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Partner News

AIHA Showcases Its Accomplishments at Eurasia Region AIDS Conference

"Facing the challenge" was an appropriate title for the first Eastern European and Central Asian AIDS Conference held in Moscow May 15-17, 2006. The conference became a powerful engine for bringing the world's attention to the region's growing HIV epidemic and to the needs of the estimated 1.6 million people living with HIV/AIDS (PLWHA) in Eurasia.

More than 1,600 representatives of government, research, medical, and religious institutions and the mass media gathered with members of international and public organizations from 55 countries spanning the globe to share their knowledge, experience, and commitment to fighting the HIV epidemic during the three-day event.



Conference participants, including AIHA Executive Director James P. Smith and Eurasia Regional HIV/AIDS Coordinator Zoya Shabarova (third row, far right), listen to the welcoming remarks from Russia Federation Minister of Health and Social Development Mikhail Zurabov.
(Photo: Vira Illiash)

AIHA staff and partners were among those who presented successful programs and methodologies at the conference. Speaking at the breakout session "Women and Children's Health," Natalia Nizova, director of AIHA's project on prevention of mother-to-child transmission (PMTCT) of HIV in Ukraine, briefed the audience on how the improved medical and social services implemented in several Ukrainian oblasts through the project have helped optimize care and support services available to HIV-infected women and their children. Stela Bivol, senior program coordinator at AIHA's Russia Regional Office in Moscow, described an automated regional system of monitoring mother-to-child transmission that was developed by AIHA as part of USAID project focused on tracking HIV-infected women and their children. Since autumn 2003, this system has been undergoing testing in Togliatti, a city in Samara Oblast with one of the highest HIV infection rates in Russia, and is now being replicated in Orenburg and Saratov oblasts and the city of St. Petersburg.

Another tool for improving services and care for PLWHA was presented by Arsen Kubataev, regional director of AIHA's office in Moscow. He described an innovative practice of HIV treatment and care quality assurance called "chart audit" widely used in the United States to assess changes in clinical practice. According to Kubataev, such a practice was implemented in Russia first by the Saratov/Bemidji partnership and then in St. Petersburg, Orenburg, and Togliatti. Within a year patient chart audit helped improve the quality of HIV/AIDS treatment and care in the city of Engels in Saratov Oblast.



At the AIHA information booth, Irina Shumilova, ICT and monitoring and evaluation coordinator at AIHA's Russia Regional Office in Moscow, demonstrates the automated database for monitoring mother-to-child transmission that was developed by AIHA. (Photo: Vira Illiash)

Sergey Mikhailov, deputy head of the Orenburg AIDS Center, reported the results of a survey on HIV transmission awareness among Russian healthcare workers conducted by the Orenburg/Elmhurst partners. This assessment tool helped reveal common gaps in the knowledge of medical workers about HIV transmission routes and identify the specialized training needed to close these gaps.

A presentation on the Regional Knowledge Hub for the Care and Treatment of HIV/AIDS in Eurasia established by AIHA in Ukraine to build human capacity and ensure the country's ability to offer comprehensive care and treatment to patients with HIV/AIDS, was delivered by

Zoya Shabarova, Eurasia Regional HIV/AIDS Coordinator. Shabarova underscored that the Knowledge Hub provides training courses not only for Ukrainian specialists but also for healthcare professionals from Russia and other countries of throughout the region.

Conference attendees also had a chance to visit an exhibition at which a wide range of AIHA's educational materials and highlights about its programs and activities related to HIV/AIDS were displayed and disseminated.

A more detailed article about the conference will appear in the next issue of *Connections*.

Togliatti/Providence Partnership Introduces Tuberculosis Prevention Program for PLWHA

Tuberculosis can pose a greater threat to the lives of patients with advanced HIV infection than AIDS itself. This fact is well known in Russia, where 55 percent of all patients with AIDS have TB. Treatment of this co-infection is complicated, costly, and time-consuming and the necessary resources are often unavailable.

As an alternative solution to the problem, representatives of the AIHA's Togliatti/Providence partnership with support of partnering organization University Research Co., LLC have recently added a tuberculosis prevention program to the list of services offered by the Togliatti AIDS Center in Russia's Samara Oblast. Partners hope that with this innovation they'll be able to provide timely TB screening for HIV-positive patients thereby identifying those at risk and providing necessary prophylaxis, which is several times less expensive than

treating tuberculosis.

