

Palliative care role with Lithuanian Association

Marija Inesa Poniskaitiene

Lithuanian Pain Society, Greece

Abstract

Palliative care steps were slow in Lithuania. After the Second war our country has lost its tradition to seem to death as a natural action, tradition to die reception, tradition of volunteering. It had been very difficult to determine palliative care services in our country once we gained our independence in 1990. The primary steps of palliative care were based by enthusiasm of single persons. In 1993 an agreement of joint activity between the general public Health Care Department of Kaunas City Municipality and Lithuanian charitable organization Caritas was concluded to determine one among the primary nursing hospitals in Lithuania. Palliative care services are already included in its first license.

There were many important events since 1995: Subdivision of Pain and Palliative Care Therapy was organized in Vilnius Oncology Institute, Lithuanian Palliative Medicine Association, the Lithuanian Association of Pain were founded, the Law of Prescription and control of opioids is ratified, The WHO document „Symptom relief in Terminal Illness“ was translated into Lithuanian. We've gained tons of experience in Poland, in Czech Republic, Hungary, Germany, Belgium and other countries. A big conceptual support we received from the UK: „The Tiltas Trust“ and the British-Lithuanian Society (Mike Coward, Wendy Howe), M, Macmillan Centre and from Northern Ireland. 1996 year was an excellent feast for Kaunas Nursing Hospital, because Dame Cicely Saunders visited it and gave some advices the way to organize the contemporary palliative care. In 1999 the palliative care education for Nursing and Medicine students started in Kaunas University of drugs. In 2003 The Council of Europe report on palliative care (Recommendation Rec 24 of the Committee of Ministers to member states on the organization of palliative care) translated and published in Lithuanian. Since an equivalent year the Centre of Integrated Palliative Care Services in Panevezys city is functioning, where physicians, nurses and social workers provide the services reception of patients. In 2005 St. Francis Oncology Centre established in Klaipeda by Brothers Franciscans (social-psychological aid). In 2007 Lithuanian Palliative Care was legalized as separate service for adults and youngsters by Health Ministry and accreditation of palliative care services was confirmed. Palliative care wasn't limited in duration. The house Care Palliative Medicine Centre opened in Kaunas. In 2008 Basic costs of various sorts of palliative care services were set. In 2009 within the village near Alytus town palliative care service are launched for Alytus patients. In 2012 Vilnius Hospice of the Blessed priest Michael Sopocko was established. In 2015 dementia patients were included within the list of indications for palliative care, stationary palliative care services volume increased from 6 to 9 beds/100000 citizens and therefore the total number of palliative care patients steadily is growing.

There are not any palliative care specialists in Lithuania. However, in 2005 a postgraduate palliative care course was established. Kaunas Medical University organizes undergraduate palliative courses for palliative care teams.

In 2019 three Nursing hospitals of Kaunas were joined and that they were named as K. Griniaus Nursing Hospital. It continues palliative activities.

The Lithuania has not participated in any way within the Council of Europe discussions about euthanasia. There are not any initiatives in our country to hunt the legalization of euthanasia or suicide now. In 2009 within the village near Alytus town palliative care service are launched for Alytus patients. In 2012 Vilnius Hospice of the Blessed priest Michael Sopocko was established. In 2015 dementia patients were included within the list of indications for palliative care, stationary palliative care services volume increased from 6 to 9 beds/100000 citizens and therefore the total number of palliative care patients steadily is growing.

The Lithuanian Palliative Care is progressing step-by-step. We might wish to present what changes have taken place during this field:

- expansion of the structure of palliative care team including a psychologist and a nursing assistant;
- financing of home care services has been started but not sufficiently (especially in remote areas);
- the compensation of pumps-syringes has been started for home care services;
- the fentanyl citrate sublingual tablets of 100, 200, 400µg which have began to be used and especially cases are compensated;
- there's insufficient training at the undergraduate and post graduate levels;
- funding has been slightly improved but still insufficiently;
- increasing the amount of volunteers in home care services.

At the looks of the issues of COVID-19 virus a greater number of more neglected palliative care patients appeared in hospitals.

There were some reasons:

1. consistent with the orders of the Ministry of Health, it had been possible to supply outpatient home care services during the quarantine; it resulted the reduction of outpatient services by around 50 %.
2. Since May of this year, consistent with an agreement, the Ministry of Health recommended to medical management to arrange the add cycles for medical professionals who worked at several medical institutions during the quarantine period. this is able to to insure a minimum relationship between professionals and patients and at an equivalent time reducing the likelihood of the virus spreading. for instance , a physician works full-time in one institution and in another - part-time. At an equivalent time a physician could work permanently for 3 weeks in his basic institution, and therefore the next week continues in other hospital. during this way, many specialists had to offer up his add palliative care. Thus, the necessity for palliative care services remained unsatisfied and more neglected patients were arriving within the reception departments.
3. Another problem was the difficulties with admission into nursing hospitals, as they practically don't accepted patients from home, but only from inpatient clinics or checkpoints as, consistent with the wants of the Ministry of Health, COVID-19 tests had to be performed before hospitalization.

All of the above causes led to difficulties to treat patients, admitted to a hospital. Now, when pandemic is shrinking, things in palliative care is improving a touch .

Our guide in our future work:

- to expand the network of home care services;
- to enhance the number and quality of spiritual care;
- to legalize undergraduate and postgraduate training of physicians nurses in universities;
- to organize the instructions for COVID-19 virus patients during pandemic