



# EAPC Task Force on the development of Palliative Care in Europe

## REPUBLIC OF MOLDOVA



**Population: 3,599,800**

### Current Directory:

Printed version

Online version

None identified

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### 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	0	0	0	13	1	14
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				0	0	0
				Adults	Children	Total
Number of Bereavement Support Teams				6	0	6

Comments/Sources

- All data for palliative care services are estimates only.
- Home palliative care teams in Moldova:
  1. Home palliative care team in Balti – one (1) (NGO “Second Breath”);
  2. Home palliative care teams in Chisinau – four (4) (NGO Hospice “Angelus” – (3) three/MTA “Centru” – (1) one);
  3. Home palliative care teams in Zubresti – three (3) (NGO Hospice “North Carolina”);
  4. Home palliative care teams in Gagauzia - three (3) (one (1) for three (3) regions).

- The above mentioned teams form two (2) hospices, which function in Moldova and provide a home care palliative service only:
  1. Hospice “North Carolina” in Zubresti village (three (3) teams);
  2. Hospice “Angelus” in Chisinau City (three (3) teams).
- There is only one (1) Day Care Centre for adults, which has been operating since 1999 and is situated in Balti at the NGO “Second Breath”. The centre provides medical and social rehabilitation for people aged over 65.
- In Moldova, there are no in-patient beds for palliative care patients in any of the medical institutions.
- There are no official palliative care services for terminally ill children in Moldova. However, there are two (2) departments for children in the Republican Oncological Institute of Chisinau, where children from the whole of the country are admitted for diagnosis and further treatment in cases of oncological disease:
  1. Department of Paediatric Oncology;
  2. Department of Paediatric Haematology.
- Other categories of terminally ill children are cared for by specialists in other hospitals. For example, some NGOs provide palliative care for terminally ill children:
  1. In 2004, Hospice “North Carolina” provided palliative care to 19 children.
  2. In 2004, Hospice “Angelus” provided palliative care to two (2) children;
  3. “Second Breath” has also provided palliative care to seven (7) children with HIV/AIDS.
- As a rule, bereavement support is provided by a psychologist, a priest of the church, or another member of the palliative care team:
  1. At “Second Breath” it is provided by a psychologist and other members of the team;
  2. If someone needs bereavement support at Hospice “Angelus”, it can be provided by another NGO – “Moldova Filantropie” (whose specialisation is mental health) or by other members of the Hospice “Angelus” team;
  3. At Hospice “North Carolina”, bereavement support is provided by a psychologist and other members of the palliative care team;
  4. At the MTA “Centru”, bereavement support is provided by a staff psychologist;
  5. In Gagauzia every regional hospital has a staff psychologist who can provide bereavement support (one (1) for every region – three (3) in total). However, people often prefer to speak to the priests of the local churches.

[Telephone interview with the director of Hospice “North Carolina” – Dr. Vasillii Suruceanu, conducted by Natalia Carafizi]

[Telephone interview with the Vice-Director of the Health and Social Protection Department, Gagauzian Executive Committee – Dr. Serghei Merjan, conducted by Natalia Carafizi]

[Private discussion with the Medical Vice – Director of MTA “Centru” – Dr. Alexandru Barbarosie]

[‘Second Breath’ activity report (2004) and private discussion with Dr. Irina Baicalov]

[‘Hospice Angelus’ annual report (2004) completed by Dr. Natalia Carafizi]

[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	
	<b>Cancer</b>	<b>(%)</b>
Number of patients who die at home	4,403	88.86%
Number of patients who die in a general hospital	552	11.14%
Number of patients who die in other healthcare institutions	0	0%

Comments/Sources

- The number of patients who die at home refers to those patients who die at home without significant assistance.



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- There are no official statistics about the categories of patients who need palliative care in Moldova. It is therefore impossible to calculate the percentage of patients with cancer or incurable medical conditions other than cancer who are cared for by palliative care services in Moldova.
- Place of death figures are for all illnesses and are estimates only.

[‘Public Health in Moldova in 2004’, Ministry of Health, Public Health and Sanitary Management]

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

<b>Palliative Care Workforce Capacity</b>			
	<b>Full-time</b>	<b>Part-time</b>	<b>Total</b>
Physicians	6	13	<b>19</b>
Nurses	7	10	<b>17</b>
Social Workers	NK	NK	<b>8</b>
Psychologists	NK	NK	<b>6</b>
Physiotherapists	NK	NK	<b>NK</b>
Occupational Therapists	NK	NK	<b>NK</b>
Spiritual/Faith leaders	NK	NK	<b>NK</b>
Volunteers	NK	NK	<b>NK</b>

