The Challenges of the Lithuanian Palliative Care

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Palliative care steps were slow in Lithuania. After the Second World War our country has lost its tradition to look to death as a natural process, tradition to die at home, tradition of volunteering. It was very difficult to establish palliative care services in our country when we gained our independence in 1990. The first steps of palliative care were based by enthusiasm of single persons. 1993 an agreement of joint activity between the Public Health Care Department of Kaunas City Municipality and Lithuanian charitable organization Caritas was concluded to establish one of the first nursing hospitals in Lithuania. Palliative care services have been 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 have gained a lot of experience in Poland, in Czech Republic, Hungary, Germany, Belgium and other countries. A significant 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 a great feast for Kaunas Nursing Hospital, because Dame Cicely Sounders visited it and gave some advices how to organize the contemporary palliative care. 1999 the palliative care education for Nursing and Medicine students started in Kaunas University of Medicine. 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 the same year the Centre of Integrated Palliative Care Services in Panevezys city is functioning, where physicians, nurses and social workers provide the services at home of patients. 2005 St. Francis Oncology Centre established in Klaipeda by Brothers Franciscans (social-psychological aid). 2007 Lithuanian Palliative Care was legalized as separate service for adults and children by Health Ministry and accreditation of palliative care services was confirmed. Palliative care was not limited in duration. The Home Care Palliative Medicine Centre opened in Kaunas. 2008 Basic costs of different forms of palliative care services were set. 2009 in the village near Alytus town palliative care service have been launched for Alytus patients. 2012 Vilnius Hospice of the Blessed priest Michael Sopocko was established. 2015 dementia patients were included in the list of indications for palliative care, stationary palliative care services volume increased from 6 to 9 beds/100000 citizens and the total number of palliative care patients steadily is growing.

There are no 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.

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

The Lithuania has not participated in any way in the Council of Europe discussions about euthanasia. There are no initiatives in our country to seek the legalization of euthanasia or assisted suicide now. 2009 in the village near Alytus town palliative care service have been launched for Alytus patients. 2012 Vilnius Hospice of the Blessed priest Michael Sopocko was established. 2015 dementia patients were included in the list of indications for palliative care, stationary palliative care services volume increased from 6 to 9 beds/100000 citizens and the total number of palliative care patients steadily is growing

The Lithuanian Palliative Care is progressing step-by-step. We would like to present what changes have taken place in 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-syrenges has been started for home care services;
- the fentanyl citrate sublingual tablets of 100, 200, 400µg which have started to be used and in particular cases are compensated;
- there is insufficient training at the undergraduate and post graduate levels;
- funding has been slightly improved but still insufficiently;
- increasing the number of volunteers in home care services.

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

There were some reasons:

1. According to the orders of the Ministry of Health, it was possible to provide outpatient home care services during the quarantine; it resulted the reduction of outpatient services by around 50 %.

2. Since May of this year, according to an agreement, the Ministry of Health recommended to medical management to organize the work in cycles for medical professionals who worked at several medical institutions during the quarantine period. This would to insure a minimum relationship between professionals and patients and at the same time reducing the possibility of the virus spreading. For example, a physician works full-time in one institution and in another – part-time. At the same time a physician could work permanently for three weeks in his basic institution, and the next week continues in other hospital. In this way, many specialists had to give up his work in palliative care. Thus, the need for palliative care services remained unsatisfied and more

neglected patients were arriving in the reception departments.

3. Another problem was the difficulties with admission into nursing hospitals, as they practically do not accepted patients from home, but only from inpatient clinics or checkpoints as, according to the requirements 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, the situation in palliative care is improving a little.

Our guide in our future work:

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