Table 2. Summary of themes, subthemes and respective quotes

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| **General Barriers** | **Examples** |
| (1) Access to pain relief | Turkmenistan, Ashgabat, par. 20: Painkilling is of priority because it's very important to relieve the suffering of the patient. Everything is being done for such patients to help them to have a good quality of life and leave this world with dignity. I would like to [change the] mentality of Turkmen people. It supposes that it's tradition for Turkmen people to take care of all kinds of patients in all the states, it's a must for Turkmen people.  Tajikistan, Dushanbe, par. 19: There is a course at the Police Academy, where we explain the principles and approaches of Palliative Care and law enforcement bodies to support Palliative Care and ensure the availability of narcotic analgesics in legal medical markets, because if there is a shortage of narcotic medicine in legal turnover for palliative patients, the people in need will buy it at the black market and will increase the demand for illegal turnover of drugs. Therefore, law enforcement should consider the balance between the availability of narcotic drugs in medical use, fight drug trafficking, and illegal turnover.  Kyrgyzstan, Bishkek, par. 47: Yea, we have just/ We have! But it's not so good provided. We have some problem now, because only have a [delivery] from one country, from Ukraine and they just stopped their production, because the lack of some (Kyrgyz word), some of this content of, for morphine. So, they, now we all must six months with sitting without oral morphine. You see? par. 51: I think it [pain management] should be stay on the first page, there is pain relief. Yea. I think it's most non-answered issue, which is number one for suffering for patients.  Ukraine, Kiev, par. 76: It's necessary to implement pain management courses because mostly physicians are scared of using opioids. It's a lot of myths around morphine and other medication and when we start our seminars, we all the time give people the questionnaire and take a look (at) the answers and mostly, like 90 % of the people who are attending the seminars, they writing the answer: it's better don't use the morphine because it's like to stop breathing for patients, it's dangerous and etc. So we (should) come back to evidence based education [laughing] and practice.  Uzbekistan, Tashkent, par. 28: Yeah, but currently [.] we are trying to [.] implement on a curricula mainly basic three things. First is symptom control management, which would be, which would include pain control and nausea control and, constipation control.  Albania, Tirana, par. 109: We have a doctor in our country and our town, she has lung cancer and she does not allow us to visit her at home because she says all the neighbors will see that the Palliative Care car is coming and I do not know if I want them to know that I want to know about my illness and she was a doctor.  Bosnia, Tuzla, par. 76: There are quite clear barriers, first of all, problems with drugs morphine and other in Palliative Care.  Lithuania, Vilnius, par. 40: So if you are ill, you are dying you can die anyway without pain relief, with pain relief, you will die anyway, no matter how you are dying, it's like you know like a second world war time, it's like, it was written you are a Jew, you are not more interesting, you are dying. It's horrible.  Armenia, Yerevan (1), par. 175: Another problem, which is solved paper-based, but not mentally, not our behavior has been changed, we have very restrictive opioid prescription, very restrictive, recently changed, but we just month ago or maybe a month ago we introduced oral morphine, but before we did not use it, did not prescribe, and I guess doctors are still afraid to prescribe, because it was very strongly controlled by police, and they do not believe that it is all part of the treatment.  Armenia, Yerevan (2), par. 318: We have lot of stereotypes. We had. It is breaking, but we had for years, because of our religion and related, related actually related to pain, to the problem of pain, because pain was accepted as, as a result of some sins, like the person who have sins now has to go with the pain, now he has to handle the pain, and there was no understanding for living without pain. That a person should live without pain. And should not handle the pain. And this was the ideology that had come from our history and should be brought on. Yes. par. 394: Maybe we also have to notice about opiophobia, that people avoid to use opioids and there is a different reason for this, it is about shame and it is about addiction (laughs: It's about police) it's about police, because police is very integrated in this process. Now the law is changing, has changed, but still not finally amended. I mean, doctors still call to each other: "Oh, can we prescribe morphine more than forty days or only forty days, because it was only forty days, but now it has changed. So things have changed, but still there is a lot of fear about control, fear and fear of problem with police. |