Comments/Sources

- All data for palliative care workforce capacity are estimates only.
- Palliative care physicians in Moldova can be divided into the following:
  1. “Second Breath” – two (2) part time working doctors (trained in palliative care in Romania, Poland, and England);
  2. Hospice “Angelus” – three (3) full time working doctors plus the Director of the Hospice, who is also a doctor (trained in palliative care in Russia, Romania, Poland, and England);
  3. Hospice “North Carolina” – three (3) full time working doctors (trained in palliative care in Romania, Poland, and the USA);
  4. ATU Gagauzia – four (4) part time doctors (trained in palliative care at the Hospice “Angelus”), who, besides their main job, provide palliative care to the terminally ill patients at their place of work;
  5. MTA “Centru” – two (2) part time working doctors (trained in palliative care at the Hospice “Angelus”);
  6. Republican Oncological Institute – five (5) part time working doctors of different specialities, who, besides their main job, provide palliative care in their practice when necessary (trained in palliative care at the Hospice “Casa Sperantei”, Brasov, Romania).
- Palliative care nurses in Moldova can be divided into the following:
  1. “Second Breath” – one (1) part time working nurse (trained in palliative care at the “Second Breath”);
  2. Hospice “Angelus” – one (1) full time working nurse (trained in palliative care at the Hospice “Angelus”);
  3. Hospice “North Carolina” – six (6) full time working nurses (trained in palliative care in Romania, Poland, and the USA);
  4. ATU Gagauzia – nine (9) part time working nurses (trained in palliative care at the Hospice “Angelus”), who, besides their main job, provide palliative care to the terminally ill patients at their place of work.
- The accurate number of volunteers cannot be indicated by NGO-s and ATU Gagauzia, because it is subject to permanent change. There is no volunteer service in MTA “Centru”.
- There are no permanent chaplains in the palliative care teams.

[Telephone interview with the director of Hospice “North Carolina” – Dr. Vasillii Suruceanu]

[Telephone interview with the Vice-Director of the Health and Social Protection Department,



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Gagauzian Executive Committee – Dr. Serghei Merjan]

[Private discussion with the Medical Vice – Director of MTA “Centru” – Dr. Alexandru Barbarosie]

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[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Funding of palliative care services	
Total number of palliative care services funded by the government	<b>2</b>
Total number of palliative care services funded privately or by NGO’s	<b>3</b>

Comments/Sources

- Two (2) palliative care services are funded by the government:
  1. ATU Gagauzia, where palliative care is provided by trained palliative care professionals at their main place of work.
  2. Republican Oncological Institute, where there are five trained palliative care doctors who provide palliative care at their main place of work.
- Three (3) palliative care services in Moldova receive private funds for their activities:
  1. NGO “Second Breath for Moldova”;
  2. NGO Hospice “Angelus”;
  3. NGO Hospice “North Carolina”.
- One (1) palliative care service is supported by a combination of private and public funds:
  1. MTA “Centru” - funds for the main salary and out-patient office utilization are provided by the government; funds for palliative care are provided by the “Moldova Soros Foundation” grants.

[Telephone interview with the director of Hospice ‘North Carolina’ – Dr. Vasiliu Suruceanu]

[Telephone interview with the Vice-Director of the Health and Social Protection Department, Gagauzian Executive Committee – Dr. Serghei Merjan]

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Perceived use of main opioids in palliative care		
Order of frequency	Opioid	Estimated cost per month (€)
First opioid	Morphine hydrochloride	€12.42 (2 times a day per 30 days)
Second opioid	Omnopon	€12.42 (2 times a day per 30 days)
Third opioid	Promedol	€21.41 (2 times a day per 30 days)
Comments/Sources		
[EAPC Palliative Care Facts in Europe Questionnaire 2005]		

### Key issues and challenges

- Lack of legislation.
- Lack of information about palliative care.
- Lack of knowledge in developing palliative care.
- Lack of trained health professionals in palliative care.
- Lack of integration of palliative care across health care settings and services.



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- Lack of home care services and access to specialist services.
- Multidisciplinary teams need to be trained to provide palliative care services in hospice and at home.
- Health care organisations need to invest in supporting health professionals in pain and symptom management.
- There is a bureaucratic system relating to the prescription of strong narcotics.

[EAPC Palliative Care Euro-Barometer 2005]

### Palliative care accreditation

- There is no specialist accreditation for palliative care professionals in Moldova at the present time.

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

### Palliative care milestones

- There have been no palliative care milestones in Moldova.

[EAPC Palliative Care Euro-Barometer 2005]

### Health policy

- Policy changes and reforms have had a negative influence on the development of palliative care services in Moldova since 2000.
- The National Society “Hospice-Palliative Care” of Republic of Moldova did not mark 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).
- The National Society “Hospice-Palliative Care” of Republic of Moldova has not participated in any way in the Council of Europe discussions about euthanasia (the Marty Report).
- At the current time, there are no initiatives in Moldova that seek the legalisation of euthanasia or assisted suicide.

[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. 143-147, Republic of Moldova.

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

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