

Cultural Perceptions on the Role of Palliative Medicine in Central and Eastern Europe (Review)

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Abstract:

Objective: The aim of this study was to understand how palliative care is integrated into the cultural and healthcare systems of Central and Eastern Europe.

Design: This study was conducted through the use of secondary research sources and was augmented by Róbert Dul'a, Trnava University, by conversation and review.

Results: The study indicates that although there appears to be a lack of regulation, palliative care is making progress by reducing the uncertain social stigma.

Conclusion: There remains opportunities to educate the population on the benefits of palliative care, therefore, helping citizens achieve a better possible quality of life.

Introduction

Palliative care is a type of care that can be beneficial to anyone with a life-limiting illness.

The World Health Organization (WHO) defines palliative care as: an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual (WHO Definition of Palliative Care, 2017).

Palliative care is important because it is able to look at the patient in a holistic way. During this care, health care workers look at the patients' needs beyond physical pain. By providing this type of care, the patient can live as comfortable as possible receiving the proper pain management, communication, and access to family and spiritual needs. All these aspects allow patients to live with this illness in ways that provide a better quality of life.

Palliative care in Central and Eastern Europe is still developing. There are opportunities for a more uniform platform that will help train clinicians, as well as use government policies and regulations. With a growing population of older people, experts see more people living with morbidities, co-morbidities, and chronic conditions, thus showing the need for palliative care.

By developing of a stronger palliative care system, citizens can increase their quality of life.

The Importance of Palliative Care

According to the *Health and Human Resource Guide*, palliative care is a human rights issue. The United Nations Committee on Economic, Social and Cultural Rights explained that, "States are under the obligation to respect the right to health by, inter alia, refraining from denying or limiting equal access for all persons, and curative and palliative health services" (Health and Human Resource Guide 2017 para. 2).

This raises awareness to how important providing palliative care is to the patients with a life-limiting illness. More than half of the people who are dying annually can benefit for end-of-life patients. International states have an obligation to their citizens to provide the appropriate needed care.

Not only is it important to provide palliative care, but it is important to initiate palliative care at the start of curative treatment. To get the most benefit out of this non-curative treatment, Palliative Medicine should be provided in tandem with curative treatment. This can be seen in **Figure 1**. By providing these treatments together, the family, patient, and clinicians can make sure that all necessary steps are put into place to ensure a better quality of life. When the patient's disease transitions everyone is ready for the next step and understands the best approach to care.

Palliative care is a service that many citizens can and should use throughout this region. The European Health Committee took initiatives after the reports of *Problems Related to Death: Care For The Dying* in 1990 and *The Protection of the Human Rights and Dignity of The Terminally Ill and The Dying in 1999* (Clark and Centeno, 2006).

These reports raised awareness of the importance of palliative care and how it is a basic essential service for its citizens. By receiving the most appropriate care, which perhaps is palliative care, it can reduce the high cost of end-of-life care. The European Health Committee noticed that there are many variances amongst the countries in Europe. This Committee has realized that addressing a more level palliative care system will increase cooperation and the quality of palliative care given amongst the region. These reports also raise the issue of informal care and the wishes of many patients to spend their last days in the comfort of their home. There is a great need to provide uniform care to all citizens regardless of race, gender, or ethnicity.

Roque and Cleary (2013) state that a majority of patients in the last six months of life prefer care to primarily focus on pain relief and discomfort, yet more than half of the patients are hospitalized, and almost 10 percent undergo life-sustaining procedures during their last month.

In addition, 54% spend their last days in the hospital, 30% spend it at home, 12% spend their last days in other places, and 3% spend their last days in long term care facilities. (See **Figure 2**.) Even though a majority of patients would rather spend their last days in their home, only 30% are actually able to do so. Palliative care is a type of care that can be delivered in multiple settings; in hospitals, clinics, and perhaps most importantly a home-based setting. It is vital that there be coordination amongst patients and care givers, so that each party understands

the desires and expectations of the patient. There is a great need and value to palliative care. It is important that patients with a life-limiting illness get not only the physical, but the mental, spiritual, and family needs as well. All these aspects help patients increase quality of life and pass away with dignity.

History

The Slovak Republic has inherited a *Socialist Healthcare System*. This system is very good at providing acute care and curative treatment. Because of this healthcare style, a lot of death and dying took place in hospitals.

“Slovakia is a country with no tradition of home care services and a long history of regarding death and dying as taboos therefore institutionalizing them” (Sadovská, 1997, p.1).

Due to this history, in 1995 the *Department of Palliative Care* was created. It is the mission of this organization to raise awareness about palliative care and how it can benefit many suffering patients at the end of life. During this period of time, the Slovak Republic wanted to provide slow releasing Opioid medications; create a network of home care agencies; continue to promote the value of palliative care. This region of Central and Eastern Europe has an opportunity to shift its focus with patients who have a life limiting illness from an aggressive curative treatment plan to a non-curative comfort treatment plan. This change of focus allows patients to increase their quality of life by receiving appropriate care in appropriate locations.

This history makes it difficult to adapt and fully understand how to implement Palliative care. Sadovská (1997) studies showed that terminally ill patients spent 70 days in institutional care and 49.9 days in acute care hospitals, 61% of patients had

complex social needs that led them to spend their last days in an acute care setting. This setting is not appropriate for patients who need non-curative treatment. These patients suffered from inadequate symptom control and excessive instrumental activities, i.e. daily blood tests; invasive diagnostic procedures; intravenous hydration; and antibiotics. Sadovska (1997) also noted that in the Slovak Republic about 12,000 cancer patients die each year. This is a large portion of the population that shows the importance of palliative care in this region.

