

## RUSSIA



**Population:** 143,420,309

### Current Directory:

Printed version

Online version

None identified x

### Key Contact/National Association

#### Key contact:

The key contact wished to remain anonymous. This person does not represent the *Inter-regional Palliative Care Association*, and is therefore expressing a personal view only.

#### 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	33	74	17	0	NK	124
Paediatric only	0	0	0	1	0	1
				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				9	1	10

### Comments/Sources

- Number of palliative care services is an estimate only.
- There are also 22 organising palliative care centres - resource and administrative centres that manage the development of hospice/palliative care in the region. They are usually located in the structure of the head regional cancer hospital or in the unit of the local health administration (ministry). An organising palliative care centre co-ordinates the work of different regional palliative care units e.g. pain clinics, hospices, and palliative care community-based teams. It is also used as a resource and methodological centre.
- Bereavement support teams exist in the bigger hospices (for example, St Petersburg, Samara, Kemerovo).
- Bereavement support for children is provided by the paediatric home care team.

[Periodic press releases]

[Personal contact with the paediatric hospice team leader]

[“Selected lectures on palliative care in cancer”, Moscow, 2004]



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

[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	160,000
Number of patients who die in a general hospital		NK	36,972
Number of patients who die in other healthcare institutions		NK	NK

Comments/Sources

- Place of death figures are from 1999, and for all illnesses (not just cancer).

["Selected lectures on palliative care in cancer", Moscow, 2004]

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

### Palliative Care Workforce Capacity

	Full-time	Part-time	Total
Physicians	200	0	200
Nurses	NK	NK	NK
Social Workers	NK	NK	NK
Psychologists	NK	NK	NK
Physiotherapists	NK	NK	NK
Occupational Therapists	NK	NK	NK
Spiritual/Faith leaders	NK	NK	NK
Volunteers	NK	NK	NK

Comments/Sources

- All palliative care workforce capacity figures are estimates only.

[Literature review]

[Conference proceedings in Russian]

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

### Funding of palliative care services

Total number of palliative care services funded by the government	90%
Total number of palliative care services funded privately or by NGO's	10%

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 hydrochloride	5 amp. (1 ml each) \$1.3
Second opioid	Fentanyl	5 amp. (1 ml each) \$1.2
Third opioid	Promedol	NK

Comments/Sources

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

### Key issues and challenges

- Palliative care is best developed in St. Petersburg and Moscow, although the availability and quality of palliative care services vary considerably in

different parts of the country and in total palliative care is provided for only 7-9% of patients who need it.

- There is insufficient funding - the state budget is the only source and merely covers only very basic hospice needs and does not allow for many other things, such as computerisation, training for the staff, visits to conferences etc. Also, status as a governmental organisation greatly impedes attracting any additional funding by the hospices themselves.
- The inertness & passivity of medical professionals in many parts of Russia hinders the further development of hospice and palliative care.
- Palliative care is still not recognised as a medical specialty.
- There is an absence of developed standards and federal norms regulating the work of hospices and palliative care practice. The initially adopted regulations have become outdated and need serious modification.
- It is vital that new standards are developed not by bureaucrats but by reputed hospice practitioners who know the needs of palliative care in Russia.
- There is poor understanding and support relating to the provision of palliative care in the wider society. Lots of prejudices still exist, although hospices have stopped being considered '*houses of death*' as they had been previously.
- Very little voluntary work for hospices is done in communities – where it is undertaken, it is mostly by members of religious sisterhoods.
- There is isolation from the international hospice movement.
- There are strict and rigid regulations on the prescription of strong opioids, and very close control of their use involving police requirements and much medical administration.
- Bureaucratic difficulties arise when an attempt is made to introduce any new forms of opioids into palliative care practice.
- The lack of/unjustified expense of non-injection opioids.

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

### **Palliative care accreditation**

- There is no specialist accreditation for palliative care professionals in Russia at the present time. However, approximately 550-1,000 doctors have been trained in palliative care in Moscow. Six doctors have attended palliative care seminars in Salzburg, Austria, one at St. Christopher's in London, England, and several at Hospice "Pallium" in Poznan, Poland.
- A team of experienced hospice practitioners are to be future trainers on a palliative care course; a joint project of St. Petersburg Healthcare Trust, British and Russian medical training institutions, and the Inter-regional Association of Palliative Care.

[\[www.stpetersburg-healthcare-trust.org\]](http://www.stpetersburg-healthcare-trust.org)

**[“Selected lectures on palliative care in cancer”, Moscow, 2004]**

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

### **Palliative care milestones**

- *1990:* The first hospice opens in St. Petersburg.
- *1995-97:* Through the initiative and advocating of hospices, the federal regulations on strong opioids are increased to acceptable levels.
- *2001-2002:* In several regions of Russia, non-injection forms of opioids are officially adopted into palliative care practice (an initiative of the palliative



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care association and palliative care practitioners).

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

### Health policy

- In the past 15 years of development, over 170 institutions/services providing inpatient and/or outpatient palliative care have emerged throughout Russia.
- Palliative care is currently included in the curriculum of larger nursing colleges, and inclusion into the basic undergraduate training for doctors is currently under discussion.
- Historically, palliative care has been developed in Russia as part of cancer care, and most hospices still admit cancer patients only. To be able to provide care for other terminally ill patients, the hospice services need to be developed further.
- Reform of the medical system should lead to changes in the status of many medical institutions and the amount of financing provided by the state. This may affect the conditions of work for hospices and palliative care services throughout the whole country.
- The Inter-regional Palliative Care Association has not marked 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 Inter-regional Palliative Care Association has participated in the Council of Europe discussions about euthanasia (the Marty Report). It has been discussed at regional conferences and at the October 2005 15<sup>th</sup> Anniversary of the Hospice Movement Conference.
- At the current time, there are no initiatives in Russia that seek the legalisation of euthanasia or assisted suicide.
- In Russia, hospice & palliative care is governed by federal and regional regulations. The most important are: *Order No 19 of 01.02.1991 of the Russian Ministry of Health on setting up hospices; Order No 270 of 12.09.1997 of the Russian Ministry of Health on palliative care departments and local palliative care centres; Regulations No 330 of 12.11.1997 and No 2 & No 3 of 09.01.2001 of the Russian Ministry of Health on the level of opioids used in hospices and prescribed to home care patients.*

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

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