be protected.
- 2006: A new national plan is now under consensus building, and 5 regions are in the process of implementing palliative care plans.

[EAPC Palliative Care Euro-Barometer 2005]

Health policy

- Several regions (Catalonia, Canarias, Extremadura) have developed excellent programs based on WHO principles, and act as reference centres for others. There are 5 more regions with middle sized implementation, and 5 more developing plans.
- The Catalan model is now being updated to cover non-cancer patients, and to extend general measures in conventional services.
- At the current time, there no initiatives in Spain that seek the legalisation of euthanasia or assisted suicide. Some political parties do seek such legislation, but the Spanish Minister of Health has said that this will not be considered within the next four years.
- A new National Palliative Care Plan is now being considered by the spanish goverment.
- Five of 14 Autonomic Regions are in the process of implementing new palliative care plans for the first time: Galicia, Andalucía, Cantabria, Madrid, Asturias.

[EAPC Palliative Care Euro-Barometer 2005]

Other items on national palliative care development

References

Benitez, M. A., Castaneda, P., Gimeno, V., Gomez, M., Duque, A., Pascual, L., Perez, N., Sanchez, M., and Torrubia, P. 2001. [Consensus document of the Spanish Society of Palliative Care (SECPAL) and the Spanish Society of Family and Community Medicine (semFYC). Domiciliary care for the patient with cancer in terminal phase]. Aten Primaria., vol. 27(2): 123-6.

Bosch, X. 2000. Spain launches national plan for palliative care. BMJ., vol. 320(7243): 1162

Bosch, X. 2001. Spain agrees palliative care plan. BMJ., vol. 322(7277): 8.

Centeno C, Flores LA, Hernansanz S. Historia De Los Cuidados Paliativos. El Desarrollo En España. 2003. En: Marcos Gómez et al, Avance en cuidados paliativos. Tomo III, 687-704. Las Palmas de Gran Canaria: Editorial Gafos.

Centeno, C., and Heller, K. S. 2000. Palliative care in Spain: an evolving model. J. Palliat. Med., vol. 3(1): 123-7.

Centeno, C., Arnillas, P., Henansanz, S., Flores LA, Gómez, M., López-Lara, F. 2000. The reality of palliative care in Spain. Palliat Med 14(5): 387-94.

Centeno, C., Hernansanz, S., Flores, L. A., Rubiales, A. S., and Lopez-Lara, F. 2002. Spain: palliative care programs in Spain, 2000: a national survey. J. Pain Symptom Manage., vol. 24(2): 245-51.

Flores, L. A., Centeno, C., Sanz, A., and Hernansanz, S. 2005. Directorio de Cuidados Paliativos 2004 España. Sociedad Española de Cuidados Paliativos. Madrid.

Gomez-Batiste X, Fontanals MD, Roca J, Borras JM, Viladiu P, Stjernsward J, Rius E. Catalonia WHO Demonstration Project on Palliative Care Implementation 1990-1995: results in 1995. J Pain Symptom Manage. 1996 Aug;12(2):73-8.

Gomez-Batiste, X., Madrid, F., Moreno, F., Gracia, A., Trelis, J., Nabal, M., Alcalde, R., Planas, J., and Camell, H. 2002. Breakthrough cancer pain: prevalence and characteristics in patients in Catalonia, Spain. J. Pain Symptom Manage., vol. 24(1): 45-52.

Gomez-Batiste, X., Porta, J., Tuca, A., Corrales, E., Madrid, F., Trelis, J., Fontanals, D., Borras, J. M., Stjernsward, J., Salva, A., and Rius, E. 2002. Spain: the WHO Demonstration Project of Palliative Care Implementation in Catalonia: results at 10 Years (1991-2001). J. Pain Symptom Manage., vol. 24(2): 239-44.

Gomez-Batiste X, Tuca A, Corrales E, Porta-Sales J, Amor M, Espinosa J, Borras JM, de la Mata I, Castellsague X; Grupo de Evaluacion-SECPAL. Resource consumption and costs of palliative care services in Spain: a multicenter prospective study. J Pain Symptom Manage. 2006 Jun;31(6):522-32.

Gracia, D., and Nunez Olarte, J. M. 2000. Report from Spain. Support. Care Cancer, vol. 8(3): 169-74.

Jaspers, B., and Schindler, T. 2004. Stand der palliativmedizin und hospizarbeit in Deutschland und im vergleich zu ausgewählten staaten. Enquete-Kommission des Bundestages. Ethik und Recht der modernen Medizin. Section 8.11, Spanien.

Núñez Olarte, J. M., and Guillen, D. G. 2001. Cultural issues and ethical dilemmas in palliative and end-of-life care in Spain. Cancer Control, vol. 8(1): 46-54.

Núñez Olarte, J. M. N., and Gracia, D. 2001. Palliative care in Spain. In: H. ten Have and R. Janssens (Eds) Palliative Care in Europe: Concepts and Policies. Amsterdam: IOS Press, 2001, pp. 55-68.

Serra-Prat, M., Gallo, P., and Picaza, J. M. 2001. Home palliative care as a cost-saving alternative: evidence from Catalonia. Palliat. Med., vol. 15(4): 271-8.

Zabalegui, A. 2001. Palliative nursing care in Spain. Eur. J. Cancer Care, vol. 10(4): 280-3.

Information correct as at: 7th August 2006.

SWEDEN

Current Directory:

Online version	Register över palliativa verksamheter http://www.nrpv.se/pages/597.asp?menuID=245&menuColor=%2300FF66

Key Contact / National Association

Key contact:

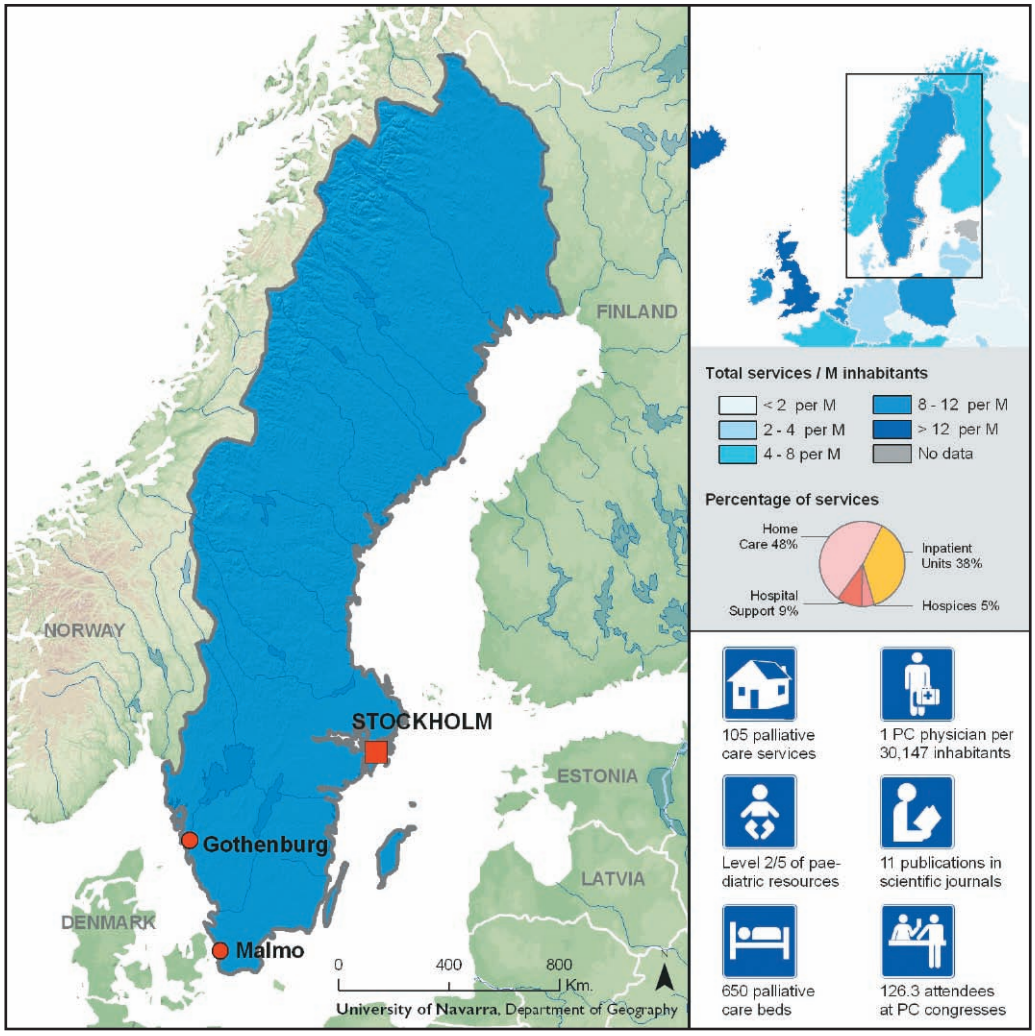
Carl Johan Fürst,
Medical Director,
Stockholms Sjukhelm Foundation,
Mariebergsgatan .22,
112 35 Stockholm, Sweden.
Telephone:+46 8 6171282
Email:cj.furst@stockholmssjukhem.se

National Association:

The National Council for Palliative Care (NRPV) is an umbrella organisation for 12 professional associations and networks.
Chairman: Dr Carl Johan Fürst
E-mail: www.nrpv.org
Nationella Rådet för Palliativ Vård
Mariebergsgatan 22
112 35 Stockholm, Sweden
+46 8 6179304

The Swedish Association of Palliative Medicine
Chairman: Inger Fridegren
www.sfpm.org

SWEDEN



Population: 9.043.990

The Kingdom of Sweden is a Nordic country in Scandinavia. It is bordered by Norway in the west, Finland in the northeast, the Skagerrak Strait and the Kattegat Strait in the southwest, and the Baltic Sea and the Gulf of Bothnia in the east. It is connected to Denmark in the southwest by the Oresund Bridge.

(http://en.wikipedia.org/wiki/Sweden, accessed January 29th, 2006)

Palliative home care is generally free of charge and is supported by the county councils. About 60 such teams exist throughout the country.

Palliative care in-patient units and hospices have also been established in Sweden, but to a lesser extent than home care. The first hospices were created independently of the national health care system and opened in 1980.

(Furst CJ. Perspectives on palliative care: Sweden. 2000)

Palliative Care Services

NK = not known

Number of Palliative Care Services

	Inpatient Palliative Care Units	Hospices	Consultant Teams in Hospitals	Home Care Teams	Day Centres	Total
Adult/Children	40	5	10	50	8	**113**
Paediatric only	NK	NK	NK	NK	NK	**2**

	Inpatient Palliative Care Units	Chronic Hospitals/ Nursing Homes	Total
Number of beds allocated to adult palliative care inpatients	600	50	**650**

	Adults	Children	Total
Number of Bereavement Support Teams	0	0	**0**

Comments/Sources

- Number of palliative care services is an estimate. The number is a bit higher. A majority of the units have both beds and home care services
- It is difficult to estimate the number of palliative care units or Hospices. An updated directory of services is under way at the moment. In Sweden, there are very few hospices outside of the health care system.
- The home care teams do not consist solely of doctors, but are specialized teams of doctors and nurses working 24 hours per day Physiotherapists, occupational therapists and social workers are most often also team members. These specialised units care in total for over 2 000 patients each day.
- Day centres are uncommon in Sweden. They are not always supported financially within the healthcare system.
- There are no special paediatric units and few doctors are devoted specifically to paediatric palliative care, although some are attached to paediatric oncology.
- There are voluntary based bereavement services in Sweden; bereavement support is provided by the staff of each palliative care unit.

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Adult Palliative Care Population

90 % of patients receiving palliative care have a cancer diagnosis

10 % of patients receiving palliative care have other incurable conditions

	Cancer	(n)
Number of patients who die at home	50%	NK
Number of patients who die in a general hospital	5%	NK
Number of patients who die in other healthcare institutions	45%	NK

Comments/Sources

- Percentage of patients with cancer/non-cancer diagnosis receiving palliative care is an estimate only.
- Place of death data is an estimate only.
- The number of patients that die in nursing homes is increasing.

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Palliative Care Services

Palliative Care Workforce Capacity

	Full-time	Part-time	Total
Physicians	300	NK	**300**
Nurses	1500	NK	**1500**
Social Workers	NK	NK	**NK**
Psychologists	NK	NK	**NK**
Physiotherapists	NK	NK	**NK**
Occupational Therapists	NK	NK	**NK**
Spiritual/Faith leaders	NK	NK	**NK**
Volunteers	NK	NK	**NK**

Comments/Sources

- Palliative care workforce is an estimate only.
- The number of palliative care physicians is difficult to estimate because palliative care is not a medical specialty in Sweden.
- There are a large number of physiotherapists and social workers working in palliative care.

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Funding of palliative care services

Total number of palliative care services funded by the government	**NK**
Total number of palliative care services funded privately or by NGO's	**NK**

Comments/Sources

- Almost all palliative care is funded by the Government.

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Perceived use of main opioids in palliative care

Order of frequency	Opioid	Estimated cost per month (€)
First opioid	Oxycodone	NK
Second opioid	Fentanyl	NK
Third opioid	Morphine	NK

Comments/Sources

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Other items on national palliative care development

Key issues and challenges

- Lack of recognition of palliative care as a medical specialty.
- Lack of training and education programmes in medical and nursing schools.

[EAPC Palliative Care Euro-Barometer, 2005]

Palliative care accreditation

- In Sweden, palliative care is not recognised as a medical specialty. However, there is a system of accreditation; the Diploma in Palliative Medicine, accredited by the Palliative Medicine Association.

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Palliative care milestones

- 2003: The Swedish Association of Palliative Medicine mark the publication of the Council of Europe (2003) report on palliative care (Recommendation Rec (2003) 24 of the Committee of Ministers to member states on the organisation of palliative care) at a hearing in Stockholm and through a radio interview.
- 2004: The Swedish Association of Palliative Medicine participates in the Council of Europe discussions about euthanasia (the Marty Report) by making a statement against the practice of euthanasia. However, there are some limited initiatives in Sweden that seek the legalisation of euthanasia or assisted suicide (mainly in newspaper articles)

[EAPC Palliative Care Euro-Barometer, 2005]

Health policy

- In May 2005, the Government sent a letter of intent (no. 04/05:166) to local authorities encouraging them to develop good palliative care for all patients at the end of their life in Sweden. The National Social Welfare Board supported the development, and provided advice about pain relief in end of life care.

[EAPC Palliative Care Euro-Barometer, 2005]

Other items on national palliative care development

References

Axelsson, B., and Christensen, S.B. 1997. Medical care utilization by incurable cancer patients in a Swedish county. Eur. J. Surg. Oncol. Apr. 23(2):145-50.

Edenbrandt, C. 2003. From Sweden. Palliat. Med., Mar. 17(2): 107-8.

Furst, C.J., Valverius, E., and Hjelmerus, L. 1999. Palliative care in Sweden. Eur. J. Palliat. Care, Sep-Oct; 6(5): 161-4.

Furst, CJ. 2000. Perspectives on palliative care: Sweden. Support. Care Cancer, Nov. 8(6):441-3.

Jaspers, B., and Schindler, T. (2004) Stand der Palliativmedizin und Hospizarbeit in Deutschland und im Vergleich zu ausgewählten Staaten. Enquete-Kommission des Bundestages„ Ethik und Recht der modernen Medizin“. See section 8.9, Schweden.

Rasmussen, B.H., and Sandman, P.O. 2000. Nurses' work in a hospice and in an oncological unit in Sweden. Hosp. J., 15(1):53-75.

Sandman, L. 2001. Palliative Care in Sweden In: H. Ten Have and R. Janssens (Eds.) Palliative Care in Europe: Concepts and Policies. Amsterdam: IOS Press, 2001, pp. 69-84.

Valverius, E., Nilstun, T., and Nilsson, B. 21000. Palliative care, assisted suicide and euthanasia: nationwide questionnaire to Swedish physicians. Palliat. Med., Mar. 14(2):141-8.

Zachrisson U, and Furst, C.J. 1998. Drug infusors in palliative medicine: a Swedish inquiry. J. Pain Symptom Manage., May, 15(5):299-304.

SWITZERLAND

Current Directory:

Online version	Palliative ch - Swiss teams http://www.palliative.ch

Key Contact / National Association

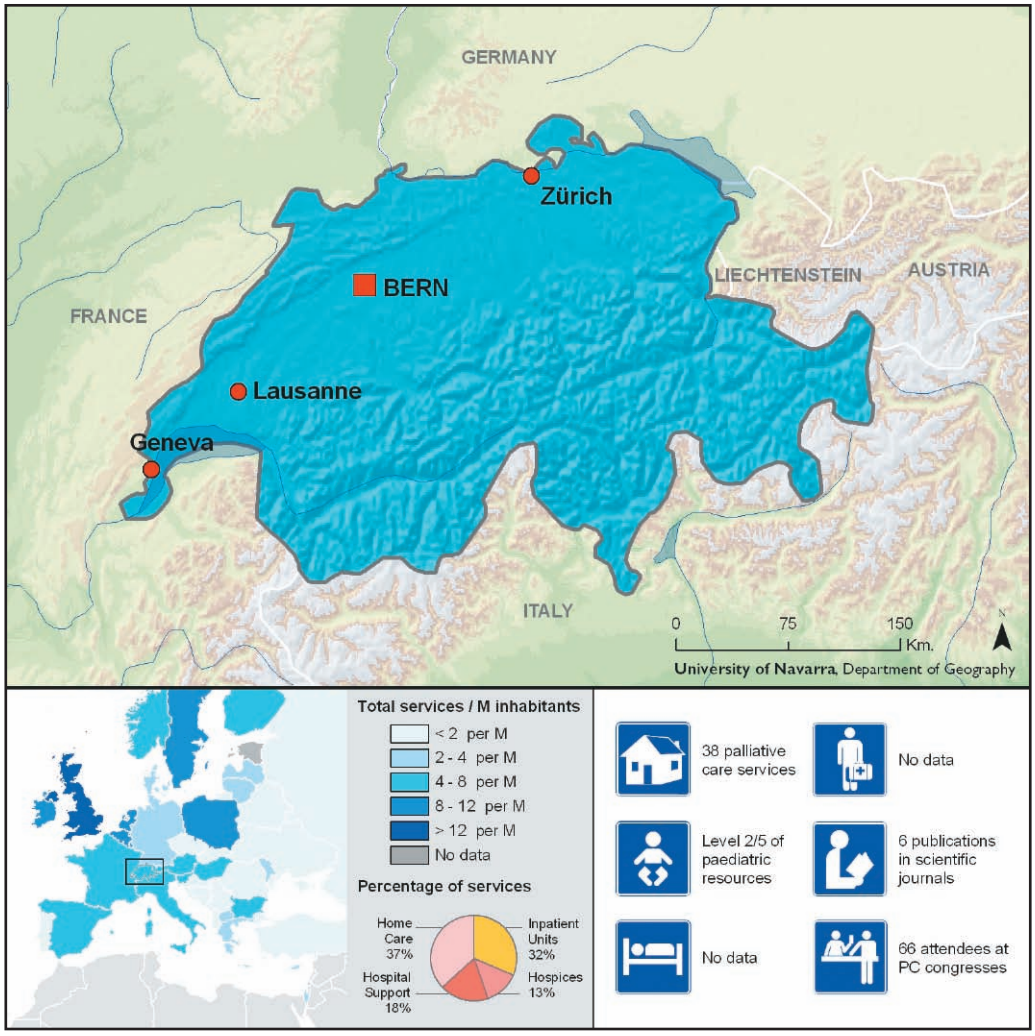
Key contact:

Michel von Wyss,
Administrative director responsible for social issues,
Centre de Soins Palliatifs La Chrysalide,
Rue de la Paix 99,
CH – 2300 La Chaux-de-Fonds,
SWITZERLAND.
Telephone: ++41.32.913.35.23
Email: michel.vonwyss@ne.ch

National Association:

Françoise Porchet,
Vice-president of the National Board,
Swiss Society for Palliative Care,
Service de la Formation Continue CHUV
Mont-Paisible 16
CH – 1011 Lausanne
SWITZERLAND.
Telephone: 41.21.314.18.64
Email: f.porchet@palliative.ch

SWITZERLAND



Population: 7.452.101

Switzerland is a landlocked alpine country in Central Europe. This small multilingual country, of a little over 7 million people, has four national languages, German, French, Italian, and Romansch. It is bordered by Germany, France, Italy, and Austria & Liechtenstein. It dates its independence to 1291; historically it was a confederation, and it has been a federation since 1848, with a current division into 26 cantons or "counties/states".

Switzerland has a strong economy in finance and banking, rates highly in international economic standards.

(http://en.wikipedia.org/wiki/Switzerland, accessed January 29th, 2006)

In 2005 The Quality Group (for palliative care) initiate a participatory process with palliative care teams. The aim is to develop a palliative care quality label by 2008.

(EAPC Palliative Care Euro-Barometer 2005)

Palliative Care Services

NK = not known

Number of Palliative Care Services

	Inpatient Palliative Care Units	Hospices	Consultant Teams in Hospitals	Home Care Teams	Day Centres	Total
Adult/Children	12	5	7	14	0	**38**
Paediatric only	0	0	1	0	0	**1**

	Inpatient Palliative Care Units	Chronic Hospitals/ Nursing Homes	Total
Number of beds allocated to adult palliative care inpatients	NK	NK	**NK**

	Adults	Children	Total
Number of Bereavement Support Teams	NK	NK	**NK**

Comments/Sources

- Switzerland has no official records of data concerning palliative care services, number of beds, in patients, home patients, etc. Therefore, the number of palliative care services is an estimate only.
- There is no palliative care service for children at specific units, but there are some hospitals that espouse a palliative care approach. 50% of terminally-ill children die at home, and home teams normally take care of them. At least once or twice a year, the home nurses get paediatric training.
- There is an integrated mobile nursing team to care for children who require palliative care, and for children who have lived with chronic diseases for several years.
- The first mobile team for paediatric palliative care began in autumn 2005 in the French speaking part of the country.
- Some palliative care institutions in certain cantons have set up bereavement groups (for example, eight meetings of two hours each for a group of approximately ten bereaved adults). Some groups also offer bereavement support to bereaved children. The Swiss Cancer League is proposing to offer bereavement support, but only in some cantons.

[http://www.palliative.ch/fr/teams.php]
[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Adult Palliative Care Population

NK of patients receiving palliative care have a cancer diagnosis

NK of patients receiving palliative care have other incurable conditions

	Cancer	(n)
Number of patients who die at home	NK	NK
Number of patients who die in a general hospital	NK	NK
Number of patients who die in other healthcare institutions	NK	NK

Comments/Sources

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Palliative Care Services

Palliative Care Workforce Capacity

	Full-time	Part-time	Total
Physicians	NK	NK	**NK**
Nurses	NK	NK	**NK**
Social Workers	NK	NK	**NK**
Psychologists	NK	NK	**NK**
Physiotherapists	NK	NK	**NK**
Occupational Therapists	NK	NK	**NK**
Spiritual/Faith leaders	NK	NK	**NK**
Volunteers	NK	NK	**NK**

Comments/Sources

- Switzerland has no official records of data concerning the palliative care workforce.

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Funding of palliative care services

Total number of palliative care services funded by the government	NK
Total number of palliative care services funded privately or by NGO's	NK

Comments/Sources

- Some Swiss hospices belong to the health care system as health institutions, some are funded privately.

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Perceived use of main opioids in palliative care

Order of frequency	Opioid	Estimated cost per month (€)
First opioid	NK	NK
Second opioid	NK	NK
Third opioid	NK	NK

Comments/Sources

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Other items on national palliative care development

Key issues and challenges

- Lack of awareness of patients' needs when their health situation deteriorates, especially for patients with diseases other than cancer (elderly, children with chronic diseases, persons with polyhandicaps).
- Lack of awareness of what palliative care can offer to patients with diseases other than cancer.
- Financial restrictions.
- Cultural barriers on the part of many doctors and nurses who have prejudices towards the prescription of opioids.
- Cultural barriers on the part of many patients and relatives who have prejudices towards the prescription of opioids.

[EAPC Palliative Care Euro-Barometer 2005]

Palliative care accreditation

- There is no specialist accreditation for palliative care professionals in Switzerland at the present time.

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Palliative care milestones

- 1995-2005: The action plan "hospitals without pain" is produced between the Swiss Cancer League and the Association created by Prof. Charles-Henri Rapin "Ensemble contre la douleur" ('together against pain').
- 2001: The Swiss Society for Palliative Care holds a consensus day in collaboration with the Swiss Cancer League on the development of palliative care in Switzerland.
- 2001: The Manifeste de Fribourg is presented and approved by 600 health professionals, politicians and representatives of insurance companies. The document sets out the basis for palliative care development in "5 years – 5 goals". The Manifeste de Fribourg is considered as a baseline document and is to be used in 2006 to assess the previous five years' development.
- 2001: The national boards of the two most important health profession associations, the Swiss Association of Nurses (ASI –SBK) and the Federation of Swiss Physicians (FMH) publish a position paper on "End of life care" The paper is published in several professional reviews, representing a collective group of approximately 53,000 professionals.
- 2002: The Swiss Education Committee publishes recommendations for palliative care education.
- 2003: The Swiss Society for Palliative Care (in collaboration with the Swiss Cancer League) holds an annual day (November 23rd) in Fribourg to mark the publication of the Council of Europe (2003) report on palliative care (Recommendation 24 of the Committee of Ministers to member states on the organisation of palliative care).
- 2004: The Swiss Education Committee work on a procedure for accrediting palliative care courses at the national level (according to national recommendations).
- 2005: A Chair for a palliative care professor is established in Lausanne (the French speaking part of Switzerland). Professor Jose Pereira is chosen to be the first professor of palliative care, working as an academic professor for the Universities of Lausanne and Geneva, and as chief doctor of the palliative care division CHUV Lausanne.
- 2005: The Quality Group initiate a participatory process with palliative care teams. The aim is to develop a palliative care quality label by 2008.
- 2005: The Swiss Research Group is created.

[http://www.palliative.ch/fr/documents.php]
[http://www.sbk-asi.ch/webseiten/francais/0default-f/frameset-f.htm]
[EAPC Palliative Care Euro-Barometer 2005]

Health policy

- The Swiss Society for Palliative Care has actively participated in the Council of Europe discussions about euthanasia (the Marty Report) by reading, commenting and sending back regular messages to the EAPC.
- Switzerland is divided into 26 cantons which function like republics in an autonomous way, each one of them possessing its own health law. There are, therefore, 26 health policies, among which only four clearly include palliative care.
- There are currently 39 Swiss palliative care teams, spread by canton: Baselland (two); Baselstadt (one); Bern (eight); Fribourg (one); Genève (four); Neuchâtel (one); St Gallen (two); Thurgau (one); Ticino (two); Valais (two); Vaud (eleven); Zürich (four).
- There are also four national languages: German (75%), French (20%), Italian (4%) and Romanche (1%). Palliative care documents (for example on the website) have to be available in three languages if they are to be read and used for developing palliative care.
- The Swiss Society for Palliative Care (palliative ch) includes 8 regional or cantonal sections:
- German speaking part of Switzerland:

  1. Palliative Care – Netzwerk Zurich: www.pall-netz.ch

Other items on national palliative care development

2. Palliativnetz Nordwestschweiz: www.palliativ-netz.ch

3. Palliativnetz Ostschweiz: www.palliativnetz-ostschweiz.ch

4. Palliative Care – Netzwerk Kanton Bern: www.palliativebern.ch

- French and Italian speaking part of Switzerland

1. Associazione Ticinese di Cure Palliative

2. Association Genevoise de Médecine et Soins Palliatifs (AGMSP): www.mediane.ch/agmsp/agmsp.html

3. Soins Palliatifs Arc Jurassien (SPAJ): www.spaj.ch

- As there are 26 different health policies, in some cantons physician assisted suicide is authorized and in some others it is not. There are often very open debates in the mass media about euthanasia.

[EAPC Palliative Care Euro-Barometer 2005]

References

Bayard, C., and Venetz, A. M. 1997. A palliative care center and approach to death in Valais: l'Antenne Franmayois-Xavier Bagnoud. Rev. Med. Suisse Romande, vol. 117(3): 255-60.

Bittel, N., Neuenschwander, H., and Stiefel, F. 2002. "Euthanasia": a survey by the Swiss Association for Palliative Care. Support. Care Cancer, vol. 10(4): 265-71.

de Stoutz, N. D., and Glaus, A. 1995. Supportive and palliative care of cancer patients at the Kantonsspital St. Gallen, Switzerland. Support. Care Cancer, vol. 3(4): 221-6.

Jaspers, B., and Schindler, T. 2004. Stand der palliativmedizin und hospizarbeit in Deutschland und im vergleich zu ausgewählten staaten. Enquete-Kommission des Bundestages. Ethik und Recht der modernen Medizin. Section 8.10, Schweiz.

Kuchler, H., and Morier, F. 1997. Palliative care and pediatrics. Management of a sick child at home: the Association Romande de Soins Pintdiatriques Spintcialisints will Domicile. Rev. Med. Suisse Romande, vol. 117(3): 243-4.

Marx, B., Neuenschwander, H., Meier, M. L., Sessa, C., and Cavalli, F. 1997. Palliative home care in Tessin - an example: Lugano Hospice. Rev. Med. Suisse Romande, vol. 117(3): 261-4.

Mazzocato, C., Barrelet, L., Blanchard, S., Tinghi, M., Vagnair, A., Stiefel, F., and Guex, P. 1997. Supportive and palliative care at the University Hospital Lausanne. Support. Care Cancer, vol. 5(4): 265-8.

Mazzocato, C., Stiefel, F., Ducret, S., and Vagnair, A. 1999. Palliative care in the University Hospital Lausanne: from consultations to an integrated regional program. Support. Care Cancer, vol. 7(4): 221-3.

Meier, M. L., and Neuenschwander, H. 1995. Hospice - a homecare service for terminally ill cancer patients in southern Switzerland. Support. Care Cancer, vol. 3(6): 389-92.

Pautex, S., Conne, P., Muhaxhery, M., Janssens, J. P., and Zulian, G. B. 2005. End-of-life issues in patients with amyotrophic lateral sclerosis. Swiss Med. Weekly, 135: 626-629.

Rochat, E. 1997. "Luciole" ecumenical team for support of persons in the final stage of life at CHUV. Rev. Med. Suisse Romande, vol. 117(3): 230-1.

Steiner, N., and Luchsinger, V. 1997. Mobile team for palliative care in Geneva. Rev. Med. Suisse Romande, vol. 117(3): 249-53.

Stiefel, F. 2003. From Switzerland. Palliat. Med., vol. 17(2): 106.

Voirol, M. 1997. Developing a multidisciplinary support group for terminal care in the canton of Neuchatel. Rev. Med. Suisse Romande, vol. 117(3): 265-8.

Wirth, G., Gudat, H., and Henke, H. 2000. Palliative care in a small medical clinic in Zurich, Switzerland. Support. Care Cancer, vol. 8(1): 5-9.

Information correct as at: 7th August 2006.

TURKEY

Key Contact / National Association

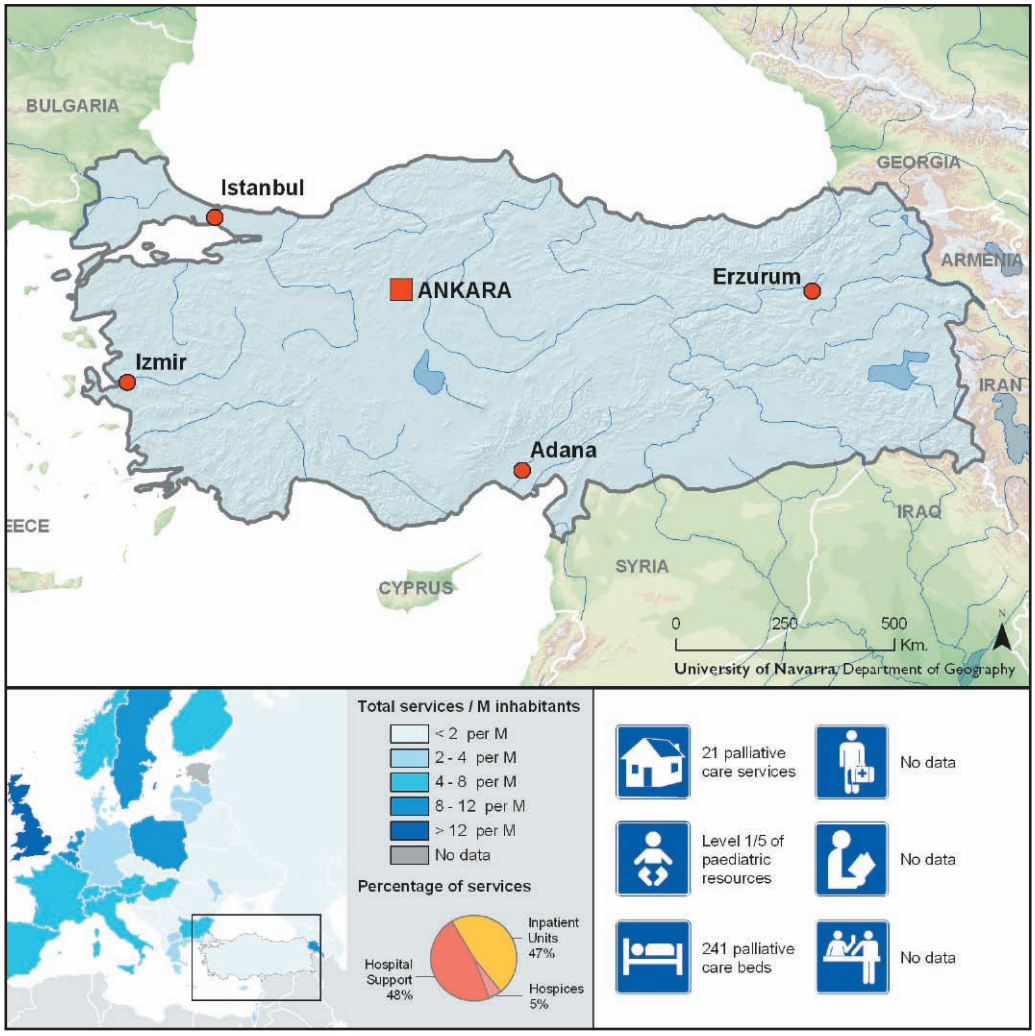
Key contact:

Ozgur Ozyilkan,
Department of Medical Oncology 12,
Baskent University Faculty of Medicine,
Sokak 7/5 Bahcelievler 06490,
Ankara,
Turkey.
Telephone: +90 535 3067506
Email: ozgurozyilkan@yahoo.co.uk

National Association:

Seref Komurcu,
Head of Subgroup for Supportive Care,
Turkish Oncology Group,
GATA Department of Medical Oncology,
Etlik, 06018.
Ankara,
Turkey
Telephone: +90 532 594 4702
Email: skomurcu@gata.edu.tr

TURKEY



Population: 73.556.173

Turkey is a Eurasian country that stretches across the Anatolian peninsula in southwestern Asia and the Balkan region of southeastern Europe. Turkey borders eight countries: Bulgaria to the northwest, Greece to the west, Georgia to the northeast, Armenia, Iran and the Nakhichevan exclave of Azerbaijan to the east, and Iraq and Syria to the southeast.

Turkey is a democratic, secular, unitary, constitutional republic. It is a founding member of the United Nations, the Organization of the Islamic Conference, the Organisation for Economic Co-operation and Development and the Organization for Security and Co-operation in Europe.

(http://en.wikipedia.org/wiki/Turkey, accessed January 29th, 2006)

Turkey, which has a total annual cancer incidence of about 100,000 cases, started to develop palliative care services 15 years ago. By 1993, the Turkish Society of Algology (established in 1987) became a regular chapter of the International Association for the Study of Pain. The academic activities of the society included publishing a scientific journal, organizing several conferences, publishing and distributing relevant booklets, and incorporating palliative care into the curriculum of medical students. Some medical colleges in Turkey established postgraduate programs in pain management.

(Erdine S. J Pain Symptom Manage 1996)

Palliative Care Services

NK = not known

Number of Palliative Care Services

	Inpatient Palliative Care Units	Hospices	Consultant Teams in Hospitals	Home Care Teams	Day Centres	Total
Adult/Children	10	1	10	0	15	**36**
Paediatric only	10	0	5	0	0	**15**

	Inpatient Palliative Care Units	Chronic Hospitals/ Nursing Homes	Total
Number of beds allocated to adult palliative care inpatients	26	215	**241**

	Adults	Children	Total
Number of Bereavement Support Teams	0	0	**0**

Comments/Sources

- Numbers of palliative care services are estimates only.
- There is no palliative care specialisation in Turkey. However, internists, medical oncologists, family physicians, paediatricians and anaesthetists all provide some form of palliative care service.
- Day care centres (usually named as "ambulatory day care or infusion centres") are gaining in importance and their numbers are increasing. Chemotherapy administration and blood product transfusion are the main focus of these centres.
- Bereavement support is not provided in Turkey at the present time.

[Ozyilkan, et al., 1995, 1998]
[Aki, et al., 2000]
[Karacan, et al., 2004]
[Quality of life in colorectal cancer patients. Invited by European School of Oncology (ESO) and presented at ESO course in Ankara, Turkey, 11/2000]
[Quality of life in cancer patients. Invited by European Society of Medical Oncology (ESMO) and presented at ESMO Workshop on Palliative Care in Oncology in Bombay, India, 2/2003]
[Fatigue in cancer. Invited by European Society of Medical Oncology (ESMO) and presented at ESMO Workshop on Palliative Care in Oncology in Bombay, India, 2/2003]
[International Interim Meeting on Home care and Hospice in Oncology, Istanbul, October 7 – 9, 2004]
[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Adult Palliative Care Population

NK of patients receiving palliative care have a cancer diagnosis

NK of patients receiving palliative care have other incurable conditions

	Cancer	(n)
Number of patients who die at home	NK	NK
Number of patients who die in a general hospital	NK	NK
Number of patients who die in other healthcare institutions	NK	NK

Comments/Sources

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Palliative Care Services

Palliative Care Workforce Capacity

	Full-time	Part-time	Total
Physicians	0	0	**0**
Nurses	0	0	**0**
Social Workers	0	0	**0**
Psychologists	0	0	**0**
Physiotherapists	0	0	**0**
Occupational Therapists	0	0	**0**
Spiritual/Faith leaders	0	0	**0**
Volunteers	0	0	**0**

Comments/Sources

- There is no specific palliative care specialisation in Turkey.

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Funding of palliative care services

Total number of palliative care services funded by the government	0
Total number of palliative care services funded privately or by NGO's	0

Comments/Sources

- There are no specific palliative care services in Turkey.

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Perceived use of main opioids in palliative care

Order of frequency	Opioid	Estimated cost per month (€)
First opioid	Tramadol	47 USD
Second opioid	Morphine	98 USD
Third opioid	Fentanyl	15 USD

Comments/Sources

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Other items on national palliative care development

Key issues and challenges

- The lack of education of health care personnel.
- The focus on just curing cancer.
- The lack of money.
- Health insurances generally do not cover home palliative care, but some new regulations are being passed to solve this problem.
- The lack of a range of strong opioids: only slow release morphine and fentanyl are available.
- The fear of psychological or physical addiction to strong opioids.
- The unwillingness of some doctors to prescribe strong opioids.

[EAPC Palliative Care Euro-Barometer 2005]

Palliative care accreditation

- There is no specialist accreditation for palliative care professionals in Turkey at the present time.

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Palliative care milestones

- 1999: The subgroup for supportive care in Turkish oncology is formed, comprising of 45 members (medical/radiation oncologists) from 18 different centres.
- 2004: The subgroup for supportive care in Turkish oncology marks the publication of the Council of Europe (2003) report on palliative care (Recommendation 24 of the Committee of Ministers to member states on the organisation of palliative care) by translating the report into Turkish and distributing it to medical centres, The Health Ministry and other places related to the organization of palliative care.

[EAPC Palliative Care Euro-Barometer 2005]

Health policy

- The most important initiative undertaken to address the problem of uncontrolled pain as a health concern in Turkey since 1995 has been the availability of strong opioid and its special prescription.
- The most important policy changes affecting the development of hospice and palliative care made in Turkey since 2000 have been the focus on palliative care education and the need for specific units for hospice and palliative care.
- Some specialist palliative care programmes have been developed. However, wider programmes are needed which are supported by all health insurances.
- The subgroup for supportive care in Turkish oncology did not participate in any way in the Council of Europe discussions about euthanasia (the Marty Report). However, euthanasia and assisted suicide have been discussed in some palliative care meetings in Turkey, although there is no progress on legalisation.

[EAPC Palliative Care Euro-Barometer 2005]

Other items on national palliative care development

References

Aki, Z., Kotiloglu, G., and Ozyilkan, O. 2000. A patient with a prolonged prothrombin time due to an adverse interation between 5-Fluorouracil and warfarin. American Journal of Gastroenterology, vol. 950: 1093-1094.

Karacan, O, Eyuboglu, F. O., Akcay, S., and Ozyilkan O. 2004. Acute interstitial pneumopathy associated with docetaxel hypersensitivity. Onkologie, vol. 27(6): 563-5.

Ozyilkan, O., Karaagaoglu, E., Topeli, A., Kars, A., Baltali, E., Tekuzman, G., and Dinçer, D. 1995. A Questionnaire for the Assessment of Quality of Life in Cancer Patients in Turkey. Materia Medica Polona, vol. 27(4): 153-156.

Ozyilkan, O., Baltali, E., Tekuzman, G., and Firat, D. 1998. The impact of diagnosis and treatment on the quality of life in breast cancer patients. Neoplasma, vol. 44(1): 50 - 52.

N.B. For further information on the status of palliative care services in Turkey, please see:

http://www.eolc-observatory.net/global_analysis/turkey.htm

Information correct as at: 7th August 2006

UNITED KINGDOM

Current Directory:

Printed version	Hospice and Palliative Care Directory. United Kingdom and Ireland 2006 Ward D. Hospice Information. London 2006
Online version	UK Directory http://search.hospiceinformation.info

Key Contact / National Association

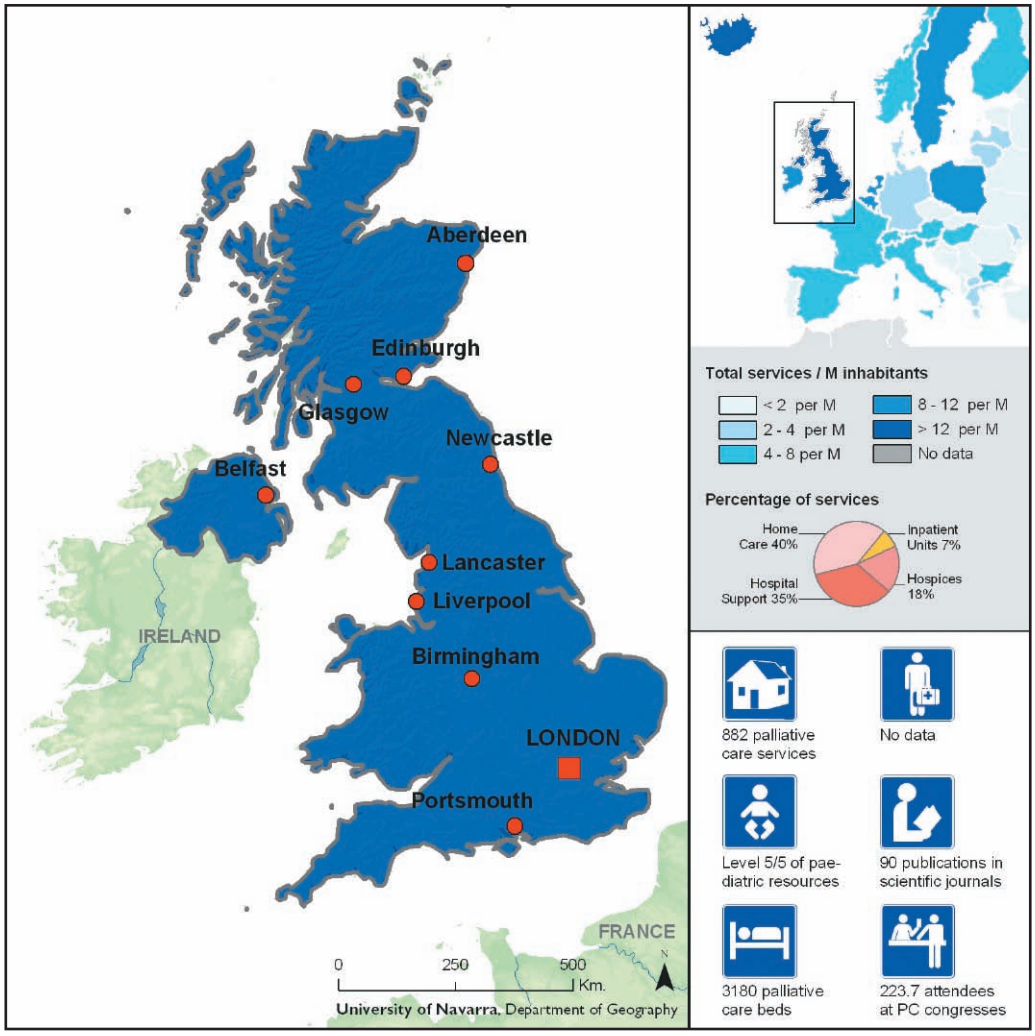
Key contact:

Ann Eve,
Minimum Data Sets Project Manager,
The National Council for Palliative Care,
The Fitzpatrick Building,
188-194 York Way,
London,
N7 9AS.
UNITED KINGDOM.
Telephone:+ 44 (0)20 7697 1520
Email: mds@ncpc.org.uk

National Association:

Miss Lucy Sutton,
National Policy Lead,
The National Council for Palliative Care,
The Fitzpatrick Building,
188-194 York Way,
London,
N7 9AS
UNITED KINGDOM.
Telephone: 020 7697 1520
Email: l.sutton@ncpc.org.uk
Ms Christine Shaw,
Deputy Chief Executive,
Help the Hospices,
Hospice House,
34-44 Britannia Street,
London,
WC1X 9JG
UNITED KINGDOM
Telephone: 020 7520 8230
Email: c.shaw@helpthehospices.org.uk

UNITED KINGDOM



Population: 59.889.407

The United Kingdom of Great Britain and Northern Ireland is a country and sovereign state that lies to the northwest of Continental Europe with the Republic of Ireland to the west. The United Kingdom is bounded by the Atlantic Ocean, and its ancillary bodies of water, including the North Sea, the English Channel, the Celtic Sea, and the Irish Sea. The mainland is linked to France by the Channel Tunnel. The United Kingdom is a political union made up of four constituent countries: England, Scotland, Wales and Northern Ireland.