| (2) Political commitment | Kazakhstan, Almaty, par. 36: We have developed a road map on the development of Palliative Care in the Republic of Kazakhstan. It was signed by the Minister of Health last year, in (3 sec) September or October, last year. And one big part of this road map is devoted to education. And (3 sec) the plan is to first analyze the existing resources. So, we have to find out which institutions, state-owned medical universities and colleges can be the base for such education.  Greece, Athens (2), par. 113-117: I said it's a degree. But that doesn't give you the right for that/ (?) It's an enough license to practice, it's a degree. But this is legislative. It doesn't have to do neither with education nor with service provision, it has to do with politicians. And the minister of finance. Because if they give you a license, they have to pay for it. And this is a main obstacle and a hindrance. Yea. Who's going to pay for it? par. 127: So, in order to apply a curriculum in Palliative Care, and this has to be in a strategic plan for the country. This has to do with the government, this has to do with the (principals?) for doctors. There is a boarding who takes into consideration what you apply to them and sort of recognizes subspecialties. And at your proposal, they would be responsible to say that this is the core curriculum for a doctor in Greece that would like to be acknowledged as a Palliative Care physician.  Romania, Brasov, par. 50: in March this year [2018] there was issued a law, the Palliative Care law. And in this law it is established what level of training you need to have for each of the professionals who are needing to work in Palliative Care. And, for example, you need for also for psychologists, also for doc/ social workers, also for/ So, they need a number of hours to have a training. It is, if I remember well, I think 120 hours.  Turkey, Istanbul, par. 77: Politics they have to do something.  Uzbekistan, Tashkent, par. 21: Okay, the milestones first is political will because [.] if government, especially in countries like mine, if government doesn't want, it's very hard to implement.  Georgia, Tbilisi, par. 75: Now, from next year in Georgia, we will start with the continued medical education system as an obligatory. We have the system and in 2005 it was destroyed; I don't know why some political decision. Some medical doctors wanted to start it. Sometimes politicians have different interests. Now, the ministry decided to renew this and continued the medical educational system, it's [a curriculum recommendation] very appropriate for this.  Bosnia/Herzegovina, Tuzla, par. 11: We have lots of projects about Palliative Care and also curriculum for some subjects communication in the choose light district it is not a direct tax action it doesn’t have an impact it’s only talking and that is enough maybe there’s also lack of finances we are part of clinical center our patients don’t have to pay we are in a system we have a content financing system its good thing that patients don’t pay, but you don’t have a lot for Palliative Care no national strategies no prepared a strategy for Palliative Care. Our government is not interested in that our efforts remain without success.  Lithuania, Vilnius, par. 34: For some reason they [politicians] think, they do a face that they did not understand, what is pain, what is dying of a person and what is dying of a person that you love, a family member, they are doing the face that it is not for them. par. 54: So they said if want the institution can give those [Palliative Care] consultations, but the insurance is not paying, insurance pays the oncology treatment for other diseases [if] treatment is totally finished then insurance can pay this little money.  Armenia, Yerevan (2), par. 226: We need to have also like a joint definition of Palliative Care for all specialists, because in fact right now the ministry of health for palliative medicine, ministry of social affairs has term Palliative Care, psychologists are out of the universe, because we don't have our ministry (laughs). fortunately, but I mean the definition is very different, and there is no view that Palliative Care specialist is something joint, it is not like only medical or psychological or only spiritual, there is some feeling that the doctors have to make the education separately, psychologists separately, etc., but it is not like a team work. |
