

# Developmental perspectives of hospice movement in Croatia

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## Philosophy /politics of Croatian hospice movement

- From the beginning the movement was oriented to involve existent medical structures. The basic attitude was that the hospice ideas should be spread and accepted nation wide, first of all among the health professionals

## Beginning

- 1994
- 1st Symposium Hospice and Palliative Care, held at Croatian Medical Association's halls.
- Croatian Society for Hospice/Palliative Care was founded as part of Croatian Medical Association

## Conferences, Symposia, Meetings...

- Conferences and symposia as well as regular society meetings were held either at Medical Association's halls or at main building of Medical Faculty. Only the small supervision / counseling meetings were held at private flat of the president of CSH/PC

## Regional Hospice Center

- October 2002 Regional Hospice Center was opened. The small meetings and courses with less than 40 participants are now held there.
- There is also the Center for hospice home care visits, with stock of electronic beds etc., pharmacy, and full time employed volunteers coordinator.

## Committee for palliative care, Ministry of Health

- March 2002, the 1st session was held. Its main goal is official introduction of palliative care into different health structures.

- The introductory visit with Minister of Health Vlahušić, who suggested founding of the committee, was done with Kathleen Foley and Nessa Coyle. The main result was as follows:

## New health protection law- with articles on palliative care !!!

- Primary Health Care Homes must have the palliative care units (art.16,25,69,71)
- Palliative Care Institution (art. 81) is independent health institution consisting of palliative interdisciplinary teams of Home care visits with special education for dying management, Outpatient unit for pain and palliative care and Day Center.

## The 1st national institution for palliative care

- is underway to be registered at the court. The Institution's By-Laws should be accepted.
- The negotiations with Croatian Health Insurance are progressing favorably.
- The city authorities promised the rooms.

## Education

- **Regional Hospice Center** will remain the educational basis. The practical teams will be transferred after the opening of the Institution for Palliative Care to new location, but will remain in close contact with RHC for educational purposes

## Overview of some programs

- Implementation P.C. into Medical Faculty's Zagreb, undergraduate studies ( in English and Croatian part to be organized this school year, possibly as obligatory subject )
- postgraduate stud.of Med. Fac.: 4 malignant pain courses with Med.fac.Zagreb teachers.
- English Kent course (David Oliver- 3 times held) is underway to be officially declared as postgraduate.

## Implementation of palliative care in other schools

- High nursing school, Zagreb- optional subject with significant number of students. The branch at city Požega the same lectures and lecturer

- at occupational therapist division single hours, at elementary nursing school 8h
- Study center for social work, Faculty of law

## Other Croatian cities

- Koprivnica Hospital used to be the model of health reform designed by BIS health group and financially supported by MMF. Three palliative care units were planned. Two six months scholarship in palliative care were offered, but none of two physicians supposed to go, accepted it.
- In some other cities courses or one day meetings were held.

## The future development plans in two directions

- Practical organized activities under the leadership of Institution for Palliative Care, financially supported by Croatian Health Insurance Institute.
- Educational activities based in Regional Hospice Center, owned by civil society, financially supported by donations and projects. Short courses and conferences repeated at different Croatian cities.

## Palliative care units at Health home centres

- According the new health law any Health home centre must have palliative care unit
- In Croatia are 23 Health home centres. It means that 23 interdisciplinary teams should be organized (with 1 physician, 2 nurses, 1 social worker each)

## The standards for teams

- The working group will meet on October 27. to elaborate the standard proposal for interdisciplinary team profiles and for Institution for palliative care. It will be presented at the VIIth session of Committee for palliative care Ministry of health, to be held on October 30. for approvement.

## The 3 “E’s” -

### Express Education of Experts

- 1. Courses with the help of David Oliver, EPEC, OSI, Ministry of science RH with supervision meetings afterwards at least once a month.

- 2. Applying for scholarships abroad
- 3. Public awareness raised in order to get enough applicants by means of:

## Propaganda done for new professional positions by

- printing new leaflets
- a. for physicians
- b. for volunteers and bring them or send individually to any single primary care office.
- the competition should be announced at daily news and physicians journals.

## The relationship between two types of PC units must be defined

- Should the Health care units be functionally a part of Institution of palliative care with supervisions there? Or they will be supervised by Health home director or staff ?
- The essential point !!!

## The leadership formation

- The personal structure of future Institution is underway to be defined October 27th. For the potential director the oncologist supporting the hospice movement for years was elected ( the former president of Croatian medical chamber). He will go also to the meeting at Geneva next November, organised by Ms Sepulveda as well as chair person of the anesthesiological chair prof. Majerić-Kogler.

## The further goals to achieve

- From the 2nd congress of Croatian Institute for Health Insurance Experts at Pula, we asked by cable to consider the problem of working capacity of those inofficial caregivers nursing the dying for weeks or even months...

## The homes for old and sick

- They should be reconsidered because their actual health professionals normative is for retired people homes ( mostly healthy old people). Mortality rate for in high percentage immobile patients is that of nursing homes we haven't got yet in

Croatia. The supervision is done by Ministry of social welfare, not by Ministry of health. Even worse is situation in Homes for grown up psychiatric patients.

## Volunteerism dignity !

- The new experienced volunteers coordinator was engaged who worked for 13 years as such in Australia.
- She should work individually with any of them and organise small workshops.

## Needs assessment

- To help the foreign guest - teacher to come into Croatia,
- To help with foreign scholarships to domestic teachers. Without full time employed professionals, on leading position, trained for at least six months in a well developed, competent palliative care institution, significant progress cannot be made.

## Needs assessment

- Support for editing core books in palliative care translations
- editing of BILTEN, Croatian journal for palliative care.

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