

## POLAND



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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	69	59	2	232	11	373
Paediatric only	0	3	0	30	0	33
				Inpatient Palliative Care Units/ hospices	Chronic Hospitals /Nursing Homes	Total
Number of beds allocated to adult palliative care inpatients				1675	0	1675
				Adults	Children	Total
Number of Bereavement Support Teams				12	0	12

### Comments/Sources

- There are a further 1,444 outpatient palliative care units.

[Report on Development of Palliative Care in Poland 2002, National Consultant of Palliative Care for Ministry of Health, unpublished]

[Personal expertise based on interviews with voivodship and national consultants, conducted in 2005]

[Basic data on health service and social welfare. Central Statistical Office. Warsaw 2004: 37, 45]

[Dangel T. Palliative Home Care for Children in Poland 2000 – 2001, unpublished]

[<http://hospicja.pl/dzieciece/article/917.html>]

## Adult Palliative Care Population

89%	of patients receiving palliative care have a cancer diagnosis		
11%	of patients receiving palliative care have other incurable conditions		
		Cancer	(n)
Number of patients who die at home		39.2%	137,606
Number of patients who die in a general hospital		53%	185,413
Number of patients who die in other healthcare institutions		7.8%	14,596

Comments/Sources

[Vital Statistics of population. Central Statistical Office. Warsaw 2003: 304]

[Wojtynak B., Państwowy Zakład Higieny, 2004, unpublished]

## Palliative Care Workforce Capacity

	Full-time	Part-time	Total
Physicians	143	386	529
Nurses	833	312	1145
Social Workers	-	-	16
Psychologists	-	-	29
Physiotherapists	-	-	72
Occupational Therapists	-	-	2
Spiritual/Faith leaders	-	-	8
Volunteers	-	-	0

Comments/Sources

[Report on Development of Palliative Care in Poland 2002, National Consultant of Palliative Care for Ministry of Health, unpublished]

## Funding of palliative care services

Total number of palliative care services funded by the government	38%
Total number of palliative care services funded privately or by NGO's	62%

Comments/Sources

[Central Register of Health Care Units, 31-08-2004]

[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	16
Second opioid	Fentanyl TTS	75
Third opioid	Morphine PO	46

Comments/Sources

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

## Key issues and challenges

“Palliative care in Poland has so far developed in a dynamic though at the same time rather chaotic fashion. In certain provinces the distribution of palliative/hospice care is patchy; there are alarmingly large blank spots, with administrative districts deprived of home care or with few residential hospices. Financial problems also concern existing palliative/hospice care institutions. A further problem results from concerns about maintaining the level of the services rendered, while at the same time adapting them to actual conditions. Further issues of particular attention and concern are



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training of medical and non-medical staff involved in palliative/hospice care. The palliative care for children and the elderly constitutes a separate issue. The palliative care for children is qualitatively completely different from that of adults, and a marked tendency has appeared in the Polish hospice-palliative movement to “hive off” this care to paediatricians. Completely different problems are presented in palliative care for the elderly that places before us the extremely important task of creating optimum conditions for the development of geriatric palliative care, conditions which at present we do not have.”

[EAPC Palliative Care Euro-Barometer, 2005]

### Palliative care accreditation

“Palliative medicine as a medical specialty was introduced in Poland in 1999. It has a second-level status which means that it is available only for those physicians who are already specialists in other clinical disciplines. It takes two years to complete specialty training. There are 14 centers with specialist accreditation offering 101 specialty places. Until now over 100 physicians obtained the specialization. National Consultant estimates the country's needs on 400 specialized physicians. Nursery specialization in palliative care has also been established. The country's needs are being estimated on 1000 nurse-specialists. Initial specializations have begun in 2004. Until now, no one has graduated in this specialization.”

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

### Palliative care milestones

- 1981-1990: 17 hospices are established in Poland through the voluntary hospice movement.
- 1994-2002: The Ministry of Health and other sponsors offer financial support for the postgraduate training of doctors and nurses;
- 1998: The *Program for Palliative Care* is introduced by the Ministry of Health;
- 1999: Palliative medicine is introduced as a medical specialty.
- 2002: Changes are made in Polish Pharmacopeia VI ed. 2002: an increase in the maximal dosages of morphine in cancer pain – the rise of single oral morphine dose to 100 mg and 20 mg for single intravenous morphine dose;
- 2003: Postgraduate training is made possible through the support of private sponsors and pharmaceutical companies;
- 2003: The Internet Information Service of the National Consultant is established which provides all important up-to-date information and offers a place where opinions are exchanged with other staff and outsiders;
- 2003: “Toruń Declaration about euthanasia” – 180 participants of a Palliative – Hospice Conference sign up to protest against euthanasia;
- 2004: The Council of Europe Report on Palliative Care (2003) (Recommendation 24 of the Committee of Ministers to member states on the organisation of palliative care) is translated into Polish, published, and the copies ordered to Regional Consultants of palliative medicine to give to palliative/hospice units (although it does not play an essential role in the development of Polish palliative care);
- 2005: The *National Program for Cancer Care* (including palliative care development) is accepted by the Polish parliament.

[EAPC Palliative Care Euro-Barometer, 2005]

## Health policy

- Inclusion of palliative care into the public health services has provided financial sources that support the development of palliative care;
- National Consultant (Specialists) and Regional Consultants (Specialists) of palliative medicine are responsible for the quality of palliative care and postgraduate training and they try to exert influence on the health politics of the country (in the sphere of palliative care);
- Palliative medicine specialists (doctors) and palliative care specialists (nurses) are the leaders of the most important palliative care units in each district. They are also engaged in palliative care education;
- Standards and guidelines of palliative care are being prepared by a group of experts in the field of palliative medicine; these will undergo a legislation process by the Ministry of Health, government and parliament;
- Local authorities (communities, districts, provinces) have become more engaged in the development of palliative care.

**[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 84-92, 215-231, Poland.

Dangel, T., Fowler-Kerry, S., Karwacki, M., & Bereda, J. (2000) An evaluation of a home palliative care programme for children. *Ambulatory Child Health*, 6(2): 101-14

Dangel, T. (2002) Poland: the status of pediatric palliative care. *J. Pain Symptom Manage*. Aug; 24(2): 222-4

Drażkiewicz, J., Jarosz, J., Towpik, E., and Nowacki, M. P. 1990. Development of hospice movement in Poland. *III International Consensus on Supportive Care in Oncology*. Brussels 1990.

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, pp254-72, Polen.

Hare, A. (1999) Paediatrics. Palliative care for children in Poland. *Eur. J. Palliat. Care*, Jul-Aug; 6(4): 137-9

[http://www.eolc-observatory.net/global\\_analysis/poland.htm](http://www.eolc-observatory.net/global_analysis/poland.htm)

Jaspers, B., and Schindler, T. (2004) *Stand der Palliativmedizin und Hospizarbeit in Deutschland und im Vergleich zu ausgewählten Staaten*. Enquete-Kommission des Bundestages „Ethik und Recht der modernen Medizin“. See section 8.8, Polen.

Luczak, J., Kotlinska-Lemieszek, A., Kluziak, M., & Bozewicz, A. (2002) Poland: cancer pain and palliative care. *J. Pain Symptom Manage*. Aug; 24(2): 215-21



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Wright M, Clark D. The development of palliative care in Poznan, Poland. *Eur J Palliat Care* 2003; 10(1):26-29.

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