Russian specialists received comprehensive training in TB diagnostics and prevention specifically for people living with HIV/AIDS (PLWHA) through the partnership program. In cooperation with their American colleagues, the Russian clinicians developed guidelines for TB screening, prevention, and treatment of HIV and TB co-infection, as well as comprehensive instructions designed to improve treatment adherence. All these materials are now being implemented at the Togliatti AIDS Center and the local TB Clinic.

To help their Russian counterparts develop the successful program, a team of specialists from the Miriam Hospital in Providence recently visited Togliatti. Comprised of a pulmonologist, infectionist, adherence nurse, and administrator, this team spent a week working hand-in-hand with their partners to select HIV-positive patients for TB prevention and to practice managing treatment regimens and adherence counseling. In addition, the American partners assisted with the selection of candidates for antiretroviral therapy and instructed them in all clinical issues related to diagnosing opportunistic infections. During one of the counseling sessions, the American doctors confirmed the first case of pneumocystic pneumonia diagnosed by the Togliatti Center's infectionist. A good deal of time was also dedicated to discussing the multidisciplinary approach introduced through the partnership program with a view to help the Russian specialists ensure PLWHA have access to comprehensive, patient-centered care and support services.

Oksana Chernova, head epidemiologist at the Togliatti Health Administration is in charge of the TB prophylaxis program in the region. She says that the guidance she and her colleagues have received through the partnership has helped them introduce TB prevention and HIV/TB treatment activities into the local healthcare system. "For us, this practice is a unique one. Never before was tuberculosis screening or prevention treatment done in Russia, especially in HIV-positive patients. This approach increases PLWHA's access to safe and acceptable care and support services and helps avoid undesirable health-related complications," Chernova explains, noting that the Togliatti healthcare providers have ushered in a great number of positive changes in record time since the partnership started implementation of this program only last year.

Chernova also says the program has been embraced on a regional level. Thus, the Togliatti City Health Administration has secured procurement of TB tests and issued a regulatory order *On Improving Measures for Prevention of TB in HIV-Infected Patients, Early Diagnosis of Co-infections, and Higher Quality of Medical Care Provided to HIV- Positive TB Patients.*

"We have also been able to integrate X-ray diagnostics performed at primary healthcare institutions into the process and ensure that TB cases in HIV-positive patients are reported to the AIDS center. And, we have established cooperation

between TB clinics, public healthcare institutions, and the AIDS center," Chernova says, concluding, "This, in itself, is a great accomplishment because now we can identify patients who need preventive TB treatment and provide them with appropriate care."

Regional News

Putin Announces Funding Increase for HIV/AIDS

Russian President Vladimir Putin late last month announced that his government would spend 3.1 billion rubles (\$113 million) on HIV/AIDS-related programs this year, a more than 20-fold increase over last year. He also called on government officials to do more to promote awareness of HIV/AIDS.

In a speech at the opening of a State Council meeting on April 21, Putin acknowledged that the number of HIV-positive Russians was likely "much higher" than the official figure of 342,000. He noted that the terrible demographic toll that AIDS will take in Russia is exacerbated by the fact that most Russians with the virus are under the age of 30. A 2004 report by the United Nations estimated that by mid-century 20 million Russians could lose their lives to AIDS and that the country's gross domestic product could suffer by as much as 14 percent if more was not done to staunch the disease's spread.

The meeting of the State Council was called to help determine the strategy for the next five years of HIV/AIDS programming. The current five-year national plan ends this year. The State Council agreed to establish a government commission to further examine Russia's response to the HIV/AIDS epidemic.

The meeting came just one day after the head of the Russian Orthodox Church, Patriarch Alexy II accused Western programs of promoting "immorality" and the interests of Western pharmaceutical companies. It also came not long after a group of Muscovite officials urged Putin to curb the HIV/AIDS-related activities of foreign organizations because they hand out condoms and provide injection drug users (IDUs) with sterile needles-actions the group believes do more harm than good. But Putin said that foreign assistance is a necessary component of any plan to combat the disease. Even with the increased funding promised by Putin, international agencies support the vast majority of HIV/AIDS programs in Russia.

Putin also called for "constant and persistent" attention to prevention messages, especially among high-risk groups such as young people and injecting drug users, who still account for around half of all new infections in Russia. The government is planning a major information campaign in the coming year and encouraged citizens, business leaders, and members of the media to get involved. Though many small-scale prevention efforts are underway by various

groups, Putin said that "so far, there is no general strategy for such work."