A member of the G8, the United Kingdom is a developed country with the fifth largest economy in the world and second largest in Europe. It is the third most populous state in the European Union with a population of 60.2 million and is a founding member of NATO and the UN, where it holds permanent membership on the Security Council.

(http://en.wikipedia.org/wiki/United_kingdom, accessed January 29th, 2006)

640 UK palliative care services were listed in the 1998 Directory of Hospice and Palliative Care Services. There were 189 inpatient units with a total of 2955 beds and 326 hospital support services.
(Eve A, Higginson I. J Palliat Med. 2000)

In the UK there is an unfolding body of evidence to show how palliative care has gained important recognition within the policy arena, gradually moving from a marginal activity which was largely the preserve of local, independent charities, to assume a more central role in the structure of health and social care services.
(Seymour J, Clark D, Marples R. Palliat Med. 2002)

Palliative Care Services

NK = not known

Number of Palliative Care Services

	Inpatient Palliative Care Units	Hospices	Consultant Teams in Hospitals	Home Care Teams	Day Centres	Total
Adult/Children	63	158	305	356	257	**1139**
Paediatric only	0	34	112	112	0	**258**

	Inpatient Palliative Care Units	Chronic Hospitals/ Nursing Homes	Total
Number of beds allocated to adult palliative care inpatients	2515	665	**3180**

	Adults	Children	Total
Number of Bereavement Support Teams	350	48	**398**

Comments/Sources

- The number of beds allocated to adult palliative care inpatients in chronic hospitals/nursing homes is estimated from the figures given by hospital support teams. There are other beds in small local hospitals where patients may be cared for by a general practitioner or specialist nurses.
- The number of paediatric hospital/home care teams are based on an estimated joint figure of 224 for both services provided by the Association for Children with life-threatening or terminal conditions and their families (ACT) (representing the number of teams held on their database). There will be other teams not included within this figure.
- Many palliative care units and teams provide bereavement support as part of their work. Referrals may also be made to other bereavement support organisations which are not exclusively connected with palliative care.

[Hospice and Palliative Care Directory UK and Ireland 2006]
[Association for Children with life-threatening or terminal conditions and their families]
[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Adult Palliative Care Population

95%	of patients receiving palliative care have a cancer diagnosis
5%	of patients receiving palliative care have other incurable conditions

	Cancer	(n)
Number of patients who die at home	NK	NK
Number of patients who die in a general hospital	NK	NK
Number of patients who die in other healthcare institutions	NK	30,000

Comments/Sources

- Number of patients who die in other healthcare institutions is an estimate only.
- Percentage of patients receiving palliative care that have other incurable conditions is for in-patient units only; hospital-based teams see an average of over 11% non-cancer patients.

[Minimum Data Sets project survey 2004]
[Deaths in hospices and palliative care units – MDS survey 2004]
[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Palliative Care Services

Palliative Care Workforce Capacity

	Full-time	Part-time	Total
Physicians	442	316	**758**
Nurses	NK	NK	**4950**
Social Workers	NK	NK	**200**
Psychologists	NK	NK	**NK**
Physiotherapists	NK	NK	**112**
Occupational Therapists	NK	NK	**107**
Spiritual/Faith leaders	NK	NK	**202**
Volunteers	NK	NK	**70,000**

Comments/Sources

- The number of spiritual/faith leaders is a minimum estimate based on membership of the Association of Hospice Chaplains. There are many more spiritual/faith leaders who work with palliative care patients.
- The number of volunteers is a minimum estimate based on Davis Smith (2004).

[Association for Palliative Medicine of Great Britain and Ireland]
[2005 National Workforce Survey of Specialist Palliative Care Staff carried out by The National Council for Palliative Care on behalf of The National Partnership Group]
[Association of Hospice and Palliative Care Social Workers]
[Association of Chartered Physiotherapists in Oncology and Palliative Care]
[Specialist Section of Occupational Therapists working in HIV/AIDS, Oncology and Palliative Care Education]
[Davis Smith, J. (2004) Volunteering in UK hospices: looking to the future. London: Help the Hospices]
[Association of Hospice Chaplains]
[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Funding of palliative care services

Total number of palliative care services funded by the government	NK
Total number of palliative care services funded privately or by NGO's	NK

Comments/Sources

- Palliative care services funded by the government: Inpatient care 30%; Home care 59%; Day care 23%; Hospital Support 83%
- Palliative care services supported by a combination of private and public funds: Inpatient care 70%; Home care 40%; Day care 77%; Hospital Support 27%.

[Hospice Information Directory database, 2005]
[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Perceived use of main opioids in palliative care

Order of frequency	Opioid	Estimated cost per month (€)
First opioid	Morphine (oral)	€8
Second opioid	Diamorphine (subcutaneous infusion)	€43
Third opioid	Fentanyl (transdermal)	€83

Comments/Sources

[Data given by Hospice Pharmacist]
[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Other items on national palliative care development

Key issues and challenges

- The main barrier to the development of palliative care is also the reason it has developed as a distinct specialism in the first place. It is the tendency of mainstream health services to focus on curing disease and saving lives and this results in care of the dying not being given priority. Because improvements in quality of life are difficult to measure, palliative care has tended not to feature in national NHS targets. The tendency to focus on curing disease has also meant that many healthcare professionals perceive death to be a poor outcome and may not be comfortable discussing palliative care with patients because it is associated with dying. We are now seeing the mainstreaming of palliative care into generalist healthcare and hopefully this will start to change the situation.
- The availability of a skilled palliative care workforce: the UK is currently facing shortages of healthcare staff and this has an effect on palliative care amongst other specialisms. Even when funding has been made available to support palliative care, services are not always able to grow as quickly as they would like to because of the time and resources that are required to train new specialists.
- There is a need for more training for generalist healthcare staff in palliative care. Progress has been made in this area, with statutory funding now available for training district nurses in palliative care, and for rolling out the Macmillan Gold Standards Framework in GP practices. We hope to see improvements in the skills of generalist healthcare staff as a result of these initiatives.
- There is currently insufficient funding of both generalist and specialist palliative care in the UK and also a lack of clarity and transparency in the way in which statutory funding is made available. Palliative care in the UK was pioneered by local hospice charities and was originally funded entirely from voluntary income. Over time, palliative care services have developed in both the NHS and the voluntary sector and the NHS has increased the contribution it makes to palliative care services. However, services in both sectors still receive a significant proportion of income from charitable sources. The NHS contribution is variable around the country, and tends to be a contribution towards costs rather than payment for a specific level of services.
- There is a lack of availability of controlled drugs outside of standard working hours.
- The high-profile conviction of Dr Harold Shipman (a GP who murdered over 215 of his patients using Diamorphine), may have made GPs more reluctant to prescribe morphine for patients.

[EAPC Palliative Care Euro-Barometer 2005]

Palliative care accreditation

- "Palliative Medicine was recognised as a specialty in 1987 when specialist medical training programmes were established for doctors. Historically, most nurses working in palliative care undertook Care of the Dying courses validated by the English National Board for Nursing. Now, many nurses working in palliative care will have a first degree, and a smaller number will have a master's degree or a doctorate based exclusively in palliative care or incorporating palliative care modules in curricula."

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Palliative care milestones

- 2000: The NHS Cancer Plan is published, promising £50m additional investment per annum for specialist palliative care.
- 2004: The National Institute for Clinical Excellence guidance on Improving Supportive and Palliative Care for Adults with Cancer sets out the services that should be available and each of the 34 cancer networks in England produces an action plan to implement this guidance over the next few years. This provides the basis for commissioners to undertake local needs assessment to see how closely current services match what should be available. It also provides a basis for peer review of services and for the development of clear commissioning and funding arrangements for palliative care.
- 2004: End of Life Care Programme for England is launched with a budget of £12 million over three years.
- 2004: Help the Hospices marks the publication of the Council of Europe (2003) report on palliative care (Recommendation 24 of the Committee of Ministers to member states on the organisation of palliative care) by printing the report in the UK, circulating it at the Korea World Summit of National Associations for Palliative Care, and making it available at the European Health Forum.

[EAPC Palliative Care Euro-Barometer 2005]

Health policy

- The National Partnership Group for palliative care in England brings together the Department of Health, national hospice and palliative care charities, local NHS trusts and service providers from the NHS and voluntary sector, with the aims of ensuring that funds are spent appropriately and developing a future funding framework for specialist palliative care.

Other items on national palliative care development

- There has been an increase in statutory funding in the last three years, following the publication of the NHS Cancer Plan 2000 and also the creation of the End of Life Care Initiative. It is hoped that the Payment by Results system which is currently being developed will result in more statutory funding being made available and provide much needed clarity about funding of specialist palliative care. The Government has recently begun to provide specific funding for the development of palliative care services provided by generalists, but more resources will be needed to really mainstream palliative care practice across generalist healthcare.
- The palliative care needs of patients with a wide range of conditions have been addressed through the implementation of the various National Service Frameworks. Following the publication of the NICE guidance (2004), minimum service specifications for specialist palliative care services are now under development which will set out what should be commissioned locally. The NICE guidance does not cover the needs of people with life threatening illnesses other than cancer or of children. However, it is seen as a starting point for the development of further guidance addressing the palliative care needs of other groups.
- There has been increasing interest from the public and civil society in hospice and palliative care and in issues relating to the end of life more generally. Patient representative organisations and other charities such as older people's organisations are taking an interest in the availability of palliative care for their stakeholders. There has also been an increase in media interest in palliative care and care at the end of life. This interest offers an opportunity to generate greater awareness of palliative care and to generate political momentum for further service development.
- The thriving voluntary sector has allowed services to be developed locally and flexibly to meet needs. The level of investment through personal donation has enabled palliative care services to develop more rapidly than they would have done if they had been entirely reliant on public funding. The disadvantage has been that these developments have been located where there was a public will and the means to do so, rather than following any strategic plan. This may have left some areas underprovided for compared with others. The commitment of local communities to develop and sustain local services is highly relevant. Funding from major charities has supported other aspects of growth (such as specialist palliative care clinicians) through charitable funding to fill prime posts in areas of need.
- Help the Hospices has not participated in any way in the Council of Europe discussions about euthanasia (the Marty Report).
- A draft Bill to legalise physician assisted suicide and euthanasia was considered by a select committee of the House of Lords, which reported in April 2005. The Bill did not proceed any further due to the general election.

[EAPC Palliative Care Euro-Barometer 2005]

Other items on national palliative care development

References

Brockbank, J. 2002. What relevance do community hospital beds have for palliative care patients? Eur. J. Palliat. Care, Jul-Aug; 9(4): 164-6.

Chapman, K. Y., and Bass, L. 2000. A comparison of hospice in the UK and the US. Am. J. Hosp. Palliat. Care, May-Jun; 17(3): 173-7.

Clark, D. 1998. Originating a movement: Cicely Saunders and the development of St Christopher's Hospice, 1957-1967. Mortality, Mar; 3(1): 43-63.

Clark, D. 1999. Cradled to the grave? Terminal care in the United Kingdom, 1948-67. Mortality, Nov; 4(3): 225-47.

Dickinson, G. E, and Field, D. 2002. Teaching end-of-life issues: current status in United Kingdom and United States medical schools. Am. J. Hosp. Palliat. Care, May-Jun; 19(3): 181-6.

Dowling, S., and Broomfield, D. 2002. Ireland, the UK and Europe: a review of undergraduate medical education in palliative care. Ir. Med. J., Jul-Aug; 95(7): 215-6.

Ford, G. 1998. Evolution and development of hospice and specialist palliative care services. Clin. Oncol. (R. Coll. Radiol.), 10(1): 50-5.

Gold, E. 1997. The role and need of the children's hospice in the United Kingdom. Int. J. Palliat. Nurs., Sep-Oct; 3(5): 281-6.

Gronemeyer, R., Fink, M., Globisch, M., and Schumann, F. 2005. Helfen am ende des lebens hospizarbeit und palliative care in Europa. Giessen: Hospiz und Hospizbewegung, p. 51-76, Anglia.

Higginson, I. 1999. Palliative care services in the community: what do family doctors want? J. Palliat. Care, Summer; 15(2): 21-5.

Higginson, I. J, and Wilkinson, S. 2002. Marie Curie nurses: enabling patients with cancer to die at home. Br. J. Community Nurs., May; 7(5): 240-4.

Hill, L. 1998. The history and development of children's hospices. Nurs. Times, Jun 3-9; 94(22): 58-60.

Jaspers, B., and Schindler, T. 2004. Stand der palliativmedizin und hospizarbeit in Deutschland und im vergleich zu ausgewählten staaten. Enquete-Kommission des Bundestages. Ethik und Recht der modernen Medizin. Section 8.4.,Great Britain.

Katz, J., Komaromy, C., and Sidell, M. 1999. Understanding palliative care in residential and nursing homes. Nurs. Residential Care, Oct; 1(7): 389-93, 422-3.

Knight, A. and Meek F. 2003. Needs assessment: a tool for hospice expansion. Int. J. Palliat. Nurs., May; 9(5): 195-201.

Lindop, E., Beach, R., and Read S. 1997. A composite model of palliative care for the UK. Int. J. Palliat. Nurs., Sep-Oct; 3(5): 287-92.

Malson, H, Clark, D., Small, N., and Mallett, K. 1996. The impact of NHS reforms on UK palliative care services. Eur. J. Palliat. Care, Summer; 3(2): 68-71.

McQuarrie, R. 2002. Education and support for district nurses in principles and practice of palliative care. Community Pract., Jun; 75(6): 215.

Overton, J. 2001. Paediatric care. The development of children's hospices in the UK. Eur. J. Palliat. Care, Jan-Feb; 8(1): 30-3.

Sims, M. T. 1995. Can the hospices survive the market? A financial analysis of palliative care provision in Scotland. J. Manag. Med., 9(4): 4-16.

Travis, S., and Hunt, P. 2001. Supportive and palliative care networks: a new model for integrated care. Int. J. Palliat. Nurs., Oct; 7(10): 501-4.

White, F. 1996. A review of palliative care in the community and the need for specialist services. J. Cancer Care, Oct; 5(4): 183-90.

Woods, S., Webb, P., and Clark, D. 2001. Palliative care in the United Kingdom. In: H. Ten Have and R. Janssens (Eds) Palliative Care in Europe: Concepts and Policies. Amsterdam: IOS Press, 2001, pp. 85-98, Palliative care in the United Kingdom.

Information correct as at: 7th August 2006.

Central Eastern

Central and Eastern Europe

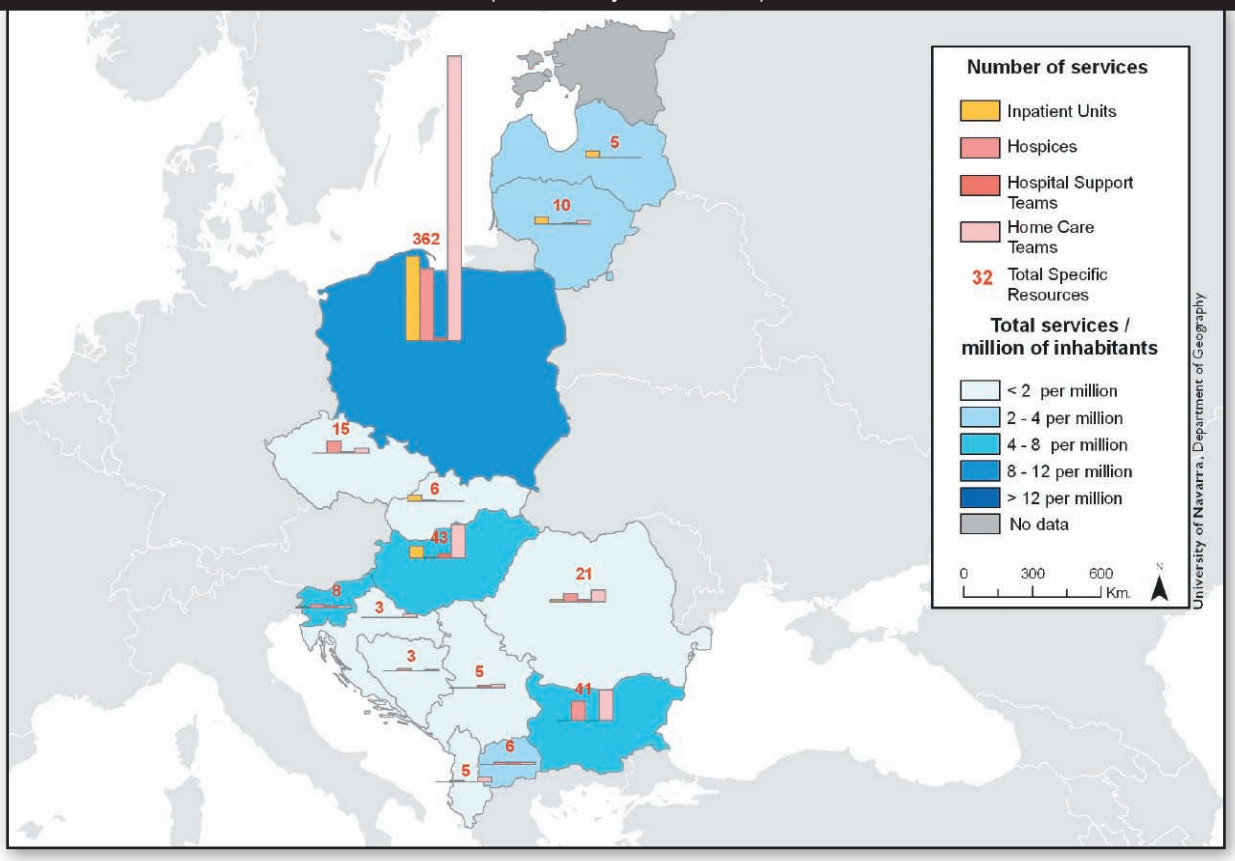
0 300 600 900 1.200 Km.

N

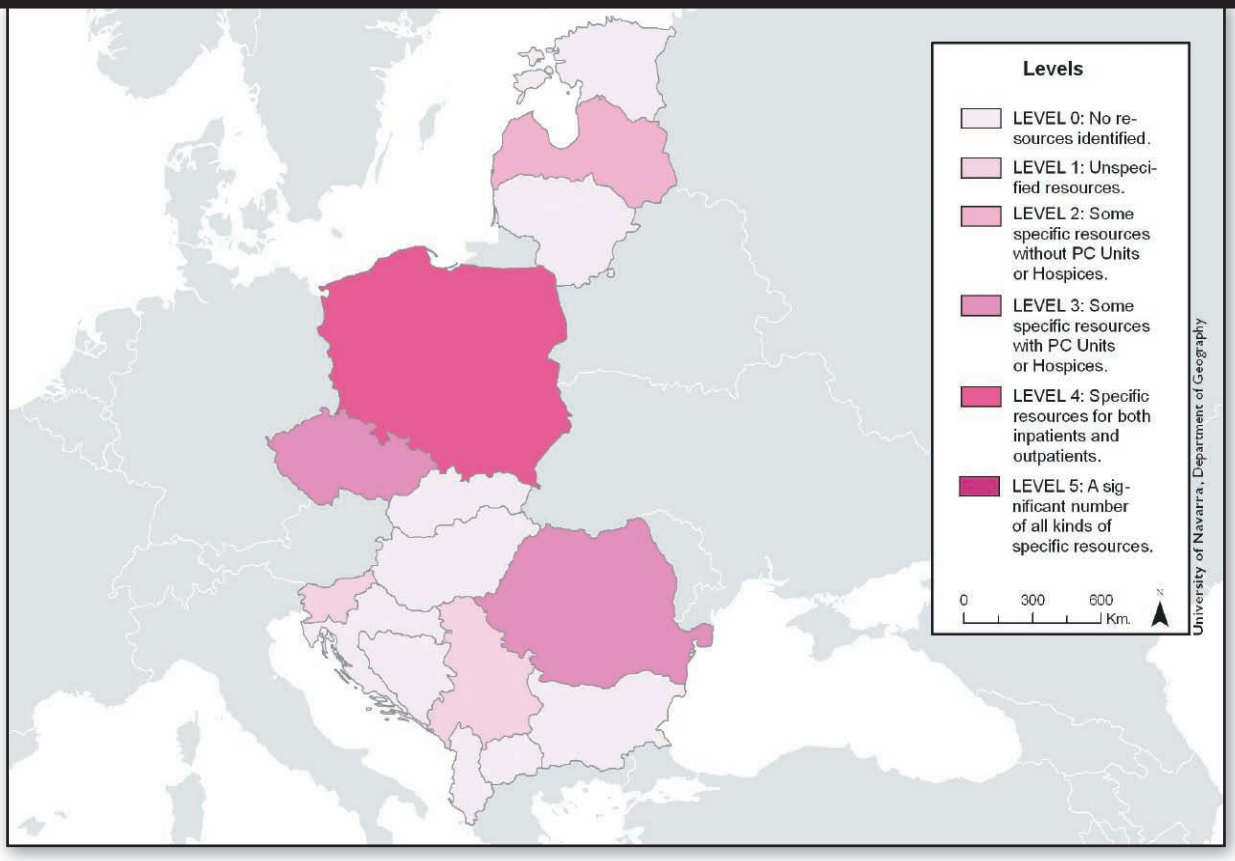
University of Navarra, Department of Geography

Thematic Maps

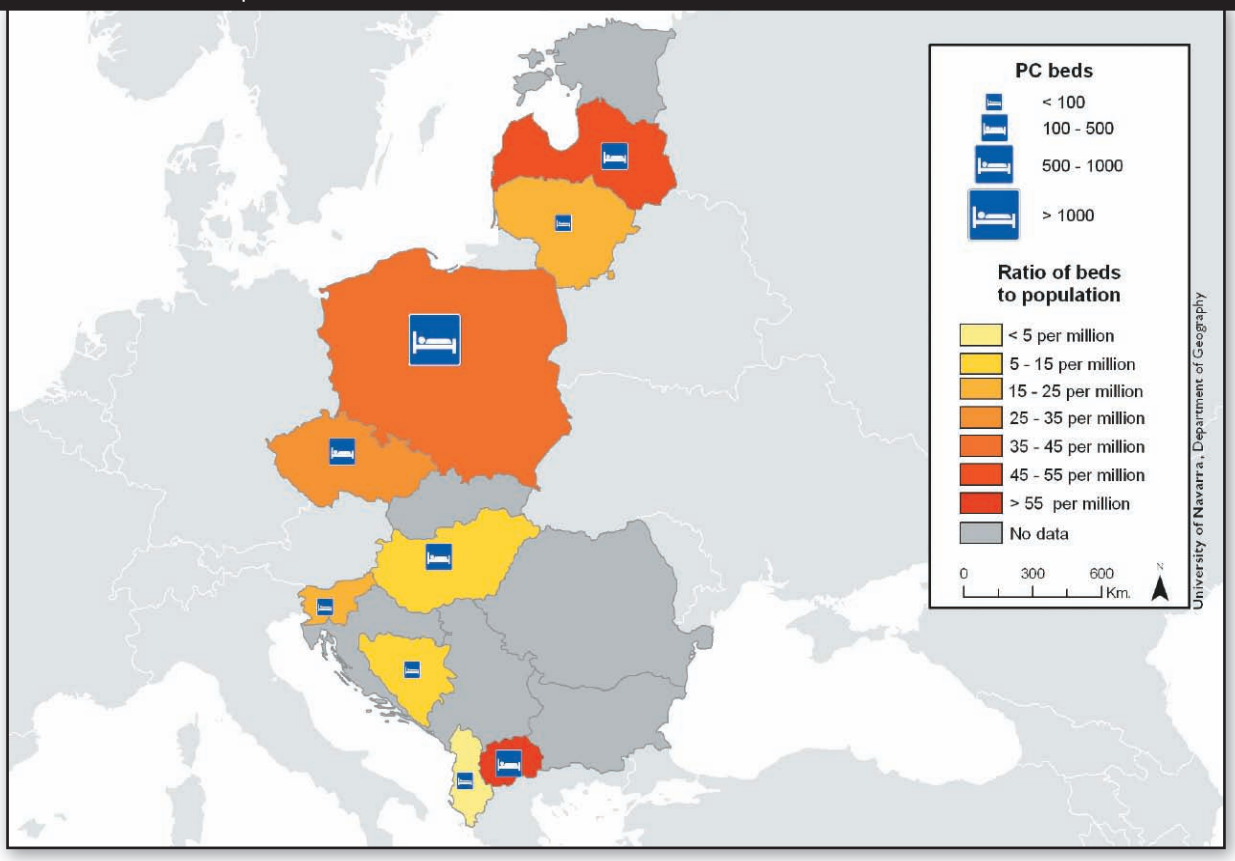
MAP 1: "Provision of Palliative Care Services (without Day Care Center)"



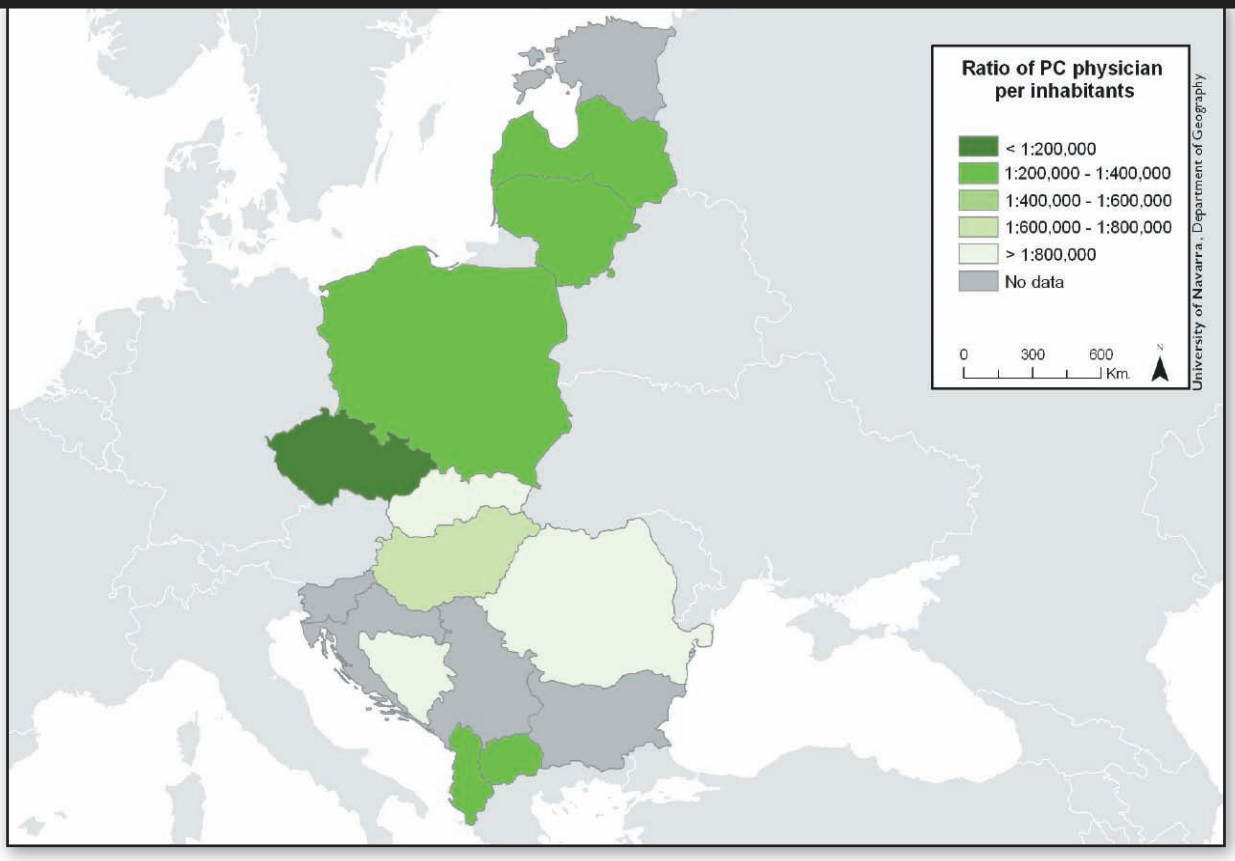
MAP 2: "Levels of Development of Paediatric PC Specific Resources (estimates from EAPC Country Reports)"



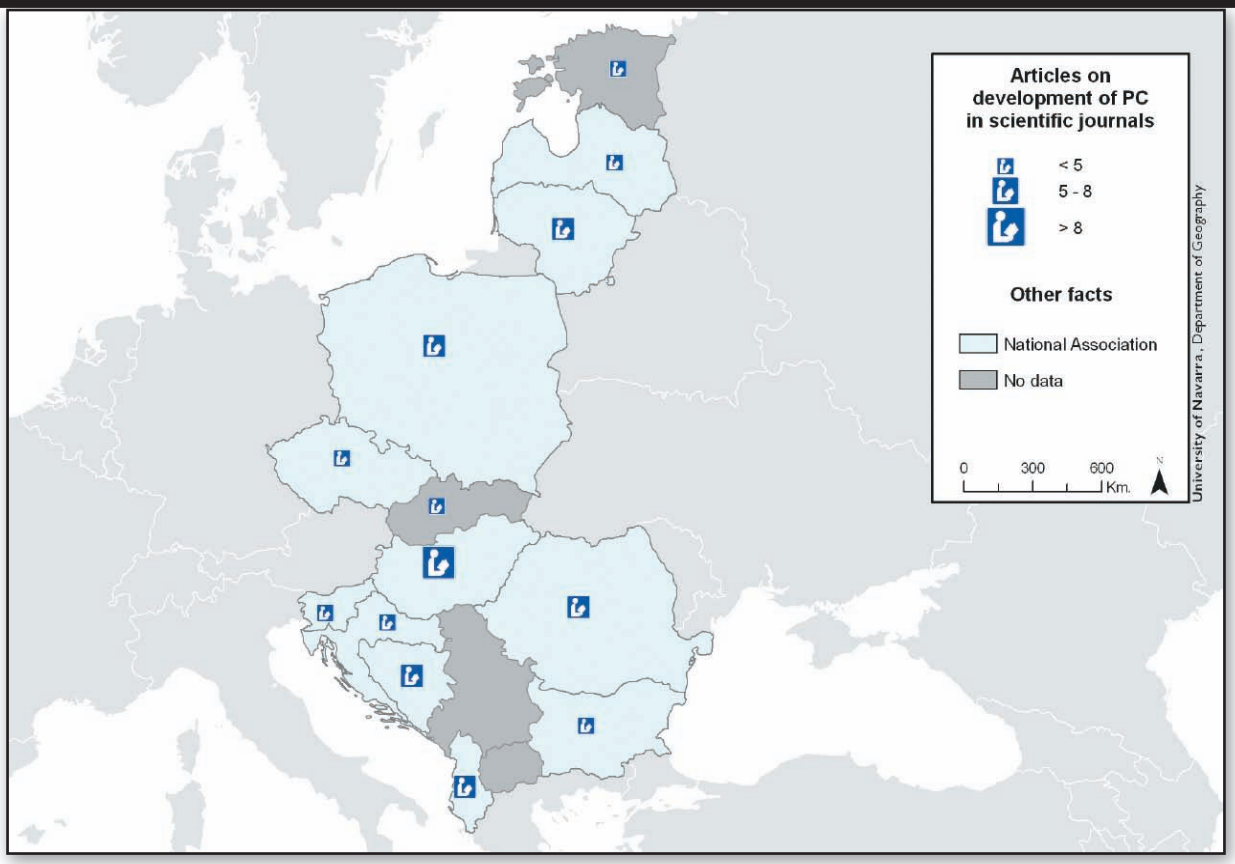
MAP 3: "Provision of specialist Palliative Care beds



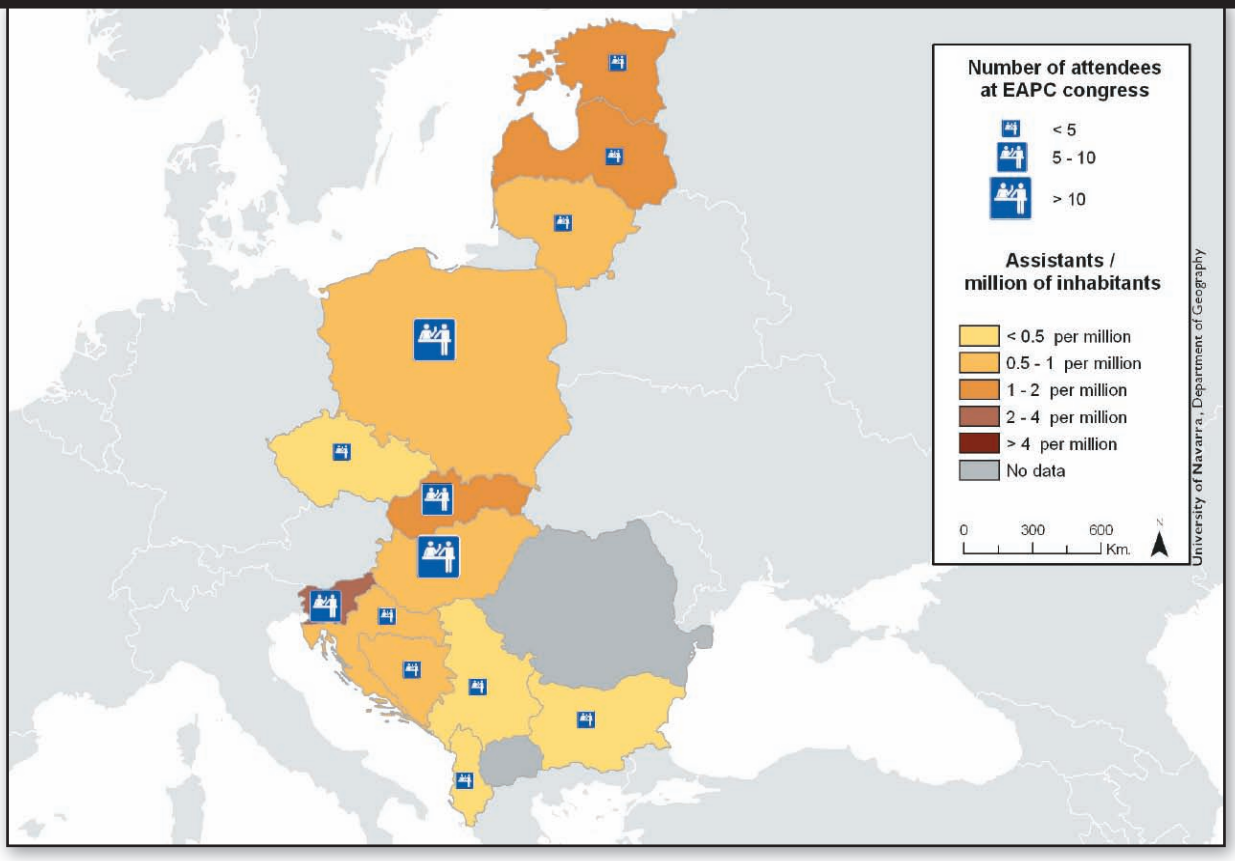
MAP 4: "Estimation of physicians working full time in Palliative Care"



MAP 5: "Countries with National Associations known and number of articles published in scientific journals on the development of Palliative Care in each country"



MAP 6: "Average of participants at EAPC General Congress of Palliative Care 2002-2006"



ALBANIA

Key Contact / National Association

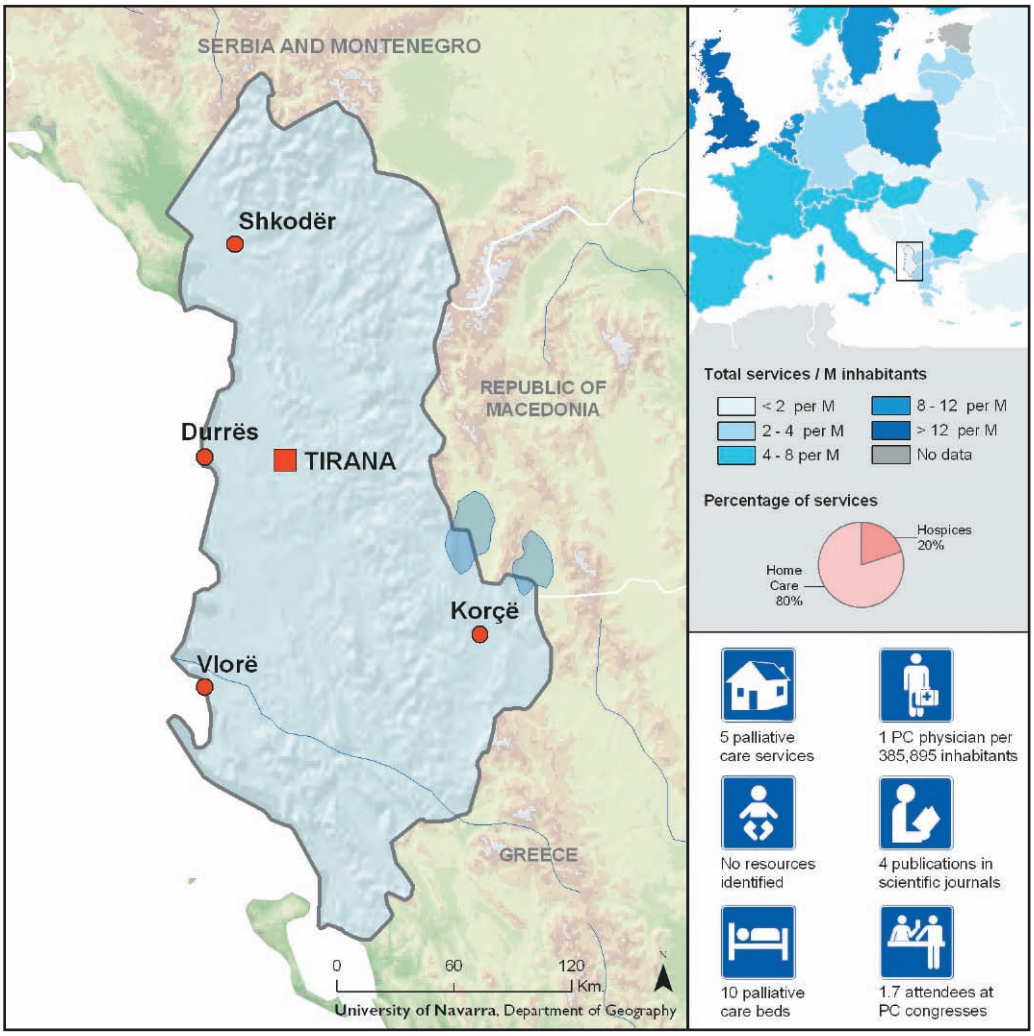
Key contact:

Irena Laska/Claudia Taylor-East,
Director/Honorary President
Family Health Care Association,
Kujdesi Shendetesor Familjare,
MBI Sanatorium,
Korce,
Albania.
Telephone: +355 8252711/+356 99478880
Email: irenalaska@yahoo.com
/tayloreast@onvol.net

National Association:

Dr. Kristo Huta,
President,
Association of Albanian Palliative Care,
Lnr.5,
Rr "A.Goga",
P 505,
Durres,
Albania.
Telephone: +355 52 30609
Email: kristohuta@yahoo.com

ALBANIA



Population: 3.087.159

The Republic of Albania is a Balkan country in Southeastern Europe. It borders Montenegro to the north, the Serbian province of Kosovo to the northeast, the Republic of Macedonia in the east, and Greece in the south. It has a coast on the Adriatic Sea to the west and a coast on the Ionian Sea to the southwest.

(http://en.wikipedia.org/wiki/Albania, accessed January 29th, 2006)

In 1993, a palliative care domiciliary service began in Tirana. This was iniciated by the late Lady Sue Ryder and run by two Albanian doctors and a nurse, who had received palliative care training in England and Italy.

In 1996, a second centre was opened, in Durres. These two centres in Tirana and Durres cater for the palliative care needs of over 800,000 people.

Financial resources are minimal.

(Welshman A, 2002)

Palliative Care Services

NK = not known

Number of Palliative Care Services

	Inpatient Palliative Care Units	Hospices	Consultant Teams in Hospitals	Home Care Teams	Day Centres	Total
Adult/Children	0	1	0	4	0	**5**
Paediatric only	0	0	0	0	0	**0**

	Inpatient Palliative Care Units	Chronic Hospitals/ Nursing Homes	Total
Number of beds allocated to adult palliative care inpatients	0	10	**10**

	Adults	Children	Total
Number of Bereavement Support Teams	0	0	**0**

Comments/Sources

- There are no inpatient palliative care units, hospital care teams or day centres in Albania.
- There is 1 Ryder Care Hospice in Tirana with 10 beds.
- There are 4 Home Care Teams in Tirana, Durres (Ryder Care Albania) Korce (Korce Family Healthcare Centre – Palliative Centre) and AVICENA Pogradec.

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Adult Palliative Care Population

- of patients receiving palliative care have a cancer diagnosis
- of patients receiving palliative care have other incurable conditions

	Cancer	(n)
Number of patients who die at home	-	-
Number of patients who die in a general hospital	-	-
Number of patients who die in other healthcare institutions	-	-

Comments/Sources

- No information is available. However, palliative care teams work mainly with cancer patients. Most of the palliative care patients die at home.

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Palliative Care Services

Palliative Care Workforce Capacity

	Full-time	Part-time	Total
Physicians	8	1	**9**
Nurses	20	4	**24**
Social Workers	2	0	**2**
Psychologists	0	0	**0**
Physiotherapists	0	0	**0**
Occupational Therapists	0	0	**0**
Spiritual/Faith leaders	0	0	**0**
Volunteers	0	0	**0**

Comments/Sources

[Association of Albanian Palliative Care]
[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Funding of palliative care services

Total number of palliative care services funded by the government	**0**
Total number of palliative care services funded privately or by NGO's	**100 %**

Comments/Sources

- Palliative Care is not included in the National Health Scheme. The teams working on Palliative Care in Albania are funded by international funds.

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Perceived use of main opioids in palliative care

Order of frequency	Opioid	Estimated cost per month (€)
First opioid	Hydrochloride Morphine 10 mg	3600 Lek/month
Second opioid	Morphine Sulphate 10mg	3600 Lek/month
Third opioid	-	-

Comments/Sources

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Other items on national palliative care development

Key issues and challenges

- The extension of palliative care to all the big cities of Albania.
- Increased availability of strong opioids from the Institute of Health.
- Training for Primary Care Services (family doctors and nurses) about standards of Palliative Care.
- The continuance of hospice work to cover the most specific cases.

[EAPC Palliative Care Euro-Barometer, 2005]

Palliative care accreditation

- "Palliative Care is a new specialty in Albania. There is no accreditation for palliative care professionals, either nurses or doctors. Yet accreditation of the professionals and staff training is essential in order to have the specialists available that are able to run professional services."

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Palliative care milestones

- 2002: The "Sue Ryder Care" association builds the first hospice in Tirana.
- 2002: All governed and non governed associations meet together and form the "Albanian Palliative Care Association".

Dr. Kristo Huta, President of the Albanian Palliative Care Association.

(EAPC Palliative Care Euro-Barometer, 2005)

Health policy

- Work experience and training in palliative care have helped to increase the quality of service at different levels and in different cities throughout Albania.
- No palliative care service existed before 2000. In April 2002, Ryder Albania built the first hospice centre.
- During the period 2002-2005 the centre has helped approximately 120 patients.
- This policy had not been proposed from governmental institutions. Palliative organisations on their own initiative created this centre, supported by external donations.
- The Albanian Palliative Care Association has not participated in Council of Europe discussions about euthanasia.
- There are no initiatives in Albanian legalisation relating to euthanasia or assisted suicide.

[EAPC Palliative Care Euro-Barometer, 2005]

Other items on national palliative care development

References

Clark, D., and Wright, M. (2003) Transitions in End of Life Care. Hospice and related developments in Eastern Europe and Central Asia. Buckingham: Open University Press, 2003, pp. 24-29, Albania.

http://www.eolc-observatory.net/global_analysis/albania.htm

Newton, M. 2001. The development of terminal care in Albania. Eur. J. Palliat. Care, Nov-Dec; 8(6): 246-9

Welshman, A. 2002. The development of palliative care in Albania... information concerning Albanian palliative care development in Maureen Newton's recent article (EJPC 8.6). Eur. J. Palliat. Care, Jan-Feb; 9(1): 37

Information correct as at: 7th August 2006.

