

PAIN AND PALLIATIVE MEDICINE – TEMPUS PROJECT IN CROATIA

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Summary

Pain and Palliative Medicine Project (PPMP), funded by the *TEMPUS programme* of the European Union, has been established with a goal of sharing knowledge and experience from countries in which palliative care is already substantially developed to partner countries whose palliative care encountered more problems. Croatia as partner country, has tried to improve national palliative care systems through education of medical and non-medical personnel.

Protocols of collaboration and training courses in pain management and palliative medicine at the Universities of Florence and Lyon, including options of collaboration with some university and clinical institutions in Croatia have been presented.

After their two-year project, the Croatian team has noted significant progress in the fields of education, infrastructure and legislative support for development of palliative care. These results show the need for improving Croatian palliative care system as well as possible solutions for overcoming obstacles derived from nation's traditional views on the treatment of the terminally ill.

KEYWORDS: *palliative care, pain, interdisciplinarity*

BOL I PALIJATIVNA MEDICINA – TEMPUS PROJEKT U HRVATSKOJ

Sažetak

Bol i palijativna medicina (PPMP) je projekt u okviru *TEMPUS* programa Europske Unije s ciljem prenošenja znanja i iskustava zemalja, u kojima je palijativna skrb dobro razvijena, zemljama u kojima je palijativna skrb manje aktivna. Hrvatska, kao zemlja partner, nastoji poboljšati nacionalni program palijativne skrbi kroz edukaciju medicinskog i ne-medicinskog osoblja.

Prikazani su protokoli suradnje i tečajeva o boli i palijativnoj medicini na Sveučilištima u Firenci i Lyonu, kao i na nekim sveučilišnim i kliničkim institucijama u Hrvatskoj.

Nakon dvogodišnjeg projekta hrvatski tim zabilježio je značajni napredak u poljima edukacije, infrastrukture i zakonske potpore razvoju palijativne skrbi. Ovi rezultati su pokazali potrebu za daljnjim poboljšavanjem hrvatske palijativne skrbi kao i moguća rješenja za prevladavanje prepreka koje proizlaze iz tradicionalnih pogleda društva na skrb terminalno bolesnih.

KLJUČNE RIJEČI: *palijativna skrb, bol, interdisciplinarnost*

INTRODUCTION

The TEMPUS programme (Trans-European Mobility Programme for University Studies) is a European Union (EU) program designed to encourage the collaboration between institutions of the EU Members States and their partner countries with a goal of modernizing higher education and promoting specific project goals primarily through university cooperation (1).

In 2007, the TEMPUS programme approved a project on the topic of pain management and palliative medicine called Palliative and Pain Medicine Project (PPMP). The University of Florence and University of Lyon have been given a two-year grant (2007-2009) to lead the project with a goal of imparting knowledge and experience from countries in which palliative care has already been substantially developed to partner countries with much less active palliative care. These partner countries were recognized in Croatia and Serbia, with the University of Zagreb School of Medicine, represented by the Zagreb Children's Hospital, and the University of Belgrade School of Medicine, as their consortium members (2).

The principal goals of this project were to improve the existing and create new and better conditions for the development of palliative medicine and pain management in Croatia. This was meant to be done by means of undergraduate and postgraduate education and training, ensuring better infrastructure and influencing positive legislative changes.

Palliative medicine in Croatia attracted very little attention of both medical and general audience. Several attempts to form institutionalized palliative care in Croatia, thanks to the leadership of Professor Anica Jušić, resulted in positive legislative changes in 2003, regulating infrastructural and personnel requirements for providing palliative care in primary healthcare (3).

In this project a Croatian consortium member, represented by the Zagreb Children's Hospital, has made significant efforts in advancing palliative care in Croatia and resolving some of many obstacles preventing the Croatian palliative care system from fully taking its role. In this report we will try to present the betterment of Croatian palliative care as a result of the PPMP project conducted over two years.

METHODS

As a Croatian consortium member we have organized five two-day courses in the Zagreb Children's Hospital for 45 doctors of various specialties from all parts of Croatia. Invitations to the courses were open to the public, the courses were free and the only requirements for application were a medical degree and knowledge of English. The courses were held by local and international lecturers from grant-holder institutions, the University of Florence and the University of Lyon. Upon completion of all five courses, participants were invited to apply for a one-month course on palliative and pain medicine at the Universities of Florence and Lyon. Applicants were chosen on the basis of their curriculum vitae, written exam testing their knowledge of pain and palliative medicine, their motivation letter as well as their course attendance records. Fifteen candidates of various specialties were chosen for the task. Following the completion of the one-month course in referral centers in Italy and France, applicants have been granted a certificate of competence in pain management and palliative care. As such, they have joined our project as basic medical personnel certified to be included in the PPMP and continue further education on the issue in their primary institutions throughout the country.