The Department of Palliative Care is helping to provide palliative care to help those suffering to live a better quality of life. This organization under the *Cancer Institute*, strives to deliver excellent palliative care by developing and providing a consistent network of facilities throughout the region; supports ideas of patient and families to obtain the proper form of care. This organization is vital to improving the teaching and research of palliative care in the Slovak Republic. In 2005, the *European Association for Palliative Care* helped identify the barriers to Palliative care in Central and Eastern Europe. Throughout their studies they found that the development of Palliative Care throughout this region remained uneven, uncoordinated, and poorly integrated.

Education and Training

Each country in this region educates and trains their Clinicians in different ways. However, this study looks closely into Czech Republic and Slovak Republic which allows a broad understanding of education and training in this region. In 2001, the Czech Republic had 6 in-patient hospices (148 beds) (Luczak, Kluziak, Hunter, 2001). These beds are run by a non-governmental organization that provides a certain level of palliative care. Besides textbooks, undergraduates receive a three hour

palliative care instruction, while postgrads receive 8-10 hour instruction. Beyond this initial training there is no further training to help Clinicians understand how to provide better palliative care.

In 1994, the Slovak Republic, established a professional *Palliative Care Department* part of the *National Oncology Centre* in Bratislava. This 20 bed institution cooperates with the *Slovak Society for Study and Treatment of Pain*. Led by Dr. Kulichova, this organization organizes annual international conferences on chronic pain, cancer pain, and palliative care. Some professionals even attend training courses in Puszczykowo, Poland (Luczak, Kluziak, Hunter, 2001). The Slovak Republic holds courses and conferences on palliative care where Clinicians and caregivers can come for further education. Due to lack of institutional care, there are little or no funds available for this type of care (Luczak, Kluziak, Hunter, 2001).

Barriers

One of the most significant barriers we see with palliative care is the lack of financial and material resources. Many countries in this region blame lack of funding on unstable governments; while some countries blame a smaller budget which only covers the basic hospice needs. Other countries have difficulties with the distribution of palliative care services. In countries like Czech Republic and Poland there are still many areas with no access to palliative care.

European policies are still underdeveloped however; both non-government and inter-government groups have been collaborating to find a policy that fits the need of not only the country but the regions of Central and Eastern Europe. According to Clark and Centeno (2006), palliative care policies should be based on human rights; patient rights and dignity; social cohesion;

equality; solidarity; freedom of choice. End-of-life care is a special topic because everyone deals with it differently. Caregivers and policy makers need to be sensitive to how they approach palliative care. It is important to follow proper policies as well as enhance the quality of life.

Conclusion

Although there is a lack of regulation and education, palliative care is making progress. To further enhance progress, local and national leaders should have a greater focus on the need for palliative care. Due to the history of this area and ideas that care should not be provided for the terminally ill, palliative care still maintains a stigma of uncertainty. With events such as the *Forum for Cancer Pain Treatment* and *European Association for Palliative Care Conference*, governments can get involved to help educate populations about the benefits of palliative care and to reduce stigma. By initiating this care early, Clinician and the patient can have a mutual understanding of the course of treatment to enable patients to receive all the services they need for a better quality of life end.

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Appendix

Figure 1:

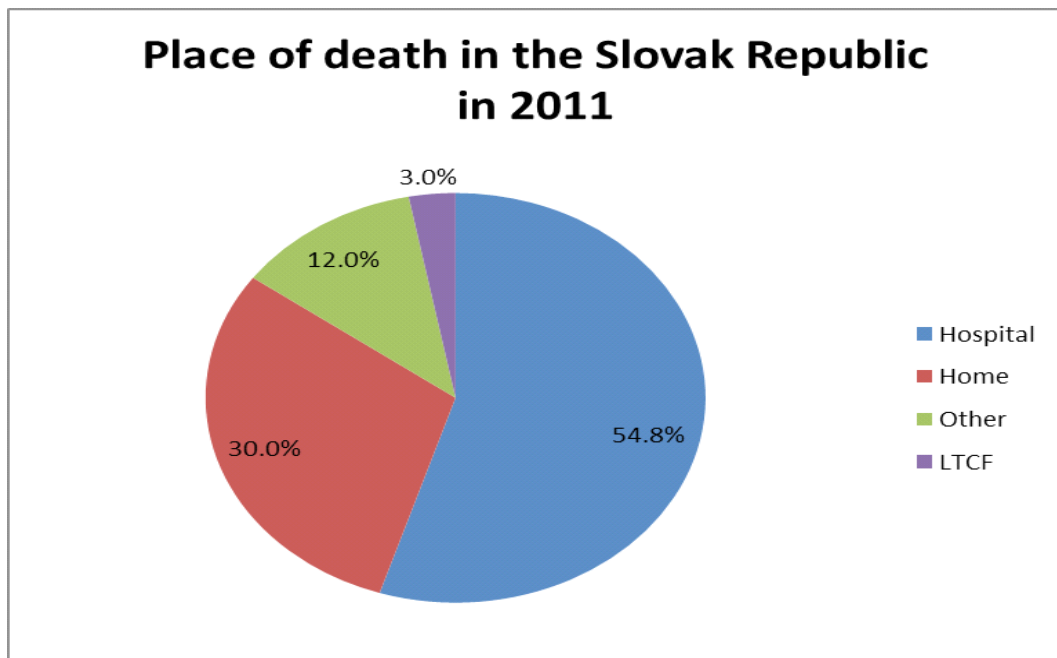


Figure 2:

