

National research about the procedures on palliative medicine in Romania

The aim of this activity is to research & evaluate the medical literature talking about the procedures on palliative medicine, reflect on the palliative medicine and strategies and on the current procedures used in the training of the first years students enrolled in EU medical universities or used by the professionals & volunteers active in the medical world of work.

Objectives:

- Identification of the operational procedures reported to be used by the students during the hospital internship in pre-clinical years; identify the needs of the target groups in connection to the use of specific procedures
- Research of specialised recent literature in connection to these procedures
- Identify the ways to introduce new & consensually agreed procedures on palliative medicine to the academic medical field (university) and the medical world of work (hospitals, hospices)
- Collect information on specific sectorial impact, country differences, cultural specific aspects, etc.
- Identify innovative solutions that have been implemented & found to be effective to meet the needs of those who use/will use procedures on palliative medicine

Structure:

1. Provision of **statistical data**, at national level, on the following aspects:

Population, surface, density, the gross domestic product (GDP): 19,96 mil; 84,4 inhab./ km²;
GDP (gross domestic product): 669,5 billions RON

Nr doctors/1000 inhabitants, Nr of nurses/1000 inhabitants: 2,5; 5,8

Nr of patients in palliative care services in different settings (hospitalized, institutionalized, assisted at home, etc.): no summative statistics. Data as reported by providers in the national directory "catalogul serviciilor de ingrijiri paliative " <http://www.anip.ro/wp-content/uploads/2013/08/Catalog-servicii-ingrijiri-paliative-RO-2012.pdf>

Nr doctors, nurses in palliative care: 396 doctors; 6500 nurses trained not available how many are actually working in specialized palliative care services

2. Is the palliative medicine/care supported by **legislation**?

Yes there was strong advocacy to change restrictive policies

- O.M. nr.916/23.12.1999, OM nr 480/2005

- OMECT nr. 2713 / 29.11.2007;
- Law nr.339/2005
- HG nr 1915/2006
- OUG nr.115/2004, HG 76/2008
- Law nr.95/2006

3. Identification of **National Strategies** in palliative care.

Provide a link of the strategy and a summary, key points.

[Romanian Palliative Care \(PC\) National Strategy](#)

NATIONAL PROGRAM

Aim:

Coordinated and accelerated development of palliative care services at national level aiming the improvement of quality of life for patients with chronic and progressive or incurable diseases and their families.

Why a national palliative care program in 2012

Principles:

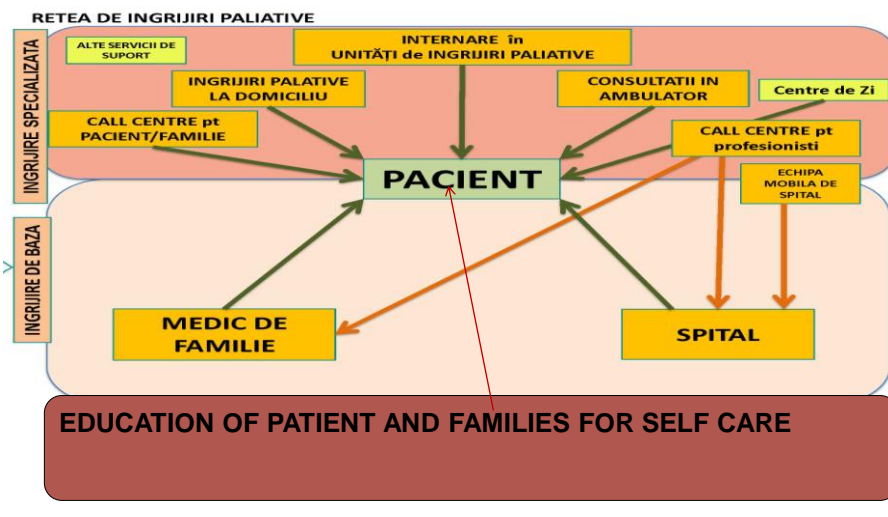
- *Needs and Service User Preference Driven* –
- *Availability* – palliative care services should be available throughout the country even to the remotest areas.
- *Accessibility* – once the services have been made available every effort should be made to eliminate any barriers to people accessing those services.
- *Quality* – “best practice” models, standards and national protocols will be defined, promoted and adopted. High quality was thought to be determined much more by the nature of the interaction of the person needing palliative care (and their family/carers) with the professional care giver and the responsiveness of the system as a whole
- *Continuity of care* – is special challenge for palliative care as part of a busted healthcare system. We propose regional integrated networks of palliative care services.
- *Cost of care* (cost benefit/demonstrable value) – palliative care has a particular challenge with this criteria as its value is more qualitative (adding quality to life) than quantitative (adding years to life). Although there are studies which show benefits of palliative care, such as prolonging survival and reducing care costs by avoiding unnecessary treatments.