Money will also be devoted to the establishment of new HIV monitoring systems that adhere to international standards. Such systems could shed light on how the disease is being passed from person-to-person in Russia and enable accurate evaluations of the effectiveness of various interventions.

Putin has pushed successfully for AIDS to be included on the G8 agenda for this July's summit in St. Petersburg.

Thousands of Lives Lost to Road-related Injuries in Russia Each Year

Some 35,000 people die on the road each year in the Russian Federation—about a third of the deaths that occur there every year. These statistics come from a report released last month by the European Conference of Ministers of Transport (ECMT), the World Bank, and the World Health Organization (WHO).

The report, "Road Safety Performance National Peer Review: Russian Federation," examines conditions that lead to the high rate of crashes and makes recommendations for turning the tide against road-related deaths.

Jack Short, secretary general of the ECMT, presented the report to government officials and safety advisors in Moscow on April 26 during the inaugural meeting of the Russian Federation Governmental Commission on Road Traffic Safety. Short called the commission's creation "a vital step in creating the political impetus for the concerted efforts needed to reduce the tragic toll of death and injury on Russian roads."

Among the major contributors to the high death rate in Russia are speeding, alcohol impairment, failure to use seat belts, poor infrastructure, lack of enforcement of road laws, and poor access to quality emergency care, the report found. The result is that the chance of dying in a road-related accident is 10 times as high in Russia as it is in many Western European countries. In fact, deaths in Russia account for almost one third of road-related deaths in the WHO European Region each year.

Speeding contributes to death and injury in multiple ways. According to WHO, an average increase of just one kilometer per hour correlates with a 3 percent increase in the rate of crashes. But higher speeds also increase the likelihood that pedestrians or occupants of a car will be killed in the event of a crash. The report thus recommends lowering speed limits—to 50 kilometers per hour in towns and 30 kilometers per hour in residential areas.

The report recommends other preventive measures as well—including efforts to curb driving under the influence of alcohol and to increase seat belt use. It also

advocates graduated restrictions for young drivers, who are among those most likely to speed.

Such preventive measures—as well as safer cars and better emergency medical services—have contributed to falling rates of road deaths in developed countries since the 1970s. But according to the Commission for Global Road Safety, death rates have risen, and will continue to rise, in Russia and many other low to middle income countries as the number of cars on the road increases.

More information about road-related deaths and injury in Russia can be found at www.euro.who.int/violenceinjury/injuries/20060425_1.

—All articles in this section were prepared by Sara Wright, AIHA writer/editor

Workshops, Conferences, Opportunities and Grants

International Conference in Gerontology

The conference, to be held in Arad, Romania, Sept. 15-16, features 18 symposia on topics ranging from "Psychopharmacology" to "Osteoporosis" and "Age Related Diseases." For a full list of topics and for more information about the event, visit www.icgarad.go.ro/

4th European Congress on Emergency Medicine

The conference will feature lectures, symposia, training courses, and interactive teaching sessions for professionals involved in all aspects of emergency medicine. The activities are centered around 11 main topics ranging from cardiopulmonary resuscitation to education to trauma. The event will take place Oct. 4-8, on the Greek island of Crete. To register or for more information, visit www.ecem2006.com.

EUROPAD 7

The European Opiate Addiction Treatment Association (EUROPAD) and the Slovak Professional Society for Dependencies on Psychoactive Substances will jointly host a meeting in Bratislava, Slovakia, Oct. 6-8. It will serve as a venue for sharing recent research and best practices in treating addiction. EUROPAD's most recent conference drew approximately 500 participants. Symposium topics and abstracts are being accepted online at www.europad.org/

European Society for Medical Oncology Grants Program for Developing Countries

The society offers grants to allow beginning oncologists to do clinical or pre-clinical work in outstanding European laboratories and clinics. The grants of up to 5,000 euros are intended to provide research and training opportunities to promising young oncologists in developing countries (defined as having a

purchasing power parity of less than \$10,000 per person per year). This year's deadline to apply is July 1. See <http://www.esmo.org/WorkingGroups/researchGrant.htm> for more information—including information about which countries qualify as developing—and to apply.

