

# **LABOR et EDUCATIO**

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### **STUDIA**

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## **Problems of Postgraduate Education in the Sphere of Palliative and Hospice Care**

### **Introduction**

Palliative and hospice care is a comprehensive care aiming at better life quality of individuals facing the problem of incurable illness. The care should meet medical, psychosocial, spiritual needs of person.

### **Postgraduate education in the sphere of palliative and hospice care**

The actuality of the palliative and hospice care is caused by significant demographic and social changes taking place in all developed countries in the 20<sup>th</sup>-21<sup>st</sup> century. This gives the community a new, previously unknown, scientific, organizational and financial challenges for the establishment and development of medical and social assistance to terminally ill patients and members of their families. The situation is applicable to Ukraine, too, where the background of demographic, environmental and economic crisis in connection with the general aging of the population changes significantly

nosology of diseases that cause the death of the patient, increasing the duration and severity of diseases that are accompanied by serious physical and psychological human suffering in the last months of life. Therefore, in Ukraine, as in other European states, the issue of palliative and hospice care becomes more and more important each year. According to the research by experts Association of Palliative and Hospice Care over the past 5 years in our country every year about 1.5 - 2 million incurable patients and their families need the palliative and hospice care<sup>1</sup>. It means that every general practitioner, family practice doctors, nurses and doctors who work in almost all hospitals should have the knowledge and skills how to provide care for these patients and their families, to be able to control chronic pain, and treat a number of syndromes of severe disorders of organs and systems, that are normal to palliative patients in end-of-life stage.

It should be noted that the organization of services and medical care in our country is developing rapidly, which requires special approaches to postgraduate education of health professionals. The main global trend is the development of new approaches to work with the citizens (not just in health care), that is the team (multidisciplinary) work style, which aims to ensure comprehensive support; paradigm change of health care and refocusing it on providing medical services; increasing the role of civil society and for-profit organizations in the provision of such services; increasing the role and popularity of psychological support and so on. In our country these signs of times are added by aggravation of social problems caused by the rapid aging of the population, increasing the number of incurable patients with malignant tumors, with severe complications of chronic non-communicable diseases, HIV / AIDS, TB, viral hepatitis, congenital malformations, as well as armed conflict in the East, the emergence of more than 1 million internally displaced persons and other challenges<sup>2</sup>. All this suggests that education of professionals working or planning to work in palliative care should address not only

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<sup>1</sup> А. В. Царенко, Ю. І. Губський, *Організація міжвідомчої співпраці сімейних лікарів при наданні амбулаторної паліативної допомоги пацієнтам похилого віку*, „Семейная медицина” № 1, 2013, р. 14–17.

<sup>2</sup> О. О. Вольф, *Програма циклу тематичного удосконалення «Психологічні, соціальні та юридичні аспекти організації надання медичної допомоги в амбулаторних і стаціонарних умовах»* (у співав.: Губський Ю. І., Царенко), Третя всеукраїнська науково-практична конференція «Актуальні питання паліативної та хоспісної допомоги в Україні: фармацевтичні та медико-юридичні аспекти»: Матеріали конференції, м. Київ (23–24 квітня 2015 р.). – К.: Університет «Україна», 2015, р. 87–94.

medical but also social, psychological, and other issues. Ukrainian experts Knyazewich, Tsarenko, Yakowenko<sup>3</sup> (2014) say that according to international standards, organizational forms of medical help to terminally ill include wards of palliative medicine, palliative care beds at the hospitals, hospital nursing, departments of palliative medicine specialist hospitals / clinics and centers (oncology, geriatrics, neurological, surgical, psychiatric, pediatric profile), regional hospices<sup>4</sup>. The limitation of this classification is that it ignores the parallel function of two systems and even “worlds” that develop care to the terminally ill. On the one hand, it is state or community based health care institutions, which operate on the basis of the above mentioned institutions helping terminally ill. On the other hand there are citizens’ initiatives, in the form of NGOs and voluntary groups. The examples of these initiatives are “Association of Palliative and Hospice Care”, “Tablets”, “Pledge Foundation” and many others. Sometimes these “worlds” meet. For example, the NGOs supported by physicians from state hospitals made a number of changes to the regulatory framework, resulting in the liberalization of drugs using, established hospices or other forms of end-of-life care, developed a number of programs for trainings, but antagonistic official health system demonstrates its strength and vitality.

At the heart of most barriers there are mental problems and inconsistencies of post-Soviet thinking paradigm: a post-industrial society that is developing rapidly in Ukraine, meets the formal and mental facilities which originated in the industrial day<sup>5</sup>. NGOs in their structure and functions are more modern, flexible and responding to clients’ needs.

According to Gojda, Gubskii, Knyazewich, and Tsarenko, the post-graduate education is required firstly by district and family physicians, multidisciplinary teams, medical workers of home hospices, clinics, surgeries, pain treatment

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<sup>3</sup> Н. Г. Гойда, Ю. І. Губський, В. М. Князевич, А. В. Царенко, *Медико-соціальні характеристики організації системи паліативної та хоспісної допомоги в Україні*, Зб. наук. праць співроб.НМАПО імені П. Л. Шупика, 23(3)/2014, р. 110.

<sup>4</sup> В. М. Князевич, А. В. Царенко, І. В. Яковенко, *Стан, проблеми і перспективи впровадження Національної стратегії розвитку системи паліативної допомоги в Україні до 2022 р.*, Матеріали науково-практичної конференції «Паліативна допомога в Україні: складові та шляхи розвитку», 18–19.09.2014 р., Харків, р. 8.