BOSNIA AND HERZEGOVINA

Key Contact / National Association

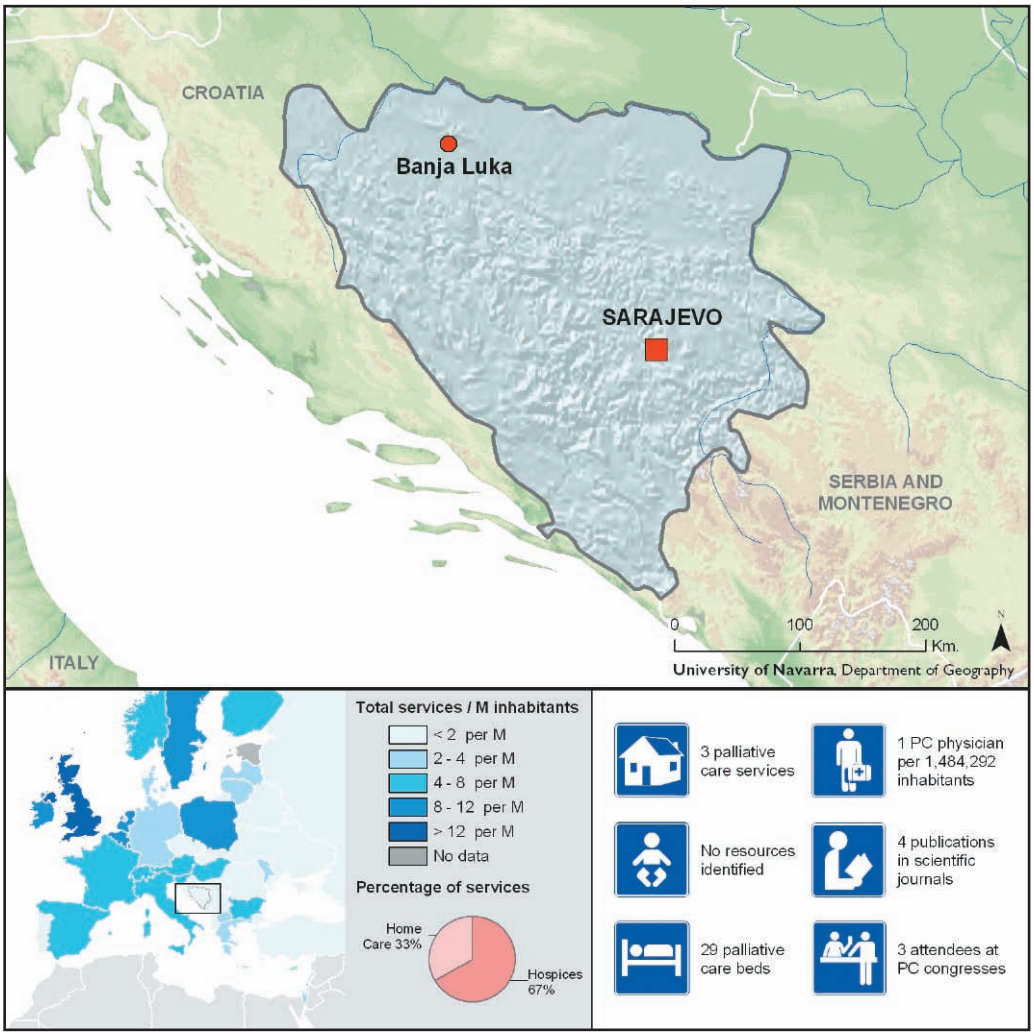
Key contact:

Sanja Đopa,
Administrator and translator/member of the board
NGO “Sisters of the Cross and Passion”/Association of Palliative Care in Bosnia and Herzegovina,
Zmaja od Bosne 28,
71000 Sarajevo,
Bosnia and Herzegovina.
Telephone:0038733645230
Email: njegasa@bih.net.ba

National Association:

Adnan Delibegovic,
Director,
Hospice Tuzla,
Stupine B/13 LAM.B,
Bosnia and Herzegovina.
Telephone: 0038761379932
Email: adodel@bih.net.ba

BOSNIA AND HERZEGOVINA



Population: 4.452.876

Bosnia and Herzegovina is a country on the Balkan peninsula of southern Europe with an area of 51,129 km², and an estimated population of around 4 million people.

Bordered by Croatia to the north, west and south, Serbia to the east, and Montenegro to the south, Bosnia and Herzegovina is landlocked, except for 20 km of the Adriatic Sea coastline, centered around the town of Neum. The nation's capital and largest city is Sarajevo.

The country is a home to three ethnic "constituent peoples": Bosniaks, Serbs and Croats.

(http://en.wikipedia.org/wiki/Bosnia_and_Herzegovina, accessed January 29th, 2006)

In june 2002, an NGO helped to establish the first hospice unit in Sarajevo, in the Nahoreo area of the city. On 11 November 2003 the second hospice unit in Bosnia and Herzegovina opened in the city of Tuzla, a collaboration between the Sisters of the Cross and Passion, a non-governmental organisation (NGO) and the city's local authorities and Clinical Centre. In 1998, the NGO set up the first palliative home care team in Sarajevo in collaboration with the local primary health care authority.

(Murray R, 2004)

Palliative Care Services

NK = not known

Number of Palliative Care Services

	Inpatient Palliative Care Units	Hospices	Consultant Teams in Hospitals	Home Care Teams	Day Centres	Total
Adult/Children	0	2	0	1	1	**4**
Paediatric only	0	0	0	0	0	**0**

	Inpatient Palliative Care Units	Chronic Hospitals/ Nursing Homes	Total
Number of beds allocated to adult palliative care inpatients	29	0	**29**
	Adults	Children	**Total**
Number of Bereavement Support Teams	0	0	**0**

Comments/Sources

- All palliative care services have been established by NGOs; before this no palliative care existed.
- No beds are allocated for palliative care patients in any hospital; most patients are discharged home after active treatment.
- As part of the palliative home care service, one social worker in Hospice Sarajevo and one social worker in Hospice Tuzla each provide bereavement support when required.

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Adult Palliative Care Population

100% of patients receiving palliative care have a cancer diagnosis

0% of patients receiving palliative care have other incurable conditions

	Cancer	(n)
Number of patients who die at home	NK	530
Number of patients who die in a general hospital	NK	0
Number of patients who die in other healthcare institutions	NK	165

Comments/Sources

- 'Other healthcare institutions' are hospices.

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Palliative Care Services

Palliative Care Workforce Capacity

	Full-time	Part-time	Total
Physicians	3	1	**4**
Nurses	13	0	**13**
Social Workers	NK	NK	**3**
Psychologists	NK	NK	**2**
Physiotherapists	NK	NK	**2**
Occupational Therapists	NK	NK	**1**
Spiritual/Faith leaders	NK	NK	**NK**
Volunteers	NK	NK	**0**

Comments/Sources

- Spiritual/faith leaders are available when required (although none work full-time or part-time in palliative care).
- There are no volunteers because the law does not allow them to work with palliative care patients.

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Funding of palliative care services

Total number of palliative care services funded by the government	0
Total number of palliative care services funded privately or by NGO's	0

Comments/Sources

- Palliative care services in Bosnia and Herzegovina are funded by a combination of private and public funds.

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Perceived use of main opioids in palliative care

Order of frequency	Opioid	Estimated cost per month (€)
First opioid	Tramadol cps.	10.95 EUR/box
Second opioid	Tramadol iv	4.90 EUR /box
Third opioid	Kapanol 20 mg	10.95 EUR/box

Comments/Sources

[EAPC Palliative Care Facts ina Europe Questionnaire 2005]

Other items on national palliative care development

Key issues and challenges

- There are no details of key issues and challenges in Bosnia and Herzegovina.

[EAPC Palliative Care Euro-Barometer 2005]

Palliative care accreditation

- "There is no specialist accreditation for palliative care professionals in Bosnia and Herzegovina at the present time. However, palliative care has been included in both Nursing School and Medical University curricula. One nurse and two doctors have nursing and medical diplomas in palliative care from Cardiff University, but these diplomas are not recognised in Bosnia and Herzegovina."

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Palliative care milestones

- 2003: Palliative care begins to develop with NGO "Sisters of the Cross and Passion" support.

[EAPC Palliative Care Euro-Barometer 2005]

Health policy

- There are no details relating to health policy in Bosnia and Herzegovina.

[EAPC Palliative Care Euro-Barometer 2005]

Other items on national palliative care development

References

Clark, D., and Wright, M. (2003) Transitions in End of Life Care. Hospice and related developments in Eastern Europe and Central Asia. Buckingham: Open University Press, 2003, pp. 30-36, Bosnia and Herzegovina.

http://www.eolc-observatory.net/global_analysis/bosnia.htm

Haracic, M., and Simmonds, S. 2003. From Bosnia-Herzegovina. Palliat. Med., vol. 17(2): 128.

Murphy B, Warren M. St. Gemma´s Hospice and the Sarajevo connection. Hospice information bulletin. Feb 2002.

Murray R. Hospice in Bosnia and Hercegovina. Hospice Information Bulletin. May 2004.

Tache, S., Chapuis, V., Goehring, C., and Loutan, L. 2004. Access to palliative care in Bosnia-Herzegovina: a primary care issue. Eur. J. Gen. Pract., vol. 10(1): 31-2.

Information correct as at: 7th August 2006.

BULGARIA

Key Contact / National Association

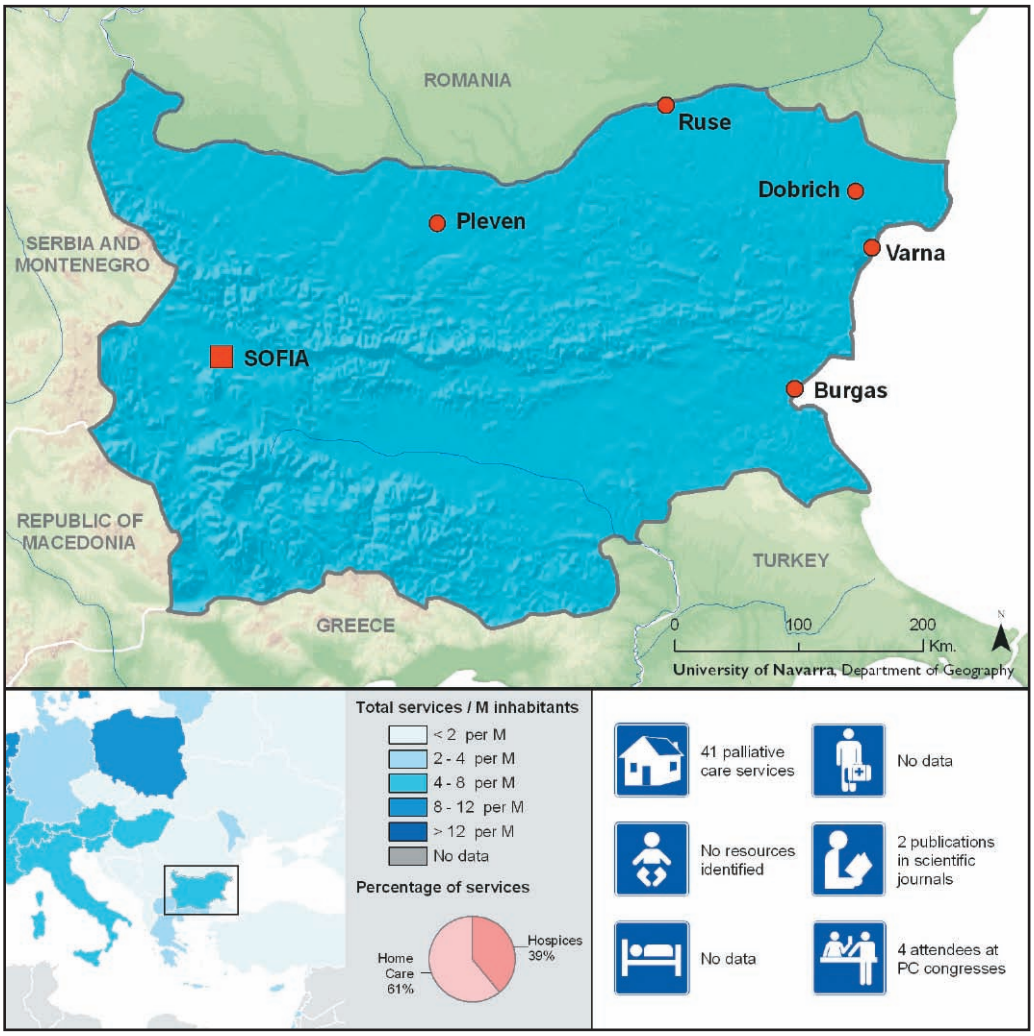
Key contact:

Irena Jivkova Hadjiiska Bildireva,
Administrative Coordinator,
Bulgarian Association of Palliative Care,
National Oncological Centre Hospital,
Unit of Psychosocial Care and Pain Control,
6 Plovdivsko pole str.,
1756 Sofia,
Bulgaria.
Telephone: 00359 2 9714898 338
Email: ihadjiiska@yahoo.com

National Association:

Dr Nikolay Radev Yordanov,
Head of the palliative care department/ Secretary of the Bulgarian Association of Palliative Care,
Department of Palliative Care,
Interregional Cancer Hospital – Vratsa,
Boulevard “Vtori Juni” No68,
3000 Vratsa,
Bulgaria.
Telephone: ++359887218740
Email: dr_yordanoff@abv.bg

BULGARIA



Population: 7.506.098

Bulgaria is a country on the Balkan Peninsula, in Eastern Europe. It borders the Black Sea to the east, Greece and Turkey to the south, Serbia and the Republic of Macedonia to the west, and Romania to the north, mostly along the Danube. Bulgaria also shares a maritime border with Turkey, Romania, Ukraine, Russia, and Georgia. The capital of Bulgaria is Sofia.

Bulgaria joined NATO on March 29, 2004 and the European Union on January 1, 2007. The country has been a member of the United Nations since 1955, and is a founding member of OSCE.

(http://en.wikipedia.org/wiki/Bulgaria, accessed January 29th, 2006)

There are no specialized pain clinics or palliative care units.

According to the international narcotic board statistics, Bulgaria is on the 47th place in the world in morphine consumption. The morphine consumption is approximately 8kg / year in the last year and has not increased with the introduction of slow release morphine tablets.

(Gancheva A, Kirkova J, 1998)

Palliative Care Services

NK = not known

Number of Palliative Care Services

	Inpatient Palliative Care Units	Hospices	Consultant Teams in Hospitals	Home Care Teams	Day Centres	Total
Adult/Children	0	16	0	25	0	**41**
Paediatric only	0	0	0	0	0	**0**

	Inpatient Palliative Care Units	Chronic Hospitals/ Nursing Homes	Total
Number of beds allocated to adult palliative care inpatients	NK	NK	**NK**

	Adults	Children	Total
Number of Bereavement Support Teams	0	0	**0**

Comments/Sources

- There are several forms of palliative care provision in Bulgaria: social patronage; homes for elders; hospitals for active treatment; hospices registered on the Law of the Treatment Institutions.
- The number of hospices is an estimate only, as there is no clear distinction between hospices and homes for medico-social care and standards of good medical practice. There are no regulations relating to the organization and activities of the hospices and they are not popular as a form of care for dying patients.
- According to Bulgarian law, there are 59 hospices registered on the Law of the Treatment Institutions (this information is gathered from the Regional Health Centres in Bulgaria). There is no contact with 20 of them and seven are not operational (but are registered). There are no statistics about palliative care available on a national level.
- There is no palliative care provision for children in Bulgaria. Children with incurable illness are cared for at the Specialized Hospital for Treatment of Children with Onco-Hematological Diseases (the only hospital of this type in Bulgaria and the consultative centre for the Republic).
- There are no specialized bereavement support teams in the cancer hospitals. However, there are a number of psychologists and psychiatrists at the psychiatric hospitals who are available to provide such support.

[Survey of Alpha Research (2003)]
[Survey of the Bulgarian Association of Palliative Care]
[Specialized Hospital for Treatment of Children with Onco-Haematological Diseases]
[Bulgarian Psychiatric Association]
[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Adult Palliative Care Population

NK of patients receiving palliative care have a cancer diagnosis

NK of patients receiving palliative care have other incurable conditions

	Cancer	(n)
Number of patients who die at home	NK	NK
Number of patients who die in a general hospital	NK	NK
Number of patients who die in other healthcare institutions	NK	NK

Comments/Sources

[Bulgarian Association of Palliative Care]
[National Centre for Health Information]
[Bulgarian National Cancer Registry]
[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Palliative Care Services

Palliative Care Workforce Capacity

	Full-time	Part-time	Total
Physicians	NK	NK	**NK**
Nurses	NK	NK	**NK**
Social Workers	NK	NK	**NK**
Psychologists	NK	NK	**NK**
Physiotherapists	NK	NK	**NK**
Occupational Therapists	NK	NK	**NK**
Spiritual/Faith leaders	NK	NK	**NK**
Volunteers	NK	NK	**60**

Comments/Sources

- There is no information available about the number of health professionals working in palliative care.
- The number of volunteers is an estimate only.

[Bulgarian Association of Palliative Care]
[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Funding of palliative care services

Total number of palliative care services funded by the government	0
Total number of palliative care services funded privately or by NGO's	11

Comments/Sources

- There is no information available about the number of palliative care services that are supported by a combination of private and public funds.

[Bulgarian Association of Palliative Care]
[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Perceived use of main opioids in palliative care

Order of frequency	Opioid	Estimated cost per month (€)
First opioid	Morphine	27.80 $
Second opioid	Durogesic	109.88 $
Third opioid	DHC	30.86 $

Comments/Sources

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Other items on national palliative care development

Key issues and challenges

- Shortage of funding.
- Inadequate training of medical teams.
- The medical community still targets its efforts towards disease treatment at any cost, thereby neglecting the patients' quality of life (and the provision of palliative care).
- The difficulty in solving spiritual problems due to the demise of the Bulgarian Orthodox Church.
- Strong opioids are supplied only by the Ministry of Health and some bureaucratic obstacles make the supplies irregular.
- There are strict requirements from the police authorities relating to the sale of strong opioids in pharmacies. The cost of the license for selling such drugs is expensive and there is unwillingness on the part of many pharmacies to sell them.
- The cost of the drugs compared to the income of the patient.

[EAPC Palliative Care Euro-Barometer 2005]

Palliative care accreditation

- "There is no specialist accreditation for palliative care professionals in Bulgaria at the present time. There is no specialization in palliative care at the Medical Universities in the country (although some medical colleges offer bachelor degrees for nurses that include courses on palliative care)."

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Palliative care milestones

- 1992: The first palliative care training course is provided with the help of the Open Society Institute and the George Soros Foundation.
- 1994: An outpatient consulting team specialized in palliative nursing for cancer patients is organised in Sofia.
- 1996: The first centre for controlling cancer pain is founded at the Cancer Hospital (Pleven).
- 1997: The first centre for controlling cancer pain is founded at the Cancer Hospital (Vratsa).
- 1998: The first inpatient hospital based palliative care department is opened at Vratsa.
- 1998: The first pain centre for chronic non-malignant pain is established in Sofia.
- 2001: The National Health Insurance Fund creates a clinical pathway – palliative care for terminal cancer patients – reimbursing 20 days stay in hospital for six consecutive months. Some hospitals create their own teams in order to have a contract with the National Health Insurance Fund.
- 2002: A new law and decree regulating the prescribing, shipping, storing and handling of opioids and other controlled drugs comes into operation, leading to the introduction of many new drugs into everyday practice.
- 2003: The Bulgarian Association of Palliative Care is founded.
- 2003: Medical College (Vratsa), Cancer Hospital (Vratsa), Medical College (Den Helder, Holland), and the MARTA foundation start a project named "Development of palliative care in Bulgaria". Its main target is to prepare future teachers in palliative care for four medical colleges in Bulgaria and to prepare a textbook in palliative care nursing for Bulgaria and Holland.
- 2003: The Bulgarian chapter of IASP is established.
- 2004: The first national palliative care conference with foreign participants dedicated to pain control takes place in Bansko.
- 2004: It is established that several private hospices are working without a contract with the NHIF because of some legal obstacles; within the Hospital Law such structures do not exist as hospices. In order to continue their activities some 'hospices' became part of other hospitals.
- 2004: A group of specialists working in the field of palliative care creates national palliative care guidelines (upon a written order from the Minister of Health).
- 2004: The Bulgarian Association of Palliative Care mark the publication of the Council of Europe (2003) report on palliative care (Recommendation 24 of the Committee of Ministers to member states on the organisation of palliative care) by translating the document into Bulgarian. As a result of this, the Bulgarian Ministry of Health authorizes a committee to create Bulgarian standards of palliative care.
- 2005: An international meeting of the International Association for the Study of Pain takes place in Sofia.
- 2005: Medical College (Vratsa) provides the first Master's degree in palliative care (officially approved by the Bulgarian Ministry of Education, Ministry of Health and Bulgarian Medical Academy for Postgraduate Nursing).

[EAPC Palliative Care Euro-Barometer 2005]

Other items on national palliative care development

Health policy

- The establishment of the NHIF and the clinical pathway has resulted in a great change in the attitude of Bulgarian society towards palliative care.
- The Bulgarian Association of Palliative Care has not participated in any way in the Council of Europe discussions about euthanasia (the Marty Report).
- At the current time, there are no initiatives in Bulgaria that seek the legalisation of euthanasia or assisted suicide. The Bulgarian Orthodox Church and Christian tradition do not allow life to be taken (even in the form of euthanasia). The problem is not discussed because both the medical community and society in general and are not ready yet to discuss it.

[EAPC Palliative Care Euro-Barometer 2005]

References

Clark, D., and Wright, M. (2003) Transitions in End of Life Care. Hospice and related developments in Eastern Europe and Central Asia. Buckingham: Open University Press, 2003, pp. 37-44. Bulgaria.

http://www.eolc-observatory.net/global_analysis/bulgaria.htm

Gancheva, A., Kirkova, J. (1998) Palliative Care in Bulgaria. Presentation for the palliative care advanced course. Pusecykowo (Poland). May 24 th-29, 1998.

Gancheva, A., National reports Europe: Bulgaria. Eur J Palliat Care. 1994;1(2):N1.

Information correct as at: 7th August 2006.

CROATIA

Key Contact / National Association

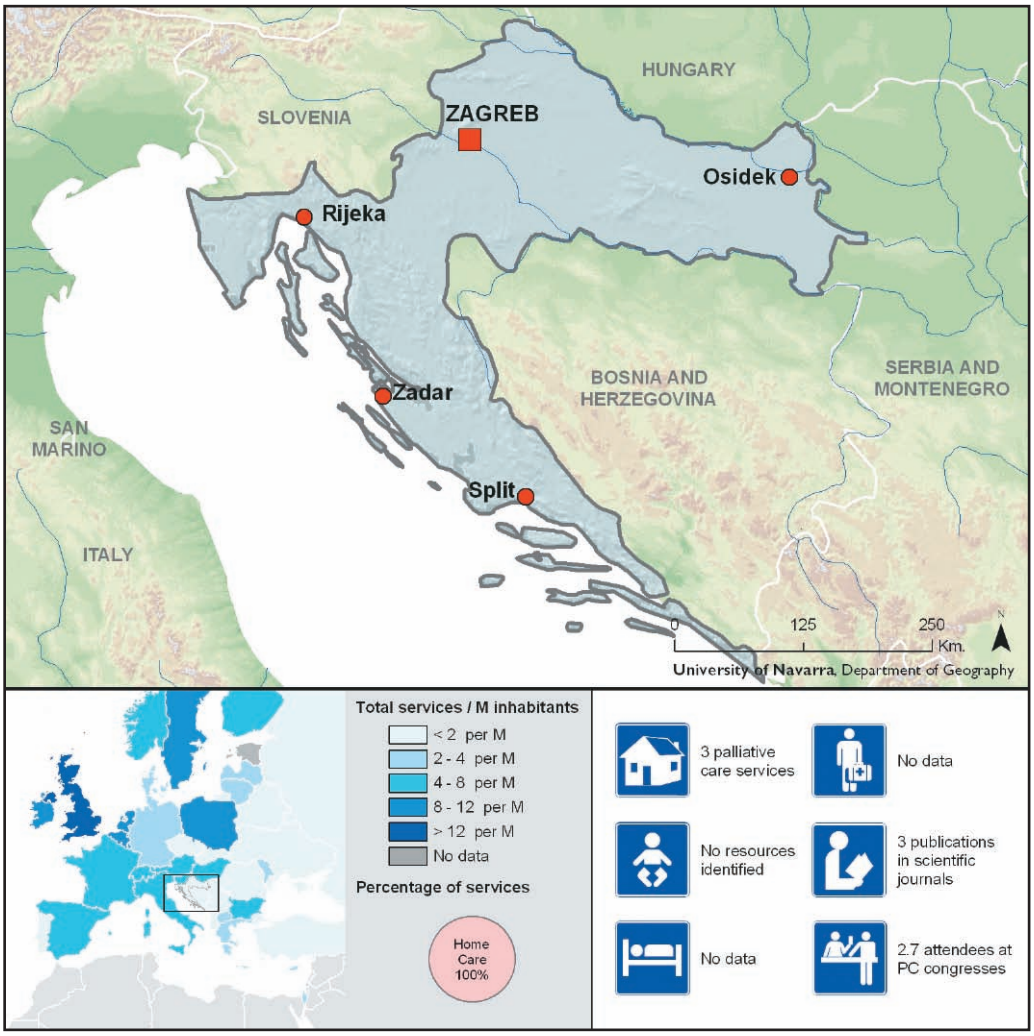
Key contact:

Dr. Matija Rimac,
Leader of the Interdisciplinary Hospice Home Care Team,
Croatian Association of Hospice Friends-Regional Hospice Centre,
Hirceva 1,
10 000 Zagreb,
Croatia.
Telephone: ++ 385 1 23 44 835
Email: rimacmatija@yahoo.com

National Association:

Professor Anica Jusic,
President,
Croatian Society for Hospice/Palliative Care,
Croatian Medical Association,
Subiceva 9,
10 000 Zagreb,
Croatia.
Telephone: ++ 385 1 48 56 775
Email: anica.jusic@zg.htnet.hr

CROATIA



Population: 4.459.137

Croatia, officially the Republic of Croatia (Republika Hrvatska), is a country in Europe at the crossroads of the Mediterranean, Central Europe and the Balkans. Its capital is Zagreb. Croatia shares land borders with Slovenia and Hungary to the north, Serbia to the east, Bosnia and Herzegovina to the south and east, and Montenegro to the south, as well as a sea border with Italy to the west. It is a candidate for membership in the European Union and NATO.

(http://en.wikipedia.org/wiki/Croatia, accessed January 29th, 2006)

In Croatia the palliative care services are only now starting to develop.

The development of palliative care services came to fruition in 2000, when an interdisciplinary, voluntary hospice home care team in Zagreb started to provide home support to dying people and their families.

In 2002, palliative care was officially acknowledged by the Ministry of Heath and the city of Zagreb Health Office when the Regional Hospice Centre was established, providing a centre for the home care team, administrative offices, and counselling and educational facilities.

(Oliver D, Murtagh F, Jusic A. Eur J Palliat Care. 2005)

Palliative Care Services

NK = not known

Number of Palliative Care Services

	Inpatient Palliative Care Units	Hospices	Consultant Teams in Hospitals	Home Care Teams	Day Centres	Total
Adult/Children	0	0	0	3	0	**3**
Paediatric only	0	0	0	0	0	**0**

	Inpatient Palliative Care Units	Chronic Hospitals/ Nursing Homes	Total
Number of beds allocated to adult palliative care inpatients	0	0	**0**

	Adults	Children	Total
Number of Bereavement Support Teams	2	1	**3**

Comments/Sources

[Croatian Association of Hospice Friends – Regional Hospice Centre, Zagreb, Hirceva 1]
[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Adult Palliative Care Population

90% of patients receiving palliative care have a cancer diagnosis

10% of patients receiving palliative care have other incurable conditions

	Cancer	(n)
Number of patients who die at home	447	98.22%
Number of patients who die in a general hospital	3	0.67%
Number of patients who die in other healthcare institutions	5	1.11%

Comments/Sources

- These figures reflect Zagreb only. No data is available for patients who die in the whole of Croatia (Croatian Association of Hospice Friends – Regional Hospice Centre, Zagreb).
- In 2004, the total number of deaths in Croatia totalled 20,086 - malignant diseases accounted for 4,291 (21%) (Croatian Institute for Health Insurance).

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Palliative Care Services

Palliative Care Workforce Capacity

	Full-time	Part-time	Total
Physicians	0	4	**4**
Nurses	0	4	**4**
Social Workers	1	0	**1**
Psychologists	-	2	**2**
Physiotherapists	-	1	**1**
Occupational Therapists	-	-	**0**
Spiritual/Faith leaders	-	-	**0**
Volunteers	-	-	**30**

Comments/Sources

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Funding of palliative care services

Total number of palliative care services funded by the government	0
Total number of palliative care services funded privately or by NGO's	1

Comments/Sources

[Croatian Association of Hospice Friends – Regional Hospice Centre, Zagreb, Hirceva 1]
[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Perceived use of main opioids in palliative care

Order of frequency	Opioid	Estimated cost per month (€)
First opioid	Fentanyl a 25µg/h	628.00 kn = 85 Euro
Second opioid	Tramadol retard a 100 mg	224.00 kn= 30 Euro
Third opioid	MST cont. 10 mg	139.00 kn = 19 Euro

Comments/Sources

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Other items on national palliative care development

Key issues and challenges

- Political problems and an unstable government. Disruption at the Ministry of Health has resulted in extensive personnel and programme changes.
- Ensuring that the patient has the right to information on diagnosis and prognosis.
- The aggressive propaganda of the pharmaceutical industry and the uncritical acceptance of this by some fellow colleagues for non-medical reasons.
- Changing public opinion and education about palliative care at all levels.

[EAPC Palliative Care Euro-Barometer, 2005]

Palliative care accreditation

- "No specialist accreditation for palliative care professionals exists in Croatia at the present time."

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Palliative care milestones

- 1994: The Croatian Society for Hospice/Palliative Care, Croatian Medical Association is founded.
- 1994: The First Symposium on Hospice and Palliative Care is held in Zagreb. It is introduced by Dr. Nigel Sykes, from St Christopher's Hospice, London.
- 2000: The Croatian Association on Pain Treatment (Croatian Medical Association) is founded.
- 2002: The Regional Hospice Centre in Zagreb is opened by The Croatian Association of Hospice Friends.
- 2002: David Oliver, Medical Director of the Wisdom Hospice in Rochester, England, is elected as visiting Professor of the Medical Faculty, University of Zagreb.
- 2003: Kathleen Foley (Open Society Institute, New York) is elected as a guest Professor of Medical Faculty, University of Zagreb.

[EAPC Palliative Care Euro-Barometer, 2005]

Health policy

- The Croatian Society for Hospice/Palliative Care spreads information about palliative care throughout the country by numerous symposia, conferences, courses, single lectures and publications.
- The Regional Hospice Centre in Zagreb functions as a centre for home care visits and consultations, courses, and volunteer meetings.
- In 2003, palliative care is introduced into the Health Protection Law by the Palliative Care Committee of the Ministry of Health. The committee is later disbanded by the minister of Health, but re-established in 2004 with the same president but with a highly reduced number of members.
- In 2004, Professor Anica Jusic is nominated as one of 20 members of the National Ethics Committee of the Ministry of Health.
- In 2004, The Council of Europe Report on Palliative Care (2003) (Recommendation 24 of the Committee of Ministers to member states on the organisation of palliative care) is translated into the Croatian language and distributed free of charge to health institutions, press conferences, and palliative care courses.
- At the current time, there are no initiatives in Croatia that seek the legalisation of euthanasia or assisted suicide.
- Significant financial support has been provided to the Regional Hospice Centre in Zagreb by The Open Society Institute, New York.
- Plans are underway to build the first Institution for Palliative Care – St. Lucas Hospice in Zagreb. It is hoped that the institution will provide teaching and research facilities, inpatient palliative care unit beds, a day hospice centre, an outpatient department for pain and palliative care, and home care visits.

[EAPC Palliative Care Euro-Barometer, 2005]

Other items on national palliative care development

References

Clark, D., and Wright, M. (2003) Transitions in End of Life Care. Hospice and related developments in Eastern Europe and Central Asia. Buckingham: Open University Press, 2003, pp. 45-49, Croatia.

Jusic, A., and Sykes, N. 1995. Hospice movement in the world and its future in Croatia. Acta Med Croatica, vol. 49(3): 105-7

Jusic, A., and Persoli-Gudelj, M. 2002. Croatia: Development of a hospice movement and palliative care. J. Pain Symptom Manage. Vol. 24(2): 180-2

Oliver D, Murtagh F, Jusic A. Palliative care in Croatia - an international collaboration. Eur J Palliat Care. 2005;12(3): 127-129.

http://www.eolc-observatory.net/global_analysis/croatia.htm

Information correct as at: 7th August 2006

CZECH REPUBLIC

Key Contact / National Association

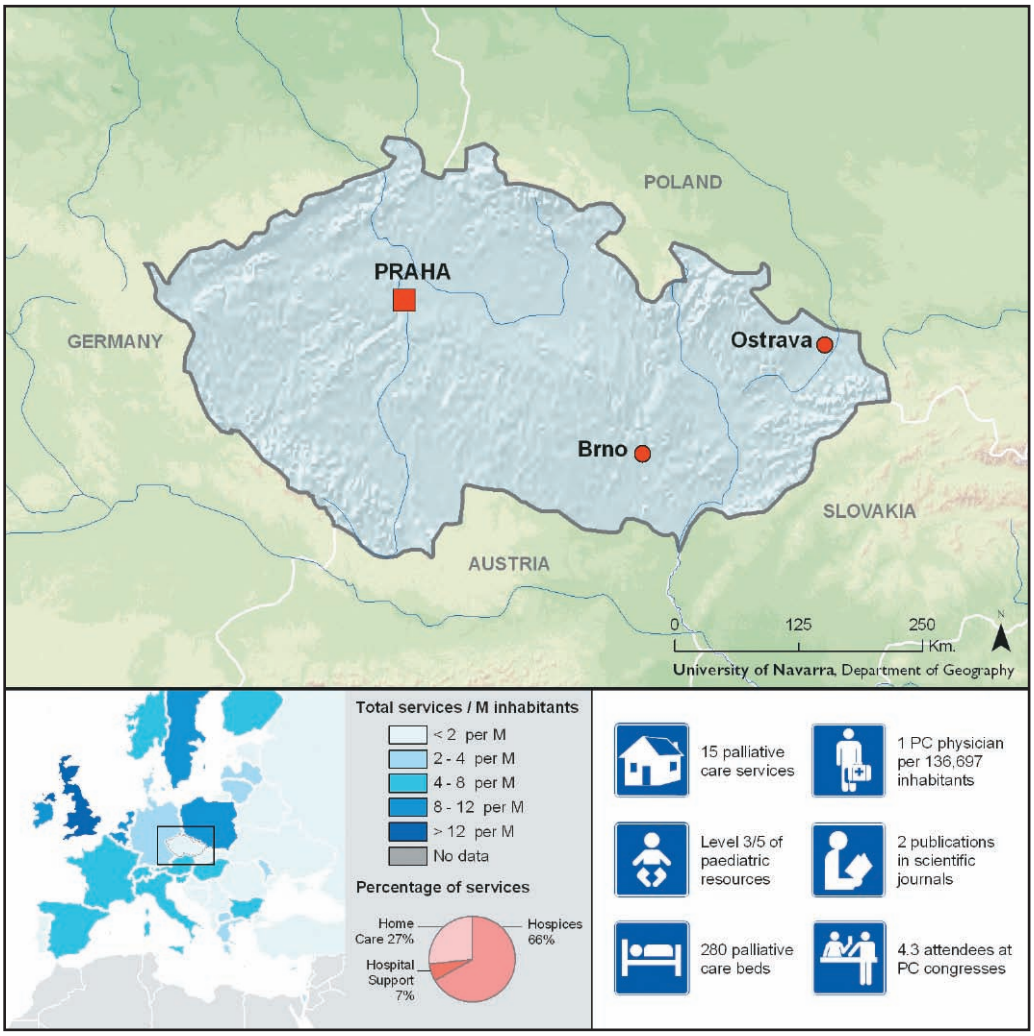
Key contact:

1. Dr. Zdenek Bystricky,
Vice Head,
Department of Palliative Medicine,
Institute for Postgraduate Medical
Education,
Luciny - 1
627 00 Brno
Prague,
Czech Republic.
Telephone: +420548212013
Email: zdenek.bystricky@worldonline.cz

2. Prof. Jiri Vorlicek, MD, PhD,
Head, Department of Palliative Medicine,
Institute for Postgraduate Medical
Education,
Jihlavska 20, 625 00 Brno
Czech Republic.
Telephone: +420532233642
Email: jvorlic@fnbrno.cz

3. Martina Spinkova,
Director of the Mobile Hospice,
Vice President of the Civic Association
Cesta domů (The Homecoming),
Bubenská 3,
Praha 7 170 00,
Czech Republic.
Telephone: +420776065696
Email: martina.spinkova@cestadomu.cz

CZECH REPUBLIC



Population: 10.230.271

The Czech Republic is a landlocked country in Central Europe and a member state of the European Union. The country has borders with Poland to the north, Germany to the northwest and west, Austria to the south, and Slovakia to the east. The capital and largest city is the historic Prague , a major tourist attraction. Other major cities include Brno, Ostrava, Zlín, Plzeň, Pardubice, Hradec Králové, České Budějovice, Liberec, Olomouc, Karlovy Vary and Ústí nad Labem.

The country is composed of two entire historic regions, Bohemia and Moravia, and parts of Silesia.

(http://en.wikipedia.org/wiki/Czech_republic, accessed January 29th, 2006)

Quality palliative care in Czech Republic exists but, despite the efforts of many health care providers and other pioneers in this field, it is accessible to a minimal number of citizens. Only 8 in-patient hospices currently exist in Czech Republic which cannot provide for needs of palliative care. The home care hospice is being created with great difficulties only now, day-care stationary facilities don't exist at all.

(Cesta Domu, 2006)

Palliative Care Services

NK = not known

Number of Palliative Care Services

	Inpatient Palliative Care Units	Hospices	Consultant Teams in Hospitals	Home Care Teams	Day Centres	Total
Adult/Children	0	10	1	4	0	**15**
Paediatric only	0	0	0	0	1	**1**

	Inpatient Palliative Care Units	Chronic Hospitals/ Nursing Homes	Total
Number of beds allocated to adult palliative care inpatients	280	0	**280**

	Adults	Children	Total
Number of Bereavement Support Teams	2	0	**2**

Comments/Sources

- No inpatient specialised paediatric palliative care services are at present provided. However, there is one paediatric hospice with 20 beds under construction. Respite care for children together with their parents is developed with the help of a NGO Klicek – www.klicek.org
- Many Home care teams have been providing certain aspects of palliative care as a part of their "normal" home care. Systematic spiritual, psychological support and bereavement support is usually lacking.
- In many long term care hospitals some aspects of general palliative care have been provided.
- Systematic bereavement support is provided in Prague (Cesta domn – bereavement club) and in Nové Mesto.

[www.cestadomu.cz]
[www.umirani.cz]
[www.hospice.cz]
[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Adult Palliative Care Population

90 % of patients receiving palliative care have a cancer diagnosis

10 % of patients receiving palliative care have other incurable conditions

	Cancer	(n)
Number of patients who die at home	24.5%	17,900
Number of patients who die in a general hospital	59%	43,300
Number of patients who die in other healthcare institutions	13.8%	10,120

Comments/Sources

- Place of death statistics refer to all palliative care patients, not just cancer.
- Less than 1% of all deaths in the Czech Republic each year occur in a hospice. In the year 2000, approximately 109,000 died in the whole of the Czech Republic - about 1000 of those people died in hospices.

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Palliative Care Services

Palliative Care Workforce Capacity

	Full-time	Part-time	Total
Physicians	9	30	**39**
Nurses	NK	NK	**120**
Social Workers	NK	NK	**9**
Psychologists	NK	NK	**6**
Physiotherapists	NK	NK	**7.5**
Occupational Therapists	NK	NK	**0**
Spiritual/Faith leaders	NK	NK	**19**
Volunteers	NK	NK	**214**

Comments/Sources

- Palliative care workforce capacity is an estimate only.

[www.hospice.cz]
[www.cestadomu.cz]
[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Funding of palliative care services

Total number of palliative care services funded by the government	**12**
Total number of palliative care services funded privately or by NGO's	**3**

Comments/Sources

- The Palliative Care Unit of the University Hospital of Brno-Bohunice is funded by the government.
- Three home care palliative care teams are funded by a NGO.
- There are also 10 palliative care services (hospices) supported by a combination of private and public funds (all of the Czech hospices).

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Perceived use of main opioids in palliative care

Order of frequency	Opioid	Estimated cost per month (€)
First opioid	Morphine SR (p.e.120mg/Day)	60 Euros/month
Second opioid	Morphine injectable and IR (60mg/Day)	15 Euros per month
Third opioid	Fentanyl TTS 75ug/h	120 Euros/month

Comments/Sources

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Other items on national palliative care development

Key issues and challenges

- The public is unhappy with the current state of care for the dying. In the first major research in the Czech Republic that focused on care for the terminally ill and dying conducted in 2003-2004, even the best evaluated area of care (treatment of pain) was only judged as "good" by 7% of respondents, and "as rather good" by 29%.
- 90% of young physicians who were interviewed felt that they were not trained to communicate with the terminally ill and their families.
- There exists a discrepancy between preferences of the public and the actual status of care provided for the terminally ill and dying in the Czech Republic: approximately 75% of all deaths occur in health care or social care facilities (hospitals, nursing homes, retirement homes), yet 80% of those who responded to this question stated that they would not want to die in these institutions.
- The most critical in their evaluation of care for the dying are those who have most experience within it; i.e. health care providers and social workers - especially those who provide care for the dying most frequently (oncologists, workers in nursing homes, retirement homes and hospices).
- Large numbers of the dying suffer from inadequately controlled pain and from other physical symptoms, even though modern medicine can effectively treat such problems.
- The area of care for the terminally ill and dying which is viewed most critically by both the lay and professional public is the attention paid to the psychological suffering of patients and the attention given to their families and friends.
- Specialized palliative care in hospices is available to only 1% of all those who are terminally ill.
- Continuity and coordination of care for the dying is frequently poor. In the last weeks of their life, patients are frequently transferred between various health care facilities.
- Participation by the patient and their family in important decision-making regarding treatment is the exception rather than the rule. Communication between physicians and patients regarding diagnosis and prognosis varies and is generally inadequate.
- The family of a terminally ill patient that decides to care for their loved one at home undergoes the risk of an extremely demanding process without the security of any financial support, and, at times, against direct opposition from their physician.
- No institution in the Czech Republic currently monitors the quality of care for the dying, and no criteria for monitoring this care have yet been developed.
- There is a lack of information and a hesitation about using opioids in pain therapy among GPs. They appear to be very afraid about using opioids and often do not know how to use them in pain management.

[EAPC Palliative Care Euro-Barometer, 2005]

Palliative care accreditation

- "There has been new specialist accreditation for palliative care professionals in the Czech Republic since November 2005 – it is a medical specialty – Palliative Medicine and Pain Management (this specialist education takes five years). A course of palliative care is also part of a GP´s curriculum. This education and other courses are provided by the Department of Palliative Medicine of the Institute for Postgraduate Medical Education."

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Palliative care milestones

- 1995: First in-patient hospice opened in Cerveny Kostelec
- 1998: Textbook "Palliative medicine" published by Prof. Vorlicek (450 pp.)
- 2003: The Methodical Instructions for Tumor Pain Management is accepted as an obligatory standard by the Society of General Practitioners.
- 2004: The new Medical Education Act is passed. It includes a provision on palliative care and control of pain as a separate medical discipline.
- 2005: The Committee for Palliative Care is initiated by the Ministry of Health.
- 2006: The Committee for Palliative Care is dissolved by the Ministry of Health.

[EAPC Palliative Care Euro-Barometer, 2005]

Health policy

- The development of palliative care is obstructed by complex legislative, economic, political and social obstacles (the law is from the year 1965).
- Ongoing popularization of the theme of care for the dying, support of the public discussion on this theme and promotion of the possibilities of modern palliative care are being developed within the media.
- Voluntary work is being developed in the area of palliative care.

Other items on national palliative care development

- Close international cooperation in the field of care for the terminally ill and dying is being established.
- There are local innovative projects that test various forms of care for the dying in different settings (models for improvement of care in retirement homes and nursing homes, consulting teams in acute care hospitals, and various models of home-care and specialized in-patient care centres including palliative care units in standing hospitals).
- Professionals are encouraged, primarily through their medical societies, to develop the subject of care for terminal stages of diseases belonging to the scope of their specialty, and include these in preparation for specialty boards.
- The subject of palliative care was included in the obligatory pre- and post-graduate curricula in medical school and nursing school study plans.
- In 2005, Cesta domn translated and edited the Council of Europe (2003) report on palliative care (Recommendation 24 of the Committee of Ministers to member states on the organisation of palliative care). This was financed by the Open Society Institute.
- The Czech Republic has not participated in any way in the Council of Europe discussions about euthanasia (the Marty Report). However, it has been monitored by members of the Ministry of Health Ethics Council.

[EAPC Palliative Care Euro-Barometer, 2005]

References

Clark, D., and Wright, M. (2003) Transitions in End of Life Care. Hospice and related developments in Eastern Europe and Central Asia. Buckingham: Open University Press, pp 50-54, Czech Republic.

Gronemeyer, R., Fink, M., Globisch, M., and Schumann, F. (2005) Helfen am Ende des Lebens Hospizarbeit und Palliative Carein Europa. Giessen: Hospiz und Hospizbewegung, pp. 100-111, Czech Republic.

http://www.eolc-observatory.net/global_analysis/czech.htm

Information correct as at: 7th August 2006.

ESTONIA

Key Contact / National Association

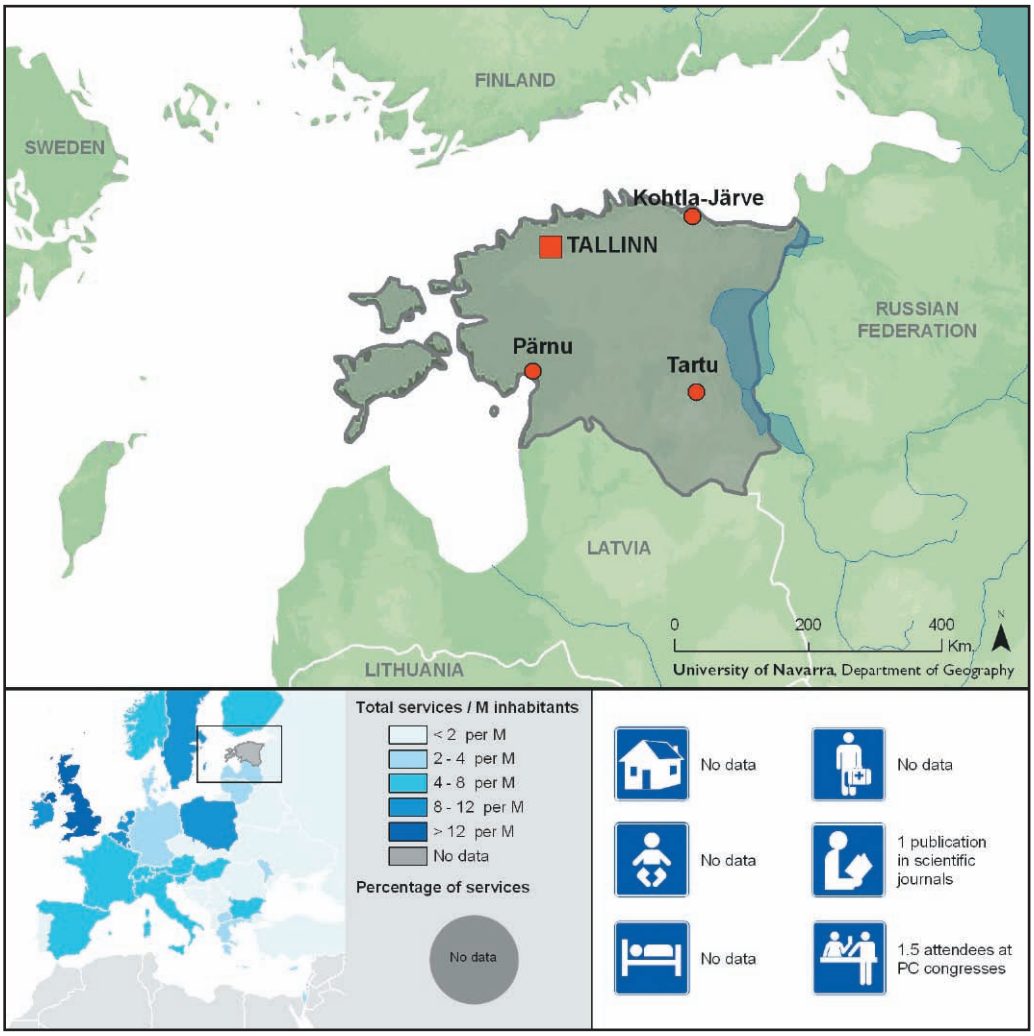
Key contact:

Inga Talvik,
Senior consultant in paediatric neurology,
Children's Clinic of Tartu,
University Hospital,
6 Lunini str.
Tartu,
Estonia 51014.
Telephone: +3727319582
Email: inga.talvik@kliinikum.ee

National Association:

Inga Talvik,
Senior consultant in paediatric neurology,
Children's Clinic of Tartu,
University Hospital,
6 Lunini str.
Tartu,
Estonia 51014.
Telephone: +3727319582
Email: inga.talvik@kliinikum.ee

ESTONIA



Population: 1.332.893

Estonia is a country in Northern Europe. Estonia has land borders to the south with Latvia and Russia to the east. It is separated from Finland in the north by the narrow Gulf of Finland and from Sweden in the west by the Baltic Sea.