| (3) Policy and guidelines | Kazakhstan, Almaty, par. 34: And it's our characteristic that in Kazakhstan Palliative Care is being developed mainly from the oncology, you know.  Greece, Athens (1), par. 100: Legislation also is a problem, because Palliative Care really does not exist in the legislation. Or the way that it exists is, that it is something that is offered at the end of the life. And it's just offering courage to the patients that nothing else can be done.  Greece, Athens (2), par. 27: I know you probably are aware about from legislation in other countries, it's very difficult to make laws. Because whatever law that you create, it affects a number of other laws that are around it and you are not aware. So, what we are yearning at the moment is try to do amendments in/ which is much easier for the parliament, to vote for amendments than to vote for a law. So, we are aiming at amendments that would give the opportunity for services to be launched and serve people.  Kyrgyzstan, Bishkek, par. 43: Yea, even we have a lack of finance as a basic, but standards. Yea, I think and focusing on standards. Because we can say: “This is Palliative Care.” But what services patients can take from this Palliative Care, only bed and food? No! par. 60: Imagine: You don’t know anything about Palliative Care, you don’t any, you haven’t any experience to prescribe morphine. And because their policy, policy (?) another, they will check your prescription form, they will be afraid to prescribe.  Ukraine, Ivano-Frankivsk, par. 46: the group, working group (I: mhm) is works (I: mhm) work-working (I: mhm mhm) (laughing) about change in legislation (I: ah) in (I: ok) of health ministry  Belarus, Minsk, par. 53: In the last law of health it was introduced definition Palliative Care now we have ah m Belarusian in the health law ah it is mentioned that we have five different type of medical care. First of all, this is primary care then this is specialized care ah that is medical social care, then palliative medical care (I: okay) they call it palliative medical care and last this is ah high technology care - medical care (I: Okay). So it's already improvement that we have this definition palliative medical care and then we have special mm degree about implementation about palliative medical care (I: okay).  Cyprus, Nicosia par. 25: Policies in organizations and law is important. The only way to develop Palliative Care the national system of the country. And actually we need the (..) the policy-makers to give the opportunity and establish Palliative Care as part of the national healthcare system of the country as a human right.  Lithuania, Vilnius, par. 14: And also our Health Care Ministry allow in 2007 they wrote a document about Palliative Care in Lithuania, they did not allow a specialty, but they allow sub-specialty, but they started to pay for Palliative Care beds, for Palliative Care consultations. So like from 2007. par. 18: Palliative Care Association. It's an active association. The leader is a professor and he translated lots of documents books into Lithuanian, he translated European documents, he going for instance to institutions like congress, politicians congress, and doing research.  Armenia, Yerevan (1), par. 116: I would say this [development of Palliative Care education] lays outside of the university. If we will have job market, if we will have a demand, I can train these people.  Armenia, Yerevan (2), par. 200: I think we need to (thoughtfully) we need to have some kind of will from the universities to have programs approved, adopted, and implemented, because sometimes they are ready to adopt the programs, but then there is no mechanisms of how to implement this program. So, the mechanisms are very important, having some kind of very concrete mechanisms, how to implement educational programs in the universities. |
| (4) Sustainable funding models | Kazakhstan, Almaty, par. 184: // It is about finance, too. // But it's not about a big amount of money. Because the majority of those Palliative Care leaders, chaplains, they need their hours to be, you know, somehow paid. It's like salary, it's not honorary of some kind. Even though they are unique and very few. But if they are paying their time to this work, they need to be paid for.  Greece, Athens (1), par. 102: The services are not recognized and not covered financially. So, if we don't have a law, a legislation, that says that Palliative Care is, can be also paid by the security, whatever we/ our insurances. par. 391: I think it can be implemented, but we need support, as I told you. It's easier to find money and pay people to work in clinically (then?), but not to be supported (..) to give education, or to do some research, if it's not a project. If it is a kind of project that people can be supported in some way, those that are going to offer it. So, to have some people to work on that. And not ask people to do it in their extra time. Because education is not paid, as we know.  