

CYPRUS



Current Directory:

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None identified x

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

Palliative Care Services

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/ Hospices	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 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%



EAPC Task Force on the development of Palliative Care in Europe

Comments/Sources
<ul style="list-style-type: none"> • 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. <p>[EAPC Palliative Care Facts in Europe Questionnaire 2005]</p>

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		
<ul style="list-style-type: none"> • 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. <p>[EAPC Palliative Care Facts in Europe Questionnaire 2005]</p>		

Key issues and challenges
<ul style="list-style-type: none"> • 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). <p>[EAPC Palliative Care Euro-Barometer, 2005]</p>

Palliative care accreditation
<p>“There is no medical school in 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.”</p> <p>Examples of health professional qualifications include:</p> <ul style="list-style-type: none"> • 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



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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]

References

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