Estonia has been a member of the European Union since May 1, 2004 and of NATO since March 29, 2004. Along with Finnish, Hungarian and Maltese, Estonian is one of the few official languages of the European Union that is not of Indo-European origin.

(http://en.wikipedia.org/wiki/Estonia, accessed January 29th, 2006)

There are only home care teams in largest cities.

There are not enough beds available in either hospices or long term facilities.

(Koorits U. Palliat Med 2003)

Palliative Care Services

NK = not known

Number of Palliative Care Services

	Inpatient Palliative Care Units	Hospices	Consultant Teams in Hospitals	Home Care Teams	Day Centres	Total
Adult/Children	0	0	0	0	0	**0**
Paediatric only	0	0	0	0	0	**0**

	Inpatient Palliative Care Units	Chronic Hospitals/ Nursing Homes	Total
Number of beds allocated to adult palliative care inpatients	0	0	**0**

	Adults	Children	Total
Number of Bereavement Support Teams	0	0	**0**

Comments/Sources

- Data for palliative care services relates to children only – there is no data available for adults.
- There is some bereavement support provided by University hospital staff and a psychologist.

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Adult Palliative Care Population

NK of patients receiving palliative care have a cancer diagnosis

NK of patients receiving palliative care have other incurable conditions

	Cancer	(n)
Number of patients who die at home	NK	NK
Number of patients who die in a general hospital	NK	NK
Number of patients who die in other healthcare institutions	NK	NK

Comments/Sources

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Palliative Care Services

Palliative Care Workforce Capacity

	Full-time	Part-time	Total
Physicians	NK	NK	**NK**
Nurses	0	0	**0**
Social Workers	NK	NK	**NK**
Psychologists	NK	NK	**NK**
Physiotherapists	NK	NK	**NK**
Occupational Therapists	NK	NK	**NK**
Spiritual/Faith leaders	NK	NK	**NK**
Volunteers	NK	NK	**0**

Comments/Sources

- There are some doctors working in pain clinics for adults.
- Individual specialist services are available at the University hospital but are not part of a palliative care team.

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Funding of palliative care services

Total number of palliative care services funded by the government	**0**
Total number of palliative care services funded privately or by NGO's	**0**

Comments/Sources

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Perceived use of main opioids in palliative care

Order of frequency	Opioid	Estimated cost per month (€)
First opioid	NK	NK
Second opioid	NK	NK
Third opioid	NK	NK

Comments/Sources

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Other items on national palliative care development

Key issues and challenges

- There are economic and human resource barriers to the development of palliative care in Estonia at the present time.

[EAPC Palliative Care Euro-Barometer 2005]

Palliative care accreditation

- There is no specialist accreditation for palliative care professionals in Estonia at the present time. However, there is some palliative care education provided to medical personnel.

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Palliative care milestones

- There have been no palliative care milestones in Estonia.

[EAPC Palliative Care Euro-Barometer 2005]

Health policy

- There have been no important initiatives since 1995 undertaken to address the problem of uncontrolled pain as a health concern in Estonia.
- There have been no policy changes affecting the development of hospice and palliative care made in Estonia since 2000.
- Estonia did not mark the publication of the Council of Europe (2003) report on palliative care (Recommendation Rec 24 of the Committee of Ministers to member states on the organisation of palliative care) in any way.
- Estonia has not participated in any way in the Council of Europe discussions about euthanasia (the Marty Report).
- At the current time, there are no initiatives in Estonia that seek the legalisation of euthanasia or assisted suicide.

[EAPC Palliative Care Euro-Barometer 2005]

Other items on national palliative care development

References

N.B. For further information on the status of palliative care services in Estonia, please see:

Clark, D., and Wright, M. (2003) Transitions in End of Life Care. Hospice and related developments in Eastern Europe and Central Asia. Buckingham: Open University Press, 2003, pp. 55-58, Estonia.

Gronemeyer, R., Fink, M., Globisch, M., and Schumann, F. (2005) Helfen am ende des lebens hospizarbeit und palliative care in Europa. Giessen: Hospiz und Hospizbewegung, p. 130-136, Estonia.

http://www.eolc-observatory.net/global_analysis/estonia.htm

Information correct as at: 7th August 2006

HUNGARY

Key Contact / National Association

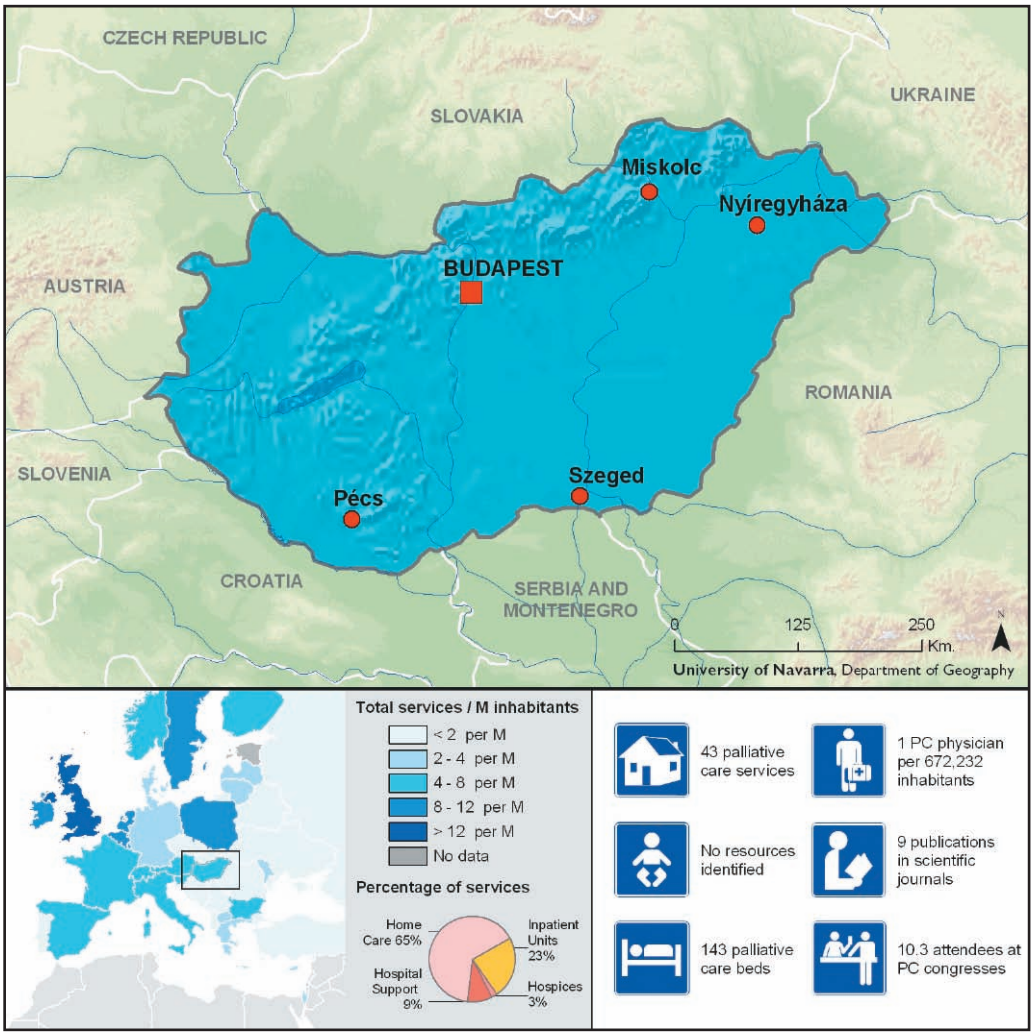
Key contact:

Katalin Hegedus,
President,
Hungarian Hospice-palliative Association,
Semmelweis University,
Institute of Behavioral Sciences,
1089 Budapest,
Nagyvárad tér 4.
Hungary
Telephone: 36-1-210-2955
Email: hegkati@net.sote.hu

National Association:

Dr. Csaba Simko,
Medical director, Elizabeth Hospice /vice-president, Hungarian Hospice Palliative Association,
Erzsébet Hospice Otthon,
3501 Miskolc Pf 187,
Telephone: +36 46 561400
Email: simkocsa@axelero.hu

HUNGARY



Population: 10.083.477

Hungary is a landlocked country in Central Europe, bordered by Austria, Slovakia, Ukraine, Romania, Serbia, Croatia, and Slovenia.

Hungary has been a member state of the European Union since May 1, 2004.

(http://en.wikipedia.org/wiki/Hungary, accessed January 29th, 2006)

At the end of 1998 Hungary had seven hospices (inpatient) with a total of 67 beds, 12 hospice home care teams, and one day care sanatorium.

Hospice inpatient units are financed by the hospitals. Nine of the home care teams are supported by the OEP (MEP)/ National Health Insurance Fund in compliance with the regulations for special home care.

(Hegedus K. Progress Palliat Care. 1999)

Palliative Care Services

NK = not known

Number of Palliative Care Services

	Inpatient Palliative Care Units	Hospices	Consultant Teams in Hospitals	Home Care Teams	Day Centres	Total
Adult/Children	10	1	4	28	2	**45**
Paediatric only	0	0	0	0	0	**0**

	Inpatient Palliative Care Units	Chronic Hospitals/ Nursing Homes	Total
Number of beds allocated to adult palliative care inpatients	143	0	**143**
	Adults	Children	**Total**
Number of Bereavement Support Teams	2	0	**2**

Comments/Sources

- There are a further five inpatient palliative care units and 46 adult palliative care inpatient beds in nursing homes.
- The Palliative care service for children in Bethesda Hospital, Budapest worked from 1995 to 2003. It closed in 2003 because there were not enough patients. There is now no paediatric hospice in Hungary.
- Hungary has a very good system for bereavement support teams, involving 120 hours of training. A lot of psychologists and nurses working in palliative care are trained in bereavement support.

[Hospice statistical questionnaire (2004), Hungarian Hospice-Palliative Association]
[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Adult Palliative Care Population

89% of patients receiving palliative care have a cancer diagnosis

11% of patients receiving palliative care have other incurable conditions

	Cancer	(n)
Number of patients who die at home	1,353	61%
Number of patients who die in a general hospital	660	30%
Number of patients who die in other healthcare institutions	190	9%

Comments/Sources

- In 2003 2,203 patients received care by Palliative Care institutions.
- Figures refer to all palliative care patients (not just cancer).
- Hospice statistical questionnaire (2003), Hungarian Hospice-Palliative Association.

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Palliative Care Services

Palliative Care Workforce Capacity

	Full-time	Part-time	Total
Physicians	15	45	**60**
Nurses	150	260	**410**
Social Workers	-	-	**30**
Psychologists	-	-	**36**
Physiotherapists	-	-	**60**
Occupational Therapists	-	-	**10**
Spiritual/Faith leaders	-	-	**25**
Volunteers	-	-	**105**

Comments/Sources

- All palliative Care Workforce Capacity figures are based on estimates.
- Hospice statistical questionnaire (2004), Hungarian Hospice-Palliative Association.

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Funding of palliative care services

Total number of palliative care services funded by the government	45
Total number of palliative care services funded privately or by NGO's	3

Comments/Sources

- The government covers approximately 50% of the cost of palliative care in Hungary.
- Services also need other sources e.g. local governmental support and grants (Soros, Phare, Ministries, Parliament, European Union, donations, etc.)
- Hospice statistical questionnaire (2004), Hungarian Hospice-Palliative Association.

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Perceived use of main opioids in palliative care

Order of frequency	Opioid	Estimated cost per month (€)
First opioid	MST	-
Second opioid	Fentanyl	-
Third opioid	Depridol (methadone)	-

Comments/Sources

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Other items on national palliative care development

Key issues and challenges

- A lack of acceptable financing has weakened many organizations, and some of them have changed the direction of their activity.
- There is often not enough money to start and maintain palliative care programmes (especially inpatient units).
- There is a lack of well trained palliative experts in the country.
- There is a lack of adequate knowledge and experience amongst many physicians in relation to the prescribing of strong opioids.

[EAPC Palliative Care Euro-Barometer, 2005]

Palliative care accreditation

"A national training program for Palliative Care, organized by the Hungarian Hospice-Palliative Association was accredited by the Ministry of Health and includes a basic course spanning 40 hours as well as an advanced course of 40 hours. Since 1994, more than 3200 people have participated in these courses. Nine textbooks, a number of specialised literatures and the Kharon Thanatological Revue were published. Curricula, guidelines and standards for palliative care (for example WHO- standards, Council of Europe documents etc.) have been translated into Hungarian.

Additionally a one-year post-graduate educational programme for nurses exists, which, following a law decreed in June 2001 by the Ministry of Health, began in 2002."

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Palliative care milestones

- 1991: The Hungarian hospice movement is founded.
- 1994-95: Hospice teams begin to form with the help of the Soros Foundation.
- 1994: Oral retard morphine, tramadol and dihydrocodeine are available free of charge to cancer patients.
- 1997: Hungarian Health Law declares the human right of palliative care, and defines hospice care.
- 2000: Regional and nationwide campaigns against pain are organized by the Cancer League and Hungarian Hospice Palliative Association.
- 2002: A detailed palliative care guideline is launched which deals not only with professional but also constitutional and financial aspects of palliative care.
- 2004: The Health Ministry launches the hospice minimum condition which gives official licences and special financing.
- 2004: There is a new hospice financing system which takes the whole hospice team into account.

[EAPC Palliative Care Euro-Barometer, 2005]

Health policy

- The Council of Europe report on palliative care (Recommendation Rec (2003) 24 of the Committee of Ministers to member states on the organisation of palliative care) was translated and edited by the Hungarian Hospice Palliative Association in October 2004 with the participation of many journalists.
- Hungary has not participated in any way in the Council of Europe discussions about euthanasia (the Marty Report).
- There are no initiatives in Hungary that seek the legalisation of euthanasia or assisted suicide.

[EAPC Palliative Care Euro-Barometer, 2005]

Other items on national palliative care development

References

Clark, D., and Wright, M. (2003) Transitions in End of Life Care. Hospice and related developments in Eastern Europe and Central Asia. Buckingham: Open University Press, 2003, pp.59-68, Hungary.

Gronemeyer, R., Fink, M., Globisch, M., and Schumann, F. 2005. Helfen am Ende des Lebens Hospizarbeit und Palliative Carein Europa. Giessen: Hospiz und Hospizbewegung, pp. 287-304, Hungary.

Hegedus, K. 1999. L'expérience des soins palliatifs en Hongrie. Infokara, 55(3): 63-69.

Hegedus, K. 1999. The introduction and development of hospice-palliative care in Hungary. Progress in Palliative Care, vol. 7(5): 226-229.

Hegedus, K., and Vallaszky D. 1999. The hospice movement in Hungary. Hospice Bulletin, vol. 7(1): 12

Hegedus, K. 2000. Legal and ethical elements of hospice-palliative services in Hungary. Progress in Palliative Care, vol. 8:17-20

http://www.eolc-observatory.net/global_analysis/hungary.htm

Muszbek, K., and Ruzsa, A. 1996. Supportive palliative treatment, psychological care and the hospice movement in Hungary. Support. Care Cancer, vol. 4(1):7-9

Muszbek, K., and Toldy-Schedel, E. 2002. Hungary: palliative care - a new challenge. J. Pain Symptom Manage. vol. 24(2):188-90

Wright, M., and Clark, D. 2003. The development of terminal care in Budapest, Hungary. Eur. J. Palliat. Care, vol. 9:247-50

Information correct as at: 7th August 2006.

LATVIA

Key Contact / National Association

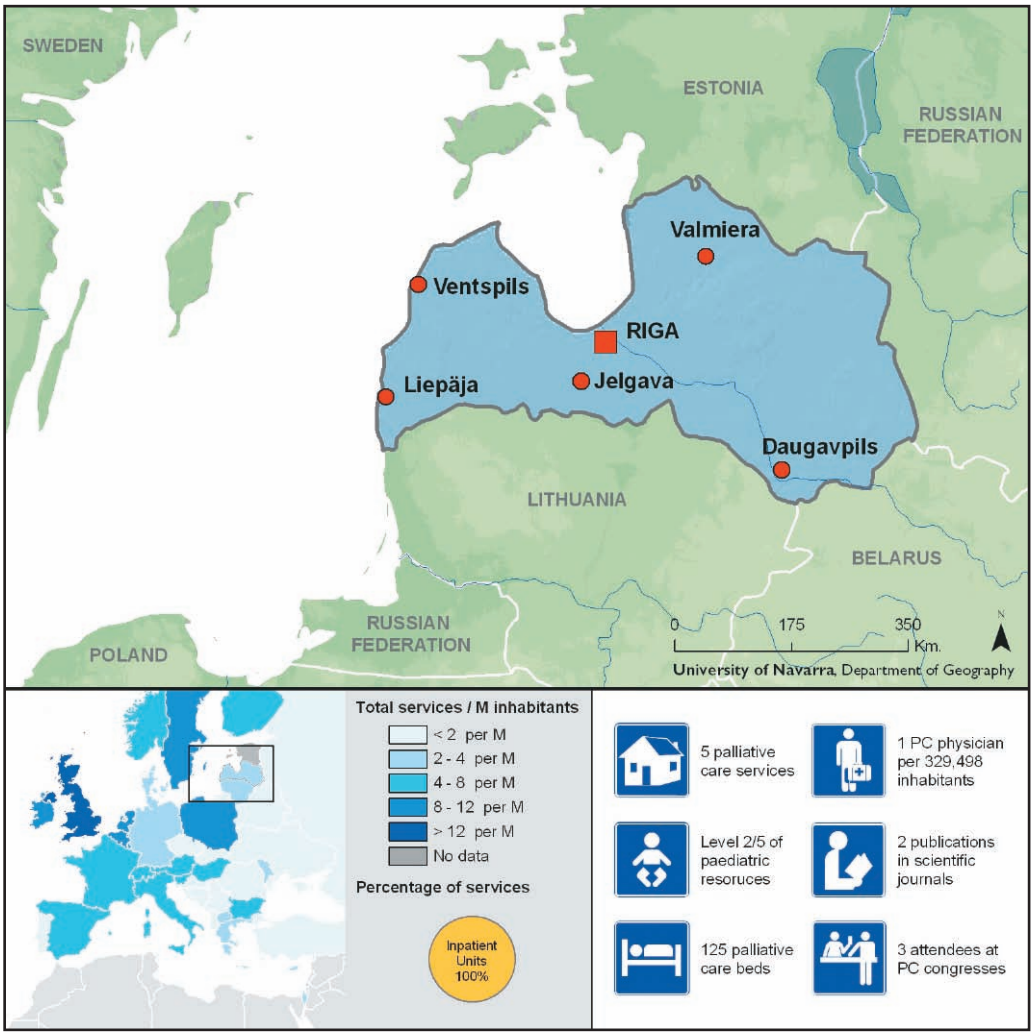
Key contact:

Dr. Vilnis Sosars,
Head of the Palliative Care Unit,
Latvian Oncology Centre,
4 Hippocrates Str.,
Riga,
LV 1079,
Latvia.
Telephone: 00371 704 2140
Email: vsosars@one.lv

National Association:

Dr. Vilnis Sosars,
President,
Palliative Care Association of Latvia,
8–1 Merkela Str.,
Riga,
LV 1050,
Latvia.
Telephone: 00 371 7042137
Email: sosars@onkoc.mt.lv

LATVIA



Population: 2.306.489

Latvia is a country in Northern Europe. Latvia shares land borders with two fellow Baltic states –Estonia to the north and Lithuania to the south– and both Russia and Belarus to the east. In the west, Latvia shares a maritime border with Sweden.

The capital of Latvia is Riga. Latvia has been a member state of the European Union since May 1, 2004.

(http://en.wikipedia.org/wiki/Latvia, accessed January 29th, 2006)

In 1997, 25 beds for adult palliative care were opened at the Latvian Oncology Centre as a result of the initiative of healthcare professionals and financial support from the Latvian healthcare system through obligatory health insurance.

In 1998, the Children's Palliative Care Society (CPCS) was founded.

(Hare A, Gorchakova A. Eur J Palliat Care. 2004)

Palliative Care Services

NK = not known

Number of Palliative Care Services

	Inpatient Palliative Care Units	Hospices	Consultant Teams in Hospitals	Home Care Teams	Day Centres	Total
Adult/Children	5	0	0	0	2	**7**
Paediatric only	1	0	0	0	0	**1**

	Inpatient Palliative Care Units	Chronic Hospitals/ Nursing Homes	Total
Number of beds allocated to adult palliative care inpatients	125	0	**125**

	Adults	Children	Total
Number of Bereavement Support Teams	7	1	**8**

Comments/Sources

- Palliative care in Latvia commenced between 1995–1997 as a teaching programme, and in 1997 the first palliative care unit was established at the Latvian Oncology Centre, with 25 in-patient beds.
- Since then, a further four palliative care in-patient units have been established in different regions in Latvia. There are five multidisciplinary teams working in palliative care.
- There are two sites where outpatient services are available; the Latvian Oncology Centre and Liepaja Piejuras Hospital.
- The palliative care units have a total of 125 beds. There may be temporary palliative care patients in other establishments such as acute hospitals, nursing homes, and hospitals for the chronically ill, who are either referred to the palliative care unit or are sent home under the supervision of their family doctor.
- In 2005, there were reforms to the health care system in Latvia (Masterplan) - 115 in-patient beds are due to be developed in regional hospitals designed for palliative care, mobile home care teams are to be organised, and day care centres and outpatient consultancies are to be established by 2007.
- The one palliative care team for children is located at the State Children hospital and has some six years experience. It operates as a supportive team at the hospital and at home if needed. The area covered by this team is Riga and its surrounding areas.
- The palliative care service is organized by the professional multidisciplinary team (doctors, nurses, social worker, pastor and other specialists if needed).
- Another palliative care structure will soon start to operate in the Eastern part of Latvia (Livani) to cover the Eastern region. This structure will be funded by the European Union and local government support.
- Bereavement support is provided by five adult palliative care teams and one paediatric palliative care team. This is provided at the hospital by different specialists and in two outpatient departments in Latvia. With the development of palliative care in Latvia, it will be possible to provide a more complete bereavement service.

[Statistics of Health Care in Latvia]
[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Adult Palliative Care Population

NK of patients receiving palliative care have a cancer diagnosis

NK of patients receiving palliative care have other incurable conditions

	Cancer	(n)
Number of patients who die at home	NK	NK
Number of patients who die in a general hospital	NK	NK
Number of patients who die in other healthcare institutions	NK	NK

Comments/Sources

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Palliative Care Services

Palliative Care Workforce Capacity

	Full-time	Part-time	Total
Physicians	7	7	**14**
Nurses	33	9	**42**
Social Workers	3	NK	**3**
Psychologists	1	NK	**1**
Physiotherapists	NK	NK	**NK**
Occupational Therapists	NK	NK	**NK**
Spiritual/Faith leaders	2	NK	**2**
Volunteers	NK	NK	**NK**

Comments/Sources

- Palliative care workforce capacity is an estimate only.
- The number of physicians working full time and part time in palliative care is changing because some doctors are also employed in other specialties.
- There are many staff changes due to nurses who leave their job because of the very low salary.
- There are three clinical social workers who work full-time at the hospital. In other cases, social workers from the local government consult the patients and their relatives. Several years ago, there was a movement for social workers to participate in palliative care, but due to social obstacles in Latvia there are now only a few that visit palliative care units regularly.
- At the Latvian Oncology Centre (about 650 beds), there is one psychologist who works at the palliative care unit.
- There are two clinical chaplains in palliative care in Latvia. In other cases a pastor comes to the unit or home as needed.
- There are no physiotherapists (although they are sometimes called out from the general hospitals) and no occupational therapists working in palliative care in Latvia.

[Statistics of Health Care in Latvia]
[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Funding of palliative care services

Total number of palliative care services funded by the government	8
Total number of palliative care services funded privately or by NGO's	0

Comments/Sources

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Perceived use of main opioids in palliative care

Order of frequency	Opioid	Estimated cost per month (€)
First opioid	Morphine	60–80 Euro approx.
Second opioid	Morphine ret.	80-100 Euro approx.
Third opioid	Fentanyl patches	450 – 500 Euro approx.

Comments/Sources

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Other items on national palliative care development

Key issues and challenges

- Limited specialist resources in palliative care.
- Many medical personnel avoid this field of care due to complicated work conditions, lack of experience, and inadequate salaries.
- Insufficient educational programs and a lack of profound information about palliative care options, benefits, goals, etc.
- Limited financial resources, and inadequate international support to develop palliative care as a system in Latvia.
- Insufficient funding for pain killers, and limits to prescribing these in bigger, necessary dosages.
- Myths or false beliefs about palliative care, and a lack of education about palliative care within society in general.
- Making palliative care an integral and fundamental part of medicine and healthcare, starting from an in-patient service to the development of an outpatient service that covers the whole territory of Latvia.
- Acknowledging social, psychological and spiritual resources and needs.

[EAPC Palliative Care Euro-Barometer 2005]

Palliative care accreditation

- Palliative care is not yet a speciality in Latvia; therefore palliative care specialists are not accredited. However, palliative care has recently been professionally classified as a sub-speciality, and approximately 20 specialists have received certification in the field of pain control.

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Palliative care milestones

- 1995: Palliative care starts its development in Latvia as an educational programme.
- 1996: The Palliative Care Association of Latvia (PCAL) is formed.
- 1997: The first palliative care unit in the country opens at the Latvian Oncology Centre, with 25 in-patient beds and approximately 700 admissions per year.
- 2000: A large pilot study is carried out by the Riga Sickness Fund concerning the use of pain killers in palliative care and the cost– effectiveness of patient admittance at the palliative care unit, oncology hospital, and general hospitals.
- 2000: Outpatient consultancy commences at the Latvian Oncology Centre for palliative care patients throughout Latvia.
- 2001: The WHO document. 'Looking Forward to Cancer Pain Relief for all' (1997) is translated into Latvian.
- 2004: Four palliative care units open in different regions of Latvia.
- 2005: The 'European Union Recommendations for the Development of Palliative Care System in EU countries' is translated and published into Latvian.
- 2005: The Palliative Care Association of Latvia marks the publication of the Council of Europe (2003) report on palliative care (Recommendation 24 of the Committee of Ministers to member states on the organisation of palliative care) by translating it into Latvian with the support of the Soros Foundation in Latvia and Riga Town Council (Social Affairs Committee).
- 2005: The Alpha & Omega Society is established as a non-governmental organization proposing the legalisation of euthanasia or medically-assisted suicide (MAS).
- 2006: The Palliative Care Association of Latvia (PCAL) is re-registered.

[EAPC Palliative Care Euro-Barometer 2005]

Health policy

- Palliative care is recognised as a system or infrastructure in health care.
- Palliative care is already recognized by the majority of politicians.
- By 2010, there will be several new palliative care units in all the big cities of Latvia according to the Health Reforms (Masterplan).
- International support is very important for the development of palliative care in Latvia; it will encourage the Ministry of Health to do more for palliative care according to the existing regulations and recommendations of the European Union in this field.

[EAPC Palliative Care Euro-Barometer 2005]

Other items on national palliative care development

References

Clark, D., and Wright, M. (2003) Transitions in End of Life Care. Hospice and related developments in Eastern Europe and Central Asia. Buckingham: Open University Press, 2003, pp. 69-74, Latvia

Gronemeyer, R., Fink, M., Globisch, M., and Schumann, F. (2005) Helfen am ende des lebens hospizarbeit und palliative care in Europa. Giessen: Hospiz und Hospizbewegung, p. 190, Latvia.

http://www.eolc-observatory.net/global_analysis/latvia.htm

Hare A, Gorchakova A. The growth of palliative care for children in Latvia. Eur J Palliat Care. 2004;11(3):116-8.

Pakarinen K. Latvia. Starting palliative care. Eur J Palliat Care. 1995;2(2):N2.

Information correct as at: 7th August 2006

LITHUANIA

Key Contact / National Association

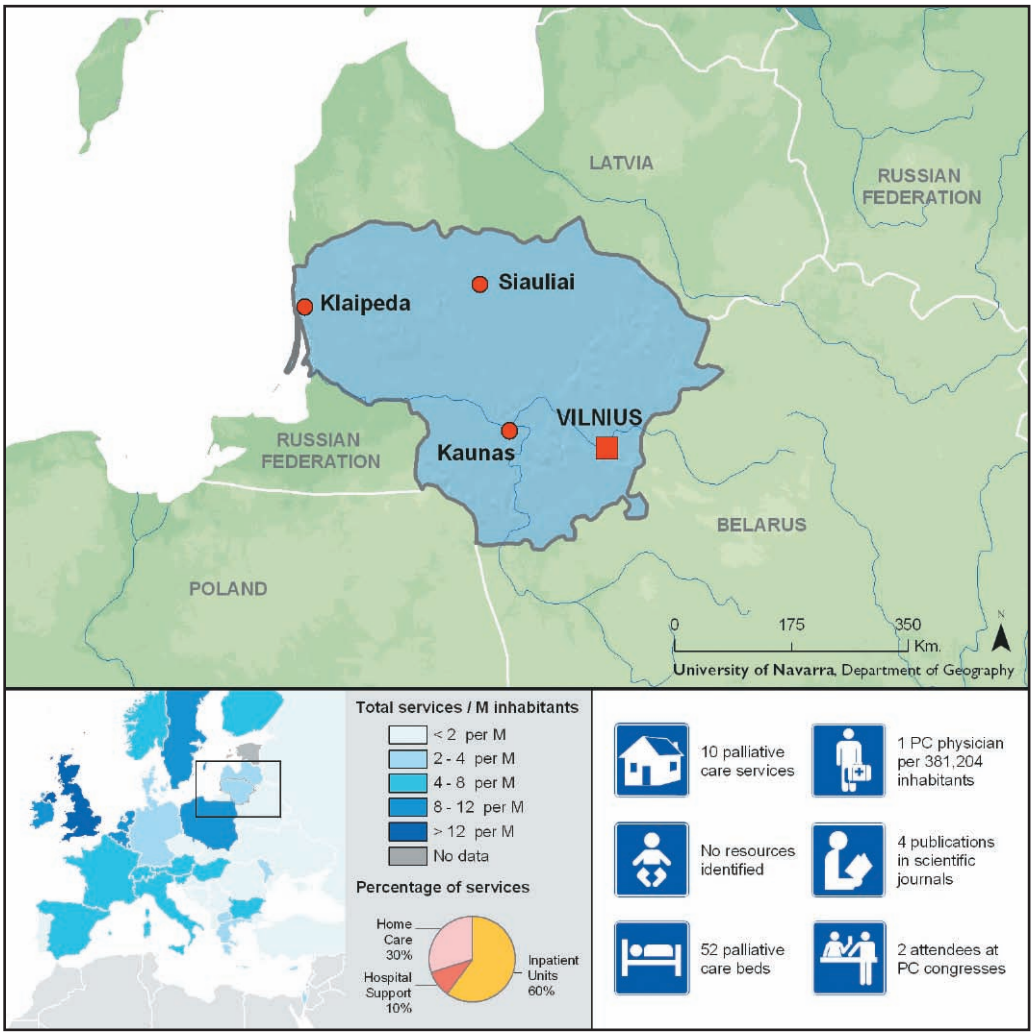
Key contact:

Rita Kabašinskienė,
Director,
Kaunas Nursing Hospital,
Armatūrininkų g. 4,
LT-52372 Kaunas,
Lithuania.
Telephone: +370 37 370430
Email: kaunosl@takas.lt

National Association:

Arvydas Seskevicius,
President,
Palliative Medicine Association of Lithuania,
Mickeviciaus str. 9
Kaunas, LT – 44307
Lithuania.
Telephone: +370 37 327 234
Email: slaugaar@kmu.lt

LITHUANIA



Population: 3.430.836

Lithuania is a country in northern Europe. The largest of the three Baltic States situated along the Baltic Sea, it shares borders with Latvia to the north, Belarus to the southeast, Poland and the Russian exclave of the Kaliningrad Oblast to the southwest.

Lithuania has been a member state of the European Union since May 1, 2004.

(http://en.wikipedia.org/wiki/Lithuania, accessed January 29th, 2006)

Although the first national cancer control program was prepared in 1991, followed by similar programs in 1996-2000 and 2001-2002, pain relief and palliative care were not discussed in these documents. This situation may improve since the creation of a pain and palliative care working group at the Ministry of Health in 2001. The national cancer control and palliative care program for 2003-2010 is in the process of preparing for the use of the WHO methods for the relief of cancer pain.

(Seskevicius A. J Pain Symptom Manage. 2002)

Palliative Care Services

NK = not known

Number of Palliative Care Services

	Inpatient Palliative Care Units	Hospices	Consultant Teams in Hospitals	Home Care Teams	Day Centres	Total
Adult/Children	6	0	1	3	0	**10**
Paediatric only	0	0	0	0	0	**0**

	Inpatient Palliative Care Units	Chronic Hospitals/ Nursing Homes	Total
Number of beds allocated to adult palliative care inpatients	52	0	**52**

	Adults	Children	Total
Number of Bereavement Support Teams	0	0	**0**

Comments/Sources

Lithuania has no policy in respect to the development of palliative care; the country only has some elements of palliative care. Therefore, there are no adult hospices and no palliative care institutions for children. However, there are some services which try to work according to the principles of palliative care:

1. A mobile palliative care team in the Oncological Institute of Vilnius University (physician, nurse, social worker and priest - source of information: Irena Poviloniene, Vilnius University, Oncologic Center);
2. Kaunas Nursing Hospital (45 beds, 8 of which are for palliative care: physician, nurse, social worker, chaplain, kinesiotherapist, dietician, pharmacist and volunteers - source of information: Rita Kabašinskiene);
3. St. Clara Nursing Hospital (52beds, 11 of which are for palliative care: physician, nurse, social worker, kinesietherapist, masseur, pastoral service worker - source of information: Aukse Stroliene);
4. Panevežys Nursing Hospital (102 beds, 6 of which are palliative care beds - source of information: Regina Leiviene);
5. Kaunas Red Cross Nursing Hospital (140 beds, 12 of which are for palliative care - source of information: Stanislava Jancevcene);
6. Kaunas K. Grinius Nursing Hospital (100 beds, 5 of which are for palliative care - source of information: Laima Geduškaite);
7. Oncological Hospital Branch of the Kaunas Medical University Clinic (60 beds, 10 of which are for palliative care - source of information: Dalia Skorupskiene);
8. The Centre of Integrated help in Panevežys, which provides outpatient and home palliative care (physician, nurse, social worker - source of information: Raimonda Ulianskiene).
9. The project "Home Palliative Care" in charitable organization Caritas (one nurse, one social worker, and volunteers - source of information: Lidija Škudiene).
10. Office of the Lutheran-Evangelic Community "Vilniaus Sandora", which provides home palliative care (physician, nurse, volunteers).

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

-	of patients receiving palliative care have a cancer diagnosis
-	of patients receiving palliative care have other incurable conditions

	Cancer	(n)
Number of patients who die at home	4,505	24,529
Number of patients who die in a general hospital	3,455	16,811
Number of patients who die in other healthcare institutions	391	-

Comments/Sources

- Terminally ill patients are admitted to different healthcare institutions, but the largest number is admitted into nursing and long-term hospitals.

[www.lsic.lt] [kancerreg@is.lt]
[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Palliative Care Services

Palliative Care Workforce Capacity

	Full-time	Part-time	Total
Physicians	9	0	**9**
Nurses	20	0	**20**
Social Workers	0	9	**9**
Psychologists	0	0	**0**
Physiotherapists	0	0	**0**
Occupational Therapists	0	0	**0**
Spiritual/Faith leaders	0	0	**3**
Volunteers	0	0	**35**

Comments/Sources

- There are no psychologists, physiotherapists or occupational therapists because of a lack of finance.
- The tradition of volunteering is only increasing very slowly.

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Funding of palliative care services

Total number of palliative care services funded by the government	8
Total number of palliative care services funded privately or by NGO's	2

Comments/Sources

- "Home Palliative care" is funded by the charitable organization Caritas and the office of the Lutheran-Evangelic Community. The project "Vilniaus Sandora" is funded by the community.

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Perceived use of main opioids in palliative care

Order of frequency	Opioid	Estimated cost per month (€)
First opioid	Morphine (s/c)	27.1 EUROS
Second opioid	Morphine (p/o)	18.78 EUROS
Third opioid	Fentanyl	73 EUROS

Comments/Sources

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Other items on national palliative care development

Key issues and challenges

- No legal documents designed for palliative care.
- Lack of funding for palliative care from the government.
- Lack of attention to palliative care from the government.

[EAPC Palliative Care Euro-Barometer, 2005]

Palliative care accreditation

- "There are no palliative care specialists in Lithuania. However, in 2005, a post-graduate palliative care course was established. Kaunas Medical University organizes undergraduate palliative care courses for nurses and social workers two or three times a year, and also local or regional conferences of palliative care. The Lithuanian Centre of Professional Training and Specialization of Nurses have organized courses for nurses ("Nursing of the dying patient" and "Nursing of aged people") which take place in Kaunas Nursing Hospital."

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Palliative care milestones

- 1995: The Palliative Medicine Association of Lithuania is established; the Association of Pain is established; the law of prescription and control of opioids is ratified; the WHO document "Symptom Relief in Terminal Illness" is translated into Lithuanian.
- 2003: The Council of Europe (2003) report on palliative care (Recommendation 24 of the Committee of Ministers to member states on the organisation of palliative care) is translated and published in Lithuanian.

[EAPC Palliative Care Euro-Barometer, 2005]

Health policy

- The Palliative Medicine Association of Lithuania has prepared a draft of a national palliative care standard.
- The Ministry of Health has issued a law concerning prescription and control of strong opioids.
- The Palliative Medicine Association of Lithuania has not participated in any way in the Council of Europe discussions about euthanasia (the Marty Report).
- There are no initiatives in Lithuania to seek the legalisation of euthanasia or assisted suicide at the present time.
- A work group has been established in the Ministry of Health (together with the Palliative Care Association) in order to prepare draft requirements for palliative care intervention.

[EAPC Palliative Care Euro-Barometer, 2005]

Other items on national palliative care development

References

Clark, D., and Wright, M. (2003) Transitions in End of Life Care. Hospice and related developments in Eastern Europe and Central Asia. Buckingham: Open University Press, pp. 75-80, Lithuania.

Gronemeyer, R., Fink, M., Globisch, M., and Schumann, F. (2005) Helfen am Ende des Lebens Hospizarbeit und Palliative Carein Europa. Giessen: Hospiz und Hospizbewegung, pp. 183-189, Lithuania.

http://www.eolc-observatory.net/global_analysis/lithuania.htm

Seskevicius, A., 2002. Lithuania: status of cancer pain and palliative care J. Pain Symptom Manage., vol. 24(2): 205-7

Scott, G. 2001. Lithuania - a needs analysis of palliative care education. Int. Nurs. Link Up, vol. 21: 8-9 (Autumn/Winter)

Information correct as at: 7th August 2006

POLAND

Key Contact / National Association

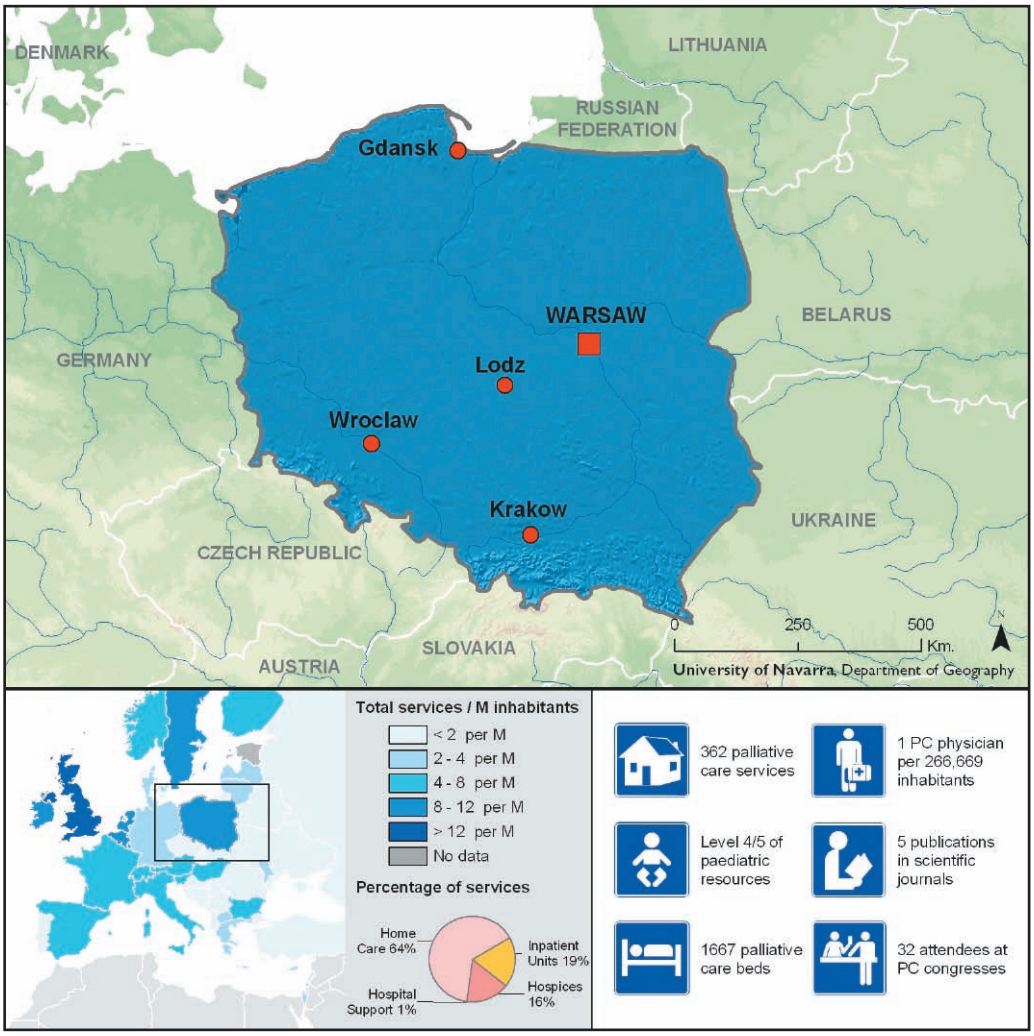
Key contact:

Dr. Jerzy Jarosz,
Medical Director,
Department of Palliative Medicine,
The Maria Sklodowska-Curie Memorial
Cancer Center and Institute of Oncology,
Roentgena Str. 5,
02-781,
Warsaw,
POLAND.
Tel: + 48 (22) 543 22 87
E-mail: jarosz@coi.waw.pl

National Association:

Professor Krystyna de Walden – Gałuszko,
Polish Association of Palliative Medicine,
Department of Palliative Medicine,
Medical University of Gdansk,
80-211 Gdansk,
Debinki Street 2,
Poland.
Tel: +48 58 3412711
Email:galuszko@amg.gda.pl

POLAND



Population: 38.133.691

Poland is a country in Central Europe bordered by Germany to the west, the Czech Republic and Slovakia to the south, Ukraine and Belarus to the east, and the Baltic Sea, Russia and Lithuania to the north. It also shares a maritime border with Denmark and Sweden. The total area of Poland is 312,683 sq km with population over 38.5 million people.

Today, as the 6th most populated member state of the European Union, Poland is a liberal democracy made up of sixteen voivodeships. Poland is also a member of NATO, the United Nations, and the World Trade Organization.

(http://en.wikipedia.org/wiki/Poland, accessed January 29th, 2006)

Alone among the countries of Central and Eastern Europe, a groundswell towards hospices began in Poland during the 1970s. During the 1980s the development of hospices ran alongside the growth of Solidarity.

Palliative medicine was accepted as a medical specialty in 1999. Today, Poland has 265 hospice/palliative care services. There are 149 home care services, 23 independent hospices, 8 day care centres, 50 hospital inpatient units, 1 hospital mobile team, 4 lymphoedema clinics, 2 paediatric inpatient units, 4 paediatric home care services and 24 paediatric home care alongside adult services.

(Wright M, Clark D. Eur J Palliat Care 2003)

Palliative Care Services

NK = not known

Number of Palliative Care Services

	Inpatient Palliative Care Units	Hospices	Consultant Teams in Hospitals	Home Care Teams	Day Centres	Total
Adult/Children	69	59	2	232	11	**373**
Paediatric only	0	3	0	30	0	**33**

	Inpatient Palliative Care Units	Chronic Hospitals/ Nursing Homes	Total
Number of beds allocated to adult palliative care inpatients	1675	0	**1675**
	Adults	Children	**Total**
Number of Bereavement Support Teams	12	0	**12**

Comments/Sources

- There are a further 1,444 outpatient palliative care units.