Education and dissemination were also conducted through undergraduate and postgraduate courses in the School of Medicine, School of Applied Health Sciences, Faculty of Theology, Law School (*Social Services Studies*), Faculty of Education and Rehabilitation Sciences (Department for Motoric Disturbances, Chronic Diseases and Art Therapies/Croatian Psychosocial Oncology Association) at the University of Zagreb, as well as at the Zagreb Children's Hospital and Zagreb University Hospital Center. General public was also educated through media exposure.

RESULTS

Education and training

All 15 candidates selected for the course on *pain and palliative medicine* have successfully mastered topics in the areas of pain management, health issues of the terminally ill, psychological approach to the patient and their families and cur-

rent ethical guidelines. Candidates were of different medical specialties and have continued the education and promotion of the issue at their primary institutions (Table 1).

Table 1.

NUMBER OF CANDIDATES ATTENDING THE COURSE ON PAIN AND PALLIATIVE MEDICINE AT THE UNIVERSITY OF FLORENCE AND THE UNIVERSITY OF LYON, SORTED ACCORDING TO THEIR SPECIALTIES.

Candidate's specialty	Number of candidates
Anesthesiologist	9
Neurologist	2
Pediatrician	2
General practitioner/ Emergency room attending	2
Total	15

Through the Pain and Palliative Medicine Project (PPMP), the Croatian consortium member has established a good collaboration with the consortium member represented by the School of Medicine, University of Belgrade. Cooperation with the University of Tuzla in Bosnia and Herzegovina has also been established.

Continuous education has been implemented through the third phase in a form of e-learning where participant contributed to the growing base of knowledge.

Table 2.

CROATIAN PALLIATIVE CARE SYSTEM BEFORE IMPLEMENTATION OF TEMPUS PPMP (ACCORDING TO PALLIATIVE CARE FACTS IN EUROPE QUESTIONNAIRE 2005).

	Hospices	Inpatient palliative care units	Consultant teams in hospitals	Home care teams - Mobile units	Day care centers	Bereavement support teams	Numbers of bed allocated to palliative care
Adult	0	0	0	3	0	2	0
Pediatric	0	0	0	0	0	1	0
Total	0	0	0	3	0	2	0

Table 3.

CROATIAN PALLIATIVE CARE SYSTEM AFTER IMPLEMENTATION OF TEMPUS PPMP.

	Hospices	Inpatient palliative care units	Consultant teams in hospitals	Home care teams - Mobile units	Day care centres	Bereavement support teams	Numbers of bed allocated to palliative care
Adult	0	0	5	5	0	2	6
Pediatric	0	1	1	1	0	1	2
Total	0	0	6	6	0	3	8

Undergraduate and postgraduate courses at the University of Zagreb have been held for many participants. Postgraduate courses have offered targeted instructions to various medical personnel of different specialties, mostly anesthesiologists, neurologists, pediatricians, children surgeons, oncologists and general practitioners.

Infrastructure

As a result of education and dissemination of the project's agenda we have achieved substantial results with increasing number of both adult and pediatric palliative care units.

In December 2008, the Committee for Palliative Care and Team for Palliative Care visited the Zagreb Children's Hospital as the first Croatian inpatient palliative care unit. Both the Committee and the Team consist of pediatric oncologist, pediatric surgeon, anesthesiologist (as a pain specialist), psychologist, nurse and physiotherapist, all of them unified in a goal to provide the best care for children in terminal phases of chronic lethal diseases.

All actions have been implemented in coordination with the Hospital's Ethics Committee.

The Palliative Committee helps patients and their families in their transition from curative to palliative treatment, enabling a better quality of life and better communication between attending physicians and the family.

The Palliative Team can be contacted by phone on a 24/7 principle when a child is nursed at home. Symptom Control Protocols have been made, primarily for pain management but also for other complications of the terminally ill, such as gastrointestinal, neurological, respiratory and skin conditions. Psychological and spiritual help is also included and continues in the period of mourning. Contacts with primary care physicians, county hospitals, social workers and priests in the residential area of the patient have also been deemed necessary.

Upon completion of their training, our candidates continued to advocate the need of palliative care at their primary institutions which has resulted in forming six consultant palliative teams in hospitals, six homecare palliative teams (mobile teams) and eight beds allocated to palliative care in hospitals throughout the country (Table 2, Table 3).

Legislation

Through education of a wider public, media dissemination of the issue and vigorous advocacy of the need for legislative support of our project's cause, we have obtained a unanimous approval from the Croatian Parliament set forth the Resolution on Malignant Diseases. The Resolution clearly defines palliative medicine as a crucial component in cancer treatment. We also witnessed a change in the Healthcare Law in 2009 and 2010 where there was a first legal mention of an institution for palliative care as a separate entity, in contrast to the previous mention of the primary care level alone (4, 5).

