

## ROMANIA



**Population:** 22,329,977

### Current Directory:

Printed version

Online version

None identified x

### Key Contact/National Association

#### Key contact:

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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	2	7	2	10	1	22
Paediatric only	0	5	2	6	1	14
				Inpatient Palliative Care Units/ hospices	Chronic Hospitals /Nursing Homes	Total
Number of beds allocated to adult palliative care inpatients				NK	NK	NK
				Adults	Children	Total
Number of Bereavement Support Teams				4	3	7

### Comments/Sources

- Number of palliative care services is an estimate only.
- Palliative care units do not exist as such; they are mainly the number of beds specially allocated for palliative care in the department of a hospital (generally the oncology department), with a small number of beds.
- An adult hospital palliative care team in a general hospital is scheduled to commence work in Bucharest in 2006.
- At least two of the day centres are allocated for people with Alzheimer’s disease.

- At the moment, the palliative care network for children is based on isolated initiatives, most of them NGO's, mainly concerning children with HIV/AIDS.
- Organized bereavement support is provided by the home care teams.

[Clark and Wright, 2003]

[Personal contacts at conferences and courses]

[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>(n)</b>
Number of patients who die at home	NK	90%
Number of patients who die in a general hospital	NK	NK
Number of patients who die in other healthcare institutions	NK	NK

### Comments/Sources

- It is estimated that 90% of palliative care patients die at home.

[Report of Romanta Lupsa in *Advanced course of Palliative Care* in Puszczykowo, Poland, 2000, used as bibliography in the first edition of *National Standards in Palliative Care*, in 2002]

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

## Palliative Care Workforce Capacity

	Full-time	Part-time	Total
Physicians	Over 17	NK	<b>NK</b>
Nurses	Over 38	NK	<b>NK</b>
Social Workers	Over 5	NK	<b>NK</b>
Psychologists	Over 2	NK	<b>NK</b>
Physiotherapists	Over 2	NK	<b>NK</b>
Occupational Therapists	Over 2	NK	<b>NK</b>
Spiritual/Faith leaders	Over 10	NK	<b>NK</b>
Volunteers	NK	NK	<b>160</b>

### Comments/Sources

- All palliative care workforce capacity figures are estimates only. A survey with detailed questionnaire is in course (was sent to service providers): the figures will be communicate once the data are collected
- There are a small number of physicians and nurses working full-time in palliative care, but there are a larger number who only work part-time. 145 physicians have gone through the training and received the subspecialty diploma
- There is a social worker employed full-time in Hospice "Casa Sperantei" and one is leading Hospice Emanuel who is also the palliative care trainer for social workers within Romania.
- One of the two psychologists works in Hospice "Casa Sperantei".
- There is a lack of proper training for occupational therapists in Romania.
- Alongside the Romanian volunteers there are a steadily decreasing number of volunteers from abroad (mainly from the UK, France, USA, Australia) who help for an concrete period of time.
- There are a number of orthodox priests who are available if requested (Romania is orthodox country mainly), but there is just one who is appointed officially to work with Hospice Casa Sperantei if needed Also chaplains or other spiritual leaders of a particular community are provided.

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

## Funding of palliative care services

Total number of palliative care services funded by the government	<b>7</b>
Total number of palliative care services funded privately or by NGO's	<b>All except</b>

## Comments/Sources

- The National Company of Insurance provides funding for some nursing activities in home care; that is a small part of the palliative care activity. Another contribution from public funds is the subvention for pain medication (opioids). There is also partial funding for beds in Hospices. There is also funding coming from the state through the Ministry of Welfare for the social services offered by the palliative care services. 2 major palliative care departments in states hospital have or will start in short time their activity
- There are eight palliative care services supported by a combination of private and public funds.
- Day centres are not included in the funding of palliative care services.

[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	1,700,000 RON ~ 50 E 540,000 RON ~ 15 E
Second opioid	Fentanyl	2,400,000 RON ~ 67 E
Third opioid	Methadone	250,000 RON ~ 7 E

## Comments/Sources

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

## Key issues and challenges

- Low public awareness about palliative care.
- There is awareness about palliative care in health authorities, but it is given a lack of priority.
- Lack of financing.
- Inadequate legislation.
- There is a difficult and lengthy process for prescribing strong opioids.
- Only an oncologist in a state outpatient department can prescribe strong opioids for a patient who is at home.

[EAPC Palliative Care Euro-Barometer 2005]

## Palliative care accreditation

- “Since 2000, palliative care has been recognised as a medical subspecialty by an order of the Ministry of Health. Training takes 18 months and consists in a 12 week formal course (8 weeks theory and 4 weeks clinical practice in a palliative care service) and that is organised in modules. In between the modules the participants have to apply the new gained knowledge and aptitudes in their practice, write essays, case studies or keep a portfolio. At the end of the process the diploma is awarded to those who successfully pass the examination. 136 physicians and 697 nurses have undertaken the advanced training course in palliative care, and over 2000 professionals have undertaken introductory palliative care courses of 1-2 weeks duration. There is a critical mass of trained professionals and the education program will continue to expand by opening at least two new education centres in Romania. Four Romanian universities will participate in a training program with the aim of



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introducing palliative care into the curricula.”

**[EAPC Palliative Care Facts in Europe Questionnaire 2005]**

### **Palliative care milestones**

- 1992: Hospice Casa Sperantei is starting palliative care in Romania
- 1997: Start of the education program in palliative care
- 1997: Romanian National Association for Palliative Care
- 1997 Hospice Emanuel the second palliative care service in Romania
- 2000: Palliative care is recognised as a medical subspecialty.
- 2001: Oral Morphine made available
- 2004: The National Commission for Palliative Care is appointed in the Ministry of Health and a draft regulation concerning palliative care services is produced (the regulation has yet to be adopted).
- 2005: Funding for palliative care in in-patient units included in the frame contract of the house of insurance
- 2005: The National Association for Palliative Care 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 and hosting an official launch.
- 2005: Law nr 339/nov 2005 is replacing the old and restrictive opioid legislation. Will enter into action in 2006 after the approval and publishing of the regulation accompanying the law
- 2006: Information and resource centre to become functional in Bucharest

**[EAPC Palliative Care Euro-Barometer 2005]**

### **Health policy**

- Partnerships and financial support from outside the country have helped to develop initial palliative care services and bring it onto the agenda of policy makers.
- National palliative care standards for home care services have been produced in partnership with NHPCO in 2001.
- Laws regarding patients' rights, hospital law, and financing arrangements in relation to palliative care have been introduced; these policy changes have created the right environment for the future financing and development of palliative care services.
- The National Commission for Palliative Care 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 Romania that seek the legalisation of euthanasia or assisted suicide.

**[EAPC Palliative Care Euro-Barometer 2005]**

### **References**

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