[Report on Development of Palliative Care in Poland 2002, National Consultant of Palliative Care for Ministry of Health, unpublished]
[Personal expertise based on interviews with voivodship and national consultants, conducted in 2005]
[Basic data on health service and social welfare. Central Statistical Office. Warsaw 2004: 37, 45]
[Dangel T. Palliative Home Care for Children in Poland 2000 – 2001, unpublished]
[http://hospicja.pl/dzieciece/article/917.html]

Adult Palliative Care Population

89% of patients receiving palliative care have a cancer diagnosis

11% of patients receiving palliative care have other incurable conditions

	Cancer	(n)
Number of patients who die at home	39.2%	137,606
Number of patients who die in a general hospital	53%	185,413
Number of patients who die in other healthcare institutions	7.8%	14,596

Comments/Sources

[Vital Statistics of population. Central Statistical Office. Warsaw 2003: 304]
[Wojtynak B., Panstwowy Zakład Higieny, 2004, unpublished]

Palliative Care Services

Palliative Care Workforce Capacity

	Full-time	Part-time	Total
Physicians	143	386	**529**
Nurses	833	312	**1145**
Social Workers	-	-	**16**
Psychologists	-	-	**29**
Physiotherapists	-	-	**72**
Occupational Therapists	-	-	**2**
Spiritual/Faith leaders	-	-	**8**
Volunteers	-	-	**0**

Comments/Sources

[Report on Development of Palliative Care in Poland 2002, National Consultant of Palliative Care for Ministry of Health, unpublished]

Funding of palliative care services

Total number of palliative care services funded by the government	38%
Total number of palliative care services funded privately or by NGO's	62%

Comments/Sources

[Central Register of Health Care Units, 31-08-2004]
[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Perceived use of main opioids in palliative care

Order of frequency	Opioid	Estimated cost per month (€)
First opioid	Morphine SR	16
Second opioid	Fentanyl TTS	75
Third opioid	Morphine PO	46

Comments/Sources

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Other items on national palliative care development

Key issues and challenges

"Palliative care in Poland has so far developed in a dynamic though at the same time rather chaotic fashion. In certain provinces the distribution of palliative/hospice care is patchy; there are alarmingly large blank spots, with administrative districts deprived of home care or with few residential hospices. Financial problems also concern existing palliative/hospice care institutions. A further problem results from concerns about maintaining the level of the services rendered, while at the same time adapting them to actual conditions. Further issues of particular attention and concern are training of medical and non-medical staff involved in palliative/hospice care. The palliative care for children and the elderly constitutes a separate issue. The palliative care for children is qualitatively completely different from that of adults, and a marked tendency has appeared in the Polish hospice-palliative movement to "hive off" this care to paediatricians. Completely different problems are presented in palliative care for the elderly that places before us the extremely important task of creating optimum conditions for the development of geriatric palliative care, conditions which at present we do not have."

[EAPC Palliative Care Euro-Barometer, 2005]

Palliative care accreditation

"Palliative medicine as a medical specialty was introduced in Poland in 1999. It has a second-level status which means that it is available only for those physicians who are already specialists in other clinical disciplines. It takes two years to complete specialty training. There are 14 centers with specialist accreditation offering 101 specialty places. Until now over 100 physicians obtained the specialization. National Consultant estimates the country's needs on 400 specialized physicians. Nursery specialization in palliative care has also been established. The country's needs are being estimated on 1000 nurse-specialists. Initial specializations have begun in 2004. Until now, no one has graduated in this specialization."

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Palliative care milestones

- 1981-1990: 17 hospices are established in Poland through the voluntary hospice movement.
- 1994-2002: The Ministry of Health and other sponsors offer financial support for the postgraduate training of doctors and nurses;
- 1998: The Program for Palliative Care is introduced by the Ministry of Health;
- 1999: Palliative medicine is introduced as a medical specialty.
- 2002: Changes are made in Polish Pharmacopeia VI ed. 2002: an increase in the maximal dosages of morphine in cancer pain – the rise of single oral morphine dose to 100 mg and 20 mg for single intravenous morphine dose;
- 2003: Postgraduate training is made possible through the support of private sponsors and pharmaceutical companies;
- 2003: The Internet Information Service of the National Consultant is established which provides all important up-to-date information and offers a place where opinions are exchanged with other staff and outsiders;
- 2003: "Torun Declaration about euthanasia" – 180 participants of a Palliative – Hospice Conference sign up to protest against euthanasia;
- 2004: The Council of Europe Report on Palliative Care (2003) (Recommendation 24 of the Committee of Ministers to member states on the organisation of palliative care) is translated into Polish, published, and the copies ordered to Regional Consultants of palliative medicine to give to palliative/hospice units (although it does not play an essential role in the development of Polish palliative care);
- 2005: The National Program for Cancer Care (including palliative care development) is accepted by the Polish parliament.

[EAPC Palliative Care Euro-Barometer, 2005]

Health policy

- Inclusion of palliative care into the public health services has provided financial sources that support the development of palliative care;
- National Consultant (Specialists) and Regional Consultants (Specialists) of palliative medicine are responsible for the quality of palliative care and postgraduate training and they try to exert influence on the health politics of the country (in the sphere of palliative care);
- Palliative medicine specialists (doctors) and palliative care specialists (nurses) are the leaders of the most important palliative care units in each district. They are also engaged in palliative care education;
- Standards and guidelines of palliative care are being prepared by a group of experts in the field of palliative medicine; these will undergo a legislation process by the Ministry of Health, government and parliament;
- Local authorities (communities, districts, provinces) have become more engaged in the development of palliative care.

[EAPC Palliative Care Euro-Barometer, 2005]

Other items on national palliative care development

References

Clark, D., and Wright, M. (2003) Transitions in End of Life Care. Hospice and related developments in Eastern Europe and Central Asia. Buckingham: Open University Press, pp 84-92, 215-231, Poland.

Dangel, T., Fowler-Kerry, S., Karwacki, M., & Bereda, J. (2000) An evaluation of a home palliative care programme for children. Ambulatory Child Health, 6(2): 101-14

Dangel, T. (2002) Poland: the status of pediatric palliative care. J. Pain Symptom Manage. Aug; 24(2): 222-4

Drazkiewicz, J., Jarosz, J., Towpik, E., and Nowacki, M. P. 1990. Development of hospice movement in Poland. III International Consensus on Supportive Care in Oncology. Brussels 1990.

Gronemeyer, R., Fink, M., Globisch, M., and Schumann, F. (2005) Helfen am Ende des Lebens Hospizarbeit und Palliative Carein Europa. Giessen: Hospiz und Hospizbewegung, pp254-72, Polen.

Hare, A. (1999) Paediatrics. Palliative care for children in Poland. Eur. J. Palliat. Care, Jul-Aug; 6(4): 137-9

http://www.eolc-observatory.net/global_analysis/poland.htm

Jaspers, B., and Schindler, T. (2004) Stand der Palliativmedizin und Hospizarbeit in Deutschland und im Vergleich zu ausgewählten Staaten. Enquete-Kommission des Bundestages „Ethik und Recht der modernen Medizin“. See section 8.8, Polen.

Luczak, J., Kotlinska-Lemieszek, A., Kluziak, M., & Bozewicz, A. (2002) Poland: cancer pain and palliative care. J. Pain Symptom Manage. Aug; 24(2): 215-21

Wright M, Clark D. The development of palliative care in Poznan, Poland. Eur J Palliat Care 2003; 10(1):26-29.

Information correct as at: 7th August 2006.

REPUBLIC OF MACEDONIA

Key Contact / National Association

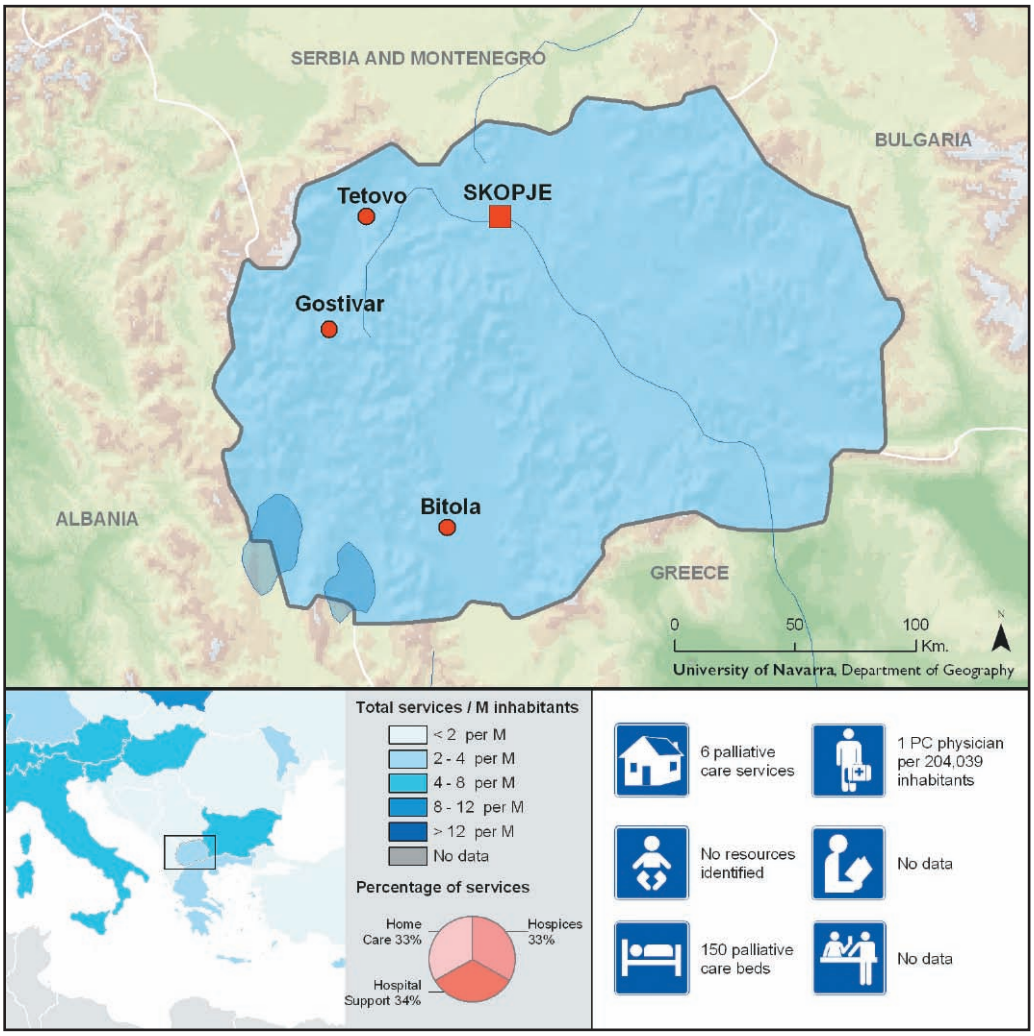
Key contact:

Mirjana Adzic,
National coordinator for palliative care,
Director, hospice for specialist palliative care Sue Ryder Care,
Str. July 4th 129 1000,
Skopje,
Republic of Macedonia.
Telephone: +389 2 2032 615
Email: skopje@suerydercare.org.mk

National Association:

Mirjana Adzic,
National coordinator for palliative care,
Director, hospice for specialist palliative care Sue Ryder Care,
Str. July 4th 129 1000,
Skopje,
Republic of Macedonia.
Telephone: +389 2 2032 615
Email: skopje@suerydercare.org.mk

REPUBLIC OF MACEDONIA



Population: 2.040.389

The Republic of Macedonia is a landlocked country on the Balkan peninsula in southeastern Europe. It is bordered by Serbia to the north, Albania to the west, Greece to the south, and Bulgaria to the east. As the result of a naming dispute with Greece, in 1993 it was admitted to the United Nations under the provisional reference the former Yugoslav Republic of Macedonia (FYROM), pending resolution of the dispute. The capital is Skopje, with 500,000 inhabitants.

The country is a member of the UN and the Council of Europe and a member of La Francophone, the World Trade Organization (WTO), and the Organisation for Security and Cooperation in Europe.

(http://en.wikipedia.org/wiki/Republic_of_macedonia, accessed January 29th, 2006)

Hospice "Sue Ryder" represents a model of hospice institution within the Institute of Gerontology in Skopje - Republic of Macedonia. With its 2000 m2 area and 75 hospital beds capacity it is primarily an institution for palliative care. The main goal is to improve the care of the terminally ill by maintaining patiens' dignity and quality of life. It is the only institution of its kind in R. Macedonia.

(EAPC Palliative Care Euro-Barometer 2005).

Palliative Care Services

NK = not known

Number of Palliative Care Services

	Inpatient Palliative Care Units	Hospices	Consultant Teams in Hospitals	Home Care Teams	Day Centres	Total
Adult/Children	0	2	2	2	0	**6**
Paediatric only	1	0	0	0	0	**1**

	Inpatient Palliative Care Units	Chronic Hospitals/ Nursing Homes	Total
Number of beds allocated to adult palliative care inpatients	150	0	**150**
	Adults	Children	**Total**
Number of Bereavement Support Teams	0	0	**0**

Comments/Sources

- There are two specialist institutions for palliative care in the Republic of Macedonia – both are Sue Ryder Care hospices funded by the national health fund. The hospices have beds exclusively allocated to palliative care, and provide multi-professional and specialist palliative care for the terminally ill. They also perform formal education and training for professionals, families, and volunteers.
- Although there are no specific day centres, the Sue Ryder Care hospices accept adult patients who are in need of day care.
- There are 70 beds for adult patients in each of the two Sue Ryder Care hospices and five beds in each of the two hospices allocated for intensive palliative care.
- Although there are no specific paediatric hospices or centres for palliative care, children may receive palliative care at the paediatric clinic (department of haematology, oncology, neurology, day hospital).
- There are no specialist bereavement support teams, although some bereavement support is provided informally by palliative care teams.

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Adult Palliative Care Population

89%	of patients receiving palliative care have a cancer diagnosis
11%	of patients receiving palliative care have other incurable conditions

	Cancer	(n)
Number of patients who die at home	NK	50%
Number of patients who die in a general hospital	NK	NK
Number of patients who die in other healthcare institutions	NK	50%

Comments/Sources

- Percentage of patients with cancer/non-cancer diagnoses receiving palliative care is an estimate only.
- Place of death figures are estimates only.
- In the hospice in Skopje, 60% of patients die in the hospice/40% die in their homes.
- In the hospice in Bitola, 50% of patients die in the hospice/50% die in their homes.

[Data provided by the Sue Ryder Care hospices and the domiciliary palliative care service]
[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Palliative Care Services

Palliative Care Workforce Capacity

	Full-time	Part-time	Total
Physicians	10	0	**10**
Nurses	42	0	**42**
Social Workers	2	NK	**2**
Psychologists	1	NK	**1**
Physiotherapists	2	NK	**2**
Occupational Therapists	NK	NK	**0**
Spiritual/Faith leaders	NK	NK	**2**
Volunteers	NK	NK	**6**

Comments/Sources

- In each of the two Sue Ryder Care hospices there are four doctors working full time in palliative care. There are also two doctors working full time in the domiciliary service.
- In each of the two Sue Ryder Care hospices there are 18 nurses working full time. There are also six nurses working full time in the domiciliary palliative care service.

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Funding of palliative care services

Total number of palliative care services funded by the government	2
Total number of palliative care services funded privately or by NGO's	NK

Comments/Sources

- Capital investment for the construction and equipment of the hospices was provided through a partnership project between Sue Ryder Care UK, the Government of the Republic of Macedonia and the EU-PHARE Program.
- Palliative care services and employee salaries in the Sue Ryder Care hospices and the domiciliary palliative care service are funded through the health insurance fund.
- Much aid and equipment is funded privately or by non-governmental organizations. The programme for continuous education involving national and international experts is funded by the Soros Foundation.
- The domiciliary palliative care service is supported by a combination of funds. A partnership between Sue Ryder Care UK and the Soros Foundation has funded the purchase of vehicles and mobile equipment and supported the education programme. The salaries of the teams that work in the domiciliary service are funded by the Ministry of Health through the health insurance fund.

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Perceived use of main opioids in palliative care

Order of frequency	Opioid	Estimated cost per month (€)
First opioid	Morphine	90 euros
Second opioid	Pentazocin	70 euros
Third opioid	Methadone	65 euros

Comments/Sources

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Other items on national palliative care development

Key issues and challenges

- Lack of a national plan and strategy for the development of palliative care.
- The availability of opioids for home therapies.
- The reluctance of doctors to prescribe the necessary doses of opioids to terminally ill patients.
- Lack of a wide spectrum of opioids for different levels of pain.
- The lack of a paediatric team for palliative care (hospice and home care service).
- There is no administration of opioids in a form available for paediatric patients with palliative care needs.

[EAPC Palliative Care Euro-Barometer 2005]

Palliative care accreditation

- There is no specialist accreditation for palliative care professionals in the Republic of Macedonia.

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Palliative care milestones

- 1998: The first hospice in the Republic of Macedonia is opened.
- 2000: The results from the research forum on the "Application and availability of opioids for terminally ill patients" are published.
- 2001: The second hospice in the Republic of Macedonia is opened.
- 2003: Palliative care becomes an integral part of the health care system of Macedonia.
- 2004: Publication of the Council of Europe (2003) report on palliative care (Recommendation 24 of the Committee of Ministers to member states on the organisation of palliative care) is officially marked by the hospice for specialist palliative care Sue Ryder Care.
- 2005: Interdisciplinary teams for palliative care are created and the domiciliary palliative care service is developed.

[EAPC Palliative Care Euro-Barometer 2005]

Health policy

- The integration of palliative care into the health care system of Macedonia has resulted in: quality health care being provided to the terminally ill in their surroundings; the valuing of interdisciplinary and multi professional teams in palliative care; the right of the patient and family members to participate in the decision making process; adequate funding of palliative care services through the health insurance fund; an opportunity to include palliative care within the medical faculty curriculum.
- The Sue Ryder hospice for specialist palliative care has not participated in the Council of Europe discussions about euthanasia (the Marty Report), apart from public debates within the national media.
- At the current time, there are no initiatives for the legalization of euthanasia or assisted suicide in the Republic of Macedonia.

[EAPC Palliative Care Euro-Barometer 2005]

Other items on national palliative care development

References

Clark, D., and Wright, M. (2003) Transitions in End of Life Care. Hospice and related developments in Eastern Europe and Central Asia. Buckingham: Open University Press, 2003, pp.81-83, Macedonia.

http://www.eolc-observatory.net/global_analysis/macedonia.htm

Information correct as at: 7th August 2006

ROMANIA

Key Contact / National Association

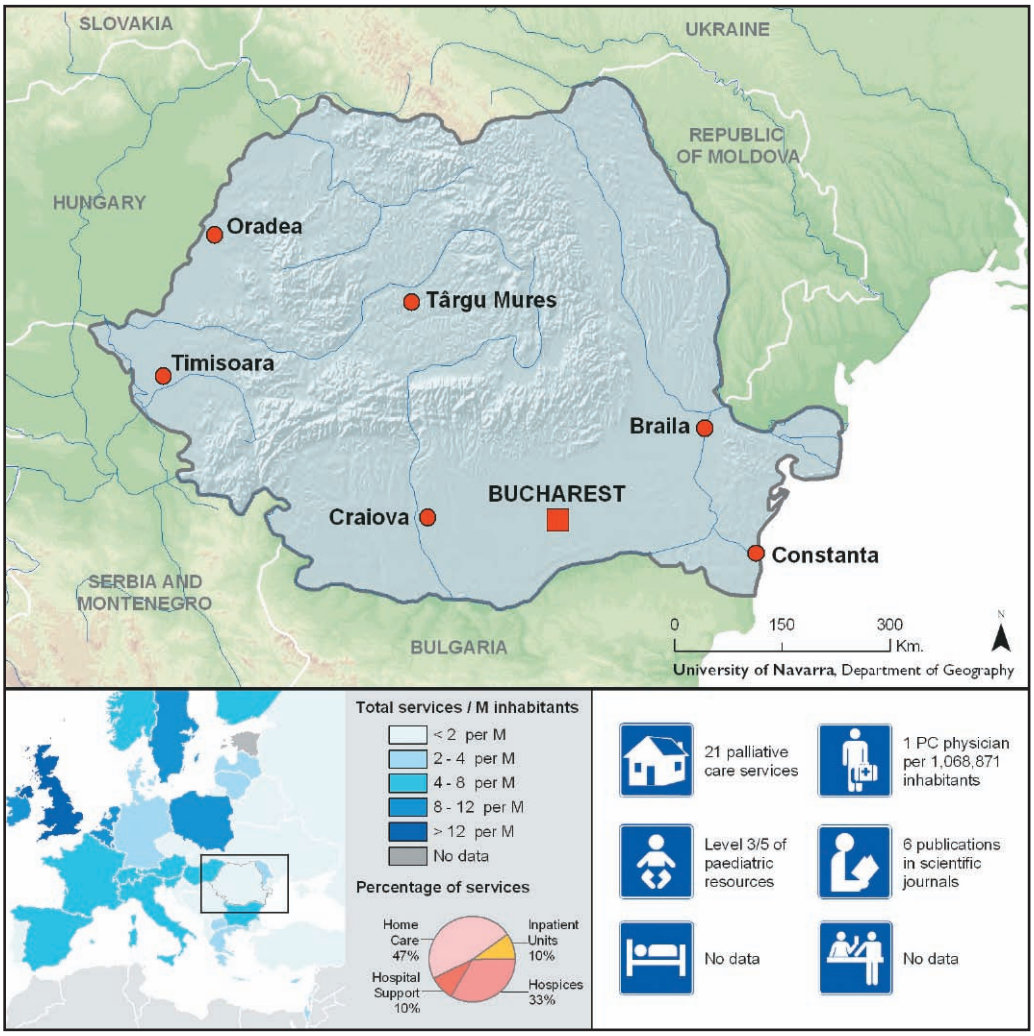
Key contact:

Oana Donea,
Consultant physician in medical oncology/medical team coordinator,
"Nicholas Edeleanu" Resource Centre for Hospice and Palliative Care,
Hospice "Casa Sperantei",
109 Calea Calarasi,
Sector 3,
030613 Bucharest,
Romania.
Telephone: +40 21 326 37 71
E-mail: oana@hospice.bv.astral.ro

National Association:

Daniela Mosoiu,
Director for national development/
President,
Hospice "Casa Sperantei"/ National Association for Palliative Care,
Sitei 17A,
2200 Brasov,
Romania.
Telephone: 0040268 474405
Email: daniela@hospice.bv.astral.ro

ROMANIA



Population: 21.377.426

Romania is a country in Southeastern Europe. Romania has a stretch of sea coast along the Black Sea, and the eastern and southern Carpathian mountains run through its center.

The capital and largest city of Romania is Bucharest. Romania joined NATO on March 29, 2004, and the European Union on January 1, 2007. Romania has the seventh largest population and the ninth largest territory in the EU.

(http://en.wikipedia.org/wiki/Romania, accessed January 29th, 2006)

The Romanian parliament has adopted a new law that will simplify prescribing requirements and allow modern pain management. A Ministry of Health palliative-care commission used WHO guidelines to assess and recommend changes to Romania's national drug control law and regulations.

(Mosoiu D, 2006)

Palliative Care Services

NK = not known

Number of Palliative Care Services

	Inpatient Palliative Care Units	Hospices	Consultant Teams in Hospitals	Home Care Teams	Day Centres	Total
Adult/Children	5	3	0	4	4	**16**
Paediatric only	2	5	0	3	2	**12**

	Inpatient Palliative Care Units	Chronic Hospitals/ Nursing Homes	Total
Number of beds allocated to adult palliative care inpatients	29	35	**64**

	Adults	Children	Total
Number of Bereavement Support Teams	4	3	**7**

Comments/Sources

- Number of palliative care services is an estimate only.
- Palliative care units do not exist as such; they are mainly the number of beds specially allocated for palliative care in the department of a hospital (generally the oncology department), with a small number of beds.
- An adult hospital palliative care team in a general hospital is scheduled to commence work in Bucharest in 2006.
- At least two of the day centres are allocated for people with Alzheimer's disease.
- At the moment, the palliative care network for children is based on isolated initiatives, most of them NGO's, mainly concerning children with HIV/AIDS. There is a paediatric inpatient unit for neurological diseases in Bucharest.
- Organized bereavement support is provided by the home care teams.

[Clark and Wright, 2003]
[Personal contacts at conferences and courses]
[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Adult Palliative Care Population

NK of patients receiving palliative care have a cancer diagnosis

NK of patients receiving palliative care have other incurable conditions

	Cancer	(n)
Number of patients who die at home	NK	90%
Number of patients who die in a general hospital	NK	NK
Number of patients who die in other healthcare institutions	NK	NK

Comments/Sources

- It is estimated that 90% of palliative care patients die at home.

[Report of Romanta Lupsa in Advanced course of Palliative Care in Puszczykowo, Poland, 2000, used as bibliography in the first edition of National Standards in Palliative Care, in 2002]

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Palliative Care Services

Palliative Care Workforce Capacity

	Full-time	Part-time	Total
Physicians	NK	NK	**14**
Nurses	NK	NK	**40**
Social Workers	NK	NK	**7**
Psychologists	NK	NK	**2**
Physiotherapists	NK	NK	**2**
Occupational Therapists	NK	NK	**1**
Spiritual/Faith leaders	NK	NK	**4**
Volunteers	NK	NK	**160**

Comments/Sources

- All palliative care workforce capacity figures are estimates only.
- There are a small number of physicians and nurses working full-time in palliative care, but there are a larger number who only work part-time.
- There is a social worker employed full-time in Hospice "Casa Sperantei" who is also the palliative care trainer for social workers within Romania.
- One of the two psychologists works in Hospice "Casa Sperantei".
- There is a lack of proper training for occupational therapists in Romania.
- There are a number of volunteers from abroad (mainly from the UK, France, USA, Australia) who help for an indefinite period of time.
- There are a number of orthodox priests who are available if requested (Romania is an orthodox country), but there are none who are working full-time in palliative care at present. If needed, chaplains or other spiritual leaders of a particular community are provided.

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Funding of palliative care services

Total number of palliative care services funded by the government	7
Total number of palliative care services funded privately or by NGO's	9

Comments/Sources

- The National Company of Insurance provides funding for some nursing activities in home care; that is a small part of the palliative care activity. Another contribution from public funds is the subvention for pain medication (opioids). There is no palliative care unit/team employed by the National Health Care System.
- There are eight palliative care services supported by a combination of private and public funds.
- Day centres are not included in the funding of palliative care services.

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Perceived use of main opioids in palliative care

Order of frequency	Opioid	Estimated cost per month (€)
First opioid	Morphine	1,700,000 RON ~ 50 E 540,000 RON ~ 15 E
Second opioid	Fentanyl	2,400,000 RON ~ 67 E
Third opioid	Methadone	250,000 RON ~ 7 E

Comments/Sources

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Other items on national palliative care development

Key issues and challenges

- Low public awareness about palliative care.
- There is awareness about palliative care in health authorities, but it is given a lack of priority.
- Lack of financing.
- Inadequate legislation.
- There is a difficult and lengthy process for prescribing strong opioids.
- Only an oncologist in a state outpatient department can prescribe strong opioids for a patient who is at home.

[EAPC Palliative Care Euro-Barometer 2005]

Palliative care accreditation

- "Since 2000, palliative care has been recognised as a medical subspecialty by an order of the Ministry of Health. Training consists of a 12 week course (8 weeks theory and 4 weeks clinical practice). 136 physicians with palliative care subspecialty and 697 nurses have undertaken the advanced training course in palliative care, and over 2000 professionals have undertaken introductory palliative care courses of 1-2 weeks duration. There is a critical mass of trained professionals and the education program will continue to expand by opening at least two new education centres in Romania. Four Romanian universities will participate in a training program with the aim of introducing palliative care into the curricula."

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Palliative care milestones

- 2000: Palliative care is recognised as a medical subspecialty.
- 2004: The National Commission for Palliative Care is appointed in the Ministry of Health and a draft regulation concerning palliative care services is produced (the regulation has yet to be adopted).
- 2005: The National Association for Palliative Care marks the publication of the Council of Europe (2003) report on palliative care (Recommendation 24 of the Committee of Ministers to member states on the organisation of palliative care) by translating it and hosting an official launch.
- 2005: The inpatient unit at Hospice "Sf. Irina" is officially opened.

[EAPC Palliative Care Euro-Barometer 2005]

Health policy

- Partnerships and financial support from outside the country have helped to develop initial palliative care services and bring it onto the agenda of policy makers.
- National palliative care standards for home care services have been produced in partnership with NHPCO.
- Laws regarding patients' rights, hospital law, and financing arrangements in relation to palliative care have been introduced; these policy changes have created the right environment for the future financing and development of palliative care services.
- The National Commission for Palliative Care has not participated in any way in the Council of Europe discussions about euthanasia (the Marty Report).
- At the current time, there are no initiatives in Romania that seek the legalisation of euthanasia or assisted suicide.

[EAPC Palliative Care Euro-Barometer 2005]

Other items on national palliative care development

References

Clark, D., and Wright, M. (2003) Transitions in End of Life Care. Hospice and related developments in Eastern Europe and Central Asia. Buckingham: Open University Press, 2003, pp. 93-103, Romania.

http://www.eolc-observatory.net/global_analysis/romania.htm

Mosoiu, D., Ryan, KM., Joranson, DE., Garthwaite, JP. Reform of drug control policy for Palliative Care in Romania. Lancet 2006; 367: 2110-7

Mosoiu, D. Romania 2002: Cancer pain and palliative care.J Pain Symptom Manage. 2002 Aug; 24(2): 225-7.

Mosoiu, D., Andrews, C., Perolls, G. Palliative care in Romania. Palliat Med. 2000 Jan; 14(1): 65-7.

Wright, M., Clark, D. The development of palliative care in Brasov, Romania. European Journal of Palliative Care. 2002; 9(5): 202-205.

Information correct as at: 7th August 2006.

SERBIA AND MONTENEGRO

Key Contact / National Association

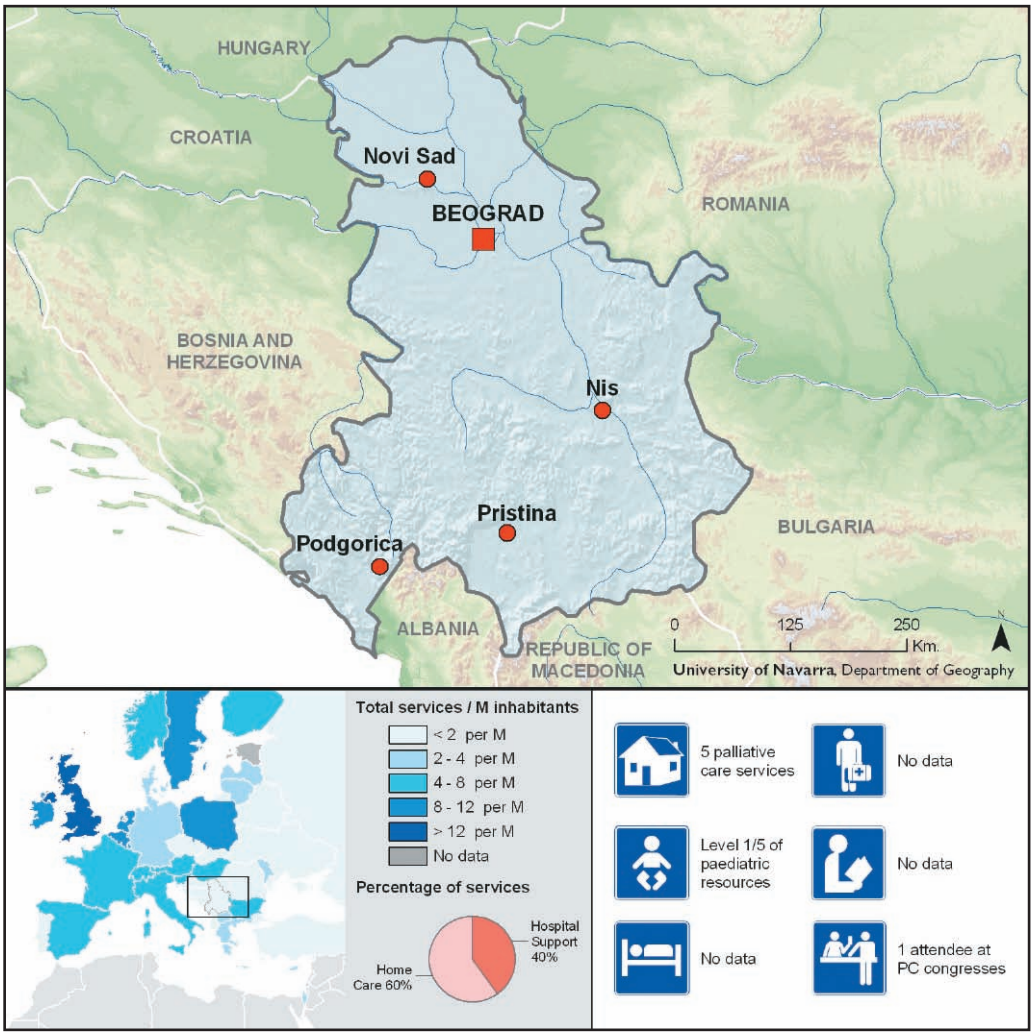
Key contact:

Snezana Bosnjak,
Professor of Research,
Institute for Oncology and Radiology of Serbia,
Oncological Intensive Care Unit/Clinical Pharmacology,
Pasterova 14,
11 000 Belgrade,
Serbia and Montenegro.
Telephone: 381 11 2067 113
Email: nenab@sezampro.yu
Dr Jadranka Lakicevic,
Medical Oncologist,
Clinic of Oncology,
Clinic Centre of Montenegro,
Ljubljanska bb,
81000 Podgorica,
Serbia and Montenegro
Telephone: + 381 81 412 214
Email: lakidj@cg.yu

National Association:

Dr. Natasa Milicevic,
Executive Director,
Center for Palliative Care and Palliative Medicine,
"Belhospice",
Jove Ilica 89,
11 000 Belgrade,
Serbia and Montenegro.
Telephone: +381 64 810 9000
Email: natasa.milicevic@belhospice.org

SERBIA AND MONTENEGRO



Population: 10.681.177

The State Union of Serbia and Montenegro was a confederated union of Serbia and Montenegro, which existed between 2003 and 2006. The two republics, both of which are former republics of the SFR Yugoslavia, initially formed the Federal Republic of Yugoslavia in 1992. In 2003, the FRY was reconstituted as a State Union Serbia and Montenegro.

The state union effectively came to an end after Montenegro's formal declaration of independence on June 3, 2006 and Serbia's formal declaration of independence on June 5. Many view this as symbolizing the final end of what was left from the former Yugoslavia.

(http://en.wikipedia.org/wiki/Serbia_And_Montenegro, accessed January 29th, 2006)

There are a few palliative care services and they rely mainly on the interest of individuals.

We completely lack any inpatient palliative care unit. There are no hospital beds exclusively allocated to palliative care. The

Institute for Oncology and Radiology of Serbia has one supportive unit with 4 beds. At the moment, there are no hospices in our country. There is 1 palliative care team at the University Hospital Belanijska Kosa (Belgrade) and 1 supportive care team at the Institute for Oncology and Radiology of Serbia (Belgrade).

(Snezana Bosnjak, Natasa Milicevic, Jadranka Lakicevic. Arch Oncol 2006)

Palliative Care Services

NK = not known

Number of Palliative Care Services

	Inpatient Palliative Care Units	Hospices	Consultant Teams in Hospitals	Home Care Teams	Day Centres	Total
Adult/Children	0	0	2	3	0	**5**
Paediatric only	0	0	0	0	0	**0**

	Inpatient Palliative Care Units	Chronic Hospitals/ Nursing Homes	Total
Number of beds allocated to adult palliative care inpatients	NK	NK	**NK**

	Adults	Children	Total
Number of Bereavement Support Teams	0	0	**0**

Comments/Sources

- There is one inpatient supportive care unit in Serbia; the Institute for Oncology and Radiology of Serbia (IORS) has one supportive care unit with four beds, mainly allocated to supportive care (prevention and management of treatment-induced toxicity and symptoms of disease).
- General Hospital “Bezanijska Kosa” has one palliative care team (headed by Dr Natasha Milicevic).
- The Institute for Oncology and Radiology of Serbia has one (mobile) supportive care team.
- Home palliative care is provided through three different approaches in the health care system:

  1. Health professionals (mainly physicians and nurses) working in “Primary Health Centers” (PHC, in Serbian: DOM ZDRAVLJA), provide care for terminally ill patients at home (mainly in the physical domain of care) through two different forms of service at the primary health care level: a) “Service for home treatment and care” (SHTC) and b) polyvalent patronage service - there are 161 PHC in Serbia/18 PHC in Montenegro, and 35 SHTC in Serbia/1 SHTC in Montenegro.
  2. The Institute for Gerontology, Home Treatment and Care (IGHTC, Belgrade) has a service named “palliative care service for elderly citizens at home”. The IGHTC is a medical institution providing treatment and care for elderly citizens at 10 municipalities of Belgrade. The service commenced in October 2004 and has 40 employees. In three months, from October 1st to December 31st 2004, the service treated 30 patients with length of treatment per person lasting 30 days approximately.
  3. The Centre for Palliative Care and Palliative Medicine “Belhospice” (Director: Dr Natasha Milicevic) has recently established a home palliative care team consisting of a palliative care specialist, a nurse, a psychologist, and one volunteer.

- Health professionals working in the PHC, SHTC and IGHTC, services are not suitably educated and trained for work in palliative care. They do not have all the necessary knowledge and skills to perform proper assessment and management of symptoms of disease or to provide psychosocial or other forms of support.
- The main oncological centres do not have any beds exclusively allocated to palliative care patients (this is applicable not only to oncological centers - there are no hospital beds exclusively allocated to palliative care at all). Patients with palliative care needs are sometimes referred to general hospitals (41 in Serbia and seven in Montenegro), but the number of beds allocated to these patients is difficult to estimate.
- There are approximately 350 new cases of childhood cancer each year in Serbia and Montenegro, and six hospitals for the treatment of children with cancer (five in Serbia and one in Montenegro). The pediatric oncologists who work in the hospitals are responsible for providing supportive care to these children. At the IORS, there is one pediatric oncologist with an interest in supportive care for children who participated in the "3rd European Course on Palliative Care for Children" (Warsaw, 2003) and who spent one month in France as a clinical observer in palliative and supportive care for children with cancer (Dr L. Paripovic). There is also one psychologist providing psychological help and support to children/adolescents suffering from cancer and their families.

Palliative Care Services

- Patients with progressive disease are usually treated in one of seven General Hospitals in Montenegro, or in the Clinic Centre of Montenegro.

[Bosnjak et al., 2002]
[Bosnjak et al., 2006, in press] and also presentation given by Snezana Bosnjak at the European conference on palliative care, www.pall-care.belgrade2005.org.yu
[Dr. Marija Tasic, Institute for Gerontology, Home Treatment and Care, Belgrade]
[Presentation given by Snezana Simic, Assistant Ministry of Health, the Republic of Serbia and Mr Miodrag Pavlicic, Minister of Health, the Republic of Montenegro, 30.11.2004]
[Dr Lejla Paripovic, and Dr Zoran Bekic, Dept. Pediatric Oncology, Institute for Oncology and Radiology of Serbia]
[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Adult Palliative Care Population

NK	of patients receiving palliative care have a cancer diagnosis
NK	of patients receiving palliative care have other incurable conditions

	Cancer	(n)
Number of patients who die at home	NK	NK
Number of patients who die in a general hospital	NK	32.2
Number of patients who die in other healthcare institutions	NK	NK

Comments/Sources

- There is no specialist palliative care service for patients with cancer or other incurable conditions, and there is no official registration of patients with “advanced progressive phase” of any illness.

[Bosnjak et al., 2006, in press]
[Institute for Public Health “Batut”, Republic of Serbia]
[Dr. Ana Jovicevic Bekic, Head, Department of Epidemiology and Prevention, IORS]
[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Palliative Care Services

NK = not known

Palliative Care Workforce Capacity

	Full-time	Part-time	Total
Physicians	NK	NK	**6**
Nurses	NK	NK	**10**
Social Workers	NK	NK	**3**
Psychologists	NK	NK	**4**
Physiotherapists	NK	NK	**2**
Occupational Therapists	NK	NK	**0**
Spiritual/Faith leaders	NK	NK	**2**
Volunteers	NK	NK	**1**

Comments/Sources

- There is no official palliative care specialization in Serbia and Montenegro. However, the supportive care unit at the IORS has four physicians (one in medical oncology; one in clinical pharmacology; one medical doctor specializing in internal medicine; one medical doctor) and nine nurses. Two physicians and two nurses are working in a mobile supportive care team at the IORS. The supportive care team is supported by one social worker, one chaplain, one physiotherapist and a psychologist for children with cancer.
- The palliative care team at the Medical Center "Bezanijska Kosa" has two physicians (one with a Diploma in Palliative Medicine, one medical doctor specializing in internal medicine) and two nurses. All of them work part-time in palliative care (Head: Dr N. Milicevic). The palliative care team is supported by one social worker, one psychiatrist, one physiotherapist and a chaplain (all part time).
- The palliative care service for elderly citizens at home at the Institute for Gerontology, Home Treatment and Care (Belgrade) has 40 employees working in three teams: four physicians (one in internal medicine, one general practitioner, one in clinical pharmacology, and one psychiatric consultant); 32 nurses (one main coordinator of palliative care, one educator, and 30 nurses from the Department of Home Treatment and Care); palliative care patients also have the services of a social worker, occupational therapist and physio-therapist.
- "Service for home treatment and care" (SHTC) at the primary health care level in Serbia employs approximately 200 physicians and 400 nurses; in Montenegro, approximately six physicians and 15 nurses are employed.
- One psychologist with a special interest in palliative care works at the "Vozdovac" Primary Health Centre in Belgrade.
- One volunteer is working in Belhospice. There are also several associations of patients ("Living like before" for women with breast cancer; "Association of parents of children diagnosed with cancer"; "Association of patients with colostomy") that provide support for patients with cancer and their families.

[Bosnjak et al. 2002.]
[Bosnjak et al., 2006, in press] and also presentation given by Snezana Bosnjak at the European conference on palliative care, www.pallcare.belgrade2005.org.yu
[Dr. Marija Tasic, Institute for Gerontology, Home Treatment and Care, Belgrade]
[Dr. Ana Jovicevic Bekic, Head, Department of Epidemiology and Prevention, IORS]
[Milijana Matorcevic, social worker, IORS]
[Goran Jokanovic, chief nurse, Clinic for Oncology and Radiotherapy, Podgorica, Montenegro]
[Tamara Klikovac, psychologist, Institute for Oncology and Radiology, Dept. Pediatric Oncology]
[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Palliative Care Services

Funding of palliative care services	
Total number of palliative care services funded by the government	0
Total number of palliative care services funded privately or by NGO's	1

Comments/Sources

- Funding is provided from compulsory health insurance funds or from the governmental budget for social needs. Out-of-pocket payment is also possible for some categories of palliative care service. The Ministry of Health (Republic of Serbia) has provided financial support for educational events dealing with supportive and palliative care issues. Evidence-based guidelines on cancer pain, nausea and dyspnoea were produced for GPs and other physicians with an interest in palliative care as a project of the Ministry of Health (Republic of Serbia) and the EU agency for reconstruction.
- "Belhospice" is a non-profit and non-governmental organization.

[Dr. Natasa Milicevic, Executive Director, Center for Palliative Care and Palliative Medicine, "Belhospice"]
[Professor Snezana Simic, Assistant Minister, Ministry of Health, Republic of Serbia]
[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Perceived use of main opioids in palliative care

Perceived use of main opioids in palliative care (Serbia)		
Order of frequency	**Opioid**	**Estimated cost per month (€)**
First opioid	Morphine SR	2373 DIN (30 EUR)
Second opioid	Methadone	482 DIN (6 EUR)
Third opioid	Durogesic	4826 DIN (60 EUR)

Comments/Sources

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Perceived use of main opioids in palliative care (Montenegro)		
Order of frequency	**Opioid**	**Estimated cost per month (€)**
First opioid	Methadone	1.15€
Second opioid	Morphine SR	11.16€
Third opioid	Durogesic	45€

Comments/Sources

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Other items on national palliative care development

Key issues and challenges

- There are no national policies, guidelines, or standards on the organisation of palliative/hospice care.
- There is no legislative framework for palliative care.
- Palliative care has not been recognized as a specific discipline by health care professionals and policy makers.
- There is low awareness of palliative care among patients, their families, and the general public.
- A disease-oriented instead of a holistic patient approach.
- The patient's right to the best quality of life is still under-recognised.
- Much palliative care is delivered by practitioners who are not specialists in palliative care.
- Social affairs services contribute to palliative care services through Gerontology Centres/Homes for the elderly (one in Montenegro: "Geriatric and Nursing Institution - Grabovac", Risan, Montenegro). There is one representative of the Ministry of Labour, employment and social policy on the National Task Force for Palliative Care.
- Political and economic instability within the country.
- The opiophobia of health care professionals, policy makers, patients and their families and the general public resulting from earlier established strong prejudice towards opioids.
- Insufficient interest on the part of pharmaceutical companies to produce or import immediate release morphine due to its low price.
- Insufficient legislation relating to the availability of strong opiods in Serbia and Montenegro.

[EAPC Palliative Care Euro-Barometer 2005]

Palliative care accreditation

- There is no education relating to palliative care and the subject has not been a part of medical schools' curricula (palliative care is not included in the medical undergraduate or postgraduate school curriculum, nursing school curriculum, or in education/training programmes for relevant practitioners working with patients with advanced progressive disease).
- There is no specialist accreditation for palliative care professionals in Serbia and Montenegro. In the whole of the country there is only one physician with sub-specialization in palliative care (Medical centre "Bezanijska Kosa": Dr N. Milicevic, Postgraduate Diploma in Palliative Medicine, University of Wales College of Medicine, UK) and four physicians educated and trained abroad in palliative and supportive care (Poznan, Poland; Sheffield, UK; Lyon, Paris, France). Ten nurses and a small number of other relevant practitioners (three social workers, three psychologists/psychiatrists, two physiotherapists/ occupational therapists and two chaplains) have received some palliative care training, mainly through routine daily work with patients with advanced progressive disease.

