

KAZAKHSTAN



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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	5	0	2	5	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				135	0	135
				Adults	Children	Total
Number of Bereavement Support Teams				1	0	1

Comments/Sources

- Only hospices in Pavlodar and Almaty have home palliative care teams.
- Currently there are no special palliative care units for children.
- Only Pavlodar hospice provides bereavement support. It involves using different psychological methods, such as counselling, positive psychotherapy, the method of "recovery" from bereavement, the method of relaxation; the hospice also applies for financial support to be provided to patients or relatives from the commercial and state organisations where the patient worked.
- A bereavement support team is called a psychological care department, consisting of a psychotherapist and a psychologist. They work both in the permanent department of the hospice and at the patients' homes.

[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	-	-
Number of patients who die in a general hospital	-	-
Number of patients who die in other healthcare institutions	-	-

Comments/Sources
<ul style="list-style-type: none"> There is no exact data on patients receiving palliative care or place of death in Kazakhstan. Annually there are 25,000 cancer patients registered in the Republic of Kazakhstan, with 16,800 cancer deaths (Public Health Ministry data). Depending on the number of beds, hospices usually serve from 400 to 800 people a year. Hospices in Kazakhstan do not render their care to HIV/AIDS patients. <p>[EAPC Palliative Care Facts in Europe Questionnaire 2005]</p>

Palliative Care Workforce Capacity			
	Full-time	Part-time	Total
Physicians	28	-	28
Nurses	68	-	68
Social Workers	2	-	2
Psychologists	1	-	1
Physiotherapists	1	-	1
Occupational Therapists	5	-	5
Spiritual/Faith leaders	-	-	-
Volunteers	-	-	-

Comments/Sources
<ul style="list-style-type: none"> There are four state hospices in Kazakhstan, and each of them can accept up to 30 patients. According to the state standard there should be 1 doctor for 20 beds in one shift. Pavlodar hospice has 5 doctors. Also, each hospice has 1 chief doctor. Two hospices affiliated with oncological hospitals should be serviced with part time doctors, but we do not know their exact number. Only Pavlodar hospice has psychologists and social workers. The number of Pavlodar hospice volunteers fluctuates from 3 to 10 people. There is no exact data about other hospices. There are no chaplains or other spiritual/faith leaders in the hospice staff. But, if necessary, chaplains of Orthodox, Catholic and Islamic religions attend hospices in Pavlodar, Ust-Kamenogorsk, Almaty and Karaganda. <p>[EAPC Palliative Care Facts in Europe Questionnaire 2005]</p>

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

Comments/Sources
<ul style="list-style-type: none"> There is no exact data on the funding of palliative care services. The majority of hospices in the Republic of Kazakhstan are state organizations. They operate as units of common hospitals and render only medical care. One hospice is founded on the base of an NGO and its care includes medical, psychological, social and legal services. <p>[EAPC Palliative Care Facts in Europe Questionnaire 2005]</p>



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Order of frequency	Opioid	Estimated cost per month (€)
First opioid	Morphine Hydrochloride.	29 Euros
Second opioid	Promedol.	-
Third opioid	-	-
Comments/Sources		
[EAPC Palliative Care Facts in Europe Questionnaire 2005]		

Key issues and challenges

- Absence of state programme of hospice care development.
- Absence of standard training programme for students of medical colleges and universities.
- Lack of a well-developed information field.
- Lack of concerted actions relating to the present hospices.
- Doctors' negative stereotypes, lack of knowledge and lack of clinical experience in using any other kinds of opioids but solutions.
- Lack of import of different forms of opioids/absence of own opioid production line in Kazakhstan.

[EAPC Palliative Care Euro-Barometer, 2005]

Palliative care accreditation

- There is no specialist accreditation for palliative care professionals in Kazakhstan.

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Palliative care milestones

- **2003:** The first round-table discussion takes place in Almaty. It is dedicated to the problems of palliative/hospice care development in Kazakhstan. Representatives of Kazakhstani, Russian, and Polish hospices, Kazakhstani Public Health Ministry, World Health Organization, international charitable organizations, and chief doctors of hospitals take part.

[EAPC Palliative Care Euro-Barometer, 2005]

Health policy

- The new programme of Public Health development in Kazakhstan for 2005-2010 includes developing the hospice system in the Republic. If the state accepts the new programme of the hospices' development, they will be opened in every city with a population of more than 100,000 people.
- Currently, Pavlodar hospice representatives and their Almaty colleagues are discussing establishing the Association of the Hospices of Kazakhstan.
- Almaty hospice has developed and introduced a palliative care training programme for medical students. Pavlodar hospice is developing a similar programme, but due to the lack of financing its introduction has been delayed.
- Kazakhstan is not aware 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).
- Kazakhstan has not participated in any way in the Council of Europe discussions about euthanasia (the Marty Report).
- Currently, there are no initiatives in Kazakhstan that are seeking the



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legalisation of euthanasia or assisted suicide. However, the issue has been debated in the mass media, where a negative attitude towards euthanasia was found. This may be explained by historical and cultural traditions within the country.

[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. 135-137, Kazakhstan.

http://www.eolc-observatory.net/global_analysis/kazakhstan.htm

Information correct as at: 7th August 2006