Greece, Athens (2), par. 25: In Greece, it's 2018, that's a very hot potato. And it's very very, and it's very, I mean the hospitals which is where the main budget for health care is going, because in Greece the system is doctor-centered and hospital-centered. And whoever has a problem, they would go, they would find a doctor and they would go to a hospital to find whatever kind of treatment they want. So, I think that in order to get the money, you have to take it from the hospital. What the government needs to understand, that this money is already spend. I mean if you have a Palliative Care patient or an end-of-life person in the hospital, it maybe cost you more than having him at home. So, it's a rearrangement of funds in the health care system and this needs to be acknowledged by politicians.  Kyrgyzstan, Bishkek, par. 17: This is a medical education reform project of Swiss government in Kyrgyzstan. And they are working with medical institutions. And they are just now started to help for Palliative Care also.  Poland, Gdansk, par. 133: Hospices don't feel the obligation to include pharmacists because it is associated with financing so they will not change their approach it means that each Hospice should have a pharmacist so we hope that the situation will change in the future. [---] par. 142: Today health insurance funds don't pay for social workers, so you have to collect money to hire a person, who is foreseen by the law same applies to pharmacists. So in contract there is no money for these groups social workers don't have the motivation to work in a hospice again hospices don't have money for a to pay for them it's the only motivation is that there is an international standard and social worker belongs to Palliative Care team.  Lithuania, Siauliai, par. 27: (laughing). In this country, all the thing in this country (is) that there is not enough money for the health system. We all think about the money. So, the more money will come, the better services of course. It's one point, the lack of money. And the money what is paid for the services are so [...] few money, financial problem and another problem is the attitude of healthcare politicians, more attention to this Palliative Care - old and sick people.  Uzbekistan, Tashkent, par. 26: We live in a Muslim country and (...) people have a tradition of giving money for charity. It's a law in Sharia. So we are counting on that, so that will be a big financial plus for us. Also, the government is giving us a big amount of money to support hospice and Palliative Care. If you need an equivalent - it will be 4 Billion Uzbek S'oms [local currency, 1€ = 9.600 UZS], let me calculate it - (...) 4 Billion to make a Hospice and 8 Billion to keep it working, so it would be close to 13 Billion, it would be more than 1 Million Dollars. It is a very big milestone and I don't think we will have problems with that. But that's a one-time money giveaway and further support would be on a charity.  Albania, Tirana, par. 66: It is becoming more and more difficult to write a project, but we are busy with patience and training and to prepare a project we have no money, so it is a small challenge. The biggest challenges are the financial challenges and also the training of the nurses, doctors and [usage of] medicines.  Lithuania, Vilnius, par. 26:In addition, our healthcare system believes that the people who are in Palliative Care do not need any more money and they are paying the lowest; for instance, for the team, the Palliative Care team, which is written in the document, like doctor and nurse and social specialist they three going (psychologists are not involved) these three going to a home and they like and will get like 12 Euro for the consultation team at home, but its, you need to also pay the payments, it’s the whole money, and the driving is included. It is unbelievable, and now they increased money, and now it's like fourteen euros, and now you can also involve psychologists, who are allowed for fourteen euros to allow psychologists, nurses, doctors, and social workers. Usually, a consultation at home with driving and back takes three hours, because driving, prescribing, and teaching and everything, and so they get this money. In Lithuania, I think this is the main stop for development.  Armenia, Yerevan (1), par. 132: But all what laws and policies support are not supported by money, funding, people, this is problem. par. 165: We already five or six time applied for European grant for development of palliative curriculum. We started with LR and then continued with the FE, with the specialists, there is CC, SM, different people were helping with funding, I hope we will succeed this year as we are still waiting for the results of our application.  Armenia, Yerevan (2), par. 302: The funding for educational programs. In order to participate in educational programs someone has to pay, either the health institution or the professional, and as we know the professionals who work in the clinics or primary care institutions they have very low salary, they cannot afford paying for their education. Health institutions are not willing to pay for that. Therefore, the people who live in far regions, they do not reach educational programs, this is a very big problem. |