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Palliative care milestones

- 1994: Regulations on the prescription of morphine (previously limited to only 200 mg per prescription) are changed to allow doctors to prescribe the amount necessary for two weeks of treatment.
- 1996: The first service for cancer pain management providing consultations for inpatients as well as for outpatients starts at the Institute for Oncology and Radiology of Serbia (head: Dr Snezana Bosnjak).
- 1996: Useful local publications are produced such as a "user friendly" handbook for physicians and nurses on the pharmacotherapy of cancer pain, together with an educational flyer: "True and false about the use of oral morphine in cancer pain management" (Dr S Bosnjak, Dr S Radulovic).
- 1996: The Institute for Oncology and Radiology of Serbia translates the WHO monograph on cancer pain relief (Dr S Radulovic, Dr S. Bosnjak).
- 2000: The Institute for Oncology and Radiology of Serbia translates the WHO monograph on symptom relief in terminal illness (Dr S Radulovic, Dr S. Bosnjak).
- 2003-5: Several international and national courses devoted to palliative care and supportive cancer care are organized. For example: Palliative Care School on palliative care in general (October 2004: 35 participants; May 2005: 35 participants), an International Education Symposium on supportive care in cancer patients (under the auspices of the Serbian Medical Association and Multinational Association of Supportive Care in Cancer (MASCC) October, 2004: 158 participants); two courses held on palliative care in patients with lung cancer (April, 2002: 140 participants; December 2004: 200 participants) and two courses on palliative care for elderly patients (October 2003: 90 participants; March 2005: 128 participants).
- 2004: The first NGO devoted to palliative care (Center for Palliative Care and Palliative Medicine, Belhospice) is established (director: Dr Nataša Milicevic), as a non-governmental, non-profit organisation with the goal to promote palliative care as a discipline, to provide good quality palliative care for patients and their families, to organize education in the palliative care field and to pro-

Other items on national palliative care development

mote the idea and the philosophy of hospice/palliative care in the country. Belhospice is supported by Hospice of Hope from the UK as part of the "Beacon Project".

- 2004: The first postgraduate Diploma in Palliative Medicine is established.
- 2004: The Center for Palliative Care and Palliative Medicine, Belhospice translates the Council of Europe (2003) Recommendations of the Committee of Ministers to member states on the organization of palliative care (Dr Nataša Milicevic).
- 2004: The first national Palliative Care Guidelines for the management of cancer pain, dyspnoea and nausea are prepared and published.
- 2005: The 'National Task Force for Palliative Care' is established under the auspices of the Ministry of Health (president: Dr Nataša Milicevic, Vice-President: Dr Snežana Bošnjak). It aims to: promote palliative care goals and achievements according to the Recommendation of the Council of Europe; make palliative care an integral part of the health care system; increase awareness and knowledge about palliative care among healthcare professionals/public; and highlight the right of patients and their families facing life-threatening illness to have the best possible quality of life. The Task Force has 15 members; among them two representatives of the Ministry of Health (public health specialists), one representative of the Ministry of labour, employment and social policy, one specialist in neurology, one specialist in infectious diseases, two specialists in internal medicine, one specialist in internal medicine (gerontology), one specialist in internal medicine (medical oncology), one general practitioner, one general practitioner (gerontology), two nurses, one psychologist and one chaplain.
- 2005: The National Palliative Care guidelines are disseminated and implemented.

[EAPC Palliative Care Euro-Barometer 2005]

Health policy

- The Serbia and Montenegro Parliament has on its agenda the discussion of a new Health Care Law which may introduce palliative care at the level of primary and secondary health care.
- Evidence-based guidelines on cancer pain, nausea and dyspnoea have been produced for GPs and other physicians with an interest in palliative care as a project of the Ministry of Health (Republic of Serbia) in cooperation with existing palliative/supportive care teams.
- In 2004, the Centre for Palliative Care and Palliative Medicine, "Belhospice", translated and distributed the Council of Europe (2003) report on palliative care (Recommendation 24 of the Committee of Ministers to member states on the organisation of palliative care). 500 copies were distributed within Serbia and 50 copies within Montenegro following a media promotion launch on October 11th 2004 in Belgrade.
- The Centre for Palliative Care and Palliative Medicine, "Belhospice" has not participated in the Council of Europe discussions about euthanasia (the Marty Report).
- At the current time, there are no initiatives in Serbia and Montenegro that seek the legalisation of euthanasia or assisted suicide.

[EAPC Palliative Care Euro-Barometer 2005]

References

Bosnjak, S., Bozovic-Spasojevic, I., Susnjar, S., and Jelic, S. 2002. Inside Yugoslavia - The status of supportive care at the Institute for Oncology and Radiology of Serbia. ESMO Newsletter, no. 3:22-4.

Bosnjak S. 2005. The first Belgrade Education Symposium under the auspices of the Multinational Association of Supportive Care in Cancer. Support. Care Cancer, vol. 13:73-4.

Bosnjak, S., Milićević, N., and Lakićević, J. 2006. Palliative Care in Serbia and Montenegro: where are we now? Archive of Oncology, (in press), presented as an invited lecture at the European Conference on Palliative Care, and organized by the Ministry of Health, Republic of Serbia, in cooperation with the Council of Europe (Belgrade, 20-21 October 2005).

Clark, D., and Wright, M. 2003. Transitions in End of Life Care. Hospice and related developments in Eastern Europe and Central Asia. Buckingham: Open University Press, 2003, pp. 104-108, Serbia.

http://www.eolc-observatory.net/global_analysis/serbia.htm

www.pallcare.belgrade2005.org.yu (data on Serbia from the website of the European Conference on Palliative Care)

Information correct as at: 7th August 2006.

SLOVENIA

Key Contact / National Association

Key contact:

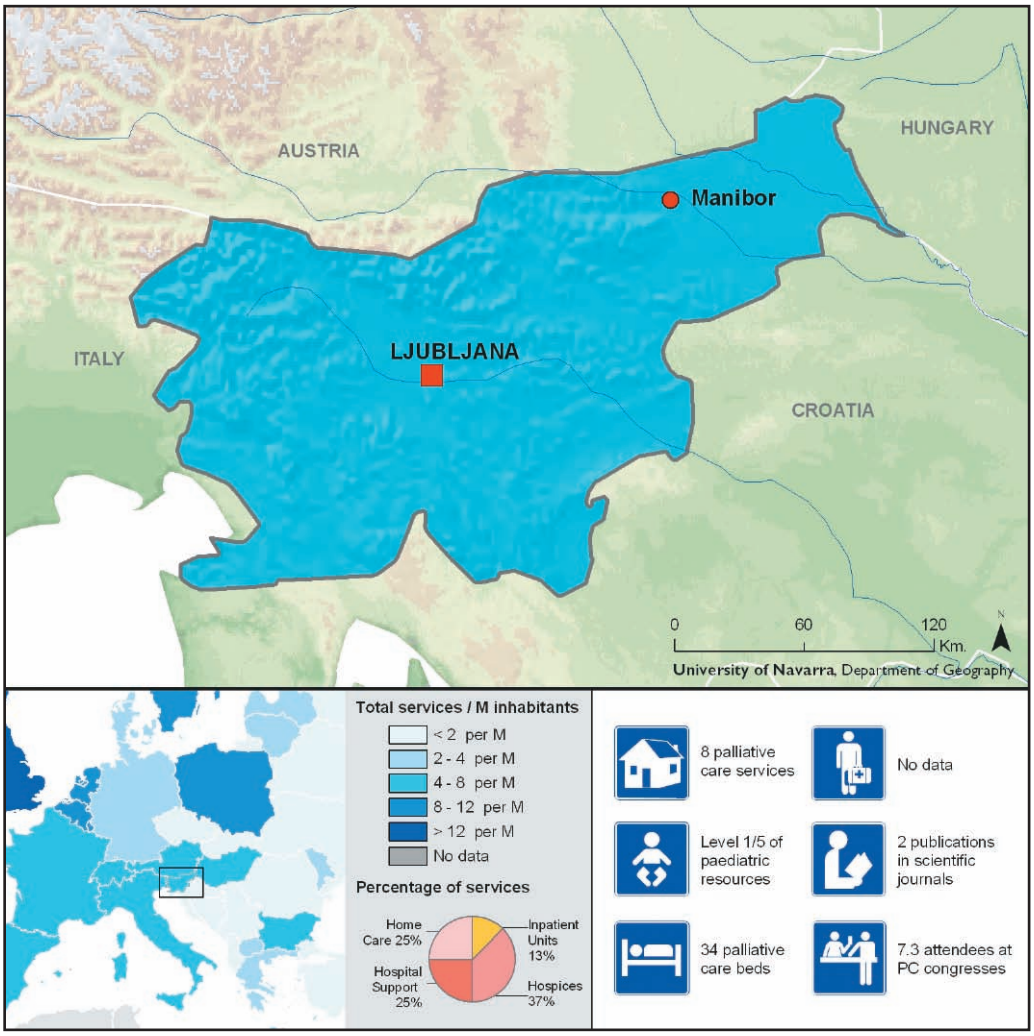
1. Dr. Branko Zakotnik,
Head of Medical Oncology,
Institute of Oncology ,
Zaloska 2,
1000 Ljubljana,
SLOVENIA.
Email: bzakotnik@onko-i.si

2. Dr. Urska Lunder,
Director.
Palliative Care Development Institute,
Vegova 8,
SI 1000 Ljubljana,
SLOVENIA.
urska.lunder@mail.ljudmila.org

National Association:

Tatjana Zargi,
President,
Slovenian Hospice Association,
Kersnikova 6,
1000 Ljubljana,
SLOVENIA
Telephone:++ 3861 420 5260
Email: hospice@siol.net

SLOVENIA



Population: 1.956.916

Slovenia is a coastal Alpine country in southern Central Europe bordering Italy to the west, the Adriatic Sea to the southwest, Croatia to the south and east, Hungary to the northeast, and Austria to the north. The capital of Slovenia is Ljubljana.

Slovenia is a member of the European Union, the Council of Europe, NATO, and has observer status in La Francophone.

(http://en.wikipedia.org/wiki/Slovenia, accessed January 29th, 2006)

The hospice movement, with home service and education programs, started in the middle of the 1990s in the capital of Slovenia. This includes mostly nursing and volunteer activities. A physician is not yet involved in the care.

There is a constant lack of financial support for the palliative care programs on the part of the young state.

(Lunder U. Cerv B. J Pain Symptom Manage. 2002)

Palliative Care Services

NK = not known

Number of Palliative Care Services

	Inpatient Palliative Care Units	Hospices	Consultant Teams in Hospitals	Home Care Teams	Day Centres	Total
Adult/Children	1	3	2	2	0	**8**
Paediatric only	0	0	0	0	0	**0**

	Inpatient Palliative Care Units	Chronic Hospitals/ Nursing Homes	Total
Number of beds allocated to adult palliative care inpatients	34	0	**34**

	Adults	Children	Total
Number of Bereavement Support Teams	7	1	**8**

Comments/Sources

- The palliative care unit is at the General hospital 'Golnik'.
- The hospices are in Ljubljana, Maribor, and Celje (but there are no beds).
- There is a hospital palliative care team in Golnik, and one in the Institute of Oncology. In addition, there are twelve out-patient pain clinics in acute hospitals in Slovenia.
- There are four beds allocated to palliative care patients in the palliative care unit in the General hospital Golnik. At the Institute of Oncology Ljubljana, 10-20% of the hospital beds (20-30) are used for palliative care patients, located on various departments.
- There is no official structure for paediatric palliative care in Slovenia. However, the majority of children with palliative care needs are cared for at the oncology department of the pediatric clinic, and in the intensive care unit at the University Clinical Center. There are no paediatric home care teams.
- Bereavement services are based in different hospices in the country and consist of both professional teams and support groups; there is also a traditional bereavement children's group holiday every summer.
- Bereavement counselling is available in general hospital Golnik, the Oncology Institute, and the psychiatric, paediatric, and gynaecology clinics.
- Throughout Slovenia, bereavement support groups are organized by social workers at the Centers for Social Care.
- Philanthropic non-government organizations also have support groups in different cities in Slovenia.

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Adult Palliative Care Population

99 %	of patients receiving palliative care have a cancer diagnosis
1 %	of patients receiving palliative care have other incurable conditions

	Cancer	(n)
Number of patients who die at home	NK	NK
Number of patients who die in a general hospital	NK	NK
Number of patients who die in other healthcare institutions	NK	NK

Comments/Sources

- Percentage of patients with cancer/non-cancer diagnoses receiving palliative care is an estimate only.

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Palliative Care Services

Palliative Care Workforce Capacity

	Full-time	Part-time	Total
Physicians	0	0	**0**
Nurses	10	0	**10**
Social Workers	NK	NK	**5**
Psychologists	NK	NK	**4**
Physiotherapists	NK	NK	**2**
Occupational Therapists	NK	NK	**0**
Spiritual/Faith leaders	NK	NK	**2**
Volunteers	NK	NK	**120**

Comments/Sources

- There are no palliative care physicians in Slovenia, as there is no specialisation in palliative care.
- Number of volunteers is an estimate only. Hospices have very well developed volunteer services (and also Hospital Golnik).

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Funding of palliative care services

Total number of palliative care services funded by the government	**1**
Total number of palliative care services funded privately or by NGO's	**0**

Comments/Sources

- Palliative care services in Hospital Golnik are funded by the government.
- Palliative care services in the three hospices are supported by a combination of private and public funds.

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Perceived use of main opioids in palliative care

Order of frequency	Opioid	Estimated cost per month (€)
First opioid	Morphine	67 euros
Second opioid	Hydromorphone	60 euros
Third opioid	Oxycodone	83 euros

Comments/Sources

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Other items on national palliative care development

Key issues and challenges

- There are an insufficient number of palliative care experts who are willing to work in palliative care as providers and teachers. A particular concern is that Slovenia lacks around 200 primary care physicians and even more nurses at the present time.
- Palliative care planning focuses too much on institutions and less on home care.
- Financing and classification of palliative care standards at the national level is not well established.
- There is not a good tradition of team work and collaboration in multidisciplinary teams.
- The problem of palliative care implementation at the primary care level needs to be closely examined and evaluated.
- The European Union is giving directions to the government on the development of palliative care in Slovenia, but progress is slow.
- Family doctors are unable to prescribe good and effective pain control.
- Prejudices relating to the use of narcotics are common amongst physicians, patients and families.

[EAPC Palliative Care Euro-Barometer 2005]

Palliative care accreditation

- There is no specialist accreditation for palliative care professionals in Slovenia at the present time. However, regular education on different topics related to palliative care has been organized and become part of the curriculum for family medicine, public health and oncology offered by the Medical Faculty Ljubljana. Traditional courses and seminars are also organized for health care professionals of all disciplines involved in the emergence of palliative care in Slovenia. Two-weekend experiential workshops on palliative care communication have been specially developed and health care professionals, especially physicians, are often sent to study abroad (Salzburg, Stockholm, Manchester, Sheffield and Poznan).

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Palliative care milestones

- 1995: The non-governmental organisation, Slovenian Hospice Association is founded, providing professional and volunteer home hospice care, and palliative care education.
- 1998: The Slovenian Hospice Association gains recognition from the Ministry of Health.
- 1999: National guidelines for pain management are published, and the WHO book Pain and Symptom Management for Children with Cancer is translated into Slovenian.
- 2000: The non-governmental, organisation Palliative Care Development Institute is founded, with the aim of developing palliative care education and research, and increasing contacts with the Ministries of Health and Social Welfare. The Institute plays a crucial role in the strategic planning and policy development of palliative care on the national level.
- 2004: The first hospital palliative care ward with 4 beds is opened at General hospital Golnik

[EAPC Palliative Care Euro-Barometer 2005]

Health policy

- The National Committee for Palliative Care at the Ministry of Health is overseeing and coordinating a pilot study on palliative care implementation in the health care system in Slovenia from 2004 to 2008.
- Printed guidelines on pain control were distributed to family doctors, organized by the chamber of family medicine (medicine faculty).
- The Slovenian Hospice Association did not mark the publication of the Council of Europe (2003) report on palliative care (Recommendation 24 of the Committee of Ministers to member states on the organisation of palliative care).
- The Slovenian Hospice Association has not participated in any way in the Council of Europe discussions about euthanasia (the Marty Report).
- At the current time, there are no initiatives in Slovenia that seek the legalisation of euthanasia or assisted suicide. A statement about euthanasia (that life is not to be shortened or prolonged) was published in two professional reviews.

[EAPC Palliative Care Euro-Barometer 2005]

Other items on national palliative care development

References

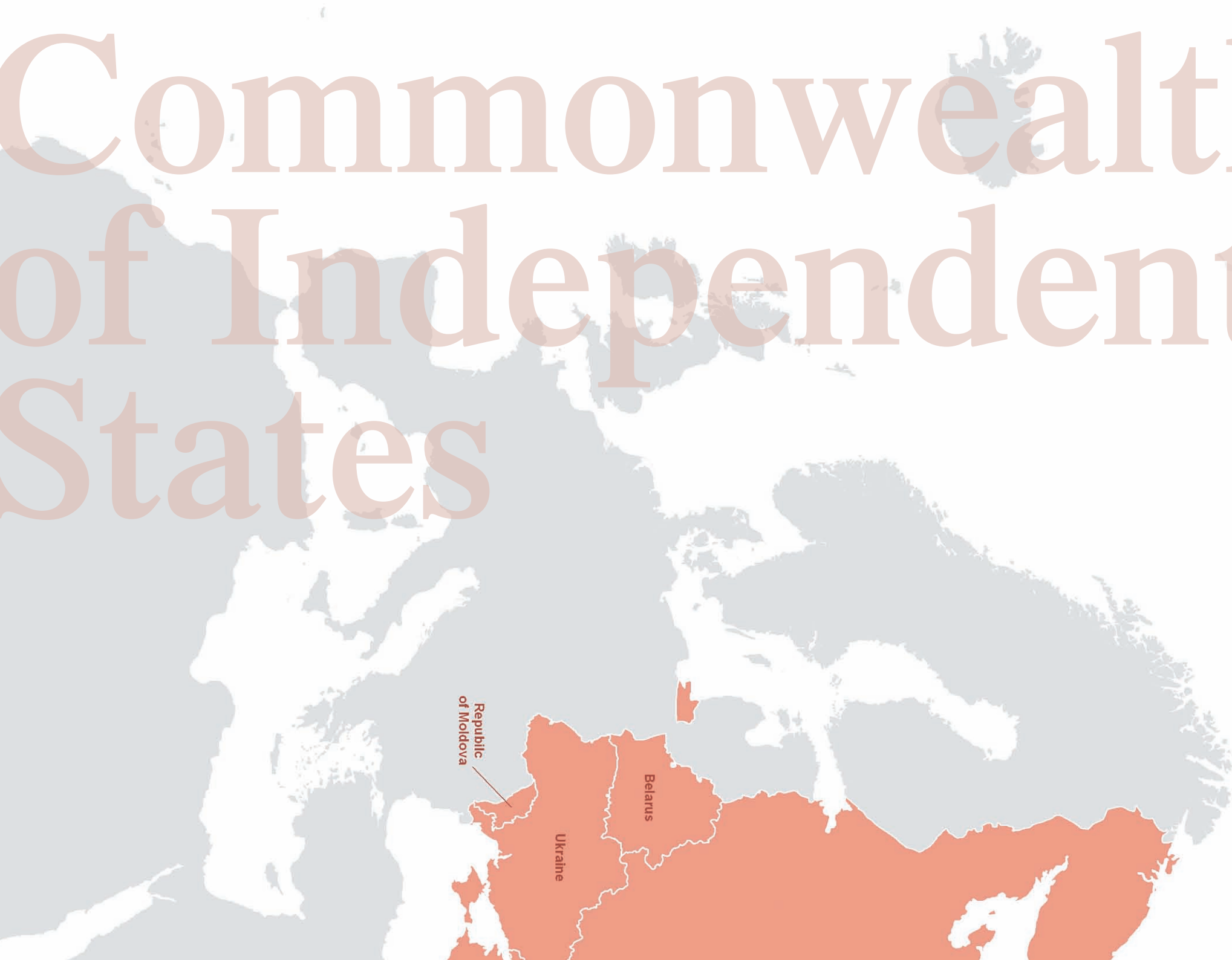
Clark, D., and Wright, M. 2003. Transitions in End of Life Care. Hospice and related developments in Eastern Europe and Central Asia. Buckingham: Open University Press, 2003, pp. 113-117, Slovenia.

Lunder, V., Cerv, B. Slovenia: status of palliative care and pain relief. J Pain Symptom Manage 2002; 24(2): 233-5

http://www.eolc-observatory.net/global_analysis/slovenia.htm

Information correct as at: 7th August 2006

Commonwealth of Independent States

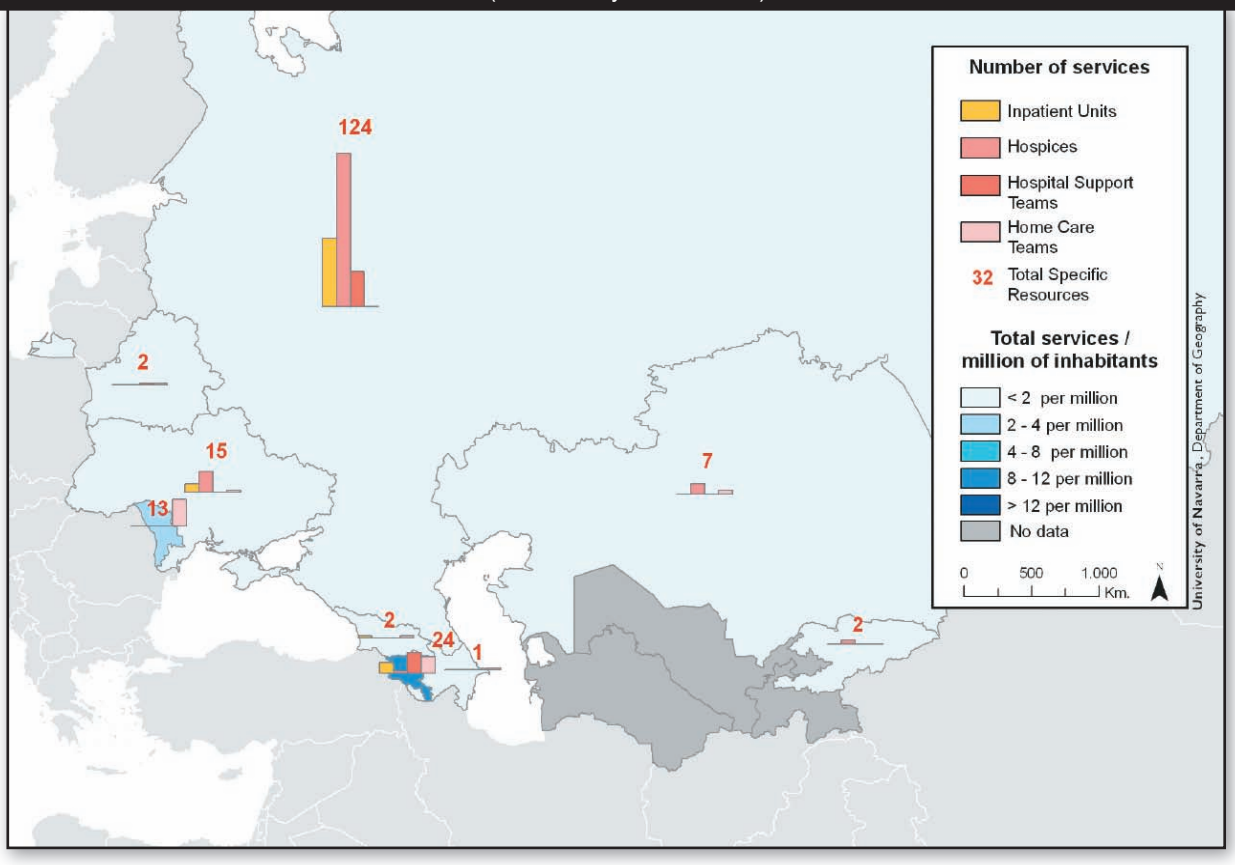


Commonwealth of Independent States

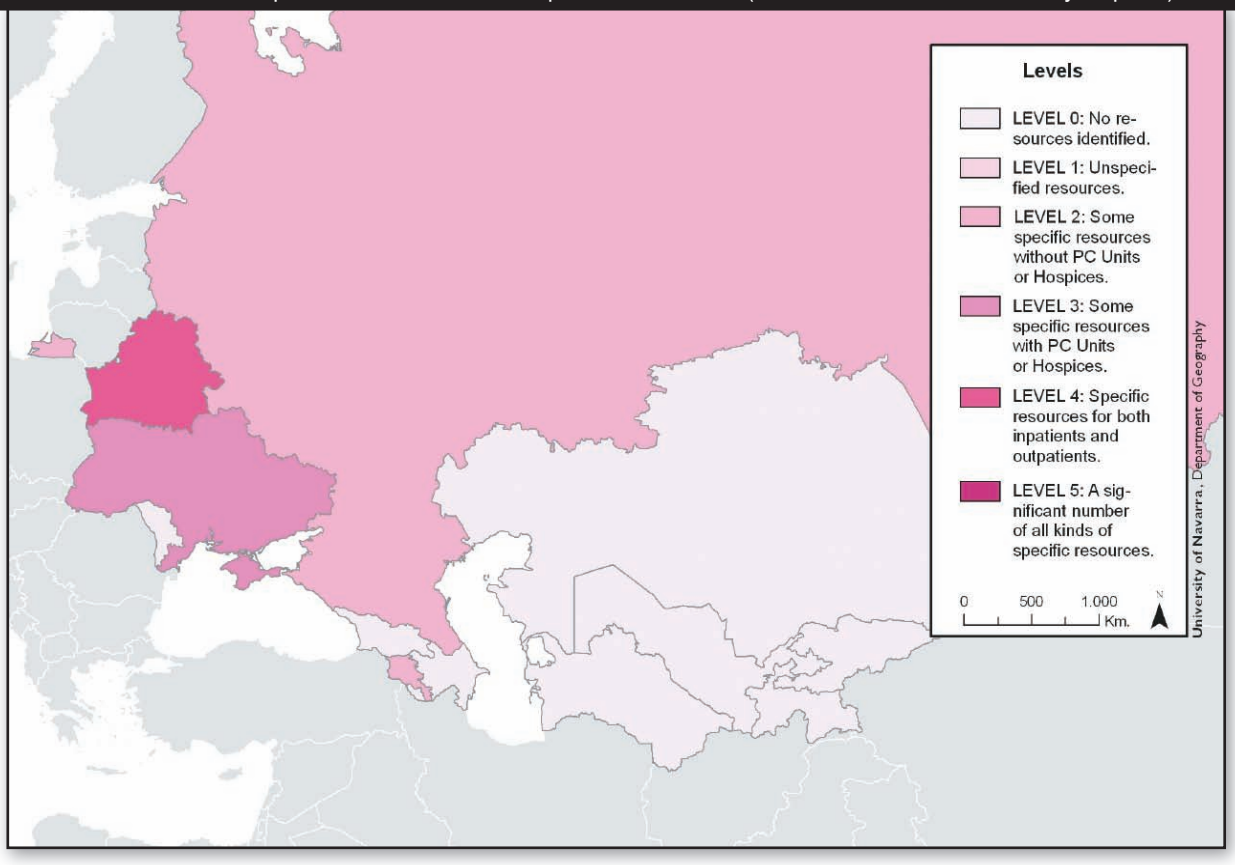
University of Navarra, Department of Geography

Thematic Maps

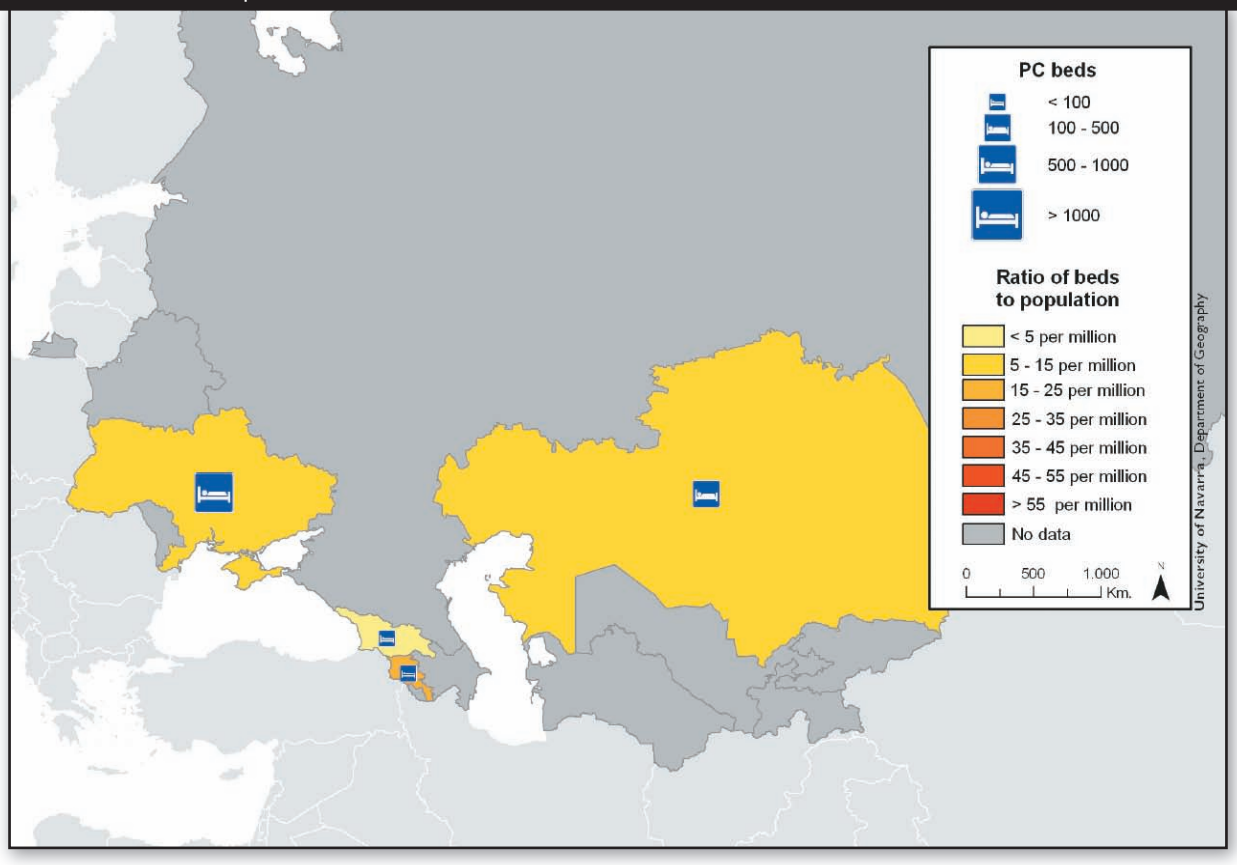
MAP 1: "Provision of Palliative Care Services (without Day Care Center)"



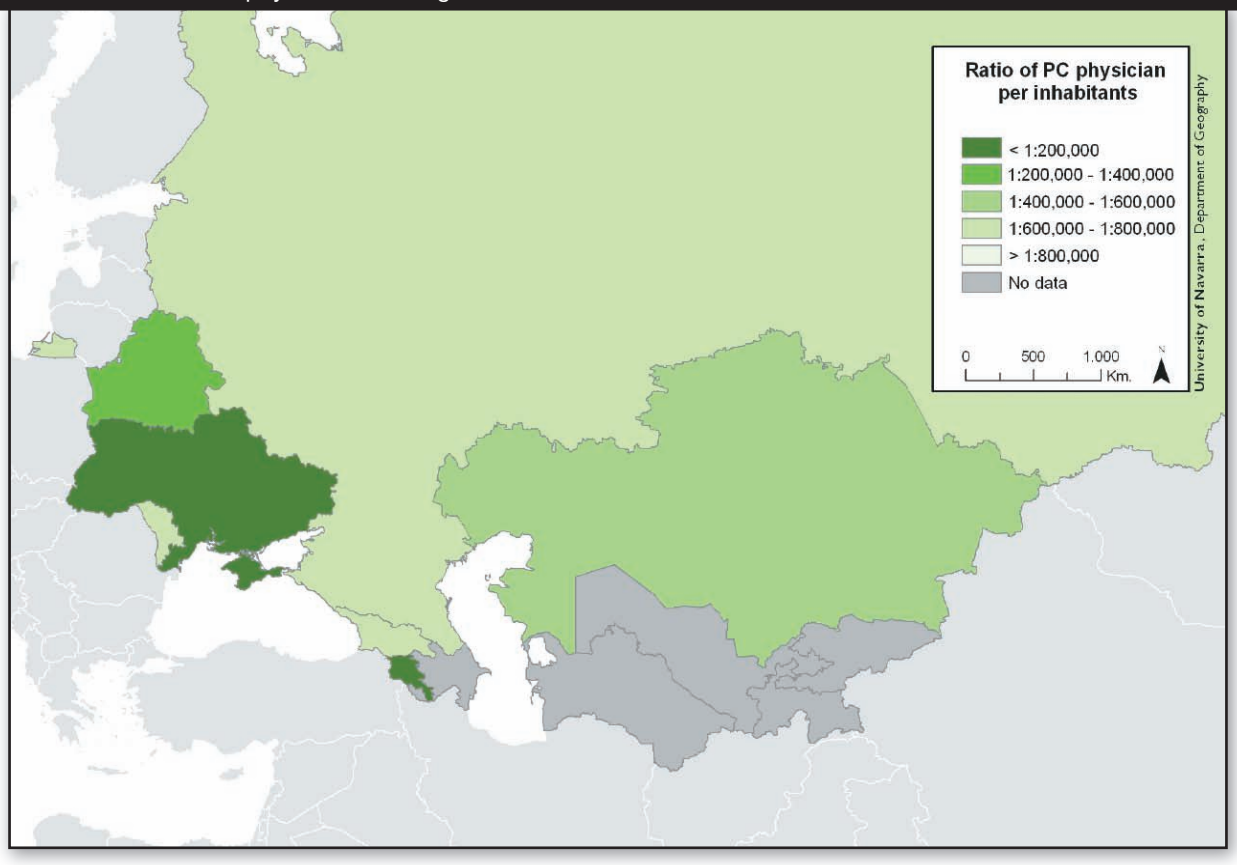
MAP 2: "Levels of Development of Paediatric PC Specific Resources (estimates from EAPC Country Reports)"



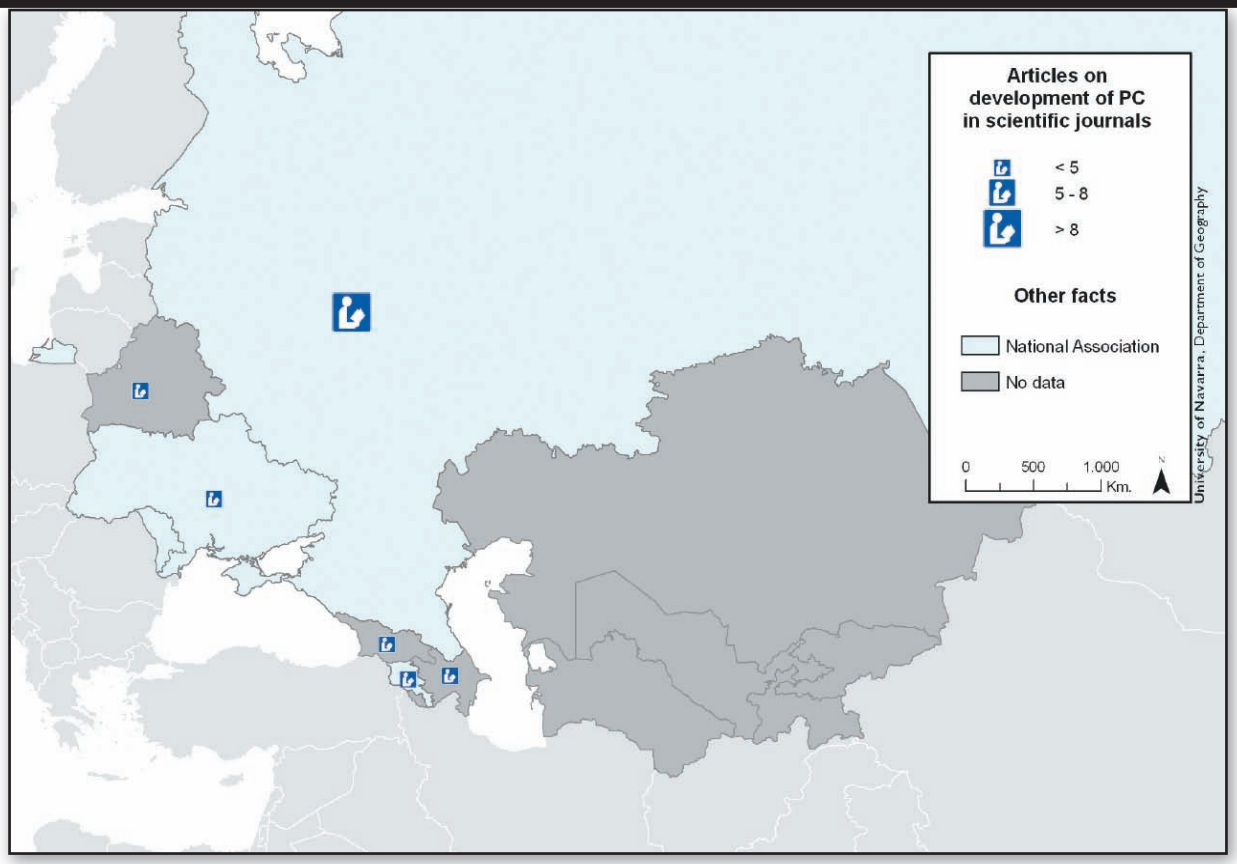
MAP 3: "Provision of specialist Palliative Care beds



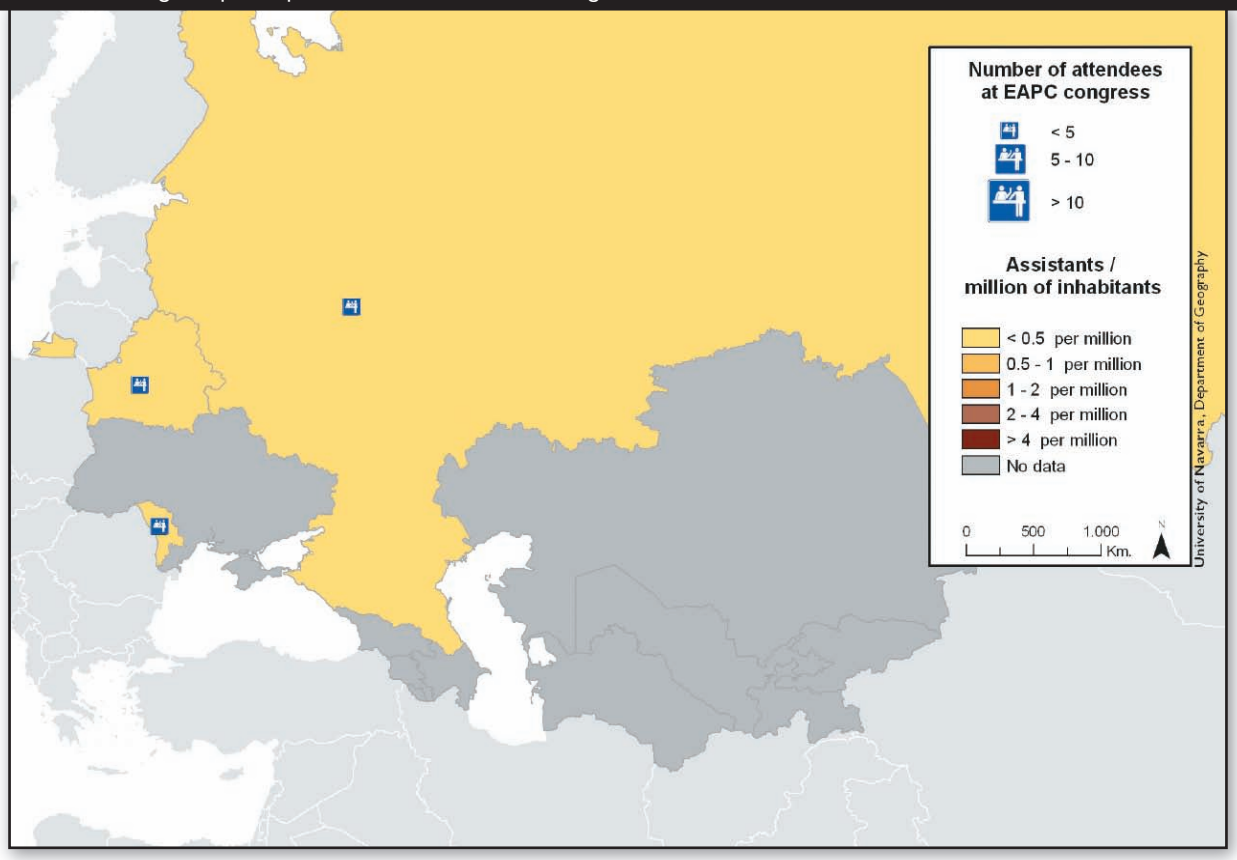
MAP 4: "Estimation of physicians working full time in Palliative Care"



MAP 5: "Countries with National Associations known and number of articles published in scientific journals on the development of Palliative Care in each country"



MAP 6: "Average of participants at EAPC General Congress of Palliative Care 2002-2006"



ARMENIA

Current Directory:

Online version	www.hakacav.am

Key Contact / National Association

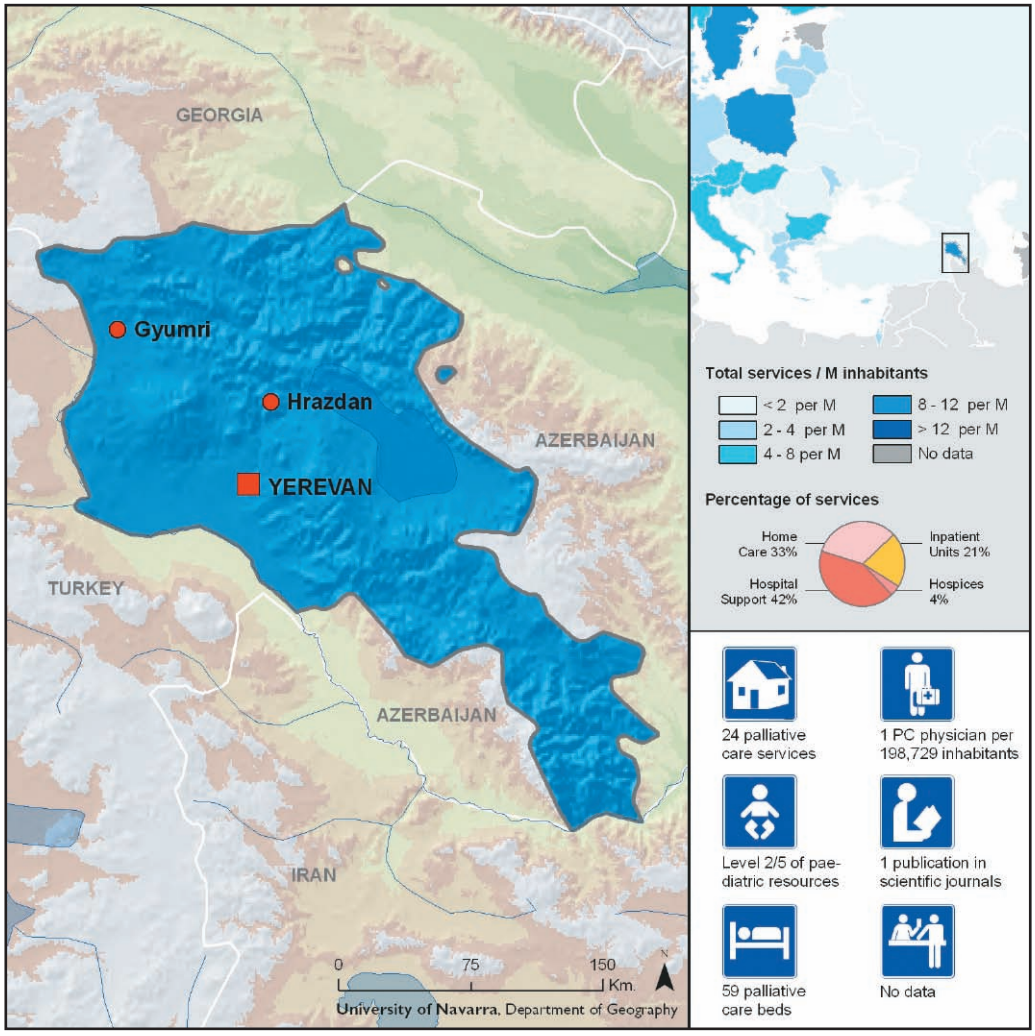
Key contact:

Narine Movsissyan,
Armenian Pain Control and Palliative Care Association,
Kievyan st 12,
Apt. 20,
Yerevan,
Armenia.
Telephone: + (374010) 270137
Email: armpallmed@yahoo.com

National Association:

Hrant H. Karapetyan,
President,
Armenian Pain Control & Palliative Care Association,
27 M. Khorenatsy str.,
App. 85,
Yerevan,
375010,
Armenia.
Telephone: + (374091) 213-214
Email: HrantKarapetyan@yahoo.com

ARMENIA



Population: 2.980.930

Armenia is a landlocked mountainous country in Eurasia between the Black Sea and the Caspian Sea, located in the Southern Caucasus. It shares borders with Turkey to the west, Georgia to the north, Azerbaijan to the east, and Iran and the Nakhichevan exclave of Azerbaijan to the south. A former republic of the Soviet Union, Armenia is a unitary, multiparty, democratic nation-state.

Armenia is currently a member of more than 35 different international organizations including the United Nations, the Council of Europe, Asian Development Bank, the Commonwealth of Independent States, World Trade Organization and Organization of the Black Sea Economic Cooperation.

(http://en.wikipedia.org/wiki/Armenia, accessed January 29th, 2006)

There is an agreement with the National Oncology Center to establish a 'Republican Centre of Pain Management and Palliative Care'. A series of specialist seminars on training in pain management and palliative care have been organised in relation to the establishment of this centre. (EAPC Palliative Care Euro-Barometer 2005).

Palliative Care Services

NK = not known

Number of Palliative Care Services

	Inpatient Palliative Care Units	Hospices	Consultant Teams in Hospitals	Home Care Teams	Day Centres	Total
Adult/Children	5	1	10	8	5	**29**
Paediatric only	1	0	2	1	0	**4**

	Inpatient Palliative Care Units	Chronic Hospitals/ Nursing Homes	Total
Number of beds allocated to adult palliative care inpatients	30	29	**59**

	Adults	Children	Total
Number of Bereavement Support Teams	1	1	**2**

Comments/Sources

- Number of palliative care services is an estimate only.
- Three regional palliative care services for adults are to be developed in the three largest regions of Armenia.
- There are five paediatric palliative care beds within the existing structure of the National Oncology Centre.

