



In this section, European – and international – palliative care organisations are invited to explain their goals, express their hopes and voice their concerns

Palliative care in Slovakia has come a long way since the 1990s

In the young Slovak Republic, palliative care came into being in the 1990s thanks to much dedication and passion. The country now has eight hospices and six palliative care departments. But further development is hampered by poor financial coverage and issues around opioid prescription

In Slovakia, palliative care started in the 1990s, after the Velvet Revolution of 1989 in what was then Czechoslovakia and the creation of the new Slovak Republic in 1993. Among the pioneers who promoted the idea of hospice care for the terminally ill were Stanislav Fabuš, an anaesthesiologist and pain specialist from the city of Martin in the Turiec region, Leopoldína Scheidová, a physician from Bratislava (which today is Slovakia's capital) and Alica Váľkyová, a physician from Bardejov.

First hospices

Stanislav Fabuš and his colleagues in Martin laid the foundation for palliative care development, especially pain management, in the whole country. However, it took a while to create the right conditions for building hospices and providing outpatient hospice care. This was partly due to the indecisiveness of the Slovak Ministry of Health and its reluctance to offer specialised care to the incurably ill and the dying (a reluctance shared by the country's three health insurance companies), there were no hospices in Slovakia until 2003.

Inpatient hospices gradually opened from 2003 onwards, the first one being Matky Terezy Hospice in Bardejovská Nová Ves, established in July 2003. Seven were to follow: Trstice Hospice, which is integrated with a residential home and social care services for the elderly, in Trstice (January 2004); sv. Alžbety Hospice in Ľubica (September 2005); Milosrdných Sestier Hospice in Trenčín (December 2005); Liečebňa St Františka Hospice in Bratislava (July 2005); Dom pokoja a zmiernu u Bernadety Hospice in Nitra (February 2007); sv. Františkaz



Kristina Križanová and Andrea Škripeková,
Association of Hospice and Palliative Care in Slovakia

Assisi Hospice in Palárikovo (October 2007); and Dom božieho milosrdenstva Hospice in Banská Bystrica, which is part of a sociomedical complex that also includes a retirement home and a social services centre (March 2008).

The issue of funding

In Slovakia, the cost of healthcare services is reimbursed by three health insurance companies, of which two are private. This is the only source of funds, as social insurance does not contribute in any way to the financing of healthcare services. GPs are paid by capitation but fees are low. Specialists do not receive enough contracts from the health insurance companies to cover patients' needs for medical services. In theory, inpatient services are fully covered, but in reality they are underfunded and the salaries of healthcare professionals are inadequate. In outpatient care, patients have to contribute to the cost of medications. In hospices, 40 – 60% of the cost of care is paid for by patients and families, as the health insurance companies do not consider hospices to be necessary medical facilities. Generally speaking, healthcare is underfinanced and service provision is not sufficient to meet patients' needs.

Flagship department

In 1995, a palliative medicine department was created at the National Oncology Institute in Bratislava (Národný onkologický ústav v Bratislave). It provides complex, acute in- and outpatient care to terminally ill cancer patients. The beginnings were difficult and required great commitment from staff,

as palliative medicine was still poorly understood by clinical and surgical oncologists. Oncologists from the older generation were still used to relying on palliative chemotherapy and radiotherapy for pain and symptom management. But the younger generation had a better grasp of what palliative medicine can bring to patients and families.

Kristina Križanová was Head of the department from its creation until 2014, when Andrea Škripeková took over (the co-authors of this article). In February 2015 it was the department's 20th anniversary. It has now entered a phase of stability and we are looking to improve the quality of its work, particularly in the field of research.

Outside of this flagship department, there are only four palliative care departments in hospitals: in Bratislava (Univerzitná nemocnica Milosrdní bratia), Košice (Vysokošpecializovaný geriatrický ústav), Trstená and Považská Bystrica. The cost of care in these departments is poorly reimbursed by health insurance companies and no new departments are planned in the foreseeable future.

A mobile paediatric team

In 2002, a mobile hospice team called Plamienok (which translates as 'The Flicker', as in 'the flicker of a flame') was created in Bratislava to care for children with life-limiting or life-threatening illness at home. This organisation is led by paediatrician and clinical oncologist Mária Jasenková. Its activities and the number of children under its care keep increasing. The children, 60% of which have diseases other than cancer, are cared for by a team of physicians, psychologists, nurses, social workers and teachers. Plamienok does not have contracts with health insurance companies: services are funded by grants and donor contributions.

The Association of Hospice Care in Slovakia (Asociácia hospicovej starostlivosti na Slovensku) was established in 2000 in Trenčín, in western Slovakia, its first members being the healthcare professionals who had been involved at a political level in discussions about developing hospice care. In 2005, it changed its name to the Association of Hospice and Palliative Care in Slovakia (Asociácia hospicovej a paliatívnej starostlivosti na Slovensku) and it is now based in Palárikovo.

In 2006, the Ministry of Health recognised palliative medicine as a medical specialty, giving new impetus to palliative care development.

Educating professionals

Since 2009, the palliative medicine department at the National Oncology Institute is also used as a training centre by the Slovak Medical University to



■ Four members of the team at the Department of Palliative Medicine (National Oncology Institute, Bratislava) celebrating its 20th anniversary

educate the country's future palliative medicine specialists. The three-year programme of specialisation in palliative medicine has been accredited since 2012. So far, eight physicians have received a certificate in palliative medicine, and four more are due to finish training in 2015.