Features

Helping HIV-positive People in Russia Access Care and Support

Case Managers Improve Quality of Care by Helping AIDS Patients in Saratov Oblast Navigate Complex Network of Medical and Social Services

It's not a far stretch of the imagination to liken the work of Olga Fyodorova and Vladimir Dementyev to that of shepherds tending their flock. They look out for the best interests of the people under their care, marshalling these individuals through fields and valleys made treacherous not by wolves and other predators, but by ignorance, fear, and discrimination. They offer knowledgeable advice and a compassionate shoulder to lean on. They serve as advocates, pushing for much-needed care and support. And—just as important—they offer kindness and respect to people who have long since become accustomed to being treated as societal outcasts.

Fyodorova and Dementyev are pioneers of a new system of healthcare service delivery for people living with HIV/AIDS (PLWHA) in Russia. As two of the country's first HIV/AIDS case managers, each day they help clients in the Saratov Oblast city of Engels access the care and support services they need to live better, more productive lives. The project was introduced by a twinning partnership that links city and oblast healthcare institutions with counterparts in Bemidji, Minnesota, and New York City. Supported by the American International Health Alliance (AIHA) with funding from the United States Agency for International Development, this partnership is working to improve the quality and scope of healthcare and related services available to PLWHA in Russia.

"People with HIV in our country have a wide range of problems that go far beyond healthcare issues. They can face legal problems, employment problems, financial and public assistance problems, passport and visa problems ... the list goes on and on," explains Fyodorova, who has worked as a nurse for more than 24 years, the last five in an outpatient drug abuse unit. With injection drug use accounting for the majority of HIV infections in the region, her long experience has made her all too familiar with the many challenges PLWHA come up against each day. She also knows first-hand that the stigma surrounding the virus compounds these problems exponentially.



Russia's first HIV/AIDS case managers, Olga Fyodorova and Vladimir Dementyev.
(Photo: courtesy of Linda Brandt)

"Even people who work in healthcare or social services lack basic knowledge about HIV/AIDS, so you can be sure PLWHA face discrimination," Fyodorova says, recounting a scene she witnessed to emphasize this assertion. "One doctor used to call such patients in for an office visit by shouting to the entire waiting room 'OK AIDS carrier, come on in now.' If that type of stigmatization and lack of compassion exists among medical professionals, just imagine what the bias is among the general population."

Dementyev, her fellow case manager, can attest to the difficulties PLWHA face in Russia. He himself is HIV-positive. "Without the case management system, HIV/AIDS patients are faceless strangers trying to navigate a difficult system on their own. They encounter roadblocks virtually every step of the way. If they need medical care, they aren't expressly refused. No one says 'I will not treat you because you have HIV,' but still no treatment is provided," he says, explaining that after this happens time and again, HIV-positive people learn to expect very little. "With me, there is no white coat separating us, no history of fear or animosity often associated with healthcare providers. We work together as partners and they have a real voice in the steps we take to solve their problems."

As a former injection drug user, Dementyev can relate to his clients because he has faced the demons of addiction. And, having been clean for nearly six years, he is living proof that drug dependence can be overcome. "After I found out I was HIV-positive in 1999, I became involved with a harm reduction project implemented by a local nongovernmental organization (NGO) called Socium and also directed a support group for PLWHA through another NGO called Anti-AIDS Saratov," he recounts, explaining that working with active drug users actually helped him stay focused on his own recovery. The work also led him to the case management program. He began attending training courses conducted jointly by AIHA and University Research Co. LLC (URC) in October 2004, learning from

experienced case managers from Minnesota, including Linda Brandt, former executive director of the Rural AIDS Action Network in Minneapolis.

It was this peer-to-peer collaboration between the US and Russian partners that helped Engels lay the groundwork for positive change by introducing healthcare professionals and policymakers to a variety of methods for providing PLWHA with the comprehensive, integrated care and support they need. As head of the Engels Healthcare Department, Mikhail Afanasyev proved instrumental in moving forward with implementation of the case management system. "In my position, I always have to approach new ways of doing things with a healthy dose of skepticism because things that work well in another setting may not be appropriate for our system in Russia. In fact, that is actually true of case management," he says, explaining that the concept falls outside the parameters of the country's administrative framework for healthcare.

Not to be deterred, the US partners—in close cooperation with AIHA and URC staff—focused on demonstrating that case management was indeed a viable option for Engels and, according to Afanasyev, their work quickly yielded positive and quantifiable results. "Detection rates improved immediately because we started screening high-risk groups as a result of better cooperation with various NGOs. That was the proof I needed to move forward—that and the fact that my colleagues and I really wanted to come up with a new approach to HIV/AIDS," he says, explaining that Russia had already taken the first step toward creating a system of HIV care by establishing a network of AIDS centers some years ago.

