

Palliative medicine in Norway – a model for Slovakia?

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The Norwegian model for palliative medicine and care is organized in four centres of excellence in close connection with university hospitals. The centres consist of: a clinical division, department of palliative medicine and a second division, department of education and research. In Slovakia there could be three or four such centres.

The hospital in Martin is a big regional hospital and it is also a university hospital. It is well developed with most of the medical specialities. There is neither palliative care department nor hospice in this region. Our vision is to found a centre of palliative medicine in Martin, there should be centre also in Bratislava or Kosice, consisting of clinical division and a division for education and research.

Key words: palliative medicine, Norway, Slovakia.

Some of the text and the model in the article are citations from Standard for Palliative Care, Norwegian Association of Palliative Medicine 2004.

Palliative care

Palliative care is the active total care of patients whose disease is not responsive to curative treatment. Control of pain, of other symptoms, and of psychological, social and spiritual problems is paramount. The goal of palliative care is the achievement of the best possible quality of life for patients and their families. Palliative care affirms life and regards dying as a normal process, and neither hastens nor postpones death. (European Association for Palliative Care (EAPC) / World Health Organization (WHO))

Palliative care has its roots in the hospice movement, and the definition is founded on hospice philosophy. Palliative care as a specific medical field is characterized by the following:

- relief of pain and other distressing symptoms. Physical, psychological, social and spiritual/existential aspects are central;
- the patient and family require a comprehensive approach from many professional groups. The roles of physician and nurse are foremost, but chaplain, physiotherapist, social worker, dietician, occupational therapist, and psychologist can all play important roles in the treatment team;
- close proximity to the home is central in planning treatment and care;
- palliative medicine is scientifically based, just as other medical areas. There is a great need for research and development in care of this patient group.

The Norwegian national health system

Norway is a large country, mainly south – north located. The population of 4,5 millions is unevenly distributed with a low population density. The majority of the people live in the south.

The hospitals have an important position in the health care system which is publicly funded. The private non-supported sector is small. The municipalities are responsible for general care and local health care.

Opioids and other narcotic drugs necessary for symptom control are easily available in Norway. The consumption of opioids is high compared to other European countries.

Palliative care population in Norway today

The number of palliative cases in Norway is increasing because of the expected rise in the absolute incidence of cancer and because the number of elderly persons is growing.

About 15 000 cancer patients in Norway require qualified treatment for pain and/or other distressing symptoms and at least 15 % of these patients have complicated pain and other symptom complexes. 95 % of patients treated at palliative care centres are cancer patients with advanced, incurable disease and patients with neurological disease largely comprise the remainder of this group.

Situation for palliative medicine in Martin, Slovakia today

The hospital in Martin is a regional and university hospital with high standard and most of the medical specialities. It is an important part of

Paliat. med. liec. boles., 2010, 3(2): 76–77

Jessenius Faculty of Medicine in Martin both for the students and the professionals. In the hospital different type of cancer patients are treated and also other patients with chronic diseases that can be in the need of palliative medicine and care. There are no department of palliative medicine or hospice in Martin, and no specialist and no academic positions. At the Jessenius Faculty of Medicine in Martin there is a visiting-professor in palliative medicine.

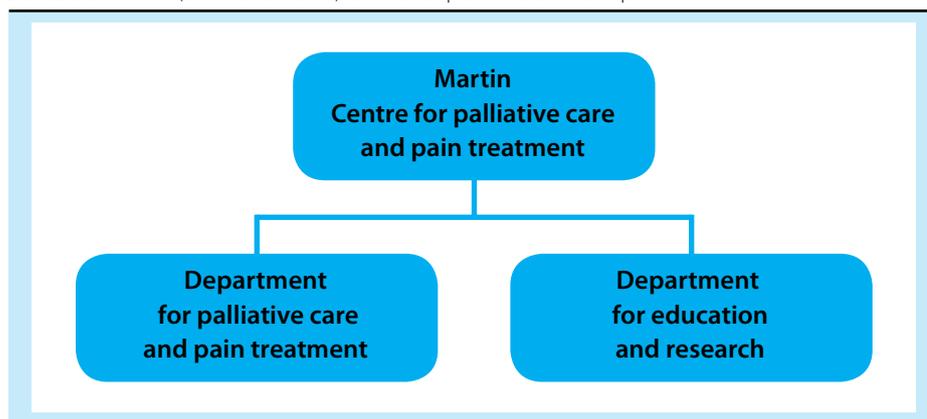
In Slovakia there are two specialists in palliative medicine and there is neither academic position nor department of palliative medicine at the faculties of medicine. There are 40 specialists in pain treatment and most of them have experience in palliative medicine.