[Annual report of Armenian Pain Control & Palliative Care Association]
[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Adult Palliative Care Population

NK of patients receiving palliative care have a cancer diagnosis

NK of patients receiving palliative care have other incurable conditions

	Cancer	(n)
Number of patients who die at home	25000	120
Number of patients who die in a general hospital	6000	NK
Number of patients who die in other healthcare institutions	NK	NK

Comments/Sources

- Numbers of patients who die at home/in a general hospital are estimates only.

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Palliative Care Services

Palliative Care Workforce Capacity

	Full-time	Part-time	Total
Physicians	15	5	**20**
Nurses	20	10	**30**
Social Workers	NK	NK	**5**
Psychologists	NK	NK	**5**
Physiotherapists	NK	NK	**6**
Occupational Therapists	NK	NK	**5**
Spiritual/Faith leaders	NK	NK	**5**
Volunteers	NK	NK	**NK**

Comments/Sources

- All palliative care workforce capacity figures are estimates only.

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Funding of palliative care services

Total number of palliative care services funded by the government	1
Total number of palliative care services funded privately or by NGO's	5

Comments/Sources

- The number of palliative care services supported by a combination of private and public funds is not known.

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Perceived use of main opioids in palliative care

Order of frequency	Opioid	Estimated cost per month (€)
First opioid	Morphine sulphate	$ 0.6 / amp
Second opioid	Omnopon	$ 0.5 / amp
Third opioid	Promedol	$ 0.5 / amp

Comments/Sources

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Other items on national palliative care development

Key issues and challenges

- Absence of "Palliative Care" core course in the "Index Medicus."
- Absence of standards on provision of palliative care.
- Absence of state support.
- To increase public awareness on palliative care and pain management.
- The public demand for palliative care and pain management. At present, about 1,500 patients need daily palliative care and pain management services, but only 30-40% of them are provided with it.
- Government prohibition on the use of opioids.
- The high price of opioids.
- Strong opioids are not produced in Armenia and cannot be imported.

[EAPC Palliative Care Euro-Barometer 2005]

Palliative care accreditation

- "There is no specialist accreditation for palliative care professionals in Armenia at the present time (there is only one accredited specialist in the whole country)."

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Palliative care milestones

- 2003: The Armenian Pain Control & Palliative Care Association is established.
- 2004: The Armenian Pain Control & Palliative Care Association marks the publication of the Council of Europe (2003) report on palliative care (Recommendation 24 of the Committee of Ministers to member states on the organisation of palliative care) through meetings with public health authorities to explain that Armenia (as one of the consignees to the report) has to implement the recommendations' requirements and provisions. However, the Government position is that the document is merely a recommendation and does not have legislative status in Armenia.

[EAPC Palliative Care Euro-Barometer 2005]

Health policy

- Being a country with limited resources, Armenia has been unable to organize a system of services for patients in need of pain management and palliative care, or to open hospices in all regions of the country.
- There is an agreement with the National Oncology Center to establish a 'Republican Centre of Pain Management and Palliative Care'. A series of specialist seminars on training in pain management and palliative care have been organised in relation to the establishment of this centre.
- The Armenian Pain Control & Palliative Care Association has initiated the organization of pain management and palliative care at home. Based on this structure, a pain management and palliative care service will provide high quality multidisciplinary palliative care in Armenia with the minimum level of expense.
- The oncological service is one of the most advanced and well organized structures within the system of public health care in Armenia. Therefore, a system of pain management and palliative care may be established on the basis of existing substructures of oncological services. This provides an opportunity to utilise the capacities of existing services without significant investment.
- Despite the fact that the palliative care service will be established within the structure of oncological services, it will serve not only to patients with oncological diseases, but to all those who are in need of palliative care regardless of the etiology of the disease.
- At the initial stage, the Armenian Pain Control & Palliative Care Association can provide paid services to cover financial expenses (excluding socially unprotected groups of the population).
- Legislative recommendations have been developed to improve and expand the use of opiods.
- The Armenian Pain Control & Palliative Care Association has not participated in any way in the Council of Europe discussions about euthanasia (the Marty Report).
- At the current time, there are no initiatives in Armenia that seek the legalisation of euthanasia or assisted suicide.

[EAPC Palliative Care Euro-Barometer 2005]

Other items on national palliative care development

References

N.B. For further information on the status of palliative care services in Armenia, please see:

Clark, D., and Wright, M. (2003) Transitions in End of Life Care. Hospice and related developments in Eastern Europe and Central Asia. Buckingham: Open University Press, 2003, pp. 121-124, Armenia.

http://www.eolc-observatory.net/global_analysis/armenia.htm

Information correct as at: 7th August 2006

BELARUS

Key Contact / National Association

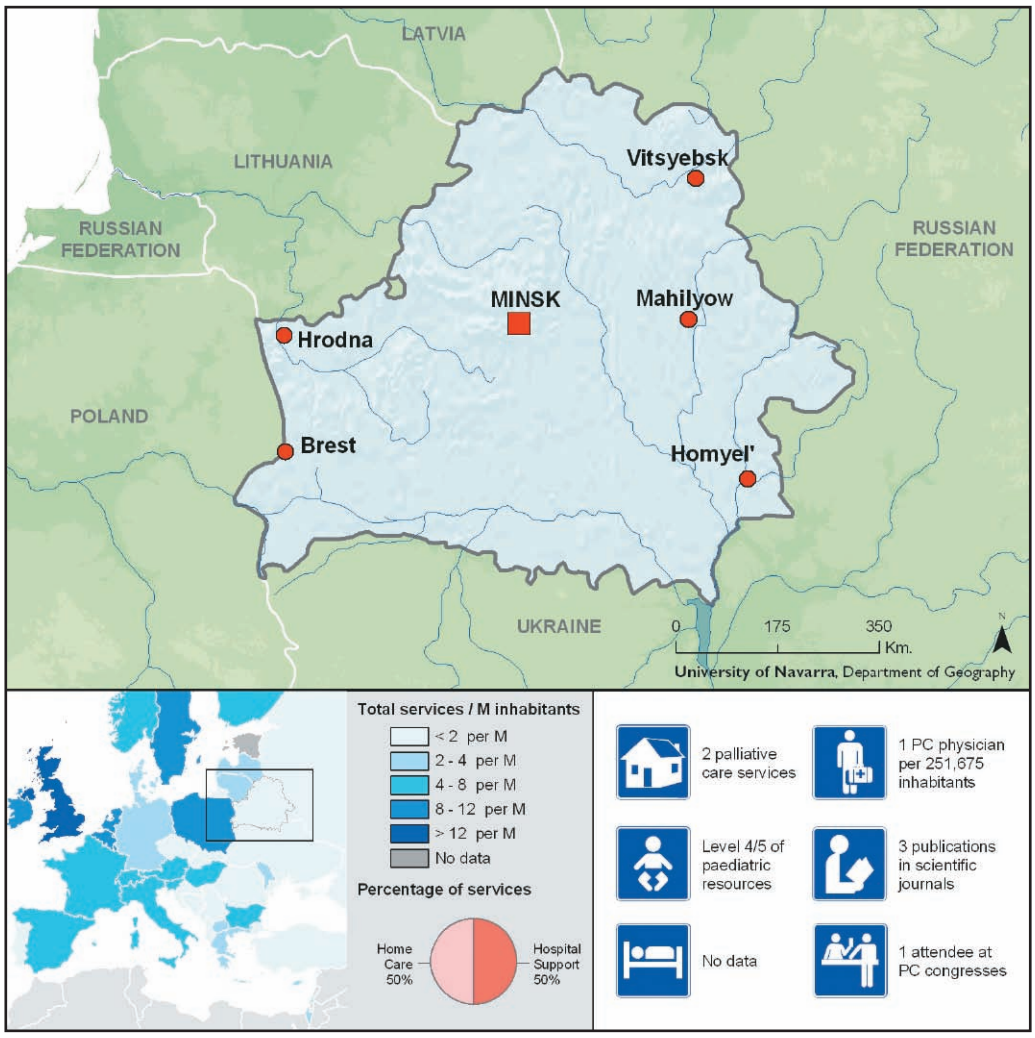
Key contact:

Anna Gorchakova,
Director,
PCO “Belarusian children’s hospice”,
Berezovaya Roscha, 100 A,
Baovlyani village,
Minsk region,
223053,
Republic of Belarus.
Telephone: +375(17)505 27 45
Email: hospicepall@mail.belpak.by

National Association:

Anna Gorchakova,
Director,
PCO “Belarusian children’s hospice”,
Berezovaya Roscha, 100 A,
Baovlyani village,
Minsk region,
223053,
Republic of Belarus.
Telephone: +375(17)505 27 45
Email: hospicepall@mail.belpak.by

BELARUS



Population: 9.755.025

Belarus is a landlocked country in Eastern Europe, bordering Russia to its East, Ukraine to its South, Poland to its West, Lithuania and Latvia to its North. Its capital is Minsk, and other important cities include Brest, Grodno, Gomel, Mogilev and Vitebsk. One third of the country's surface is forest.

Belarus became a Soviet republic in 1922. The republic officially declared its sovereignty on 27 August 1990, and following the collapse of the Soviet Union, declared independence on 25 August 1991.

(http://en.wikipedia.org/wiki/Belarus, accessed January 29th, 2006)

The provision of palliative care within a culture where health care is chronically under funded and difficult to change presents a number of challenges.

The first hospice palliative home care programme started in 1994 for children in Minsk.

Hospice doctors are only able to prescribe from a narrow range of medications, excluding morphine. State polyclinics and hospitals are the only institutions with a license to prescribe and administer morphine.

(Costello J, Gorchakova A. Int J Palliat Nurs. 2004)

Palliative Care Services

NK = not known

Number of Palliative Care Services

	Inpatient Palliative Care Units	Hospices	Consultant Teams in Hospitals	Home Care Teams	Day Centres	Total
Adult/Children	0	0	1	1	0	**2**
Paediatric only	1	3	1	5	0	**10**

	Inpatient Palliative Care Units	Chronic Hospitals/ Nursing Homes	Total
Number of beds allocated to adult palliative care inpatients	0	0	**0**

	Adults	Children	Total
Number of Bereavement Support Teams	0	2	**2**

Comments/Sources

- Belarusian Children's Hospice (with Hilfswerk Austria/TACIS support) started a new programme to create the first mobile palliative care service for adults in the Republic of Belarus. This programme has been open since 1st April, 2005.
- There are no beds allocated to adult palliative care inpatients in the Republic of Belarus. However, there are 25 social beds in Minsk and 20 social beds in every other region that provide some form of palliative care.
- There are three separate paediatric hospices in Gomel, Mogilev and Vitebsk; there are two programmes of palliative care in Pinsk and Gomel; there is one National Centre of Palliative Care in Minsk.
- Bereavement support for both individuals and groups has been provided at PCO "Belarusian Children's hospice" since 1999. There are plans to organize educational training for regional staff in different regions of Belarus.

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Adult Palliative Care Population

NK of patients receiving palliative care have a cancer diagnosis

NK of patients receiving palliative care have other incurable conditions

	Cancer	(n)
Number of patients who die at home	NK	NK
Number of patients who die in a general hospital	NK	NK
Number of patients who die in other healthcare institutions	NK	NK

Comments/Sources

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Palliative Care Services

Palliative Care Workforce Capacity

	Full-time	Part-time	Total
Physicians	3	6	**9**
Nurses	20	23	**43**
Social Workers	NK	NK	**6**
Psychologists	NK	NK	**5**
Physiotherapists	NK	NK	**1**
Occupational Therapists	NK	NK	**0**
Spiritual/Faith leaders	NK	NK	**1**
Volunteers	NK	NK	**50**

Comments/Sources

- One palliative care physician works full time with children; two work full-time with adults.
- One palliative care physician works part-time with adults; five work part time with children.
- Number of volunteers is an estimate only.

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Funding of palliative care services

Total number of palliative care services funded by the government	0
Total number of palliative care services funded privately or by NGO's	4

Comments/Sources

- All palliative care services are non-governmental charitable organizations. However, they all work in close collaboration with the government.

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Perceived use of main opioids in palliative care

Order of frequency	Opioid	Estimated cost per month (€)
First opioid	Tramal	1,5$ per 5 ampoules
Second opioid	Promedol	4,5$ per 10 ampoules
Third opioid	Morphine	2,6 $ per 10 ampoules

Comments/Sources

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Other items on national palliative care development

Key issues and challenges

- Lack of information about palliative care, its standards and application.
- Lack of highly skilled palliative care specialists.
- Lack of documents on the use of drugs in palliative care (for example, about the effects of morphine).
- The stereotype that strong opioids equal dependence.

[EAPC Palliative Care Euro-Barometer 2005]

Palliative care accreditation

- The Belarusian Children's Hospice is an educational base for students of the post-graduate education institute. Periodically, palliative care lectures and training are organized for staff and regional specialists. The course on palliative care for doctors and nurses was established in 2000 under the initiative of Mrs. Anna Garchakova.

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Palliative care milestones

- 1994: PCO "Belarusian children's hospice" is established.
- 1998: The World Health Organization document "Cancer pain relief and palliative care in children" is translated into Russian and distributed to hospitals and oncologic dispensaries.
- 2000: Gomel children's hospice is established on the initiative of the Belarusian Children's Hospice.
- 2002: Vitebsk children's hospice is established on the initiative of the Belarusian Children's Hospice.
- 2003: Mogilev children's hospice is established on the initiative of the Belarusian Children's Hospice.
- 2004: Pinsk children's hospice is established on the initiative of the Belarusian Children's Hospice.
- 2004: PCO "Belarusian children's hospice" mark the publication of the Council of Europe (2003) report on palliative care (Recommendation 24 of the Committee of Ministers to member states on the organisation of palliative care) by including the document in palliative care lectures which take place at the hospice.
- 2005: Belarusian Children's Hospice (with Hilfswerk Austria/TACIS support) starts a new programme to create the first mobile palliative care service for adults in the Republic of Belarus.

[EAPC Palliative Care Euro-Barometer 2005]

Health policy

- Public organizations have collaborated with local health care services and hospitals to develop hospice services for adults.
- The hospice movement will continue to progress at a slow pace until the government recognises palliative care as a branch of public health service.
- PCO "Belarusian children's hospice" has not participated in any way in the Council of Europe discussions about euthanasia (the Marty Report).
- At the current time, are there no initiatives in the Republic of Belarus that seek the legalisation of euthanasia or assisted suicide.

[EAPC Palliative Care Euro-Barometer 2005]

Other items on national palliative care development

References

http://www.eolc-observatory.net/global_analysis/belarus.htm

Clark, D., and Wright, M. (2003) Transitions in End of Life Care. Hospice and related developments in Eastern Europe and Central Asia. Buckingham: Open University Press, 2003, pp. 129-132, Belarus.

Costello J, Gorchakova A. Palliative care for children in the Republic of Belarus. Int J Palliat Nurs. 2004 Apr;10(4):197-200.

Dangel T. Belarussian viewpoint. The Belarus Children's Hospice. Eur J Palliat Care 1999 Jan-Feb; 6(1): 28-30.

Information correct as at: 7th August 2006

GEORGIA

Key Contact / National Association

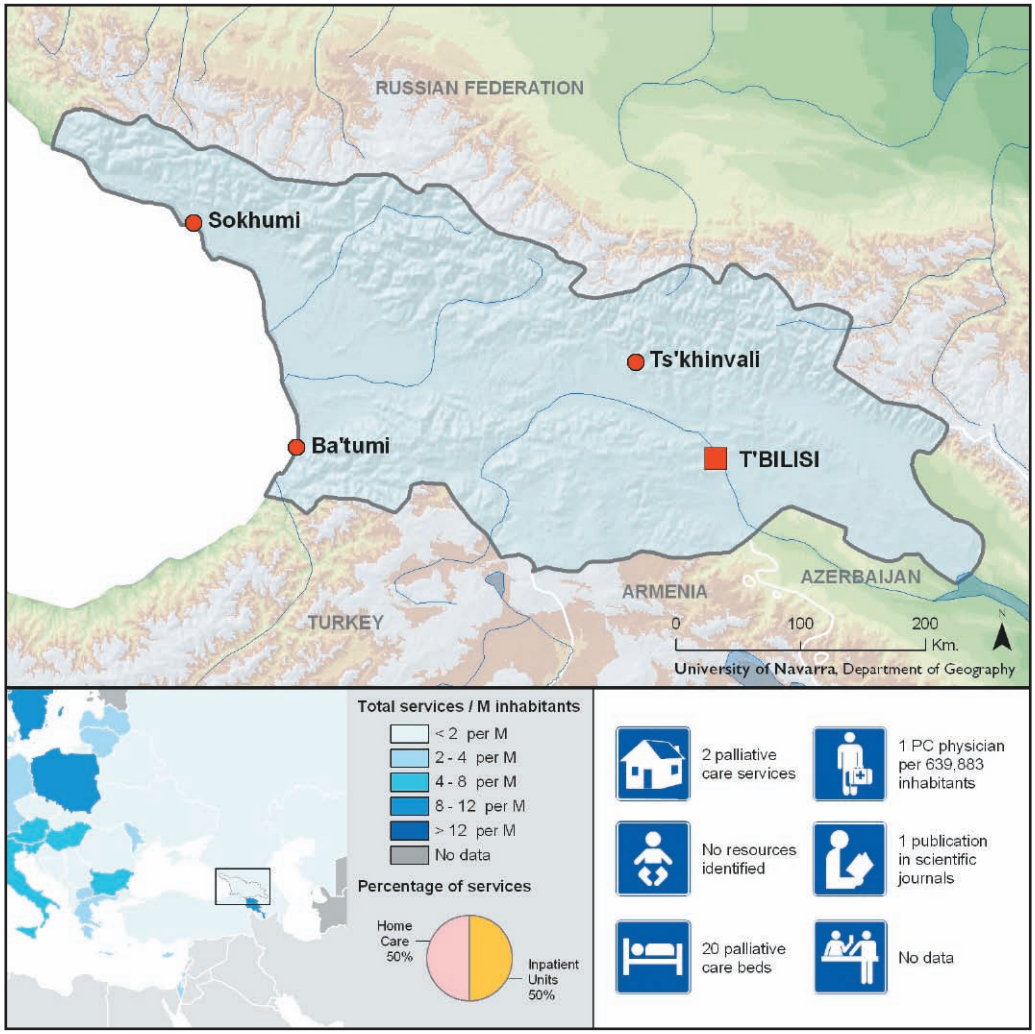
Key contact:

Rema Gvamichava ,
Chairman of the Board,
Cancer Prevention Center,
Lisi Lake,
National Cancer Center,
0177, Tbilisi,
GEORGIA.
Telephone: (995 32) 26 43 43
Email: rema@ip.osgf.ge
rema_cpc@yahoo.com

National Association:

Dr Ioseb Abesadze,
Deputy Chairman of the Board,
Cancer Prevention Center,
Lisi Lake,
National Cancer Center,
0177, Tbilisi,
GEORGIA.
Telephone: + (995 32) 26 14 55
Email: rema@ip.osgf.ge

GEORGIA



Population: 4.479.180

Georgia is a country in Eurasia to the east of the Black Sea, most of which is located in the South Caucasus, while a portion of the territory lies in the North Caucasus. It shares borders with Russia in the north and Turkey, Armenia, and Azerbaijan in the south.

Georgia is a unitary, emerging liberal democratic nation-state with an ancient historical and cultural heritage. In 327, Christianity was declared the official state religion in the ancient Georgian Kingdom of Iberia, making Georgia the second oldest country after Armenia to declare Christianity as her official state religion.

(http://en.wikipedia.org/wiki/Georgia_%28country%29, accessed January 29th, 2006)

Georgian legislation requires that end-of-life care for terminally ill patients be provided in a manner that ensures the protection of their dignity. At present, end-of-life care is not one of its priorities. There is, however, one exception: through local medical programmes, local authorities provide cancer patients with analgesics (painkilling drugs) free of charge.

Javashvili G. Georgia - End-of-life care. In: Euthanasia. National and European perspectives. Council of Europe Publishing.

Palliative Care Services

NK = not known

Number of Palliative Care Services

	Inpatient Palliative Care Units	Hospices	Consultant Teams in Hospitals	Home Care Teams	Day Centres	Total
Adult/Children	1	0	0	1	2	**4**
Paediatric only	0	0	0	0	0	**0**

	Inpatient Palliative Care Units	Chronic Hospitals/ Nursing Homes	Total
Number of beds allocated to adult palliative care inpatients	20	0	**20**
	Adults	Children	**Total**
Number of Bereavement Support Teams	0	0	**0**

Comments/Sources

- The Cancer Prevention Center operates as a hospital unit and also as a hospice day centre. As palliative care is a new discipline in the Georgian healthcare system, and the palliative care unit is the first professional setting of this type, there is no distinction made between the terms 'inpatient palliative care unit' and 'hospice'.
- Home care services for adults and children are provided by the "Association of Humanists Union."
- The "Cancer Prevention Center" offers a home palliative care service. The "Mobile Palliative Care Team" provides care to patients with cancer and other incurable diseases.

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Adult Palliative Care Population

NK of patients receiving palliative care have a cancer diagnosis

NK of patients receiving palliative care have other incurable conditions

	Cancer	(n)
Number of patients who die at home	NK	NK
Number of patients who die in a general hospital	NK	NK
Number of patients who die in other healthcare institutions	NK	NK

Comments/Sources

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Palliative Care Services

Palliative Care Workforce Capacity

	Full-time	Part-time	Total
Physicians	7	15	**22**
Nurses	8	12	**20**
Social Workers	NK	NK	**1**
Psychologists	NK	NK	**3**
Physiotherapists	NK	NK	**2**
Occupational Therapists	NK	NK	**3**
Spiritual/Faith leaders	NK	NK	**3**
Volunteers	NK	NK	**15**

Comments/Sources

- All palliative care workforce capacity figures are estimates only.

[Cancer Prevention Center]
[Association of Humanists Union]
[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Funding of palliative care services

Total number of palliative care services funded by the government	1
Total number of palliative care services funded privately or by NGO's	2

Comments/Sources

- The palliative care unit is financed by the State Program (80% of the cost for each patient is covered by the program, and 20% is paid for by the family).
- One palliative care service is supported by a combination of private and public funds.

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Perceived use of main opioids in palliative care

Order of frequency	Opioid	Estimated cost per month (€)
First opioid	Morphine	I amp. - 0.30 cents
Second opioid	Omnopon	I amp. - 0.30 cents
Third opioid	MST	NK

Comments/Sources

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Other items on national palliative care development

Key issues and challenges

- The state policy on drug availability is at the stage of elaboration.
- Lack of highly qualified professional staff in palliative care.
- Lack of public awareness about palliative care issues.
- Limited choice of opioids in Georgia.

[EAPC Palliative Care Euro-Barometer 2005]

Palliative care accreditation

- "The course 'Palliative Care for Students of Medical Universities' has been prepared and accredited. A course for nurses has been prepared and is currently being converted into a textbook."

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Palliative care milestones

- 1995-2005: Round table meetings and discussions about palliative care commence in the Ministry of Labour, Health and Social Affairs. Meetings with pharmaceutical companies are also conducted.
- 1995-2005: The experience of countries with well developed palliative care systems are adapted and presented for discussion in the Parliament of Georgia.
- 2000-2005: A palliative care needs assessment for Georgia is conducted, revealing great interest in the establishment of palliative care services.
- 2000-2005: Three 'International Workshops on Palliative Care' are conducted in Georgia.
- 2000-2005: "Palliative Care: Medical and Organizational Aspects" is prepared and published in the Georgian language, introducing the main aspects of symptom control and pain management. The guideline is reviewed by the National Council on Bioethics and recommended as a supplementary study book for students of medical universities.
- 2003: The First Congress of Georgian Physicians sets up a 'Continuous Medical Educational' system involving 209 accredited programs that award physicians credits for the continuation of professional activities. Two programs ("Pain Management in Terminally Ill Patients" and "Symptom Control in Terminally Ill Patients") are prepared and presented by the Cancer Prevention Center and the Association of Humanists Union.
- 2004: The Cancer Prevention Center begins to function as a palliative care unit (as part of the State Program of Oncology).
- 2004: The Association of Humanists Union provides services to cancer patients at home through the "Mobile Palliative Care Team".
- 2004: The Cancer Prevention Center marks the publication of the Council of Europe (2003) report on palliative care (Recommendation 24 of the Committee of Ministers to member states on the organisation of palliative care) by translating the publication into the Georgian language and distributing 500 copies to Georgian healthcare professionals. Presentations of the publication are conducted at the National Cancer Center in Tbilisi, and at oncology hospitals in Kutaisi and Batumi. Policy makers from the Ministry of Labour, Health and Social Welfare, and the Healthcare Committee of the Parliament of Georgia are invited along with physicians, nurses, representatives of the Committee of Bioethics, and the mass media.
- 2005: An International workshop "Palliative Care Development in Georgia" is conducted, in conjunction with oncologists from Armenia and Azerbaijan.
- 2006: The Cancer Prevention Center commences its home care programme – it provides services not only to cancer patients, but also to socially unprotected groups of patients with incurable diseases.
- 2006: The Cancer Prevention Center increases the number of beds in its palliative care unit from 10 to twenty beds.

[EAPC Palliative Care Euro-Barometer 2005]

Health policy

- Palliative care is a new, but rapidly developing discipline within the healthcare system in Georgia, and it is very important for its development to be actively supported not only by international donors, but also by the government and the Church. Support for palliative care is very important not only from the point of financing, but also for the recognition of the discipline as an integral part of the Georgian healthcare system.
- The Cancer Prevention Center did not participate in any way in the Council of Europe discussions about euthanasia (the Marty Report).
- The legalisation of euthanasia or assisted suicide has been discussed at The Committee of Bioethics of Georgia where a strong decision against such legislation was taken.

[EAPC Palliative Care Euro-Barometer 2005]

Other items on national palliative care development

References

Clark, D., and Wright, M. (2003) Transitions in End of Life Care. Hospice and related developments in Eastern Europe and Central Asia. Buckingham: Open University Press, 2003, pp. 133-134, Georgia.

http://www.eolc-observatory.net/global_analysis/georgia.htm

Javashvili G. Georgia - End-of-life care. In: Euthanasia. National and European perspectives. Council of Europe Publishing.

Weis, D. 2003. Hope in a suitcase: Georgian hospice realized with help from Marquette. Nursing Matters, vol. 14(12): 15.

Information correct as at: 7th August 2006.

KAZAKHSTAN

Key Contact / National Association

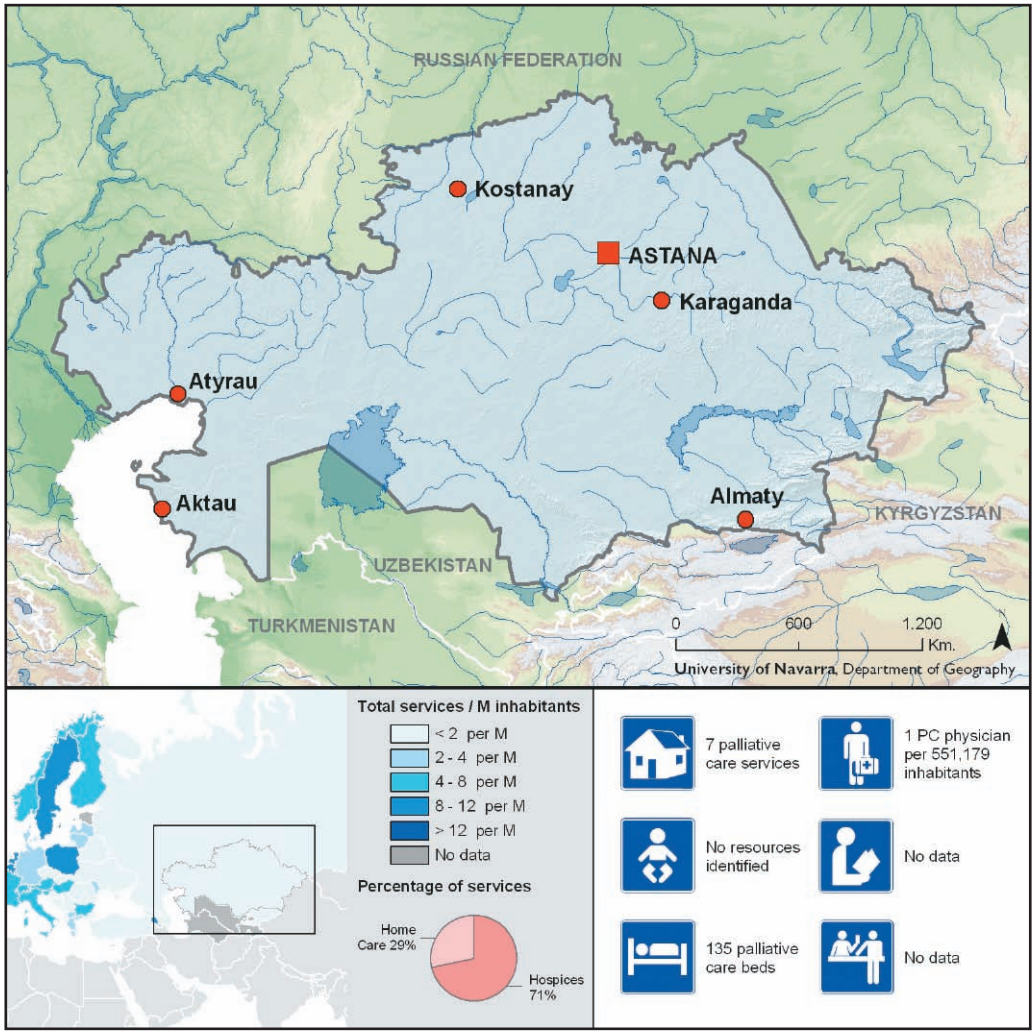
Key contact:

Valeriy Viktorovich Smola,
Director/Manager,
NGO ‘Solaris’, Hospice of Pavlodar,
Ul. Zhayau Musy, 4,
140001Pavlodar,
Republic of Kazakhstan.
Telephone: 7 (3182) 571 872
Email: solaris@nursat.kz

National Association:

Valeriy Viktorovich Smola,
Director/Manager,
NGO ‘Solaris’, Hospice of Pavlodar,
Ul. Zhayau Musy, 4,
140001Pavlodar,
Republic of Kazakhstan.
Telephone: 7 (3182) 571 872
Email: solaris@nursat.kz

KAZAKHSTAN



Population: 15.433.000

Kazakhstan is a country that stretches over a vast expanse of northern and central Eurasia. Its territory of 2 717 300 km² is partially located to the west of the Ural River in eastern-most Europe.

It has borders with Russia, the People's Republic of China, and the Central Asian countries Kyrgyzstan, Uzbekistan and Turkmenistan, and has a coastline on the Caspian Sea.

Prior to full independence, Kazakhstan existed as the Kazakh SSR republic in the Soviet Union. It is now a member of the Commonwealth of Independent States.

The population in 2006 is estimated at 15,300,000. Much of the country's land consists of semi-desert (steppe) terrain.

(http://en.wikipedia.org/wiki/Kazakhstan, accessed January 29th, 2006)

Palliative Care Services

NK = not known

Number of Palliative Care Services

	Inpatient Palliative Care Units	Hospices	Consultant Teams in Hospitals	Home Care Teams	Day Centres	Total
Adult/Children	0	5	0	2	5	**12**
Paediatric only	0	0	0	0	0	**0**

	Inpatient Palliative Care Units	Chronic Hospitals/ Nursing Homes	Total
Number of beds allocated to adult palliative care inpatients	135	0	**135**
	Adults	Children	**Total**
Number of Bereavement Support Teams	1	0	**1**

Comments/Sources

- Only hospices in Pavlodar and Almaty have home palliative care teams.
- Currently there are no special palliative care units for children.
- Only Pavlodar hospice provides bereavement support. It involves using different psychological methods, such as counselling, positive psychotherapy, the method of "recovery" from bereavement, the method of relaxation; the hospice also applies for financial support to be provided to patients or relatives from the commercial and state organisations where the patient worked.
- A bereavement support team is called a psychological care department, consisting of a psychotherapist and a psychologist. They work both in the permanent department of the hospice and at the patients' homes.

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Adult Palliative Care Population

-	of patients receiving palliative care have a cancer diagnosis	
-	of patients receiving palliative care have other incurable conditions	
	Cancer	**(n)**
Number of patients who die at home	-	-
Number of patients who die in a general hospital	-	-
Number of patients who die in other healthcare institutions	-	-

Comments/Sources

- There is no exact data on patients receiving palliative care or place of death in Kazakhstan.
- Annually there are 25,000 cancer patients registered in the Republic of Kazakhstan, with 16,800 cancer deaths (Public Health Ministry data). Depending on the number of beds, hospices usually serve from 400 to 800 people a year.
- Hospices in Kazakhstan do not render their care to HIV/AIDS patients.

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Palliative Care Services

Palliative Care Workforce Capacity

	Full-time	Part-time	Total
Physicians	28	-	**28**
Nurses	68	-	**68**
Social Workers	2	-	**2**
Psychologists	1	-	**1**
Physiotherapists	1	-	**1**
Occupational Therapists	5	-	**5**
Spiritual/Faith leaders	-	-	**-**
Volunteers	-	-	**-**

Comments/Sources

- There are four state hospices in Kazakhstan, and each of them can accept up to 30 patients. According to the state standard there should be 1 doctor for 20 beds in one shift. Pavlodar hospice has 5 doctors. Also, each hospice has 1 chief doctor. Two hospices affiliated with oncological hospitals should be serviced with part time doctors, but we do not know their exact number.
- Only Pavlodar hospice has psychologists and social workers. The number of Pavlodar hospice volunteers fluctuates from 3 to 10 people. There is no exact data about other hospices. There are no chaplains or other spiritual/faith leaders in the hospice staff. But, if necessary, chaplains of Orthodox, Catholic and Islamic religions attend hospices in Pavlodar, Ust-Kamenogorsk, Almaty and Karaganda.

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Funding of palliative care services

Total number of palliative care services funded by the government	-
Total number of palliative care services funded privately or by NGO's	-

Comments/Sources

- There is no exact data on the funding of palliative care services.
- The majority of hospices in the Republic of Kazakhstan are state organizations. They operate as units of common hospitals and render only medical care. One hospice is founded on the base of an NGO and its care includes medical, psychological, social and legal services.

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Perceived use of main opioids in palliative care

Order of frequency	Opioid	Estimated cost per month (€)
First opioid	Morphine Hydrochloride.	29 Euros
Second opioid	Promedol.	-
Third opioid	-	-

Comments/Sources

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Other items on national palliative care development

Key issues and challenges

- Absence of state programme of hospice care development.
- Absence of standard training programme for students of medical colleges and universities.
- Lack of a well-developed information field.
- Lack of concerted actions relating to the present hospices.
- Doctors' negative stereotypes, lack of knowledge and lack of clinical experience in using any other kinds of opioids but solutions.
- Lack of import of different forms of opioids/absence of own opioid production line in Kazakhstan.

[EAPC Palliative Care Euro-Barometer, 2005]

Palliative care accreditation

- There is no specialist accreditation for palliative care professionals in Kazakhstan.

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Palliative care milestones

- 2003: The first round-table discussion takes place in Almaty. It is dedicated to the problems of palliative/hospice care development in Kazakhstan. Representatives of Kazakhstani, Russian, and Polish hospices, Kazakhstani Public Health Ministry, World Health Organization, international charitable organizations, and chief doctors of hospitals take part.

[EAPC Palliative Care Euro-Barometer, 2005]

Health policy

- The new programme of Public Health development in Kazakhstan for 2005-2010 includes developing the hospice system in the Republic. If the state accepts the new programme of the hospices' development, they will be opened in every city with a population of more than 100,000 people.
- Currently, Pavlodar hospice representatives and their Almaty colleagues are discussing establishing the Association of the Hospices of Kazakhstan.
- Almaty hospice has developed and introduced a palliative care training programme for medical students. Pavlodar hospice is developing a similar programme, but due to the lack of financing its introduction has been delayed.
- Kazakhstan is not aware of the Council of Europe (2003) report on palliative care (Recommendation 24 of the Committee of Ministers to member states on the organisation of palliative care).
- Kazakhstan has not participated in any way in the Council of Europe discussions about euthanasia (the Marty Report).
- Currently, there are no initiatives in Kazakhstan that are seeking the legalisation of euthanasia or assisted suicide. However, the issue has been debated in the mass media, where a negative attitude towards euthanasia was found. This may be explained by historical and cultural traditions within the country.

[EAPC Palliative Care Euro-Barometer, 2005]

Other items on national palliative care development

References

Clark, D., and Wright, M. (2003) Transitions in End of Life Care. Hospice and related developments in Eastern Europe and Central Asia. Buckingham: Open University Press, 2003, pp. 135-137, Kazakhstan.

http://www.eolc-observatory.net/global_analysis/kazakhstan.htm

Information correct as at: 7th August 2006

REPUBLIC OF MOLDOVA

Key Contact / National Association

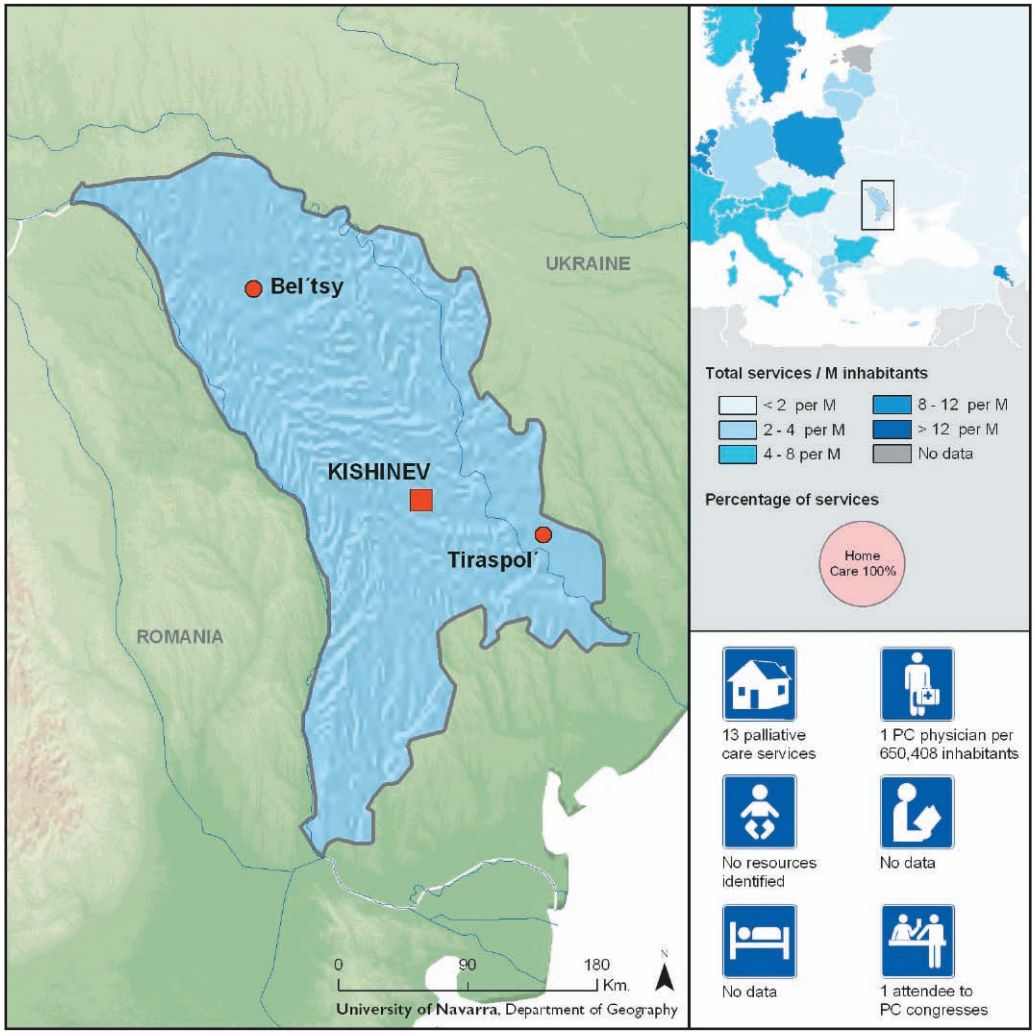
Key contact:

Natalia Carafizi,
Senior Medical Coordinator of the
Hospice Service,
Charity Foundation for Public Health
"Angelus Moldova",
Hospice "Angelus",
5, Dumitru Rascanu Street,
Chisinau, MD – 2024,
Republic of Moldova.
Telephone: (373 22) 49 33 88
Email: ChiaraNK@yahoo.co.uk

National Association:

Elena Stempovscaia,
President,
National Society "Hospice-Palliative
Care" of Republic of Moldova,
18 Boulevard Moscow,
119 apartment,
Chisinau 2045,
Republic of Moldova.
Telephone: (373 22) 32 33 14
Email: nursing@mcc.md

REPUBLIC OF MOLDOVA



Population: 3.902.448

The Republic of Moldova is a landlocked country in eastern Europe, located between Romania to the west and Ukraine to the north, east and south. Historically part of the Principality of Moldavia, it was annexed by the Russian Empire in 1812 and reunited with other Romanian lands in Romania in 1918. After changing hands during World War II and being annexed by the Soviet Union, it was known as the Moldavian SSR between 1945 and 1991, and finally declared its independence on 27 August 1991.

Moldova is a parliamentary democracy with a President as its head of state and a Prime Minister as its head of government. The country is a member state of the United Nations, WMO, UNICEF, GUAM, CIS, BSEC and other international organizations.

(http://en.wikipedia.org/wiki/Moldova, accessed January 29th, 2006)

There are currently in 2003 three palliative care services in Moldova, all offering home care.

One respondent, from the Oncology Centre in Moldova, stated that 'A concept and infrastructure of palliative care in Moldova was worked out in 1994. It contains specialised units, palliative sections in the oncological institute, palliative care units in hospitals and polyclinics, homecare programmes and hospice foundations … [but] the programmes are without state financing … The current situation is disastrous.'

(Clark D., and Wright, M., 2003)

Palliative Care Services

NK = not known

Number of Palliative Care Services

	Inpatient Palliative Care Units	Hospices	Consultant Teams in Hospitals	Home Care Teams	Day Centres	Total
Adult/Children	0	0	0	13	1	**14**
Paediatric only	0	0	0	0	0	**0**

	Inpatient Palliative Care Units	Chronic Hospitals/ Nursing Homes	Total
Number of beds allocated to adult palliative care inpatients	0	0	**0**

	Adults	Children	Total
Number of Bereavement Support Teams	6	0	**6**

Comments/Sources

- All data for palliative care services are estimates only.
- Home palliative care teams in Moldova:
  1. Home palliative care team in Balti – one (1) (NGO "Second Breath");
  2. Home palliative care teams in Chisinau – four (4) (NGO Hospice "Angelus" – (3) three/ MTA "Centru" – (1) one);
  3. Home palliative care teams in Zubresti – three (3) (NGO Hospice "North Carolina");
  4. Home palliative care teams in Gagauzia - three (3) (one (1) for three (3) regions).
- The above mentioned teams form two (2) hospices, which function in Moldova and provide a home care palliative service only:
  1. Hospice "North Carolina" in Zubresti village (three (3) teams);
  2. Hospice "Angelus" in Chisinau City (three (3) teams).
- There is only one (1) Day Care Centre for adults, which has been operating since 1999 and is situated in Balti at the NGO "Second Breath". The centre provides medical and social rehabilitation for people aged over 65.
- In Moldova, there are no in-patient beds for palliative care patients in any of the medical institutions.
- There are no official palliative care services for terminally ill children in Moldova. However, there are two (2) departments for children in the Republican Oncological Institute of Chisinau, where children from the whole of the country are admitted for diagnosis and further treatment in cases of oncological disease:
  1. Department of Paediatric Oncology;
  2. Department of Paediatric Haematology.
- Other categories of terminally ill children are cared for by specialists in other hospitals. For example, some NGOs provide palliative care for terminally ill children:
  1. In 2004, Hospice "North Carolina" provided palliative care to 19 children.
  2. In 2004, Hospice "Angelus" provided palliative care to two (2) children;
  3. "Second Breath" has also provided palliative care to seven (7) children with HIV/AIDS.
- As a rule, bereavement support is provided by a psychologist, a priest of the church, or another member of the palliative care team:
  1. At "Second Breath" it is provided by a psychologist and other members of the team;
  2. If someone needs bereavement support at Hospice "Angelus", it can be provided by another NGO – "Moldova Filantropie" (whose specialisation is mental health) or by other members of the Hospice "Angelus" team;
  3. At Hospice "North Carolina", bereavement support is provided by a psychologist and other members of the palliative care team;
  4. At the MTA "Centru", bereavement support is provided by a staff psychologist;
  5. In Gagauzia every regional hospital has a staff psychologist who can provide bereavement support (one (1) for every region – three (3) in total). However, people often prefer to speak to the priests of the local churches.

[Telephone interview with the director of Hospice "North Carolina" – Dr. Vasilii Suruceanu, conducted by Natalia Carafizi]
[Telephone interview with the Vice-Director of the Health and Social Protection Department, Gagauzian Executive Committee – Dr. Serghei Merjan, conducted by Natalia Carafizi]
[Private discussion with the Medical Vice – Director of MTA "Centru" – Dr. Alexandru Barbarosie]
['Second Breath' activity report (2004) and private discussion with Dr. Irina Baicalov]
['Hospice Angelus' annual report (2004) completed by Dr. Natalia Carafizi]
[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Palliative Care Services

Adult Palliative Care Population

NK	of patients receiving palliative care have a cancer diagnosis
NK	of patients receiving palliative care have other incurable conditions

	Cancer	(n)
Number of patients who die at home	4,403	88.86%
Number of patients who die in a general hospital	552	11.14%
Number of patients who die in other healthcare institutions	0	0%

Comments/Sources

- The number of patients who die at home refers to those patients who die at home without significant assistance.
- There are no official statistics about the categories of patients who need palliative care in Moldova. It is therefore impossible to calculate the percentage of patients with cancer or incurable medical conditions other than cancer who are cared for by palliative care services in Moldova.
- Place of death figures are for all illnesses and are estimates only.