"As long as we are working to broaden that system by incorporating follow-up care, it seems logical to me that we introduce case managers," Afanasyev asserts. "The concept is very similar to what already exists for people with tuberculosis or mental health problems. For these ailments, we have a set framework with defined protocols for prevention and treatment. Now we need the same for HIV/AIDS. Some elements, such as testing and laboratory services, already exist. What we still need to work on is treatment and support, and it's my job to pull all the necessary services together into one cohesive system," he continues.



Mikhail Afanasyev, head of the Engels Healthcare Department.
(Photo: Kathryn Utan)

In March 2006, Fyodorova and Afanasyev embarked on their first partnership exchange to the United States, each looking to learn about specific issues that will answer many of the questions they have encountered as they work to put what they've already learned into practice. "The majority of my clients need the services I provide as case manager as much as they need the air they breathe," Fyodorova says. "The US partners who came to Russia to provide training and technical support have a tremendous amount of knowledge and experience. They gave us the basics, explaining that case managers must know how to link their clients to appropriate and sympathetic specialists. Not just healthcare providers, but also lawyers, psychologists, addiction counselors, employment agents, and other

people who can help fulfill their needs. During my time in the United States, I'll get the chance to see for myself how all these various service providers interact. I want to see how the system operates from the time a patient enters the system and throughout the continuum of care," she acknowledges.

For his part, Afanasyev is eager to learn about the US system of blood banking and how the civil sector works to fill the gaps left by government and private healthcare providers. "Regardless of what federal HIV/AIDS care and treatment model Russia implements in the future, I think we can resolve many of our oblast's problems by adopting the case management system," he maintains.

Agreeing with Afanasyev's assertion, US partner Linda Brandt notes, "It is obvious that the city of Engels is taking charge of its HIV/AIDS situation and that many important changes are being made. We can truly make the claim that Olga and Vladimir are the first HIV/AIDS case managers in Russia. They—along with the other professionals we are collaborating with—are hard-working, dedicated people who are making a real difference in the lives of citizens in their community. Many would doubt that so much could be accomplished in such a short time, but teamwork has helped create a network that is solid and moving forward," she says, concluding, "When a strong team of committed professionals has the courage to work together as agents of change, success is virtually assured."

Introducing Hospice Care in Central Slovakia

Home Care Enables Terminally Ill Patients in Banska Bystrica to Live Out Their Final Days with Comfort and Dignity

Nestled in a region rich with natural beauty and resources, the central Slovakian city of Banska Bystrica is home to some 90,000 people, many of whom live in the small, bucolic villages that surround the town proper. Centuries ago, Banska Bystrica grew wealthy thanks to mining interests—primarily gold and copper. Like many other communities around the world that once flourished because of mining, economic prospects waned as the earth's bounty was depleted. As more and more young people moved away in search of work, the average age of the city's population crept higher and higher. At the same time, the past 30 years have witnessed rising rates of chronic conditions resulting from unhealthy lifestyle choices.

"Roughly 20 percent of our citizens are in their post-productive years and diseases such as cancer, hypertension, obesity, and cardiovascular ailments have resulted in a marked increase in mortality and morbidity rates," explains Dr. Michal Mikula, director of the Diocesan Charities of Banska Bystrica. "Nearly a decade ago, it became clear that care and treatment for terminally ill patients was a critical priority, not just in Banska Bystrica but in all of Slovakia. But it was also clear that the existing system of medical and social care could not meet the needs of these patients. So, we began searching for an optimum model that would help people to die with peace and dignity," he says.



Hospice nurse Anna Babelova cares for cancer patient Zuzana Kapustova at her home in the village of Malachov a few miles outside of Banska Bystrica.

(Photo: Kathryn Utan)

In a region where upwards of 80 percent of all deaths occur in hospitals crippled by severe funding deficits and inadequate staffing, this means that far too many people suffer through their final days in pain and fear cut off from their homes and the people they love. Similarly, social support for the families of terminally ill patients—as well as counseling and assistance for those who have lost a loved one—is virtually nonexistent, according to Mikula.

For a caring individual, being forced to watch someone suffer a long, lonely, and agonizing death from an incurable disease is a bitter pill to swallow. This is especially true for healthcare providers and allied care professionals who know that there is a kinder, gentler way for people to make it through their final days. In many countries, however, 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.