Model of care:

Development of structures will be done according

- to complexity of needs and
- territorial

Romania model of care



According to **complexity of needs** these structures will be developed according to include different levels of competencies, as follows:

1. **Level 1: Support for self-care:** offered to patients and their families by community medical assistance team with basic palliative care education, but also by specialized palliative care teams. This level assures that the patient and his family gain knowledge, abilities and self confidence for self-care and for proper care in between medical staff interventions.
 - a. Non-pharmacological methods for control different symptom
 - b. Communication
 - c. Food and feeding
 - d. Bodily care
 - e. Mobilization techniques
 - f. Negotiation goals of care with professionals etc
2. **Level 2: Palliative approach** represents direct care offered to patients and their families/carers by clinical staff with basic instruction in palliative care, having a certificate that confirms participation to different programs accredited by competent institutions.
3. **Level 3: Specialized palliative care** assures direct care offered to patients and their families/carers, but also includes consultancy for level 1 and 2 of competence. It is provided by professional interdisciplinary teams with specialized studies in palliative care field: doctors with palliative care competence, nurses, social workers, psychologists, therapists, clerics and other staff with palliative care competence, according to national standards of palliative care.

Territorial

Local : as much as possible the care should be offered to patients in the places where they live through

- primary care services but with some training in palliative (palliative care approach)
- specialized palliative care services
 - Home care, day centers
 - After hours call service for patients

Regional

Specialized palliative care services

- Inpatient units
- Coordination of services
 - Palliative care networks
- Consultancy for level 1 and 2 (call centers for professionals, education centers for patients and families with hotline)

National

- *Producing and dissemination of standards and clinical protocols*
- *Professional review of quality of care*
- *National data collection/statistics concerning use of resources, cost, etc.*
- *Advocacy, education, research*
- *National awareness campaigns*

Key points: general review of PC; PC in Romania; Strategy to ensure PC in Romania

4. Identification of **specialized services** in palliative care.

Number/Types of services

IN 2013: inpatient units: 38; homecare: 19; day centres: 4; outpatient: 5

Types of patients cared for: children with life limiting diseases, adults mainly with cancer but also with non cancer diseases like dementia and different organ failure

Mechanisms of funding for the services in different settings: state funds, private funds, donations, campaigns.

Sources of Funding for Palliative Care in Romania

Funding Source	Funding Agent	Service Provider
Ministry of Finance	Ministry of Health → County Health Boards Ministry of Labor → County Agencies for Social Services (based on law 34/1998)	Public Inpatient units, for initial capital costs NGO (annual application, funding awarded on competitive basis) for the social component of: - Day care ^a - Home-based palliative care ^b - Respite care in inpatient units ^c
	Ministry of Public Administration → County Council (based on law 350/2005)	Public or private providers, funding awarded based on priorities in local development strategies ^d
	National House of Health Insurance → Local Houses of Insurance	Public and private in-patient units ^e Public and private home-based palliative care services
Community	Employees through 2% provision of the fiscal code	NGO ^f
	Employers through sponsorship law 32/2002 General population through donations	Public and private providers Public or private providers
Foreign Governments	Germany	Hospice Carl Wolf, Sibiu, Romania
Foreign NGOs	The Netherlands Charitable NGOs in UK, U.S., The Netherlands, Switzerland, and France	PACARO project (ended) for GPs Romanian NGOs
International grant making bodies	Open Society Foundations through CPSS and FOSI	NGO
	EU → PHARE, etc.	NGO and public providers

PACARO Palliative Care in Romania; CPSS Centre for Policies and Health Services (Centrul pentru Politici si Servicii de Sanatate); FOSI Foundation for Open Society Institute; EU European Union; PHARE Poland and Hungary Assistance for Reconstruction of Economy.

^aLegal the cost for staffing: social worker, social carer, transport, food, occupational therapies in an amount per patient per month varying up to 175 RON.

^bLegal the cost for staffing: social worker, carers, food in an amount per patient per month up to 210 RON.

^cLegal provision not currently applied because of lack of resources.

^dPalliative care currently not included as priority.

^eFinance mechanism is cost per bed per day negotiated by providers individually varying between 90 and 410 RON Institute for Public Policies.

^f2% of the annual due taxes can be directed to any NGO or church regardless of the object of activity.

(source:

http://www.researchgate.net/publication/261443180_Developing_a_Costing_Framework_for_Palliative_Care_Services?enrichId=rgreq-e353d1d7-1068-4658-a66f-d5087e2e7288&enrichSource=Y292ZXJQYWdIOzI2MTQ0MzE4MDtBUzoxODYyODU0NzgxMjk2NjVAMTQyMTQyNTMyNzQ4Ng%3D%3D&el=1_x_3)

Costing frameworks for palliative care services in inpatient units and home care were developed and provided to authorities to develop funding mechanisms in 2010

<http://www.studiipaliative.ro/upload/files/Evaluarea%20costurilor%20serviciilor%20de%20ingrijiri%20paliative%20in%20Romania.pdf>

Standards of care: were developed since 2001 – first edition for specialized home care services and were reviewed in 2010. 3rd edition is including also standards for inpatient units and outpatient departments [standards of care](#)

5. Identification of support **specialized literature or organizations.** (*provide links if available*)

-Specialized recent literature in palliative care: [literature in PC](#)