Discussion

Palliative care, by the definition of the World Health Organization (WHO), is "an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual" (6).

Since 1994, efforts to form a palliative care system in Croatia have been shown through a variety of congresses, symposia and seminars. Several non-governmental organizations have made every attempt at founding proper institutions in the field of

palliative care. These efforts resulted in a change of the Healthcare Law in 2003 clearly defining the need and requirements for founding palliative care at the primary healthcare level (3, 7, 8).

Despite the positive indicators, no actual institutional changes have been made. The Croatian palliative care level is still considered to be very low. General public as well as healthcare providers have supported and expressed the need to form such care in an increasingly aging population of Croatia (9). However, the needs for this sort of care have not had an impact on actions at government levels.

The financial aspect of the problem is most likely the one to be blamed for such an outcome. Financing from the country's budget has always been challenging, but even private donations have been discouraged due to long-lasting procedures of forming Foundations which would manage such private funds. Although based on our experience, we believe that our society's attitude toward life and dying is also of great significance when choosing the modality of organizing palliative care, not just financial aspects of the problem. Our culture and tradition of nursing the dying at home is likely to play an important role when establishing proper palliative care. Experience tells us that patients and their families have troubles accepting the concept of institutionalized transitioning from curative to palliative care outside the hospital.

With our project we have tried to raise public and healthcare providers' awareness of the issue. We have managed to give institutionalized education to 15 doctors to promote the goal throughout the country. Our efforts in educating and promoting the goal have also been visible through dozens of post-graduate courses as well as several undergraduate courses at the University of Zagreb.

Results of increased infrastructural and personnel resources, in our still very poorly organized palliative care, are encouraging. The formation of the very first hospital palliative care unit, six hospital-based consultant palliative teams, six homecare palliative teams (mobile teams) and eight hospital beds allocated to palliative care, is a good step toward a goal of well-organized care of the terminally ill.

Therefore, education and initiatives at national levels to further develop palliative care in Croatia have been pinpointed as our future goals.

We believe that doctors, nursing staff, volunteers and general public should all be involved in this education. Additional collaboration between institutions in Croatia, but also at regional and international levels is planned as we believe that the solutions to the problems of palliative care in the region might be of the same nature as in Croatia. Special emphasis should be on collaboration between the four universities with possible expansion to more members.

It is our conviction that by sharing the model of Palliative Care Committee and Palliative Care Team with all Croatian hospitals, we might work toward advancing the palliative care in Croatia while at the same time respecting the tradition and specific local customs on the care of the dying. Institutional palliative care should not only be viewed in a form of hospices. Our belief is that when taking into consideration Croatian traditional views of the topic, a better solution for palliative care system might be found in increasing the number of hospital beds allocated for palliative care and day care hospitals.

Furthermore, by establishing a good collaboration between the School of Medicine, Law School, Faculty of Education and Rehabilitation Sciences, Theological Faculty, Croatian Association of Psychosocial Oncology and other institutions we might provide a regulatory role for coordination of any future actions for the improvement of palliative care at a national level. We believe that coordination should be maintained through the Croatian Medical Association and its subdivisions. With such an experience we might also encourage neighboring countries of similar cultural heritage to develop their palliative care to a higher level.

REFERENCES

1. About Tempus IV (2007-2013) [accessed 17 Nov 2010] Available from: http://eacea.ec.europa.eu/tempus/programme/about_tempus_en.php
2. Palliative and Pain Medicine Project Goals [accessed 17 Nov 2010] Available from: <http://www.palliative-4pain.org/goals.htm>
3. Jušić A. [The hospice movement in Croatia--short review] [Article in Croatian] Acta Med Croatica. 2009; 63: 335-40.
4. Zakon o zdravstvenoj zaštiti [In Croatian]. Narodne novine 2009;150.
5. Dopuna Zakona o zdravstvenoj zaštiti [In Croatian]. Narodne novine 2010;71.
6. WHO Definition of Palliative Care, accessed 17 Nov 2010, Available from: <http://www.who.int/cancer/palliative/definition/en/>
7. Jušić A. Palliative medicine's first steps in Croatia. In: Saunders C, Kasternbaum R, editors. Hospice care on the international Scene. New York: Springer; 1997. p 125-9.
8. Zakon o zdravstvenoj zaštiti [In Croatian]. Narodne novine. 2003; 121.
9. Brkljačić M, Mavrinac M, Sorta-Bilajac I et al. An increasing older population dictates the need to organize palliative care and establish hospices. Coll Antropol. 2009; 33: 473-80.
10. World Health Organization. Cancer Pain Relief and Palliative Care in Children, Geneva, WHO, 1998
11. Oxford Textbook of Palliative Medicine, 2nd Ed, Oxford University Press 2006

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