| (5) Human resource and workforce | Kazakhstan, Almaty, par. 36: For example, it can be three or five universities, three or five colleges around the country. So, because it's also important who will teach. And we have to find proper people who have already some knowledge about Palliative Care and make them responsible for these programs. par. 75: And of course, who will teach is another big (problem/program?). And this is/ We have a certain pool already of those who can teach Palliative Care in Kazakhstan. It's not a big number of people. We know them by names. Like they are very few and they are very precious (laughs). But they are prepared to do some travelling, to do some educational work, to devote some time to that.  Greece, Athens (2), par 43: There are very few people in the teaching part of Palliative Care. So, you need to train your students, they get to welcome the field, and then they exceed you. They excel you. They become better than you are. And then they can teach different things from another perspective.  Romania, Brasov, par. 73: Postgraduate education. I think it's going to be this quantity versus quality, I think this is going to be a big challenge, because I think for Rumania Palliative Care is somehow exponentially developing and human resources is a kind of bottle neck, because you can have the structures, but if you don't have the people and if they don't have the/And I think it's also, I think the bottle neck would be, because you can have postgraduate education, theoretical you can have, online you can have, but I think basically the transfer of attitudes and the transfer of skills and I'm not talking like putting a (?) driver, or, you know, this technical, but I'm talking about the human skills, like communication. And I think that's the challenge. And I think that's the big challenge once you get from centers where you have enthusiasts, pioneers, people devoted, you get now to a national system, where you have to do it inside the health care system where everything is in rush, communication is not a priority, team work is not a priority, all this kind of things, you know?  Tajikistan, Dushanbe, par.61: If after the advanced curriculum you will be not able to get a specialization (add a Palliative Care specialist to the country list of occupations) – then there will be no interest to learn the topic.  Turkey, Istanbul, par. 23: When the patient is going to die, hospital doesn't want to take the patients in hospital and relatives doesn't want to take them to home because they couldn't take care of them. par. 105: I know some people like this [with severe illness] and waiting for a doctor, the doctor said, "You are going to die, why do you come here". We have to give more education to maybe oncologists, maybe other doctors, they have to be (Turkish) (P: respectful) respectful to patients.  Hungary, Törökbálint, par. 34: This 40-hour course [for nurses] is organized by the Hungarian Hospice Palliative Care association in Hungary so we are also going to the countryside and also in Budapest. So they specialize in internal medicine or oncology or pediatric. So it is a 40-hour week for specialist nurses, which is 6 months’ longer education. It is about 200 hours. It's because it's for the nurses [it takes place] on the weekends once in a month, usually done Friday and Saturday, so it's from the morning until the evening so it's a long journey and they have also a practical part.  Armenia, Yerevan (1), par. 75: We actually went for this shortest training course, first of all, we were not sure we will have enough trainees, willing to come, because we don't have this established services, so practically these people take on a risk, without assurance they will find positions to work. So and another thing that because they are currently employed, so to withdraw them from their current position for longer than four months is difficult. Especially, because they don't see the perspectives, if they know that they have that for current position I will go for something, but... [A: so it's a kind of a risk?] Risk of their own. |
| (6) Palliative care champions | Turkmenistan, Ashgabat, par. 12: He is a national champion of Palliative Care and this country did its first steps in Palliative Care. (translation) So, for example, there is a better policy, a better legal framework in Uzbekistan now.  Greece, Athens (1), par. 30: But year by year, I felt that it was done better, because we learned more and also students themselves/ I tried to give them separate subjects as master thesis and I tried to make new people that would be able to teach. And these people also were used as teachers the next years. Because they could teach and their subject deeper than I could do every subject, for example. And be able to help the younger ones also.  Romania, Brasov, par. 113: And trainers, you can have these trainers, but you have then also mentors. So, do we have enough mentors? And how/ And the good mentors, how/ In many things they are caught, so how overworked they are. So, I think that's maybe something we need to focus.  