-2 National associations in palliative care: [National Association of Palliative Care](#) and Asociatia Nationala de Tanatologie si Paliatologie - both collective members in European Association of Palliative Care (EAPC); Romania since mai 2015 has a representative in the EAPC board <https://eapcnet.wordpress.com/2015/05/13/new-beginnings-all-change-at-the-eapc/>

Research centers in palliative care: main centre Hospice Casa Sperantei- Education and National Development Department

6. Is the palliative care **visible/debated** at national level? (*provide links if available*)

National conferences/events on palliative care:

National Conference of Palliative Care ([National Association of Palliative Care](#)) organized every year since 1998; in 2015 the national conference will be held in Tg Mures 8-10 October when we also celebrate World Hospice Day

For educational events please see education calendar

- <http://www.studiipaliative.ro/calendar/>
- Governmental Commission for Palliative Care, regularly meetings with NACP members;
- Scientific journals on palliative care: apart of articles published in journals like the Lancet and Journal of pain and symptom management ([Developing a costing framework for palliative care services](#); [Reform of drug control policy for palliative care in Romania](#)); there is also a national PC journal Paliatia.ro <http://www.paliatia.eu/new/> and since may 2014 a palliative care column in the national medical magazine Viata medicala with a palliative care article published every second week
- <https://www.facebook.com/media/set/?set=a.635455646535881.1073741830.198247400256710&type=3>

7. Identification of the **operational procedures on palliative care reported to be taught** to the students during the hospital internship in pre-clinical years.

Curriculum structure of palliative care discipline – at the Faculty of Medicine – University of Medicine and Pharmacy “Gr.T.Popa” Iasi:

Professional competences (expressed as knowledge and abilities)	<ul style="list-style-type: none"> • Drawing up the list of issues for patients in palliative care following a holistic evaluation and the completion of their management • The correct evaluation of pain and of its main treatment methods • The use of drugs which are representative for each step of the WHO analgesic ladder • Addressing the main symptoms in palliative care • Applying the algorithm for breaking bad news • The terminal phase protocol application
Transversal competences (role, professional development, personal)	<ul style="list-style-type: none"> • Correct assessment (medical history and clinical examination) of the patient • The use of verbal and non-verbal methods of communication • Initiation in the holistic approach to the patient
Principal objective	<p>Acquiring knowledge in order to provide palliative care to patients with chronic progressive, terminal disease and to their families</p>
Specific objective	<ol style="list-style-type: none"> 1. Understanding the concept of "Palliative Care" 2. Description of the holistic approach 3. Listing of palliative care team members and their roles 4. Definition of the concept of total pain 5. Correct and complete assessment of the pain 6. The description of WHO analgesic ladder, the knowledge of main opioids and how to use them 7. Getting familiar with diagnoses, care goals and interventions specific to palliative care 8. Correct approach of the patient in the terminal phase 9. Knowledge of evidence-based interventions in addressing the main symptoms and specific palliative care emergencies 10. Getting familiar with the methods of communication with the patient and his family

CONTENT

Lectures
<p>Lecture 1. Definition, principles of Palliative Care (PC). PC team in different services. Particularities of the holistic approach model of care. Beneficiaries and palliative care services. Pain and quality of life. Achievements in the field of palliative care in Romania at the legislative level, services, education.</p>
<p>Lecture 2. Pain - definitions, classifications of pain, the concept of total pain, pain assessment. Treatment steps for the management of pain, the WHO analgesic ladder. The use of opioids in pain management. Barriers and myths related to treatment with opioids. Prescribing opioids in accordance with legislation in force</p>
Seminars / laboratories

1. Presentation of palliative care service; definition of palliative care, types of services in palliative care, palliative care team; ethical dilemmas in palliative care. Holistic assessment of the patient in palliative care
2. Pain case studies, in depth study of using major opioids, legal aspects regarding opioids prescribing. Examples of using opioids according to WHO analgesic ladder
3. Case studies of using co-analgesics. Side effects of using opioids and co-analgesics. Oral cavity problems in palliative care
4. The communication with the patient - general skills, breaking bad news - role play, simulation, discussion videos, exercises of active listening and emphatic responding. Breaking bad news protocol
5. Case studies – main symptoms in palliative care: digestive, respiratory, neuro-psychiatric
6. Prognosis in palliative care. The terminal phase; Assisting patient in the last days of life – case studies, worries related to end of life
7. Approach to the main emergencies in palliative care. Teamwork

8. Provision of **examples of best practices/ projects on innovative solutions that have been implemented and found to be effective to meet the needs of those who use / will use medical procedures. *(at least 2 examples, provide a short presentation, link if available)***

- **IZERZO**: “Integration of medical oncology and palliative care procedures in various institutional and economical settings: Development of tailored interventions based on patient needs and testing of its preliminary efficacy on patient reported outcomes, tumour control and costs” financed by Romanian-Swiss Research Programme – IZERZO 142226
- **Swiss-Romanian Cooperation Programme**: Overcoming disparities on access to quality basic palliative care in the community