The Life-help Report offers recommendations for the organization of palliative care at all levels of health care:

- **primary care:** strengthened home care services and dedicated beds in nursing homes. At least one physician and one nurse in each municipality with expertise in palliative care to guide care providers.
- **2nd line care:** dedicated units, outpatient clinics, and palliative care teams at larger hospitals.
- **tertiary care:** regional centres of excellence and departments/divisions for palliative medicine at university hospitals in all regions.

In Norway palliative care is organized on these three levels and the primary care physician is primarily responsible for the patient in the home. The primary care physician and municipal health care services are linked to specialist care through a network consisting of a regional pallia-

Picture 1. Martin (Bratislava/Kosice) Centre for palliative care and pain treatment



tive care centre and one or more hospital-based palliative care centres.

Slovakia and Norway have similarities and based on how it is organized in Norway we have a vision for the palliative care in Slovakia. In Norway are there four centres of excellence and in Slovakia should there be three or four. We have created a model for a centre in Martin, it can also be in Bratislava or Kosice, grounded on cooperation between the hospital and the faculty of medicine included the nursing institute. The Jessenius Faculty of Medicine in Martin has in this field cooperation with the Faculty of Medicine at the university in Trondheim, Norway.

Levels of Expertise

International experience suggests that the majority of patients with advanced, incurable disease benefit from, and therefore should have, an evaluation by a palliative care team.

Patients with particular needs require admission to a palliative care hospital unit or nursing home unit (alternatively, a day ward). Admission to palliative care hospital and nursing home units should preferably be short-term and goal oriented.

Tertiary care given at the regional palliative care centre, as Martin Centre of Palliative Care and Pain treatment, should have the highest level of expertise. Responsibilities should include clinical services, professional networking, education and training, research, and development of the field.

Martin Centre for palliative care and pain treatment

Definition

The centre consists of:

- a clinical division – Department for palliative care and pain treatment,
- Department of education and research.

The centre shall strengthen and disseminate palliative care expertise within the region. The clinical division of Martin Centre for palliative care and pain treatment will function as a hospital-based palliative care centre inside the hospital.

Tasks

1. *Department for palliative care and pain treatment / Clinical division (25 beds)*

Functions as a hospital-based palliative care centre for the region as well as for the other departments within the hospital.

Regional functions as reference department for hospital-based palliative care centres, hospice, nursery homes and home care service in the region:

- advice and guidance;
- admission of patients with especially complicated problems and symptoms. This also includes psychological, social, and spiritual/existential matters;
- admission of patients in need of diagnostics, assessment, or treatment at the tertiary care level;
- observation and teaching practice for health care professionals and students;
- base for clinical trials and other research.

2. *Department of education and research*

- University unit with full time position in palliative medicine, professor and/or assistant professor.
- Undergraduate and postgraduate education for professionals involved in palliative care teams.
- Courses and seminars for primary care services and hospitals.
- Research and development.
- Development of procedures and guidelines for its own administrative area, including the network of resource nurses, refer to hospital-based palliative care centre. National cooperation regarding national guidelines.

- Support for planning the organization and expansion of palliative care services in the region.

Vision of research and development

Research and development are principal functions of the palliative care centre. These functions should include:

- development of procedures and guidelines for the local health care administration, including the network of resource nurses;
- teaching: thematic in-service training days, courses, and seminars for primary and secondary care staff;
- observation and teaching practice for different professional groups;
- systematic teaching and/or observation for those receiving training at the hospital;
- participation in research and development projects.

Research within palliative care shall be founded on the same quality principles as other medical research. Research in palliative care should primarily focus on evaluating treatment methods.

Department for education and research should have:

- formal ties to the university's faculty of medicine in the form of an academic section, at least one chair in palliative medicine. The structure will depend on the local model;
- one or more ongoing, relevant research projects at any given time;
- at least one PhD student in palliative medicine at any given time;
- responsibility for ensuring that research is performed at the palliative care centres in hospitals within the region;
- responsibility for offering instruction pertaining to research within palliative care.

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