Uzbekistan, Tashkent, par. 44: I already have got approval from Muslim society, from (the) Mufti, it's the biggest Muslim guy and I have got an approval from Catholics and (...) Russian protestants (...) - (last-named) are only in Tashkent because, in rural areas, most of the people are Muslims. So they said they are glad to help and I think it's very important to add them upon patients' request.  Albania, Tirana, par. 212: We need to find the right people to work on this and in this framework because you need a strong group, a group which needs to be competent in Palliative Care and teaching at work as well, and we need experts to support the work with policymakers and fundraising.  Armenia, Yerevan (1), par. 46: In Armenia we have couple of groups, enthusiasts, who are doing this right now, one of them is from our university. par. 169: We need to have a specialist in Palliative Care package, because it is not guaranteed by the state, and you know, usually, Palliative Care patients all will be ää long way past budget, because of long time of treatment, specific treatment. And very difficult, if they have to pay for Palliative Care, it is a big fight. Even if we, I told you, we have couple of private centers, but they have not, not enough, we have more than a million population in Yerevan and estimation of 3,100 patients daily on the daily based, but don't have 10 patients, even if they have ten beds, they have four or five patients. |
| (7) Status of palliative care education | Kazakhstan, Almaty, par. 16: I cannot say that Palliative Care is properly integrated in the education of medical specialists in our country. par. 18: And besides, we don't have in our classifier of professions, medical professions, we don't have this specialty which would be called "palliative medicine" or "Palliative Care" or whatever. So, there is no such specialty.  Turkmenistan, Ashgabat, par. 24: We don't have special programs [for nurses]. Every section is considered care for such heavy non-curable patients.par.29: though we don't have a special separate palliative curriculum or program [for physicians], such kind of care is included, both in medical institutes and medical schools as well. And our specialists are trained on how to give care, how to serve such patients.  Greece, Athens (1), par. 79: It's finding the way to collaborate with the schools between. I mean, to have a good collaboration with medical school, because in Greece the whole system is organised around physicians. If physicians are not educated, if they don't understand that they have a part to be there and that Palliative Care can be a full-time job, that it is not just a small part of their whole job where nothing can be done. Because this is in their mind, mainly. We will have problems. Nurses are ready to be involved and to introduce things, because of their contact with the patients, they understand the need.  Kyrgyzstan, Bishkek, par. 13: So, each nurse or each doctor who are taking their postgraduate continuing education, so they get some hours of Palliative Care. But it's only on basic level.  Romania, Brasov, par. 25: I think we are really very lucky with the physicians. (?) With the nurses it was a very big struggle and it was basically last year when we finally have had after years of lobbying, pushing and so on, we had Palliative Care recognized as a specialty for nurses.  Czech Republic, Brno, par. 84: Postgraduate education for physicians is satisfactory or good; perhaps, and for other professionals failed, failed, and failed. Because there is really no structure, I mean no system of training and no system of recognition for this training. Skill competencies that they achieved were not described.  Moldova, Chisinau, par. 74: T: For nurses it's better (E: da, Moldavian) (I: it's better) (E: Moldavian). We give them possibility to change here (E: Moldavian) and abroad, especially in Romania (E: Mhm, Moldavian). The trainings, specializations, (E: Moldavian). We also have teachers North-Carolina from USA (E: Moldavian). And we've (E: Moldavian) we've been collaborating for three years already with North-Carolina and they come and train and (incomp.) (E: Moldavian). And when there are ahh international experts we are welcome everybody to train some of our nurses (E: Moldavian). We use any possibility that we have. par. 92: T: We don't have qualified (E: Moldavian) physicians (E: Moldavian) in Palliative Care. Ahh university trains (incomp.) physicians, (I: physicians) general physicians.  Turkey, Istanbul, par. 86: There is, there is a, a lack of, of äh curricula (A: yah). Neither there are curricula for physicians nor for nurses.  Ukraine, Ivano-Frankivsk, par. 35: It's very clear that the, it's la- that it is relevant (Ir: mhm) to develop postgraduate education more in your country. par. 54: I I would like to say that it only maybe only in my opinion only training of mother Theresa that that äh ähm (.) it is the most profession and most near to to right understanding of Palliative Care.  