The Jesenius Faculty of Medicine in Martin, which is part of the Comenius University, runs palliative nursing programmes for its under- and postgraduate nursing students. Clinical oncologists, physicians and geriatricians receive palliative care training as part of their continuing education at the Slovak Medical University. Training GPs in palliative care is more of a problem. The Slovak healthcare system suffers from a lack of GPs, especially in rural areas. Out of 2,500 GPs, 30% are over 60 years of age and another 40% are over 50. Educating older physicians is quite difficult, especially in a new field.

Spreading the word

A host of palliative care conferences, both for medical and non-medical staff, regularly take place in Slovakia. Matky Terezy Hospice in Bardejovská Nová Ves has organised nine editions of its 'International Conference on Perspectives for Hospices' which, as suggested by its title, covers a variety of topics – from creating, funding and organising hospices to issues around nursing, spiritual and social care. The department of social work of the University of Trnava holds a biennial 'International Conference of Palliative and Hospice Care', with lectures of interest to medical doctors, nurses and other members of the multidisciplinary team; there has been seven editions so far. For the past ten years, the Jesenius Faculty of Medicine has hosted a biennial 'Conference of Hospice Care in Martin', with a focus on nursing care.

Slovakia and the Czech Republic take it in turns to host the annual 'Czech and Slovak Conference of Palliative Medicine', which focuses on the management of pain and other symptoms in incurable disease (cancer and other). Organisers are the Czech Society of Palliative Care and the Chapter of Palliative Care of the Slovak Society for the Study and Management of Pain. The 7th conference will be held in Brno (Czech Republic) in October 2015.

A journal entitled *Palliative Medicine and Pain Management* is published both in Slovak and Czech. From 2008 to 2014 there was a print edition, but because of a lack of funds it is now online only.

Remaining barriers

Despite the progress made since the 1990s, several major barriers to adequate palliative and end-of-life care in Slovakia remain.

There is a lack of facilities in social and long-term nursing care, so there are not enough services to look after the elderly and the seriously ill. We estimate the need for palliative and hospice beds to be approximately ten for every 100,000 inhabitants, so 540 beds are needed in total; however, at present, there are only around 180.

There is no organised palliative home care service provision. Home care is provided, at their own initiative, by some nurses working for home nursing agencies, in co-operation with palliative care doctors. These doctors, who are certified in palliative medicine, provide mostly outpatient palliative care services but are established as GPs, as otherwise they would not be able to have contracts with the health insurance companies.

No palliative care doctor in Slovakia is licensed to prescribe opioids, nor some of the other drugs and medical equipments commonly used in palliative medicine (gabapentin, midazolam, haloperidol, syringes and needles, equipment to treat fungating lesions and fistulas, and so on). We are currently negotiating with the Ministry of Health in order to increase the indication limits of these drugs and medical aids for palliative care doctors. There are two issues here: the restrictions imposed on the prescription of some drugs, mainly expensive ones, because of the endemic lack of funds, and the fact that opioids are classified as 'addictive substances' and their use restricted.

Continuous administration of drugs through pumps or syringe drivers hardly exists outside oncology, intensive care or acute medicine clinics and hospital departments. It is extremely difficult to organise continuous drug administration for patients at home. Funds are lacking and, to purchase the necessary equipment, money from

donors would need to be set aside. GPs do not do home visits adequately and they do not know how to deal with dying patients. They cannot prescribe strong opioids and are not trained in their use. Until recently, there were no hospices and most people died in hospital, so there is no culture of how to deal with death and dying in the community. There used to be specialised geriatric nurses who visited the elderly at home, enquiring about their needs, but they no longer exist.

The relative poverty of Slovak households makes it almost impossible for relatives to leave their jobs in order to care for a terminally ill family member. There is no such thing as paid family leave. If a relative has a disability or long-term illness, families can claim financial support from the local authorities, but the process takes time. If the prognosis is a few weeks or months, it is unlikely that financial support will be granted to the family before their loved one's death.

Finding the right balance

The Slovak healthcare system prides itself on being free of charge for patients; however, it cannot work properly when there is not enough money. To get acute care, many patients travel to Austria or the Czech Republic, where they sometimes pay less than in Slovakia. Palliative care has been formally recognised as a specialty and its importance acknowledged, but public funding remains modest. Also, the curative approach and the idea that disease can be 'defeated' have a strong hold both among the general public and many physicians.

We have a long way to go. We will keep trying to influence healthcare policies in order to promote hospice and palliative care. One of our tasks will be to find the right balance so that the palliative and curative approaches work in partnership in the interests of patients and families. We need to teach the palliative care approach to students in every field of medicine, and introduce it to related fields such as geriatrics and neurology. Finally, we need to start doing more research ■

Kristina Križanová, Palliative Care Physician, Department of Palliative Medicine, National Oncology Institute; Palliative Medicine Expert, Slovak Ministry of Health; Palliative Medicine Lead, Slovak Medical University, Bratislava; Committee Member, Association of Hospice and Palliative Care in Slovakia, Palárikovo. Andrea Škripeková, Palliative Care Physician and Head, Department of Palliative Medicine, National Oncology Institute, Bratislava; Committee Member, Association of Hospice and Palliative Care in Slovakia, Palárikovo, Slovakia