

Paliative care in Serbia

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DEFINITION

- Palliative care is an approach that improves the quality of life of patients facing a terminal illness, and their families, through the prevention and relief of suffering by means of early detection and impeccable assessment and treatment of pain and other problems - physical, psychosocial and spiritual (World Health Organization, 2002).
- Palliative care involves a philosophy of patient care / family itself palliative care service, from the moment of diagnosis of disease until the end of the period of mourning for the loss of a family member.

MODELS

- **An interdisciplinary model**

The patient and family in focus

Coordinated care

Palliative care aims to improve quality of life

The traditional medical model

The disease in focus

Often missing estimates symptoms other than physical

Disposal is episodic, fragmented and uncoordinated

National Guide "Palliative care for cancer patients" for doctors in primary care of conserving was issued in November 2004

The Prague Declaration: Appeal to governments to enable mitigation of suffering and recognize palliative care as a human right-the European Association for Palliative Care (EAPC), The International Association for Hospice and Palliative Care (IAHPC), World Alliance for Palliative Care (WCPA) and Human Rights Watch (HRW)

The Belgrade Declaration “Palliative care for all who need”- European Conference on Palliative Care, organized by the Council of Europe and the Ministry of Health of the Republic of Slovenia, 2005

Tempus project "Pain Therapy and Palliative Medicine" -education about 100 doctors

2006 in Novi Sad founded the **Association for Research and Therapy of pain**

Dils project "Provision of improved services on local level" -Training 500 professionals employed in primary health care and volunteers

The National Strategy for Palliative Care was adopted 05.mart 2009 at the Government of the Republic of Serbia

Guidelines for clinical practice in palliative care, made within the framework of the Ministry of Health and RS EU "Development of Palliative Care in Serbia"

PUBLIC HEALTH AND PALLIATIVE CARE

- Palliative care in Serbia is based on relevant policies and programs, the availability of adequate drugs, education which includes several categories of professional and the total population and the implementation of adopted policies.
- The development of palliative care as an integral part of public health in Serbia, is focused on population and risk factors, not the disease.

POLICY

- Palliative care is part of the national development plan for health care policy and relevant legislation
- Model funding / service delivery enables effective palliative care
 - Essential drugs
(policy makers, WHO, NGOs)

Availability of drugs

- -opioidi, essential drugs
 - import quotas
 - Price
- prescribing drugs
 - Distribution
 - Issue
- The use of drugs
(Pharmacists, regulatory bodies)

EDUCATION

- The media and public promotion
 - The curricula, educational courses-professionals, students
 - Training experts
 - Providing support and training to family members who provide care to patients
- (The public and the media, health care providers, specialists in palliative care, families of patients)

IMPLEMENTATION

- Prominent experts
 - Educated staff
 - Strategic and business plans
 - resources, infrastructure
 - Standards, guidelines
- (community leaders and health care institutions)

GUIDING PRINCIPLES

- Provides pain relief and other symptoms
- Affirms life and regards dying as a normal process
- Integrates the psychological and spiritual aspects of patient care
- It offers a support system to help patients
- It offers a support system to help the family
- Team Approach
- Improving quality of life
- It can be applied at an early stage
- Includes research

GROUP diseases and conditions

- Diseases of the heart and blood vessels (2006, 57.3% leading cause of death)
- Malignant tumors (2006, 19.7% of the second cause of death)
- Diabetes mellitus is one of the most common non-communicable diseases, complications with the fifth leading cause of death (6.7% of the population suffers)
- Obstructive pulmonary disease, a common cause of disability and the fourth leading cause of death
- HIV / AIDS
- Traffic accidents and trauma (2006, 63 954 traffic accidents, 18,411 people incapable of which 25.95% grievous bodily harm)
Muscular and Neurodegenerative Diseases
- Health Survey of the Republic of Serbia 2006. Final report. The Ministry of Health of the Republic of Serbia. Belgrade 2007

National Guidelines"Palliative care for cancer patients"

- I chronic cancer pain
- II chronic nausea
- III dyspnoea

Literature

The project "Development of Palliative Care in Serbia"

The project "Development of Palliative Care in Serbia" is a joint project of the Ministry of Health and the European Union funded by the EU.

The project began on 14 March 2011 and lasted for 44 months - until 13 November 2014.

The main objective of the project is to support the efforts of the Ministry of Health in the promotion and implementation of palliative care at all levels of health care in Serbia.

