



## TRNAVA PARTNERS BRING HOSPICE CARE TO WESTERN SLOVAKIA

By Kathryn Utan

For a compassionate healthcare provider, being forced to watch a patient suffer a long, lonely, and agonizing death from an incurable disease is a bitter pill to swallow. This is especially true among those who know that there is a kinder, gentler way for people to make it through their final days, but find their hands tied by legislative policies, insufficient funding, or lack of political will to implement change.

In many parts of the world, those facing the end of their lives have little choice but to suffer through their final days alone in a hospital bed rather than in a comfortable environment surrounded by loved ones. In many countries, the concepts of palliative care and hospice are virtually in their infancy. Such is the case in Slovakia, where the term "hospice" first appeared in legislative documents in April 2000 and standards for the provision of palliative care followed suit more than two years later in August 2002.

In the historic Slovakian city of Trnava, not far from the nation's capital of Bratislava, a handful of practitioners at Trnava University Hospital refused to sit by and quietly accept the suffering of their fellow man. Instead of waiting for a far-off future when things might get better, they decided to make "some day" now by opening one of the country's first hospices in December 2003.

"It was a personal experience with a patient in January 2003 that inspired me to implement a hospice program at our Hospital," explains infectious disease specialist Vladimir Krcmery, dean of Trnava University School of Nursing and Social Care's Public Health Department, and member of AIHA's now-graduated

Slovakia/Scranton partnership. "She was dying amidst very poor conditions, alone, afraid, and in considerable pain. Touched by this woman's situation, I promised her that I would do everything I could to make sure that other terminally ill patients would not have to suffer through their last days in the cold, clinical setting of a hospital ward. And, from that day, it became my mission—and the mission of several dedicated colleagues—to make good on that promise."

At that time, Slovakia had no comprehensive palliative care policy for terminally ill patients and no actual hospice programs in place, although there were a number of home-based services that provided end-of-life care and support, notes Patricia Dobrikova-Porubcanova, a clinical psychologist, social worker, and assistant professor at Trnava University who collaborated with Krcmery and internist Andrea Doczeova on the hospice project.

Eleven months from the day of that promise made to the dying woman, the three colleagues presided over the opening of a 10-bed hospice unit at Trnava University Hospital. During those months, a team of Slovakian care-providers that included specialists in oncology, geriatrics, and other fields traveled to Scranton, Pennsylvania, where their partners at the University of Scranton helped procure start-up financing for the venture through the Edward R. Leahy, Jr. Center for Faculty Research and also arranged a series of exchanges designed to introduce participants to various palliative care models being employed at local hospitals, long-term care centers, and hospices. Back in Trnava, the team—which includes three physicians, eight nurses, one psychologist,

one social worker, a priest, and 11 lay volunteers—visited hospice programs in the Czech Republic and began building a fledgling network of care-providers dedicated to expanding hospice care in both countries. They also took part in targeted training seminars to learn more about pain management, end-of-life care, the multidisciplinary approach to care, and patient and family counseling. Because nurses play such a key role on the palliative care team, particular attention was paid to their training and hands-on preparation.

"We faced many obstacles as we worked to get this project off the ground, not the least of which were obtaining the necessary financing and raising awareness among the medical community and the public at large about what the hospice concept actually entails," Doczeova, who is an associate professor at Trnava University where she also serves as assistant dean of international affairs, acknowledges. Both remain ongoing challenges for the team as does continuing education and training.

"Soon after the hospice unit opened its doors, we arranged for our nurses to undergo additional practical training at several Czech hospices and conducted information sessions for hospital department heads to explain the palliative care philosophy, teach them how to determine which patients are suitable for placement



Members of Trnava University Hospital's hospice team meet before their shift.

Photo: Andrea Doczeova.

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in the hospice unit, and introduce them to our procedures for admitting patients," Dobrikova-Porubcanova says. "Since the facility opened, we've had more than 100 patients and the feedback we've received from clients and family members alike has been very positive," she continues, noting that the occupancy rate consistently exceeds 80 percent. "We generally have a waiting list most of the time and plan to start home care services in the near future to better meet the needs of the community."

To that end, the hospice unit also serves as a practical training site for social work, psychology, and public health students at Trnava University and the team is in the process of applying for national ac-

creditation as a teaching facility, Doczeova explains. "Our hospice is perhaps the best working model of a multidisciplinary team approach to palliative care that exists in Slovakia today and we are using our strengths to teach a new generation of care providers," she points out.

Doczeova, Dobrikova-Porubcanova, and Krcmery all admit that working with terminally ill patients is demanding and emotionally draining, but they remain dedicated to the promise of helping these patients and their families find peace. "It may sound strange, but, for me, the most rewarding aspect of this work is also the most challenging. Helping people work through what has to be one of the most difficult and painful situ-

ations they will ever face is very fulfilling and, at the same time, very tragic," explains Dobrikova-Porubcanova.

Her colleagues both nod in agreement before Krcmery concludes, "We've made considerable progress with the hospice movement in Trnava, but we still have a lot of work to do to ensure this philosophy spreads to Bratislava and other cities throughout Slovakia. Some religious groups have been involved in smaller projects, but doing everything we can to make dying with as much dignity and comfort as possible is not solely the responsibility of the church or a small group of clinicians. Making this a basic human right is the responsibility of all civilized societies." ■