

LATVIA



Population: 2,290,237

Current Directory:

Printed version

Online version

None identified x

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	5	0	0	0	2	7
Paediatric only	1	0	0	0	0	1
				Inpatient Palliative Care Units/hospices	Chronic Hospitals/Nursing Homes	Total
Number of beds allocated to adult palliative care inpatients				125	0	125
				Adults	Children	Total
Number of Bereavement Support Teams				7	1	8

Comments/Sources

- Palliative care in Latvia commenced between 1995–1997 as a teaching programme, and in 1997 the first palliative care unit was established at the Latvian Oncology Centre, with 25 in-patient beds.
- Since then, a further four palliative care in-patient units have been established in different regions in Latvia. There are five multidisciplinary teams working in palliative care.
- There are two sites where outpatient services are available; the Latvian Oncology Centre and Liepaja Piejuras Hospital.
- The palliative care units have a total of 125 beds. There may be temporary palliative care patients in other establishments such as acute hospitals, nursing homes, and

hospitals for the chronically ill, who are either referred to the palliative care unit or are sent home under the supervision of their family doctor.

- In 2005, there were reforms to the health care system in Latvia (Masterplan) - 115 in-patient beds are due to be developed in regional hospitals designed for palliative care, mobile home care teams are to be organised, and day care centres and outpatient consultancies are to be established by 2007.
- The one palliative care team for children is located at the State Children hospital and has some six years experience. It operates as a supportive team at the hospital and at home if needed. The area covered by this team is Riga and its surrounding areas.
- The palliative care service is organized by the professional multidisciplinary team (doctors, nurses, social worker, pastor and other specialists if needed).
- Another palliative care structure will soon start to operate in the Eastern part of Latvia (Livani) to cover the Eastern region. This structure will be funded by the European Union and local government support.
- Bereavement support is provided by five adult palliative care teams and one paediatric palliative care team. This is provided at the hospital by different specialists and in two outpatient departments in Latvia. With the development of palliative care in Latvia, it will be possible to provide a more complete bereavement service.

[Statistics of Health Care in Latvia]

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Adult Palliative Care Population

NK	of patients receiving palliative care have a cancer diagnosis	
NK	of patients receiving palliative care have other incurable conditions	
	Cancer	(n)
Number of patients who die at home	NK	NK
Number of patients who die in a general hospital	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	7	14
Nurses	33	9	42
Social Workers	3	NK	3
Psychologists	1	NK	1
Physiotherapists	NK	NK	NK
Occupational Therapists	NK	NK	NK
Spiritual/Faith leaders	2	NK	2
Volunteers	NK	NK	NK

Comments/Sources

- Palliative care workforce capacity is an estimate only.
- The number of physicians working full time and part time in palliative care is changing because some doctors are also employed in other specialties.
- There are many staff changes due to nurses who leave their job because of the very low salary.
- There are three clinical social workers who work full-time at the hospital. In other cases, social workers from the local government consult the patients and their relatives. Several years ago, there was a movement for social workers to participate in palliative care, but due to social obstacles in Latvia there are now only a few that visit palliative care units regularly.
- At the Latvian Oncology Centre (about 650 beds), there is one psychologist who works at the palliative care unit.



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- There are two clinical chaplains in palliative care in Latvia. In other cases a pastor comes to the unit or home as needed.
- There are no physiotherapists (although they are sometimes called out from the general hospitals) and no occupational therapists working in palliative care in Latvia.

[Statistics of Health Care in Latvia]

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Funding of palliative care services

Total number of palliative care services funded by the government	8
Total number of palliative care services funded privately or by NGO's	0

Comments/Sources

[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	60–80 Euro approx.
Second opioid	Morphine ret.	80-100 Euro approx.
Third opioid	Fentanyl patches	450 – 500 Euro approx.

Comments/Sources

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Key issues and challenges

- Limited specialist resources in palliative care.
- Many medical personnel avoid this field of care due to complicated work conditions, lack of experience, and inadequate salaries.
- Insufficient educational programs and a lack of profound information about palliative care options, benefits, goals, etc.
- Limited financial resources, and inadequate international support to develop palliative care as a system in Latvia.
- Insufficient funding for pain killers, and limits to prescribing these in bigger, necessary dosages.
- Myths or false beliefs about palliative care, and a lack of education about palliative care within society in general.
- Making palliative care an integral and fundamental part of medicine and healthcare, starting from an in-patient service to the development of an outpatient service that covers the whole territory of Latvia.
- Acknowledging social, psychological and spiritual resources and needs.

[EAPC Palliative Care Euro-Barometer 2005]

Palliative care accreditation

- Palliative care is not yet a speciality in Latvia; therefore palliative care specialists are not accredited. However, palliative care has recently been professionally classified as a sub-speciality, and approximately 20 specialists have received certification in the field of pain control.

[EAPC Palliative Care Facts in Europe Questionnaire 2005]



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Palliative care milestones

- 1995: Palliative care starts its development in Latvia as an educational programme.
- 1996: The Palliative Care Association of Latvia (PCAL) is formed.
- 1997: The first palliative care unit in the country opens at the Latvian Oncology Centre, with 25 in-patient beds and approximately 700 admissions per year.
- 2000: A large pilot study is carried out by the Riga Sickness Fund concerning the use of pain killers in palliative care and the cost– effectiveness of patient admittance at the palliative care unit, oncology hospital, and general hospitals.
- 2000: Outpatient consultancy commences at the Latvian Oncology Centre for palliative care patients throughout Latvia.
- 2001: The WHO document. *'Looking Forward to Cancer Pain Relief for all'* (1997) is translated into Latvian.
- 2004: Four palliative care units open in different regions of Latvia.
- 2005: The *'European Union Recommendations for the Development of Palliative Care System in EU countries'* is translated and published into Latvian.
- 2005: The Palliative Care Association of Latvia 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 it into Latvian with the support of the Soros Foundation in Latvia and Riga Town Council (Social Affairs Committee).
- 2005: The Alpha & Omega Society is established as a non-governmental organization proposing the legalisation of euthanasia or medically-assisted suicide (MAS).
- 2006: The Palliative Care Association of Latvia (PCAL) is re-registered.

[EAPC Palliative Care Euro-Barometer 2005]

Health policy

- Palliative care is recognised as a system or infrastructure in health care.
- Palliative care is already recognized by the majority of politicians.
- By 2010, there will be several new palliative care units in all the big cities of Latvia according to the Health Reforms (Masterplan).
- International support is very important for the development of palliative care in Latvia; it will encourage the Ministry of Health to do more for palliative care according to the existing regulations and recommendations of the European Union in this field.

[EAPC Palliative Care Euro-Barometer 2005]

References

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

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