The specific objectives are:

- To provide the necessary support to the Government of the Republic of Serbia in the operationalization of the National Strategy for Palliative Care and action plan with the aim of providing palliative care to all patients and families who are in need,
- That by encouraging European values ensure the implementation of basic education and training on the principles and practice of palliative care.

The project "Development of Palliative Care in Serbia"

A prerequisite for quality palliative care was education professionals, volunteers and the public in this area. The main task of the project was to get through continuing medical education educates more than 1,000 professionals who will be involved in the provision of palliative care at all levels of health care.

In accordance with the National Strategy for Palliative Care adopted at the meeting of the Government in March 2009, Serbia is provided for the creation of a specific palliative care (PC) at all levels of health care:

- Primary level: all health centers covering a population of more than 25,000 inhabitants (a total of 88 on the territory of Serbia), was to form teams for palliative care services within home health services;
- Secondary level: the territory of the Republic of Serbia is envisaged the formation of 30 specialized units for primary care within the Department for extended treatment and care;
- Tertiary level: the establishment of consultative teams in palliative care.

The project "Development of Palliative Care in Serbia"

- The National Strategy for Palliative Care is predicted and the formation of the Centre for the Development of Palliative Care at the Institute for Oncology and Radiology of Serbia, and the task of the project was to provide logistical support in this area.
- As part of the project were designed programs for undergraduate and postgraduate courses in Medical School and related educational institutions.
- During the project will be reviewed existing legislation related to the work of volunteers and non-governmental sector and give suggestions for its improvement.

ORGANIZATIONS

- In the primary health care level, palliative care services performed by home treatment, or teams that operate within the Department of Adult Health Care. In palliative treatment involved and Emergency Medical Service and polyvalent patronage. On the territory of Belgrade operates a specialized institution-City Institute of Gerontology, which provides home treatment and palliative care of about 1,500 elderly and seriously ill persons a day. The analysis carried out in the framework of the project showed that over 59.3% of health centers in Serbia have especially organized services of home treatment.

According to the Regulation on detailed conditions for performing health activities, which defines the staff:

- A general practitioner in the Department of Adult Health Care can perform home treatment; the team is a nurse, and in 6000 the population is another
- The Service for home treatment to 25,000 inhabitants, health center may have one general practitioners and nurses 4
- At the 5000 population: 1 polyvalent visiting nurse

Palliative Care at the secondary / tertiary level health care

- Regulation of health institutions network plan ("Official Gazette of RS", No. 42/06, 119/07 and 84/08) defines the capacity of hospital facilities for prolonged treatment and care (geriatrics, palliative care, chemotherapy, physical medicine and therapy) and to 0.20 beds per 1000 population (Article 22, paragraph 1)
- The Ordinance provides that in the departments for extended treatment and care in general hospital has 8 doctors and 50 nurses / technicians with higher or secondary education (Article 19, item 11), in a special hospital five medical doctors and 75 health care workers with higher or secondary education (Article 25, item 1), a clinic in the area of internists and rehabilitation-8 doctors for medicine specialist respective branches of medicine 20 nurses / technicians with higher or secondary education (Article 26, item 1)
- Last Decree amending the Decree on the plan network of health institutions (Official Gazette of RS, No. 37/12) does not contain changes to the personnel

Tim palliative care

In the primary health care level, palliative care team consists of:

- ❖ Medical doctor - a specialist in general medicine
- ❖ nurse
- ❖ health visitor
- ❖ physical therapist
- ❖ social worker

Grow these:

- ❖ Psychologist / psychiatrist
- ❖ Priest
- ❖ volunteer

The final conference of the Project "Development of Palliative Care in Serbia"

- The project has been in the last three and a half years developed a model of palliative care patients, helped open and equip 15 units for palliative care throughout Serbia, introduced palliative care as a subject in the curriculum of Medicine Faculty, Medical High Schools and Faculty of Political Sciences (Department of Social Work) and trained more than 1,200 health and social workers to provide palliative care.

CONCLUSION

Palliative care should be the concern of the whole community. In addition to health care services, it is necessary:

- establishment of interdepartmental cooperation,
- inclusion bodies of local self-government,
- educational and social institutions,
- involvement of various associations,
- religious communities,
- non-governmental and (npr.Belhospice established 20.05.2004.god. In Belgrade)
- international organizations.

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