

COMBINATION OF MEDICAL AND SOCIAL ASPECTS FOR DEVELOPING EFFECTIVE PALLIATIVE CARE

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Duration of planned program: 4 months

Research site: Palliative Care Unit of Cancer Prevention Center, Tbilisi, Georgia
Institute of Oncology (Institut Català d'Oncologia), Barcelona, Spain

Methodology of research: Questioning of various beneficiaries of palliative care (patients, family members)

Activities planned under the ESMO research grant started in September 2008. The whole project covered a period of 4 months and it consisted of several stages:

I stage: Preparatory

II stage: Research in Tbilisi, Georgia.

III stage: Visit to Barcelona, Institut Català d'Oncologia and practical acquaintance with organizational and medical aspects of local Palliative Care system

IV stage: Research results analyzes and elaboration of data.

Stage I:

An introductory meeting with the staff of Cancer Prevention Center in Tbilisi, Georgia was organized. The research topic introduced to a wider audience and some details of future research agreed upon with the medical staff providing care and treatment to terminal patients of Palliative Care Unit of the Cancer Prevention Center (Tbilisi, Georgia, national Cancer Center). The main focus being made on ethical and legislative issues through interviews with patients and their family members.

After the development of the questionnaires (three different versions – one for patients and two for patient's family members, attached to the report), they were presented to the Ethics Committee of the CPC for their official confirmation. At the end of September, CPC officially confirmed its permission for conducting the interviews.

At the same time, the questionnaire was translated into Spanish and sent to Barcelona, to the Institut Català d'Oncologia (Dr. Xavier Gómes Batiste).

Stage II:

In October, the interviews began at the Palliative Care Unit of the Cancer Prevention Center. In total 150 people participated in the study:

Patients – 50

Family members – 100

The study of patients was conducted with the participation of a physician (a nurse in some cases). All the participants of the study were informed of the reasons for the questions and were also informed providing names was not obligatory.

Stage III:

The visit to the Institut Català d'Oncologia covered the period 1st to the 25th November 2008. Despite the continuing consultations with hosting organization, the decision was taken by the Committee on Ethics at Institut Català d'Oncologia, to conduct direct observation instead of questioning of the patients.

The activities conducted and the subsequent results of the research visit are summarized below:

Week I:

- My first week began at the Institut Català d'Oncologia, where Dr. Xavier Gómes Batiste and his colleagues introduced me in general, to the health care system of Spain and in particular the Catalanian Medical system and the role of Palliative Care.
- I became acquainted with different types of Palliative care services provided by the Institut Català d'Oncologia :
 - Palliative Care Inpatient Unit, (24 beds);
 - Palliative Care Hospital Supporting Team for Inpatients, providing services to cancer and non cancer patients and their family members.
 - Outpatient Consulting Service, providing services to out-patients and their family members;
 - Socio-Sanitaria Department, including 36 beds and providing services to chronic patients with less acute medical problems.
 - Pain Management Team, helping palliative Care Team to manage patients, with refractory pain;
 - Psycho-Social Support Teams, a new project financed by Bank La CAIXA. Within the framework of this project, the psycho-social support teams providing

psyche-social support to patients of primary medical services, family members of the patients and also to Palliative Home Care Team members.

I also attended meetings within the hospital at:

1. The Training Center
2. The Research Unit
3. Project La Caixa (Psycho/social support team) in progress.

Week II:

During this week I was sent on the recommendation of Dr. Xavier Gómes Batiste to several other Palliative care Units in Barcelona:

- Hospital Sta. Creu i St Pau, Palliative Care and Oncology Unit, where I participated in the working process of their Inpatient Unit, Hospital support Team, and Outpatient Consulting Service with the head of Palliative Care Unit, Dr. Antonio Pascualv for two days;
- Hospital MUTUAM, where I spent three days with the head of the hospital, Ms. Saiz. Each day involved the participation within the Socio-Sanitario Department, Palliative Care Inpatient Unit and Palliative Home Care Team (PADES) in progress.

Week III:

During this week I analyzed the information, received from the Institut Català d'Oncologia, head office of Dr. Xavier Gómes Batiste, where it was discussed which services were felt to be more useful for Georgia, how to implement them and how to continue collaboration between the two countries for further development of Palliative Care services in Georgia. We also discussed the possibility for the introduction of the Catalan model into the Georgian medical system. In particular it was analyzed as palliative as well as medical systems differences and similarities.

Week IV:

A summary meeting was held with Dr. Xavier Gómes Batiste, to review all the analyzed information obtained during my visit. During this meeting concrete steps were planned, to give us a profound and close relationship between palliative care teams of the Institut Català d'Oncologia and the "Cancer Prevention Center"

Overall the second and fourth weeks were important in terms of direct goal of the research. I met patients and their family at PC Units. I did not have permission to work directly with patients, so local physicians and nurses greatly assisted me in obtaining necessary information on care and treatment provided to them and also on procedures and medications used for pain management and symptom control.

Stage IV.

Through the analysis of the Palliative Care systems in two countries, the study has revealed several similarities and differences in organizational and medical aspects. The table below represents summarized information on the current situation in PC development in Georgia and Spain.

| Field | Spain | Georgia |
|--------------|--|---|
| Structure: | Palliative Care is an integral part of health care system | Palliative Care is an integral part of health care system |
| Financing: | Palliative Care is fully funded by the State program | Palliative Care is only partially funded by the government - It covers 70 % of the treatment cost of Cancer patients. The remaining 30% is covered by the patients. The State also covers 100% of costs of Palliative Care services for HIV patients /Funding provided by "The Global Fund"/ |
| Settings: | Palliative Care Inpatient Unit Palliative Care Hospital Supporting Team Outpatient Consulting Service Socio-Sanitaria Department Palliative Home Care Team (PADES) Pain Management Team Psycho-Social Support Team | Palliative Care Inpatient Unit Home Care Team (within the framework of several projects) Hospital Consulting Service within the framework of a pilot project) |

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| Staff: | Physician Nurse Physiologist Occupational therapist Caregiver Clergy | Physician Nurse Physiologist Occupational therapist Caregiver Clergy |
| Beneficiaries: | Covers all population and needs | Covers only small part of population's needs and only for Cancer Patients |
| Drug availability/Medications: | Wide ranges of drugs/medications are fully available for each patient according to his/her needs. | Only injectable morphine is available at present. Administration of oral opioids has been officially admitted. In the near future oral morphine will be delivered for administration in terminal patients |
| Pain Management: | Pain management is a separate specialty in health care system. | Pain management is provided by the physicians working in Palliative Care Unit. |
| Effectiveness of Palliative Care system: | Existence of different settings, funding provided by the government, drug availability insures realization of effective, cost-effective and comprehensive Palliative Care for all those in need. | Non-adequate funding of Palliative Care system, inaccessibility of opioids cause main obstacles for provision of effective services. It is true that only cancer patients residing in the capital are provided with palliative care, but existing services cover only small number of persons in need. |

Suggestions for further development of Palliative care in Georgia:

- Increased funding of the field
- Elaboration of palliative care units in regions
- Development of different settings of Palliative Care (home care teams, hospital based mobile groups, consultative services, care for elderly people)
- Prioritization of Palliative Care in the health care system
- Increase public awareness.