<sup>5</sup> О. О. Вольф, *Розвиток допомоги тяжкохворим (невиліковним) і членам їхніх родин у контексті системи охорони здоров'я в Україні*; О. О. Вольф, Матеріали всеукраїнської науково-практичної конференції «Соціальна політика щодо невиліковно хворих» (27 березня 2013 р.). – К.: Університет «Україна», 2013, р. 4–8.

specialists and others<sup>6</sup>. The above-mentioned authors underline the need of organizing the psychological and spiritual (pastoral) care to patients and their families at all stages of palliative care. The special note should be paid to issues of geriatrics. Stadniuk notes that increasing services provided to the elderly provokes the change in the structure of education of medical workers as well as social workers, psychologists, and volunteers. Because of that, in 2005 state education center on problems of aging was established. Its main task is organization and coordination of pre- and postgraduate education on issues of aging for medical and social workers, volunteers and citizens at whole. The center received international grants to develop special educational materials for nurses, as well for creation of information contact points, where information provided on healthy life style and active aging. Organizers believe that such work shall better life quality of the elderly<sup>7</sup>.

But we consider that the most actual issue in the post-graduate training of health care workers is presentation of the modern approaches to health care. One aspect of such approach is the financial and economic autonomy of health care facilities supported by the Minister of Health of Ukraine S. Kwitashwili<sup>8</sup>. One of the features of the planned healthcare reform is getting by family doctors the status of the private enterpriser. However, the situation regarding health reform shows that this issue is too ambiguous. Physicians, mostly, are not ready to autonomy and absence of centralization. The post-graduate education for physicians should include such topics as communication, interdisciplinary cooperation, team-work, project management etc. Such issues, however, are rather novelty in Ukraine.

According to recommendations of Association of palliative and hospice care, the need for inpatient palliative care beds is around of 8–10 beds per each 100,000 of population. Thus, for the adequate care of palliative patients in Ukraine around 4,500 palliative beds in 150–180 inpatient hospices and palliative medicine departments (with 25–30 beds each) should be established.

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<sup>6</sup> Н. Г. Гойда, Ю. І. Губський, В. М. Князевич, А. В. Царенко, *Медико-соціальні характеристики організації системи паліативної та хоспісної допомоги в Україні...*, р. 110.

<sup>7</sup> Л.А. Стаднюк, Д. Ф. Чеботарев, *Основоположник системы гериатрической подготовки в Украине*; Л. А. Стаднюк, В. Ю. Приходько, В. В. Чайковская, *Кровообіг та гемостаз*. – 2013, № 2, с. 68–71.

<sup>8</sup> *Autonomisation of health care facilities: parliamentary committee has supported any draft laws*, <http://pda.apteka.ua/article/344634> [access: 29.12.2015].

To provide care in these facilities, around 350–450 doctors, 3500 nurses, 150–180 social workers, psychologists and chaplains should be prepared at least.

We note and underline the important role of managers in social work in modern conditions. Modern social work managers are experts who can become a leading force in the multidisciplinary team of hospice facility. They can attract resources and be fundraisers and volunteers coordinators; to be managers of communications and networking; finally, to manage legislation and patient rights issues. However, no adequate conditions are created for them to work in the state health care facilities and no clinical social work is a specialty in Ukraine.

Anyway, the first in Ukraine Department of palliative and hospice medicine at the National Medical Academy of post-graduate education in Kyiv was established in December 2009 for the preparation of relevant experts. Since May 2010, the Department has conducted cycles of thematic improvement on different issues of palliative and hospice care. The Department is the only institution in Ukraine that systematically trains specialists (doctors and nurses) on palliative and hospice care at a postgraduate level. Faculty on the base of the best contemporary international and national clinical and teaching experience have developed around 20 educational programs (each one 39, 78 or 156 hours), which is designed for general practitioners / family medicine doctors, oncologists, geriatricians, cardiologists, neurologists, pulmonologists, TB specialists, those working in AIDS medical centers, health care managers and other doctors who, according to their professional duties provide palliative (symptomatic) help to patients with chronic incurable diseases (cancer, cardiovascular disease, tuberculosis, AIDS, diabetes, etc.) and have the limited life prognosis. Till today, more than 500 doctors and nurses have raised their qualifications at the Department. Also, together with teachers of Zhytomyr Nursing Institute a manual on palliative and hospice medicine for students of medical colleges was prepared. In a team with other authors the first national textbook on palliative and hospice medicine was prepared. Particular attention in the handbook was paid to fundraising and communications – issues necessary for health care workers.

Summarizing, we note that the most urgent problems in the training of human resources for palliative and hospice care system are:

- approval by Ministry of Health of Ukraine specialty “palliative medicine” for physicians and nurses;

- improvement of the educational base in pre- and postgraduate training of doctors and nurses;
- development and adoption of standardized curricula, textbooks, manuals, guidelines etc.;
- optimization of the staff lists (the documents which regulate positions which can be employed) in palliative care institutions, in accordance with international recommendations and standards;
- implementation of effective means of material and moral motivation of medical personnel who provide care patients and their families.

## Conclusion

Our vision is the need to improve the training of palliative and hospice care specialists, to provide training in medical schools, in higher education and religious educational institutions of different denominations. We should review and develop curricula for training of palliative and hospice care in higher education pre- and postgraduate education, which would take into account modern international approaches, standards and practices.

**Abstract:** The article presents the views on the problems of post-graduate education in the sphere of palliative and hospice care in Ukraine. The need to modernize and adjust training programs according to modern international approaches is underlined.

**Keywords:** palliative and hospice care, patients' rights, end-of-life care

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