['Public Health in Moldova in 2004', Ministry of Health, Public Health and Sanitary Management]
[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Palliative Care Services

NK = not known

Palliative Care Workforce Capacity

	Full-time	Part-time	Total
Physicians	6	13	**19**
Nurses	7	10	**17**
Social Workers	NK	NK	**8**
Psychologists	NK	NK	**6**
Physiotherapists	NK	NK	**NK**
Occupational Therapists	NK	NK	**NK**
Spiritual/Faith leaders	NK	NK	**NK**
Volunteers	NK	NK	**NK**

Comments/Sources

- All data for palliative care workforce capacity are estimates only.
- Palliative care physicians in Moldova can be divided into the following:
  1. "Second Breath" – two (2) part time working doctors (trained in palliative care in Romania, Poland, and England);
  2. Hospice "Angelus" – three (3) full time working doctors plus the Director of the Hospice, who is also a doctor (trained in palliative care in Russia, Romania, Poland, and England);
  3. Hospice "North Carolina" – three (3) full time working doctors (trained in palliative care in Romania, Poland, and the USA);
  4. ATU Gagauzia – four (4) part time doctors (trained in palliative care at the Hospice "Angelus"), who, besides their main job, provide palliative care to the terminally ill patients at their place of work;
  5. MTA "Centru" – two (2) part time working doctors (trained in palliative care at the Hospice "Angelus");
  6. Republican Oncological Institute – five (5) part time working doctors of different specialities, who, besides their main job, provide palliative care in their practice when necessary (trained in palliative care at the Hospice "Casa Sperantei", Brasov, Romania).
- Palliative care nurses in Moldova can be divided into the following:
  1. "Second Breath" – one (1) part time working nurse (trained in palliative care at the "Second Breath");
  2. Hospice "Angelus" – one (1) full time working nurse (trained in palliative care at the Hospice "Angelus");
  3. Hospice "North Carolina" – six (6) full time working nurses (trained in palliative care in Romania, Poland, and the USA);
  4. ATU Gagauzia – nine (9) part time working nurses (trained in palliative care at the Hospice "Angelus"), who, besides their main job, provide palliative care to the terminally ill patients at their place of work.
- The accurate number of volunteers cannot be indicated by NGO-s and ATU Gagauzia, because it is subject to permanent change. There is no volunteer service in MTA "Centru".
- There are no permanent chaplains in the palliative care teams.

[Telephone interview with the director of Hospice "North Carolina" – Dr. Vasilii Suruceanu]
[Telephone interview with the Vice-Director of the Health and Social Protection Department, Gagauzian Executive Committee – Dr. Serghei Merjan]
[Private discussion with the Medical Vice – Director of MTA "Centru" – Dr. Alexandru Barbarosie]
['Second Breath' activity report (2004) and private discussion with Dr. Irina Baicalov]
['Hospice Angelus' annual report (2004) completed by Dr. Natalia Carafizi]
[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Palliative Care Services

Funding of palliative care services	
Total number of palliative care services funded by the government	2
Total number of palliative care services funded privately or by NGO's	3

Comments/Sources

- Two (2) palliative care services are funded by the government:
  1. ATU Gagauzia, where palliative care is provided by trained palliative care professionals at their main place of work.
  2. Republican Oncological Institute, where there are five trained palliative care doctors who provide palliative care at their main place of work.
- Three (3) palliative care services in Moldova receive private funds for their activities:
  1. NGO "Second Breath for Moldova";
  2. NGO Hospice "Angelus";
  3. NGO Hospice "North Carolina".
- One (1) palliative care service is supported by a combination of private and public funds:
  1. MTA "Centru" - funds for the main salary and out-patient office utilization are provided by the government; funds for palliative care are provided by the "Moldova Soros Foundation" grants.

[Telephone interview with the director of Hospice 'North Carolina' – Dr. Vasilii Suruceanu]
[Telephone interview with the Vice-Director of the Health and Social Protection Department, Gagauzian Executive Committee – Dr. Serghei Merjan]
[Private discussion with the Medical Vice – Director of MTA "Centru" – Dr. Alexandru Barbarosie]
['Second Breath' activity report (2004) and private discussion with Dr. Irina Baicalov]
['Hospice Angelus' annual report (2004) completed by Dr. Natalia Carafizi]
[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Perceived use of main opioids in palliative care

Order of frequency	Opioid	Estimated cost per month (€)
First opioid	Morphine hydrochloride	€ 12.42 (2 times a day per 30 days)
Second opioid	Omnopon	€ 12.42 (2 times a day per 30 days)
Third opioid	Promedol	€ 21.41 (2 times a day per 30 days)

Comments/Sources

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Other items on national palliative care development

Key issues and challenges

- Lack of legislation.
- Lack of information about palliative care.
- Lack of knowledge in developing palliative care.
- Lack of trained health professionals in palliative care.
- Lack of integration of palliative care across health care settings and services.
- Lack of home care services and access to specialist services.
- Multidisciplinary teams need to be trained to provide palliative care services in hospice and at home.
- Health care organisations need to invest in supporting health professionals in pain and symptom management.
- There is a bureaucratic system relating to the prescription of strong narcotics.

[EAPC Palliative Care Euro-Barometer 2005]

Palliative care accreditation

- There is no specialist accreditation for palliative care professionals in Moldova at the present time.

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Palliative care milestones

- There have been no palliative care milestones in Moldova.

[EAPC Palliative Care Euro-Barometer 2005]

Health policy

- Policy changes and reforms have had a negative influence on the development of palliative care services in Moldova since 2000.
- The National Society "Hospice-Palliative Care" of Republic of Moldova did not mark the publication of the Council of Europe (2003) report on palliative care (Recommendation 24 of the Committee of Ministers to member states on the organisation of palliative care).
- The National Society "Hospice-Palliative Care" of Republic of Moldova has not participated in any way in the Council of Europe discussions about euthanasia (the Marty Report).
- At the current time, there are no initiatives in Moldova that seek the legalisation of euthanasia or assisted suicide.

[EAPC Palliative Care Euro-Barometer 2005]

Other items on national palliative care development

References

Clark, D., and Wright, M. (2003) Transitions in End of Life Care. Hospice and related developments in Eastern Europe and Central Asia. Buckingham: Open University Press, 2003, pp. 143-147, Republic of Moldova.

http://www.eolc-observatory.net/global_analysis/moldova.htm

Information correct as at: 7th August 2006.

RUSSIA

Key Contact / National Association

Key contact:

The key contact wished to remain anonymous. This person does not represent the Inter-regional Palliative Care Association, and is therefore expressing a personal view only.

National Association:

Ekaterina Petrova,
Member of the Board,
Inter-regional Palliative Care Association,
Petrovskaya nab 2/2 – 17,
St. Petersburg,
RUSSIA.
Telephone: +7 812 2328372
Email: cpetrova@gmail.com

RUSSIA

Population: 144.003.901

Russia is a country that stretches over a vast expanse of Asia and Europe. With an area of 17,075,400 km², Russia is the largest country in the world, and has the world's eighth-largest population. Russia shares land borders with the following countries (counter-clockwise from northwest to southeast): Norway, Finland, Estonia, Latvia, Lithuania, Poland, Belarus, Ukraine, Georgia, Azerbaijan, Kazakhstan, China, Mongolia, and North Korea. It is also close to the United States and Japan across relatively small stretches of water (the Bering Strait and La Pérouse Strait, respectively).
Formerly the Russian Soviet Federative Socialist Republic (RSFSR), a republic of the Union of Soviet Socialist Republics (USSR), Russia is now the Federation of Russia since the dissolution of the Soviet Union in December 1991. After the Soviet era, the area, population, and industrial production of the Soviet Union (then one of the world's two Cold War superpowers) that was located in Russia passed on to the Russian Federation.
Russia is considered the Soviet Union's successor state in diplomatic matters and is a permanent member of the United Nations Security Council.

(http://en.wikipedia.org/wiki/Russian_federation, accessed January 29th, 2006)

At a conference on the future of hospice/palliative care held in Moscow during May 2001, Dr Georgi Novikov (Moscow Ministry of Health) stated there were currently 45 freestanding hospices and 25 hospital-based units distributed throughout Russia.

(Wright M, Clark D. Eur J Palliat Care 2003)

Palliative Care Services

NK = not known

Number of Palliative Care Services

	Inpatient Palliative Care Units	Hospices	Consultant Teams in Hospitals	Home Care Teams	Day Centres	Total
Adult/Children	33	74	17	0	NK	**124**
Paediatric only	0	0	0	1	0	**1**

	Inpatient Palliative Care Units	Chronic Hospitals/ Nursing Homes	Total
Number of beds allocated to adult palliative care inpatients	NK	NK	**NK**

	Adults	Children	Total
Number of Bereavement Support Teams	9	1	**10**

Comments/Sources

- Number of palliative care services is an estimate only.
- There are also 22 organising palliative care centres - resource and administrative centres that manage the development of hospice/palliative care in the region. They are usually located in the structure of the head regional cancer hospital or in the unit of the local health administration (ministry). An organising palliative care centre co-ordinates the work of different regional palliative care units e.g. pain clinics, hospices, and palliative care community-based teams. It is also used as a resource and methodological centre.
- Bereavement support teams exist in the bigger hospices (for example, St Petersburg, Samara, Kemerovo).
- Bereavement support for children is provided by the paediatric home care team.

[Periodic press releases]
[Personal contact with the paediatric hospice team leader]
["Selected lectures on palliative care in cancer", Moscow, 2004]
[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Adult Palliative Care Population

NK of patients receiving palliative care have a cancer diagnosis

NK of patients receiving palliative care have other incurable conditions

	Cancer	(n)
Number of patients who die at home	NK	160,000
Number of patients who die in a general hospital	NK	36,972
Number of patients who die in other healthcare institutions	NK	NK

Comments/Sources

- Place of death figures are from 1999, and for all illnesses (not just cancer).

["Selected lectures on palliative care in cancer", Moscow, 2004]
[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Palliative Care Services

Palliative Care Workforce Capacity

	Full-time	Part-time	Total
Physicians	200	0	**200**
Nurses	NK	NK	**NK**
Social Workers	NK	NK	**NK**
Psychologists	NK	NK	**NK**
Physiotherapists	NK	NK	**NK**
Occupational Therapists	NK	NK	**NK**
Spiritual/Faith leaders	NK	NK	**NK**
Volunteers	NK	NK	**NK**

Comments/Sources

- All palliative care workforce capacity figures are estimates only.

[Literature review]
[Conference proceedings in Russian]
[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Funding of palliative care services

Total number of palliative care services funded by the government	90%
Total number of palliative care services funded privately or by NGO's	10%

Comments/Sources

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Perceived use of main opioids in palliative care

Order of frequency	Opioid	Estimated cost per month (€)
First opioid	Morphine hydrochloride	5 amp. (1 ml each) $1.3
Second opioid	Fentanyl	5 amp. (1 ml each) $1.2
Third opioid	Promedol	NK

Comments/Sources

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Other items on national palliative care development

Key issues and challenges

- Palliative care is best developed in St. Petersburg and Moscow, although the availability and quality of palliative care services vary considerably in different parts of the country and in total palliative care is provided for only 7-9% of patients who need it.
- There is insufficient funding - the state budget is the only source and merely covers only very basic hospice needs and does not allow for many other things, such as computerisation, training for the staff, visits to conferences etc. Also, status as a governmental organisation greatly impedes attracting any additional funding by the hospices themselves.
- The inertness & passivity of medical professionals in many parts of Russia hinders the further development of hospice and palliative care.
- Palliative care is still not recognised as a medical specialty.
- There is an absence of developed standards and federal norms regulating the work of hospices and palliative care practice. The initially adopted regulations have become outdated and need serious modification.
- It is vital that new standards are developed not by bureaucrats but by reputed hospice practitioners who know the needs of palliative care in Russia.
- There is poor understanding and support relating to the provision of palliative care in the wider society. Lots of prejudices still exist, although hospices have stopped being considered 'houses of death' as they had been previously.
- Very little voluntary work for hospices is done in communities – where it is undertaken, it is mostly by members of religious sisterhoods.
- There is isolation from the international hospice movement.
- There are strict and rigid regulations on the prescription of strong opioids, and very close control of their use involving police requirements and much medical administration.
- Bureaucratic difficulties arise when an attempt is made to introduce any new forms of opioids into palliative care practice.
- The lack of/unjustified expense of non-injection opioids.

[EAPC Palliative Care Euro-Barometer 2005]

Palliative care accreditation

- There is no specialist accreditation for palliative care professionals in Russia at the present time. However, approximately 550-1,000 doctors have been trained in palliative care in Moscow. Six doctors have attended palliative care seminars in Salzburg, Austria, one at St. Christopher's in London, England, and several at Hospice "Pallium" in Poznan, Poland.
- A team of experienced hospice practitioners are to be future trainers on a palliative care course; a joint project of St. Petersburg Healthcare Trust, British and Russian medical training institutions, and the Inter-regional Association of Palliative Care.

[www.stpetersburg-healthcare-trust.org]
["Selected lectures on palliative care in cancer", Moscow, 2004]
[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Palliative care milestones

- 1990: The first hospice opens in St. Petersburg.
- 1995-97: Through the initiative and advocating of hospices, the federal regulations on strong opioids are increased to acceptable levels.
- 2001-2002: In several regions of Russia, non-injection forms of opioids are officially adopted into palliative care practice (an initiative of the palliative care association and palliative care practitioners).

[EAPC Palliative Care Euro-Barometer 2005]

Health policy

- In the past 15 years of development, over 170 institutions/services providing inpatient and/or outpatient palliative care have emerged throughout Russia.
- Palliative care is currently included in the curriculum of larger nursing colleges, and inclusion into the basic undergraduate training for doctors is currently under discussion.
- Historically, palliative care has been developed in Russia as part of cancer care, and most hospices still admit cancer patients only. To be able to provide care for other terminally ill patients, the hospice services need to be developed further.
- Reform of the medical system should lead to changes in the status of many medical institutions and the amount of financing provided by the state. This may affect the conditions of work for hospices and palliative care services throughout the whole country.
- The Inter-regional Palliative Care Association has not marked the publication of the Council of Europe (2003) report on palliative care (Recommendation 24 of the Committee of Ministers to member states on the organisation of palliative care).
- The Inter-regional Palliative Care Association has participated in the Council of Europe discussions about

Other items on national palliative care development

euthanasia (the Marty Report). It has been discussed at regional conferences and at the October 2005 15th Anniversary of the Hospice Movement Conference.

- At the current time, there are no initiatives in Russia that seek the legalisation of euthanasia or assisted suicide.
- In Russia, hospice & palliative care is governed by federal and regional regulations. The most important are: Order No 19 of 01.02.1991 of the Russian Ministry of Health on setting up hospices; Order No 270 of 12.09.1997 of the Russian Ministry of Health on palliative care departments and local palliative care centres; Regulations No 330 of 12.11.1997 and No 2 & No 3 of 09.01.2001 of the Russian Ministry of Health on the level of opioids used in hospices and prescribed to home care patients.

[EAPC Palliative Care Euro-Barometer 2005]

References

Beven, S. 1996. Education. The hospice movement in Russia. Eur. J. Palliat. Care, vol. 3(1): 28-30.

Clark, D., and Wright, M. (2003) Transitions in End of Life Care. Hospice and related developments in Eastern Europe and Central Asia. Buckingham: Open University Press, 2003, pp. 150-161, Russian Federation.

Cooke, M. A. 1995. The Russian way of hospice. Am. J. Hosp. Palliat. Care, vol. (4): 9-14, 17.

Fedullo, E., Jansone, A., and Ignatenko, E. 2004. Innovative home care & hospice. Cross-partnerships in Russia & Latvia. Caring, vol. 23(1): 22-5.

Gilliland, I. 2000. Case report. Hospice in Russia. J. Hosp. Palliat. Nurs., vol. 2(2): 73-5

Gumley V. Russia. The expanding hospice network. Eur J Palliat Care. 1995;2(2):N2-3.

Gumley, V. 1995. Development of hospice care and palliative care services in Russia. Euroforum, vol. (1): 7.

http://www.eolc-observatory.net/global_analysis/russia.htm

Jones, W. 1997. International perspectives. Issues affecting the delivery of palliative care in Russia. Int. J. Palliat. Nurs., vol. 3(2): 82-6.

Kerr, D. 1997. Complementary therapy in Russian hospice care. Am. J. Hosp. Palliat. Care, vol. 14(1):35-40.

Novik, A. A., Ionova, T. I., and Kaliadina, S. A. 2002. Russia: the State-of-the-Art of palliative care. J. Pain Symptom Manage., vol. 24(2): 228-30.

Richter, J., Eisemann, M., and Zgonnikova, E. 2001. Doctors' authoritarianism in end-of-life treatment decisions. A comparison between Russia, Sweden and Germany. J. Med. Ethics, vol. 27(3): 186-91.

Richter, J., Eisemann, M. R., and Zgonnikova, E. 2001. Personality characteristics of physicians and end-of-life decisions in Russia. MedGenMed., Vol. 12(4): 4.

Salmon, I. 2001. A British nurse's view of palliative care in Russia. Int. J. Palliat. Nurs., vol. 7(1): 37-43

Wright, M., and Clark, D. 2003. National viewpoint. The development of palliative care in St Petersburg, Russia... fourth part of a series. Eur. J. Palliat. Care, vol. 10(2): 72-5.

Information correct as at: 7th August 2006

UKRAINE

Key Contact / National Association

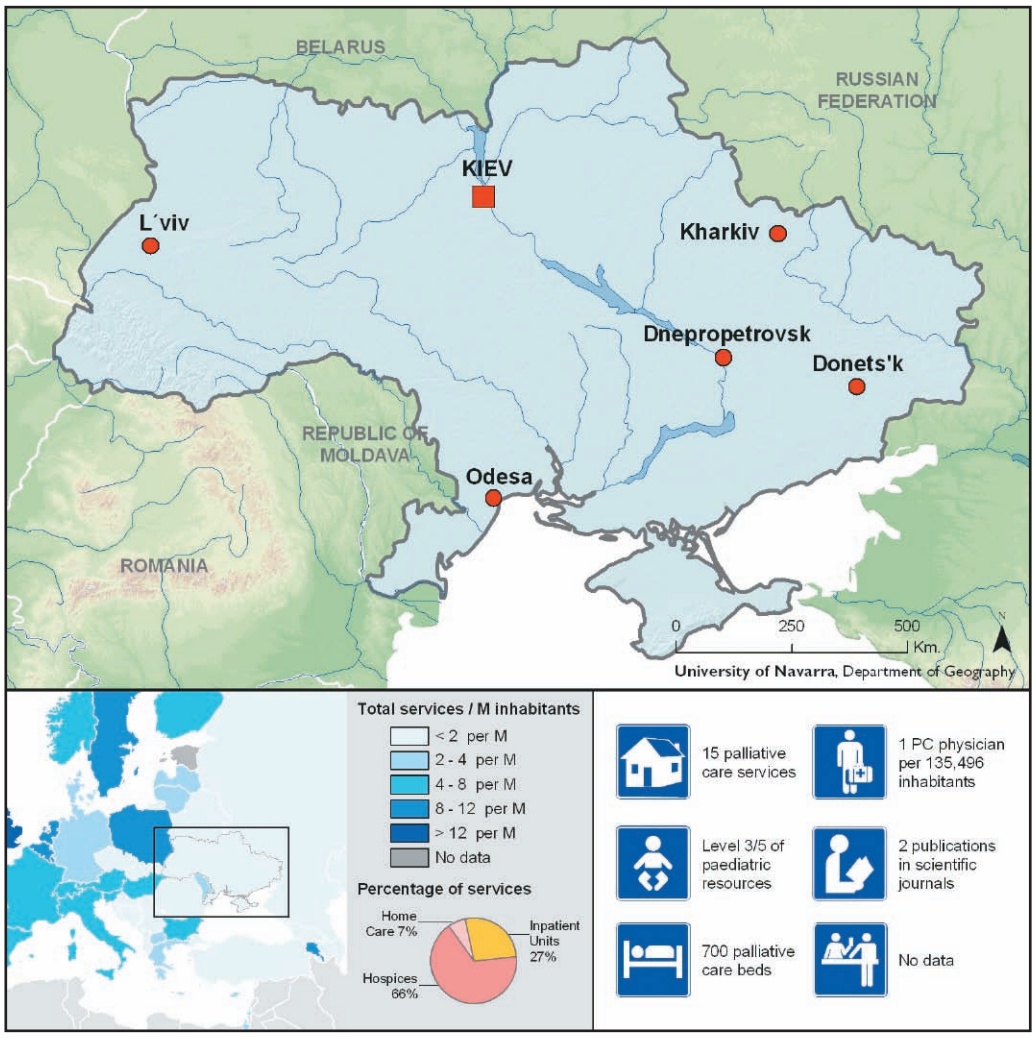
Key contact:

Dr. Yuriy Bogomazov,
Member of the Association of Minimally Invasive & Palliative Therapy (AMIPT),
Department of MIT,
Donetsk Diagnostic Centre,
Illycha av., 14,
Donetsk,
Ukraine.
83099
Telephone: +38 (0622) 95-37-83
Email: ybogomazov@mail.ru

National Association:

Dr. Alexander Zubov,
President of the Association of Minimally Invasive & Palliative Therapy (AMIPT),
Department of MIT,
Donetsk Diagnostic Centre,
Illycha av., 14,
Donetsk,
Ukraine.
83099
Telephone: +38 (0622) 95-37-83
Email: amipt@mail.ru

UKRAINE



Population: 46.655.272

Ukraine is a country in Eastern Europe. It borders Russia to the north-east, Belarus to the north, Poland, Slovakia and Hungary to the west, Romania and Moldova to the south-west, and the Black Sea and Sea of Azov to the south. The historic city of Kiev (Kyiv) is the country's capital.

After a brief period of independence (1917–1921) following the Russian Revolution of 1917, Ukraine became one of the founding Soviet Republics in 1922. The Ukrainian Soviet Socialist Republic's territory was enlarged westward after the Second World War, and again in 1954 with the Crimea transfer. In 1945 Ukrainian SSR became one of the co-founder members of the United Nations. It became independent again after the Soviet Union's collapse in 1991.

(http://en.wikipedia.org/wiki/Ukraine, accessed January 29th, 2006)

The impossibility of providing adequate palliative care leads to the situation that the most "needy" incurable patients are concentrated in the department of intensive care and resuscitation. The deep economic and, as a result, medical crisis has created obstacles in organising palliative care departments and a network of hospices.

(Volkovinsky K. Ukraine. Eur J Palliat Care. 1997)

Palliative Care Services

NK = not known

Number of Palliative Care Services

	Inpatient Palliative Care Units	Hospices	Consultant Teams in Hospitals	Home Care Teams	Day Centres	Total
Adult/Children	4	10	0	1	0	**15**
Paediatric only	1	1	0	1	0	**3**

	Inpatient Palliative Care Units	Chronic Hospitals/ Nursing Homes	Total
Number of beds allocated to adult palliative care inpatients	600	100	**700**
	Adults	Children	**Total**
Number of Bereavement Support Teams	0	0	**0**

Comments/Sources

- Palliative care services data are estimates only.
- There are two freestanding and two hospital inpatient palliative care units.
- There is no organized palliative care within Ukraine. However, there are approximately 10 palliative care teams and hospices which are not connected to each other and which exist due to the enthusiasm of social organizations.
- There are approximately 10 departments of nursing care, which are an integral part of regional oncology dispensaries.
- There are a small number of mobile teams in Donetsk, Kharkov and Lviv. These units lack finance and operate under uncomfortable and difficult conditions due to the absence of a systematic study of palliative care.
- Day centres exist as governmental institutions within AIDS centres in each region of the Ukraine (26 regions).
- There is a small hospice for children in Kiev which was opened under the initiative of a private investor from Europe.

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Adult Palliative Care Population

NK of patients receiving palliative care have a cancer diagnosis

NK of patients receiving palliative care have other incurable conditions

	Cancer	(n)
Number of patients who die at home	NK	8349
Number of patients who die in a general hospital	NK	1606
Number of patients who die in other healthcare institutions	NK	305

Comments/Sources

- Place of death data is based on all illnesses (not just cancer). It is not possible to obtain such information for Ukraine as a whole, so the statistics provided are for the Donetsk region only (2003). This region has a population of 1.2 million people (Ukraine has 26 regions with a population of approximately 47 million people).
- Accordingly to the statistics, 5% of Ukrainians die in medical institutions, 85 % at home, and 10 % in other places. But places where they could meet the death with dignity (hospices), in Ukraine, are currently lacking.

[EAPC Palliative Care Facts in Europe Questionnaire 2005]
[Press-release about the working meeting on the chaplaincy in palliative care and the World day of the hospice and palliative care day (7th October, 2006)]

Palliative Care Services

Palliative Care Workforce Capacity

	Full-time	Part-time	Total
Physicians	0	0	**0**
Nurses	0	0	**0**
Social Workers	0	0	**0**
Psychologists	0	0	**0**
Physiotherapists	0	0	**0**
Occupational Therapists	0	0	**0**
Spiritual/Faith leaders	0	0	**0**
Volunteers	0	0	**0**

Comments/Sources

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Funding of palliative care services

Total number of palliative care services funded by the government	NK
Total number of palliative care services funded privately or by NGO's	NK

Comments/Sources

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Perceived use of main opioids in palliative care

Order of frequency	Opioid	Estimated cost per month (€)
First opioid	Omnopon.	20$
Second opioid	Promedol.	20$
Third opioid	Morphine.	20$

Comments/Sources

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Other items on national palliative care development

Key issues and challenges

- Unfortunately, Ukraine experiences the epidemics of HIV / AIDS actually. In numerous civilized countries the network of hospices for those who dies from AIDS is formed already. In Ukraine, accordingly to official reports (which lessen the sad ciphers) about 5.000 people have died from the disease.
- One of the biggest obstacles for developing a hospice system in the Ukraine is the very low level of both public and medical professional awareness of palliative care.
- Psychological, social, and cultural concerns are usually disregarded and bereavement support services are totally absent.
- There is no production, import, or distribution of many drugs which could be used for cancer pain control; for example, immediate and slow release oral morphine, codeine and trans-dermal fentanyl are not readily available within the Ukraine.
- Existing under-graduate and post-graduate doctor and nurse education does not include a palliative care course.

[EAPC Palliative Care Euro-Barometer 2005]
[Press-release about the working meeting on the chaplaincy in palliative care and the World day of the hospice and palliative care day (7th October, 2006)]

Palliative care accreditation

- Specialist accreditation for palliative care professionals in the Ukraine was provided on courses of palliative care organised by the British Russian Hospice Society in November 2000 (34 people received certificates). One doctor in the Ukraine possesses a diploma in palliative care.

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Palliative care milestones

- 1994: 'Hospice' is included in the Ministry of Health list of medical establishments in the Ukraine.
- 1997: Ministry of Health Declaration No. 356 relating to the registration and delivery of strong opioids is published.
- 1999: The Donetsk Regional Oncological Centre opens with a nursing team for patients with advanced disease and a volunteer home care team. It is also the base for the first Ukrainian Palliative Care Teaching Centre, at the Donetsk State Medical University.
- 2004: The Association of Minimally Invasive & Palliative Therapy translates and publishes the Council of Europe (2003) report on palliative care (Recommendation 24 of the Committee of Ministers to member states on the organization of palliative care). The report is distributed to hospital superintendents to improve awareness about palliative care and the hospice movement.

[EAPC Palliative Care Euro-Barometer 2005]

Health policy

- The ongoing economic crisis in the Ukraine is a big problem for the development of hospice care within the country.
- The implementation of hospice networks tends to be "from the top-down" by government authorities.
- The Government supports the idea of palliative care, but the concept is still not developed in the Ukraine, and there is a lack of successful implementation of hospice services.
- The Association of Minimally Invasive & Palliative Therapy has not participated in any way in the Council of Europe discussions about euthanasia (the Marty Report).
- At the current time, there are no initiatives in the Ukraine that seek the legalisation of euthanasia or assisted suicide.
- In the last years, the numerous letters of the Ukrainian patients directed to the All-Ukrainian Council on patients' rights and security (http://www.medlaw.org.ua) encouraged the Council to start the project "Development of the palliative care in Ukraine". The Initiative found the understanding and support of the Ministry of Health, Ministry of social affairs and the "Renaissance" Foundation. The Task Force on the palliative care was formed. On July, 6th 2006 the Order of Ministry of Health was issued (#201) about the forming of the Multidisciplinary Task Force on Palliative Care. Accordingly to the Order, it unites 21 Ukrainian experts on Hospice / Palliative Care. But it can involve other (additional) experts / specialists, too.

[EAPC Palliative Care Euro-Barometer 2005]
[Press-release about the working meeting on the chaplaincy in palliative care and the World day of the hospice and palliative care day (7th October, 2006)]

Other items on national palliative care development

References

Clark, D., and Wright, M. (2003) Transitions in End of Life Care. Hospice and related developments in Eastern Europe and Central Asia. Buckingham: Open University Press, 2003, pp. 167-173, Ukraine.

Gronemeyer, R., Fink, M., Globisch, M., and Schumann, F. (2005) Helfen am ende des lebens hospizarbeit und palliative care in Europa. Giessen: Hospiz und Hospizbewegung, p. 272-286, Ukraina.

Volkovinsky, K. Ukraine. Eur. J. Palliat Care 1997; 4(2)

http://www.eolc-observatory.net/global_analysis/ukraine.htm

Information correct as at: 7th August 2006

ANNEXED

Annex I: Eurobarometer questionnaire

Annex II: Fact Questionnaire

European Association for Palliative Care Onlus (EAPC)

The EAPC Task Force on the Development of Palliative Care in Europe

PALLIATIVE CARE EURO-BAROMETER 2005

Current issues in the development of hospice and palliative care in Europe: the vision of national organizations.

This Taskforce was established by the EAPC in 2004 with the following objectives:

1. To provide reliable information on the delivery of hospice and palliative care in Europe in a manner relevant to the EAPC; to intergovernmental organisations and to national and regional governments
2. To explore the current organisation of hospice and palliative care in Europe considering political and social issues; healthcare policies and the availability of palliative care resources countrywide.
3. To facilitate access to information and communication between hospice and palliative care associations and societies that operate across Europe
4. To aid the identification of key persons who have studied the development of hospice and palliative care in their own setting and who may provide country specific data to assist policy makers, planners and professional associations

help the hospices

INTERNATIONAL ASSOCIATION FOR HOSPICE & PALLIATIVE CARE

INTERNATIONAL OBSERVATORY ON END OF LIFE CARE
LANCASTER UNIVERSITY

Thank you very much for agreeing to take part in this survey.

We are seeking information from all EAPC collective members and national associations involved in palliative care across the whole of Europe including a total of 52 countries.

Albania	Czech Republic	Israel	Poland	Sweden
Andorra	Denmark	Italy	Portugal	Switzerland
Armenia	Estonia	Kazakhstan	Republic of Moldova	Tajikistan
Austria	Finland	Kyrgyzstan	Republic of Macedonia	Turkey
Azerbaijan	France	Latvia	Romania	Turkmenistan
Belarus	Georgia	Lithuania	Russian Federation	Ukraine
Belgium	Germany	Luxembourg	San Marino	United Kingdom
Bosnia and Herzegovina	Greece	Malta	Serbia and Montenegro	Uzbekistan
Bulgaria	Hungary	Monaco	Slovakia	
Croatia	Iceland	Netherlands	Slovenia	
Cyprus	Ireland	Norway	Spain	

This survey aims to provide a 'barometer' of the current situation of palliative care in Europe as well as insights into current issues and debates on the subject.

Please, answer *all* the questions, giving as much detail as you can and referring to authors, full references and sources of information whenever possible. Make use of space as you need it.

After completing the questionnaire, please return it by email to

Dr. Carlos Centeno
Equipo de Medicina Paliativa
Clínica Universitaria, Universidad de Navarra
Avenida Pío XII, 32, 31008-Pamplona

Tel. +(34) 948 255 400 y Fax. +(34) 948 255 500
E-mail: ccenteno@unav.es

If you wish to contact the European Association of Palliative Care for further information on the background and support to this project, please do not hesitate to contact Dr. Amelia Giordano, the EAPC Head Office, by e-mail (Amelia.Giordano@istitutotumori.mi.it), telephone (+39 – 02 – 2390 3390), fax (+39 – 02 – 2390 3393) or through the EAPC website (http//:www.eapcnet.org)

1. BACKGROUND QUESTIONS

1.1 What is your complete name?

1.2 What is the name of the palliative care organization/association/institution you represent?

1.3 What is your position in the palliative care organization/association/institution you represent?

1.4 What are your contact details?

Address:

Telephone/fax:

Email:

2. QUESTIONS ON THE CURRENT STATE OF DEVELOPMENT OF PALLIATIVE CARE

2.1 Please give an overall comment on the current state of developments of hospice/palliative care in your country at the present time *(Please refer to any official documents or research papers, if possible)*

2.2 Please indicate with an '**X**' the statement that best describes the development of palliative care in your country from the three options given bellow.

Over the last ten years, palliative care in the country

(I) has improved ☐

(II) has remained very much the same ☐

(III) has got worse ☐

[1] NB: For the purpose of this study, this EAPC Task Force considers that your answers reflect the vision of the palliative care organization/association/health care institution that you represent. If you consider it convenient, please do not hesitate to discuss this questionnaire and your answers with your colleagues or with other members or boards of the palliative care organization/association/health care institution you represent.

If there is no national or regional palliative care organization or association in your country, please do specify it in Q.1.2 of this section, and answer this questionnaire according to your best knowledge and experience and do not hesitate to express your own views and opinions.

3. QUESTIONS ON BARRIERS TO AND OPPORTUNITIES FOR THE DEVELOPMENT OF PALLIATIVE CARE

3.1 Please list in order of importance the three main BARRIERS to PALLIATIVE CARE in your country at the present time:

(I)

(II)

(III)

3.2 Please list in order of importance the three main OPPORTUNITIES for PALLIATIVE CARE in your country at the present time:

(I)

(II)

(III)

3.3 Please comment on other issues that have been relevant to the development of palliative care in your country.

3.4 Please list in order of importance the three main INITIATIVES undertaken to improve the AVAILABILITY of strong OPIOIDS in your country in the last ten years:

(I)

(II)

(III)

3.5 Please list in order of importance the three main BARRIERS to adequate availability of strong OPIOIDS in your country at the present time:

(I)

(II)

(III)

4. QUESTIONS ON POLICY

4.1 What have been the most important policy changes affecting the development of hospice and palliative care made in your country since 2000?

4.2 In what ways have these policy changes been important?

4.3 What have been the most important initiatives since 1995 undertaken to address the problem of uncontrolled pain as a health concern in your country? (Please refer to any official documents or research papers, if possible)

4.4 In 2004, did your association/organization/health institution in any way mark the publication of the Council of Europe report on palliative care? (Recommendation Rec (2003) 24 of the Committee of Ministers to member states on the organisation of palliative care) (Adopted by the Committee of Ministers on 12 November 2003 at the 860th meeting of the Ministers' Deputies) Please describe briefly.

4.5 During 2003-5, has your association participated in any way in the Council of Europe discussions about euthanasia (the Marty Report)? (Please give details of any involvement and refer to any official responses or statements from your palliative care organization/association/institution)

4.6 At the current time, are there any initiatives in your country that are seeking the legalisation of euthanasia or assisted suicide? (Please describe briefly and refer to any official documents or publications, if possible)

5. QUESTION ON THE FUTURE OF PALLIATIVE CARE

5.1 Please, give your view on the future of hospice/palliative care in your country

Thank you very much indeed for your time and participation.

European Association for Palliative Care Onlus (EAPC)

The EAPC Task Force on the Development of Palliative Care in Europe

PALLIATIVE CARE FACTS IN EUROPE FOR 2005

Current issues in the development of hospice and palliative care in Europe: the vision of "key collaborators" in each European country.

This Taskforce was established by the EAPC in 2004 with the following objectives:

1. To provide reliable information on the delivery of hospice and palliative care in Europe in a manner relevant to the EAPC; to intergovernmental organisations and to national and regional governments
2. To explore the current organisation of hospice and palliative care in Europe considering political and social issues; healthcare policies and the availability of palliative care resources countrywide.
3. To facilitate access to information and communication between hospice and palliative care associations and societies that operate across Europe
4. To aid the identification of key persons who have studied the development of hospice and palliative care in their own setting and who may provide country specific data to assist policy makers, planners and professional associations

help the hospices

INTERNATIONAL ASSOCIATION FOR HOSPICE & PALLIATIVE CARE

INTERNATIONAL OBSERVATORY ON END OF LIFE CARE
LANCASTER UNIVERSITY

Thank you very much for agreeing to take part in this survey.

We are seeking information from health practitioners involved in the provision of palliative care across the whole of Europe including a total of 52 countries:

Albania	Czech Republic	Israel	Poland	Sweden
Andorra	Denmark	Italy	Portugal	Switzerland
Armenia	Estonia	Kazakhstan	Republic of Moldova	Tajikistan
Austria	Finland	Kyrgyzstan	Republic of Macedonia	Turkey
Azerbaijan	France	Latvia	Romania	Turkmenistan
Belarus	Georgia	Lithuania	Russian Federation	Ukraine
Belgium	Germany	Luxembourg	San Marino	United Kingdom
Bosnia and Herzegovina	Greece	Malta	Serbia and Montenegro	Uzbekistan
Bulgaria	Hungary	Monaco	Slovakia	
Croatia	Iceland	Netherlands	Slovenia	
Cyprus	Ireland	Norway	Spain	

The following questionnaire aims at exploring the current state of developments in palliative care in each European country.

The questionnaire mainly refers to some specific data on the availability of resources and to the epidemiology of palliative care. Before answering the questionnaire, you may wish to look at the SERIES OF DEFINITIONS given in Annexe A at the end of this document.

Please, answer all the questions as accurately as possible and refer to authors, full references and sources of information whenever possible. Make use of the space for COMMENTS to clarify your information and to describe distinct characteristics of services/health organizations in your country whenever you consider it appropriate.

Dr. Carlos Centeno
Equipo de Medicina Paliativa
Clínica Universitaria, Universidad de Navarra
Avenida Pío XII, 32, 31008-Pamplona

Tel. +(34) 948 255 400 y Fax. +(34) 948 255 500
E-mail: ccenteno@unav.es

If you wish to contact the European Association of Palliative Care for further information on the background and support to this project, please do not hesitate to contact Dr. Amelia Giordano, the EAPC Head Office, by e-mail (Amelia.Giordano@istitutotumori.mi.it), telephone (+39 – 02 – 2390 3390), fax (+39 – 02 – 2390 3393) or through the EAPC website (http//:www.eapcnet.org)

1. BACKGROUND QUESTIONS

1.1 What is your complete name?

1.2 What is the name of the palliative care institution you are based at?

1.3 What is your position in the palliative care institution you are based at?

1.4 What are your contact details?

Address:

Telephone/fax:

Email:

2.- QUESTIONS ON PALLIATIVE CARE SERVICES

Please answer all questions considering the definitions given in Annexe A.

If reliable or official data is available, please fill in the "Exact number" box as accurately as you can. Please, provide full details of sources of information, if possible

If no reliable data is available, please fill in the "Estimate" box. Please, indicate the nature of the source on which your estimates are based. For instance, provide the title, year, authors and event of a presentation/publication; of conference proceedings, talks, pamphlets, publication in local/internal journals. If your estimates are based on your personal expertise, please describe briefly.

2.1	Exact number	Estimate	Sources of information
Total number of Palliative Care Services for adults			
(a) Number of Palliative Care Units			
(b) Number of Hospices			
(c) Number of Hospital Palliative Care Teams (or hospital supportive care teams or mobile palliative care teams)			
(d) Number of Home Palliative Care Teams			

COMMENTS

[1] NB: For the purpose of this study, this EAPC Task Force requires you to refer to NATIONAL FIGURES (and no to regional or local data) when answering the questionnaire. If national figures are not available, please state it in the 'comments' section, provide us with your estimates, if possible, and describe briefly the characteristics of the information you will provide and your sources.

2.- QUESTIONS ON PALLIATIVE CARE SERVICES

2.2	Exact number	Estimate	Sources of information
Total number of Day Care Centres for adults			

COMMENTS

2.3	Exact number	Estimate	Sources of information
Number of beds allocated to adult palliative care inpatients (including palliative care units', hospices, hospitals' and nursing homes' beds)			
(a) in palliative care units			
(b) in hospices			
(c) in acute hospitals			
(d) in hospitals for chronically ill patients			
(e) in nursing homes			

COMMENTS

2.4

Please, describe briefly the current state of developments of palliative care for children in your country at the present time

COMMENTS

2.- QUESTIONS ON PALLIATIVE CARE SERVICES

2.5 If possible, please state the following:	Exact number	Estimate	Sources of information
Total number of Palliative Care Services for CHILDREN			
(a) Number of Paediatric Palliative Care Units			
(b) Number of Paediatric Hospices			
(c) Number of Paediatric Hospital Palliative Care Teams (or hospital supportive care teams or mobile palliative care teams)			
(d) Number of Paediatric Home Palliative Care Teams			

COMMENTS

2.6

Please, describe briefly how bereavement support is provided in your country at the present time

COMMENTS

2.- QUESTIONS ON PALLIATIVE CARE SERVICES

2.7 If possible, please state the following:	Exact number	Estimate	Sources of information
Total number of Bereavement Support Teams			
(a) Number of bereavement support teams for adults			
(b) Number of bereavement support teams for children			

COMMENTS

2.6

The development and the availability of palliative care services tend to differ significantly between rural and urban areas in several countries [2]. Please, describe the current state of developments of palliative care in RURAL areas in your country at the present time

COMMENTS

[2] NB: please refer to Annexe A for a definition of rural and urban areas.

3. - QUESTIONS ON PALLIATIVE CARE WORKFORCE CAPACITY

Please answer all questions considering the definitions given in Annexe A.

If reliable or official data is available, please fill in the "Exact number" box as accurately as you can. Please, provide full details of sources of information, if possible

If no reliable data is available, please fill in the "Estimate" box. Please, indicate the nature of the source on which your estimates are based. For instance, provide the title, year, authors and event of a presentation/publication, of conference proceedings, talks, pamphlets, publication in local/internal journals. If your estimates are based on your personal expertise, please describe briefly.

3.1	Exact number	Estimate	Sources of information
Number of palliative care physicians [3]			
(a) working full time in palliative care			
(c) working part time in palliative care			

COMMENTS

3.2	Exact number	Estimate	Sources of information
Number of palliative care nurses			
(a) working full time in palliative care			
(c) working part time in palliative care			

COMMENTS

[3] NB: please answer questions 3.1 and 3.2 bearing in mind definitions given in Annexe A (page 20 of this document).

3. - QUESTIONS ON PALLIATIVE CARE WORKFORCE CAPACITY

	Exact number	Estimate	Sources of information
3.3 Number of social workers			
3.4 Number of psychologists			
3.5 Number of physio-therapists			
3.6 Number of occupational therapists			
3.7 Number of volunteers			
3.8 Number of chaplains (or other spiritual / faith leaders)			

COMMENTS

4. - QUESTIONS ON THE PALLIATIVE CARE POPULATION

Please answer all questions considering the definitions given in Annexe A.

If reliable or official data is available, please fill in the "Exact number" box as accurately as you can. Please, provide full details of sources of information, if possible

If no reliable data is available, please fill in the "Estimate" box. Please, indicate the nature of the source on which your estimates are based. For instance, provide the title, year, authors and event of a presentation/publication, of conference proceedings, talks, pamphlets, publication in local/internal journals. If your estimates are based on your personal expertise, please describe briefly.

4.1	Exact number	Estimate	Sources of information
Percentage of cancer patients cared for by a palliative care specialist service in your country			

COMMENTS

4.2	Exact number	Estimate	Sources of information
Percentage of HIV/AIDS patients cared for by a palliative care specialist service in your country			

COMMENTS

4. - QUESTIONS ON THE PALLIATIVE CARE POPULATION

4.3	Exact number	Estimate	Sources of information
Percentage of patients with an incurable medical condition other than cancer or HIV/AIDS cared for by a palliative care specialist service in your country			

COMMENTS

	Exact number	Estimate	Sources of information
4.4 Number of PATIENTS [4] who die at home in your country		Number / Percentage	
4.5 Number of PATIENTS who die in general hospitals in your country		Number / Percentage	
4.6 Number of PATIENTS who die in nursing homes in your country		Number / Percentage	
4.7 Number of PATIENTS who die in other health care institutions in your country (different from hospitals and nursing homes)		Number / Percentage	

COMMENTS

[4] NB: it refers to the number of people within the general population who die at home, in hospitals, in nursing homes or in other health care institutions.

4. - QUESTIONS ON THE PALLIATIVE CARE POPULATION

	Exact number	Estimate	Sources of information
4.8 Number of PALLIATIVE CARE PATIENTS [5] who die at home in your country		Number Percentage	
4.9 Number of PALLIATIVE CARE PATIENTS who die in general hospitals in your country		Number Percentage	
4.10 Number of PALLIATIVE CARE PATIENTS who die in nursing homes in your country		Number Percentage	
4.11 Number of PALLIATIVE CARE PATIENTS who die in other health care institutions in your country (different from hospitals and nursing homes)		Number Percentage	

COMMENTS

[5] NB: it refers specifically to the number of patients within palliative care who die at home, in hospitals, in nursing homes or in other health care institutions.

5. - QUESTIONS ON FUNDING

Please answer all questions considering the definitions given in Annexe A.

If reliable or official data is available, please fill in the "Exact number" box as accurately as you can. Please, provide full details of sources of information, if possible

If no reliable data is available, please fill in the "Estimate" box. Please, indicate the nature of the source on which your estimates are based. For instance, provide the title, year, authors and event of a presentation/publication, of conference proceedings, talks, pamphlets, publication in local/internal journals. If your estimates are based on your personal expertise, please describe briefly.

5.1	Exact number	Estimate	Sources of information
Total number of palliative care services funded by the government		Number Percentage	
COMMENTS			

5.2	Exact number	Estimate	Sources of information
Total number of palliative care services funded privately or by non-governmental organizations		Number Percentage	
COMMENTS			

5.3	Exact number	Estimate	Sources of information
Total number of palliative care services supported by a combination of private and public funds		Number Percentage	
COMMENTS			

6. - GENERAL QUESTIONS

Please, answer the following five general questions

6.1 - Is there specialist accreditation for palliative care professionals in your country at present time? Please describe briefly.

6.2 - Please list in order of importance the five most frequently used strong opioids, their route of administration and their estimated cost for one month treatment at the lowest dose in your country at present time.

Strong opioid	Route of administration	Estimated costs
(I)		
(II)		
(III)		
(IV)		
(V)		

6.3- Please use the space below to comment on any other issues you may consider of relevance for the development of palliative care in your country.

Thank you very much indeed for your time and participation.

mundipharma