Before those laws ever hit the books, an AIHA healthy communities partnership linking the neighboring cities of Martin and Banska Bystrica with Cleveland, Ohio, set the wheels in motion to provide compassionate care for those with chronic or terminal illnesses. "Soon after our partnership was launched in 1997, we conducted a SWOT (strengths, weaknesses, opportunities, and threats) analysis to determine the most pressing needs of our community. Care for the elderly and terminally ill was found to be sorely lacking," recounts Maria Filipova, manager of health and social services at the Banska Bystrica Municipal Authority.

Through AIHA's healthy communities partnerships, various community stakeholders work together to find effective, sustainable solutions to health and quality-of-life issues. Municipal governments, healthcare providers, schools, churches, businesses, and civic organizations all have a hand in effecting positive change. In Banska Bystrica, a coalition was established to help ensure that these constituent organizations have a voice in the process of developing effective programs. With regard to the hospice project, the Diocesan Charities soon emerged as a leading force.

"Because we lacked both the funds and the legal framework for creating a traditional in-patient hospice, we decided to focus on providing home care that would offer terminal patients the possibility of living their final days at home in a comforting and familiar atmosphere," Mikula says. "We work in cooperation with patients and their families to meet four key goals: ensuring that pain and other unpleasant symptoms are managed as effectively as possible; that the home environment creates a warm and loving circle of care; that the psychological, spiritual, and social needs of the patients and their families are met; and that the emotional needs of survivors are met after the patient has passed," he explains.

Still, this is no easy task. At first, many doctors had no idea what hospice care entailed and they were resistant to the new concept. Some even refused to sign the necessary authorization forms that would allow patients to return home under the care of the hospice team. Another major stumbling block was purely financial—because Slovakia had no legislation authorizing hospice or palliative care, state insurance companies did not reimburse for these services. This put a tremendous strain on institutions and individual care providers alike and many care providers ended up volunteering their time to the cause.

It was this dedication—coupled with the support of their partners in Cleveland—that empowered the hospice team in Banska Bystrica and kept them forging ahead with the project. Describing her first visit to hospice centers in the United States, Babelova says she was struck first and foremost by the intimacy of the setting. "The rooms were so homey and the patients could have their families and friends with them. Really, it didn't seem like an institutional setting at all. I was also amazed to see what an important role volunteers play in the provision of care and support. That's something I'd never experienced before because there is no history of voluntarism in Slovakia or most other countries in the

region. I think public education can help change this, but we've found it to be difficult," she acknowledges. "I also did everything I could to inform all the primary care physicians and hospitals in the area about our services, visiting them all and distributing informational packets that explained the concept."

For prospective hospice patients, the first step is touching base with the hospice team to discuss their situation and schedule an appointment for an in-home evaluation, according to Babelova. "That way, we can determine the actual needs of the family and how we can help. If the family requires nursing care, then I'll go to the patient's doctor to discuss what I can do to assist with pain management and other forms of care. Sometimes the physical care is the easiest part, though," she says, explaining, "The most difficult part for some people is the loneliness they feel. They come to view me as a friend and I develop a fondness for them. It's very demanding work from a psychological perspective, to be sure."

As demanding as the work is, it is also incredibly important—especially for the patients who would otherwise spend their final days in the institutional chill of a lonely hospital ward. For 80-year-old Zuzana Kapustova and others like her, hospice care offers a different kind of death. A death they can control. "I know that I have cancer and that I will die, but I want to die here in my own home surrounded not by pain but by God's love and my flowers," she says pointing to the pictures of bright blossoms that adorn the walls of her bedroom.



Thanks to hospice care, Zuzana Kapustova receives the care she needs in her own home. Hospice nurse Anna Babelova taught Kapustova's daughter Hana (center) and granddaughter Jarmilla (right) how to take care of her in between the nurse's visits.

(Photo: Kathryn Utan)

Smiling at her nurse, Kapustova continues, "Anna helps me to bear the pain, she gives me medicine, and brings clean bandages. She taught my daughter Hana and granddaughter Jarmilla how to care for me, too. I've lived in this village all my life, and now that I am home from the hospital I have many visits from family and old friends. At night, I hear the familiar sounds of my home and read my books ... it makes being so sick almost bearable and I feel so happy to be in this place." Surveying the room slowly and deliberately, she nods her head just once. "Yes," she says softly, "this is how I want it to be."

—All articles in this section were written by Kathryn Utan, Editorial Services and Media Manager.

—Unless otherwise noted, all stories in this issue were written by AIHA Staff Writer Vira Illiash who is based in Kiev, Ukraine.