

GEORGIA



Population: 4,677,401

Current Directory:

Printed version

Online version

None identified

Key Contact/National Association

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Palliative Care Services

NK = not known

Number of Palliative Care Services						
	Inpatient Palliative Care Units	Hospices	Consultant Teams in Hospitals	Home Care Teams	Day Centres	Total
Adult/Children	1	0	0	1	2	4
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			20	0	20	
				Adults	Children	Total
Number of Berea	vement Support	Teams		0	0	0

Comments/Sources

- The Cancer Prevention Center operates as a hospital unit and also as a hospice day centre. As palliative care is a new discipline in the Georgian healthcare system, and the palliative care unit is the first professional setting of this type, there is no distinction made between the terms 'inpatient palliative care unit' and 'hospice'.
- Home care services for adults and children are provided by the "Association of Humanists Union."
- The "Cancer Prevention Center" offers a home palliative care service. The "Mobile Palliative Care Team" provides care to patients with cancer and other incurable diseases.



[EAPC Palliative Care Facts in Europe Questionnaire 2005]			
Adult Palliative Care Population			
NK	of patients receiving palliative care have a cancer diagno	osis	
NK	of patients receiving palliative care have other incurable conditions		
		Cancer	(n)
Number of patients who die at home NK NK		NK	
Number of patients who die in a general hospital NK NK		NK	
Number of patients who die in other healthcare institutions		NK	NK

Comments/Sources	
[EAPC Palliative Care Facts in Europe Questionnaire 2005]	

Palliative Care Workforce Capacity			
	Full-time	Part-time	Total
Physicians	7	15	22
Nurses	8	12	20
Social Workers	NK	NK	1
Psychologists	NK	NK	3
Physiotherapists	NK	NK	2
Occupational Therapists	NK	NK	3
Spiritual/Faith leaders	NK	NK	3
Volunteers	NK	NK	15

Comments/Sources

• All palliative care workforce capacity figures are estimates only.

[Cancer Prevention Center]

[Association of Humanists Union]

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Funding of palliative care services	
Total number of palliative care services funded by the government	1
Total number of palliative care services funded privately or by NGO's	2

Comments/Sources

- The palliative care unit is financed by the State Program (80% of the cost for each patient is covered by the program, and 20% is paid for by the family).
- One palliative care service is supported by a combination of private and public funds.

[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	I amp 0.30 cents		
Second opioid	Omnopon	I amp 0.30 cents		
Third opioid	MST	NK		
Comments/Sources				
[EAPC Palliative Care Facts in Europe Questionnaire 2005]				

Key issues and challenges

- The state policy on drug availability is at the stage of elaboration.
- Lack of highly qualified professional staff in palliative care.



- Lack of public awareness about palliative care issues.
- Limited choice of opioids in Georgia.

[EAPC Palliative Care Euro-Barometer 2005]

Palliative care accreditation

• "The course 'Palliative Care for Students of Medical Universities' has been prepared and accredited. A course for nurses has been prepared and is currently being converted into a textbook."

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Palliative care milestones

- 1995-2005: Round table meetings and discussions about palliative care commence in the Ministry of Labour, Health and Social Affairs. Meetings with pharmaceutical companies are also conducted.
- 1995-2005: The experience of countries with well developed palliative care systems are adapted and presented for discussion in the Parliament of Georgia.
- 2000-2005: A palliative care needs assessment for Georgia is conducted, revealing great interest in the establishment of palliative care services.
- 2000-2005: Three 'International Workshops on Palliative Care' are conducted in Georgia.
- 2000-2005: "Palliative Care: Medical and Organizational Aspects" is prepared and published in the Georgian language, introducing the main aspects of symptom control and pain management. The guideline is reviewed by the National Council on Bioethics and recommended as a supplementary study book for students of medical universities.
- 2003: The First Congress of Georgian Physicians sets up a 'Continuous Medical Educational' system involving 209 accredited programs that award physicians credits for the continuation of professional activities. Two programs ("Pain Management in Terminally Ill Patients" and "Symptom Control in Terminally Ill Patients") are prepared and presented by the Cancer Prevention Center and the Association of Humanists Union.
- 2004: The Cancer Prevention Center begins to function as a palliative care unit (as part of the State Program of Oncology).
- 2004: The Association of Humanists Union provides services to cancer patients at home through the "Mobile Palliative Care Team".
- 2004: The Cancer Prevention Center marks the publication of 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) by translating the publication into the Georgian language and distributing 500 copies to Georgian healthcare professionals. Presentations of the publication are conducted at the National Cancer Center in Tbilisi, and at oncology hospitals in Kutaisi and Batumi. Policy makers from the Ministry of Labour, Health and Social Welfare, and the Healthcare Committee of the Parliament of Georgia are invited along with physicians, nurses, representatives of the Committee of Bioethics, and the mass media.
- 2005: An International workshop "Palliative Care Development in Georgia" is conducted, in conjunction with oncologists from Armenia and Azerbaijan.
- 2006: The Cancer Prevention Center commences its home care programme it provides services not only to cancer patients, but also to socially unprotected groups of patients with incurable diseases.



• 2006: The Cancer Prevention Center increases the number of beds in its palliative care unit from 10 to twenty beds.

[EAPC Palliative Care Euro-Barometer 2005]

Health policy

- Palliative care is a new, but rapidly developing discipline within the healthcare system in Georgia, and it is very important for its development to be actively supported not only by international donors, but also by the government and the Church. Support for palliative care is very important not only from the point of financing, but also for the recognition of the discipline as an integral part of the Georgian healthcare system.
- The Cancer Prevention Center did not participate in any way in the Council of Europe discussions about euthanasia (the Marty Report).
- The legalisation of euthanasia or assisted suicide has been discussed at The Committee of Bioethics of Georgia where a strong decision against such legislation was taken.

[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, 2003, pp. 133-134, Georgia.

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Weis, D. 2003. Hope in a suitcase: Georgian hospice realized with help from Marquette. *Nursing Matters*, vol. 14(12): 15.

Information correct as at: 7th August 2006.







