

PALIJATIVNA SKRB / PALLIATIVE CARE
MODEL OF COMMUNITY PALLIATIVE
CARE SERVICE IN ISTRIAN COUNTY
MODEL VANBOLNIČKE PALIJATIVNE SKRBI
U ISTARSKOJ ŽUPANIJI

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Palliative care is the care of patients with active, progressive, far-advanced disease, for whom the focus of care is the relief and prevention of suffering and the quality of life. It is comprehensive in approach and aims to address all the patient's needs, physical, psychosocial and spiritual. Palliative care offers a support to the family during the patient's illness and in their own bereavement. A multidisciplinary or inter professional approach is essential.

The need for palliative care in Croatia is doubtless. Already in 1994 was established The Croatian Society for Palliative/hospice care subsequently renamed in the Croatian Society of Palliative Medicine. In 2003 palliative care is regulated by law in the Act of Health Protection. However there is no model of providing palliative care for patients at home, hospice or in a hospital. Selection of palliative care service is determined by needs of patients and caregivers, education of health professionals, place of provision of palliative care, relationship with the local medical community and local government and of course by traditional, cultural and religious heritage. Financial possibilities are also an important factor in planning models of palliative care. There is no ideal model of providing palliative care. Based on the professional knowledge we have to organize Croatian model of providing palliative care.

In 2011 in Istria County began the organization of palliative care service. Since 2005 in the Istria County acts Volunteer palliative care team in the League against Cancer Pula. Team members were continuously trained in palliative care, so we have enough trainers to conduct the project. The need for palliative care patients was defined. Annually in Istrian

County died about 2000 people of which 580 of cancer. About 50% are dying at home and they. The goal was to provide palliative care for patients and family members at their homes.

We have established the Department of palliative care at Istrian Health Centers in Pula. The nurse is full time employed and there is headquarters of the Mobile (specialist) palliative care team. Family physicians are encouraged to collaborate with the team. One-day training about palliative care principles was conducted for all family physicians (108 of 116) and district nurses (39 of 42) in Istria County. The mobile team is formed by the oncologist, neurologist, psychiatrist and a surgeon who are operating throughout the county. We have established oncologist and psychiatrist advisory centers in Pula, Porec, Labin and Umag. Lending aid service is organized in Pula and soon will be organized in other cities of the County. Two-month training for 50 volunteers was performed in Porec and Pula. The education of social workers started in 2012. We realized collaboration with hospital departments to achieve the planned dismissal of patients in need of palliative care.

Initiating a palliative care service is a huge challenge, but maintaining the model is perhaps a greater demand. This service is established with financial support of county government, great enthusiasm of team's health professionals, good cooperation with family doctors and nurses. We believe that this model is feasible in the County of Istria. However, it is necessary to continuously upgrade the model to achieve the main goal- the improvement of quality of life of patients in need for palliative care.