

CZECH REPUBLIC



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None identified x

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Key Contact/National Association

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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	10	1	4	0	15
Paediatric only	0	0	0	0	1	1
				Inpatient Palliative Care Units /Hospices	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 domů – bereavement club) and in Nové Město.

[\[www.cestadomu.cz\]](http://www.cestadomu.cz)

[\[www.umirani.cz\]](http://www.umirani.cz)

[\[www.hospice.cz\]](http://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 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.

[\[www.hospice.cz\]](http://www.hospice.cz)

[\[www.cestadomu.cz\]](http://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]		

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.
- 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.



EAPC Task Force on the development of Palliative Care in Europe

- In 2005, Cesta domů 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 Care in Europa*. Giessen: Hospiz und Hospizbewegung, pp. 100-111, Czech Republic.

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Information correct as at: 7th August 2006.