Ukraine, Kiev, par. 15: We have a lot more private courses and private schools for doctors and nurses in Palliative Care and then in medical universities. So, the courses for Palliative Care and pain management, they are not included in Pre-diploma level, unfortunately. And on postgraduate level, you can only attend (a) few courses that (are) provided by 3 universities - it's in Charkiv, in Kiev and in Ivanov-Frankivsk and that's all. par. 116: And so, you can just tell to the universities (...) that they need some professionals in Palliative Care. But how they teach, how many hours they teach, the quality of these courses, it's not the minister of health provide any control and setup... K3: ...and minister of science and education neither. K1: So, our universities are quite independent. So they decide all this (.), that's why it's hard to us because we need to work together with each of university and try to present Palliative Care as a necessary part of education.  Belarus, Minsk, par. 34: For nurses we also have ah two ah postgraduate courses in the same Belarus medical academy of postgraduate education (I: Mhm). On the fac- special department of general practice. And it's called Palliative Care ah patients in terminal state ah this is ah special task of psycho- psychological support and ah medical supervision. This is for nurses and also (R: Belarusian) Belarusian (I: Mhm). Two courses ahm by one week (I: by one week so) so four - forty hours. Two courses ahh by forty hours. (I: Okay, so overall 80) Belarusian, 80. par. 49: ah you know that we have this ah Palliative Care understanding ah like special care for people in terminal situation but she tried to promote this Palliative Care approach (I: mhm) so Palliative Care should be everywhere (I: ya) like in deep (incomp.) patients like we saw ah participate in the WHO workshop. Ah for different diseases (I: Mhm, yes) but we don't have this understanding in our (I: mhm) ah mind of our doctors in general. So we seem (I: mmmm) that she would say that it's important to promote this Palliative Care approach (I: mhm, approach) ahh in general through education (I: to make it broader) broader yes (I: Okay) not only sp- like specialized care.  Russia, Moscow, par. 95: In Russia we have ähh several institute (D: Russian) institutes and universities ähhh (I:mhm) (D: Russian) that have (D: Russian) ahh courses courses, training courses for Palliative Care (D: for Palliative Care) (I: Palliative Care (D: Russian) ah and äh [for physicians].  Lithuania, Siauliai, par. 11: postgraduate education is needed only 36 hours, one course - and you can be a doctor (...) or a nurse (...) or a social worker for Palliative Care. It's not so much, you have the license of your job - you are a doctor, a physician or maybe a nurse, and then you have to get these 36 hours at university and then you can provide a Palliative Care service.  Uzbekistan, Tashkent, par. 17: We don't have a Palliative Care specialty in my country, but a decree of cabinet's ministries, which will be posted soon, we thought about it in 2019 with the minister of higher education. We are planning to implement new structures as of Palliative Care, as a Palliative Care specialist in the structure of education and then we can get the postgraduate education - and undergraduate education, yes...  Albania, Tirana, par. 16: Postgraduate education the current state of education in Palliative Care in general and specifically in postgraduate education in your country we do not have both, graduate education in our country but we have a program. We have worked very hard towards Palliative Care for a separate subject that the nursing school and thanks to that now every nursing school faculty in our country there are some teachers of Palliative Care. Par 44: Doctors only take some lessons on Palliative Care in oncology, so we have a subject oncology and they have some lessons on Palliative Care, but it's not a separate Palliative care yet, but we are working on establishing it as a separate subject in the medical university and we are working with the national Palliative Care group to make Palliative Care a specialty for doctors.  Georgia, Tbilisi, par. 48: I had these courses in English, Russian, and Georgian, but we could not fully implement them. It was about two months of courses in distance learning, but we could not find some technical problems (sic!) money for managers (...), some other (problems) may also be. [--] it is very reasonable to write some grants to [...] receive some money and implement this course, because from Middle Asia, they would be glad to attend this distant learning course in Russian.  Hungary, Törökbálint, par. 14: They [physicians] have the specialization. That was the first Big Step and then in 2014 we came out with a possibility for examination postgraduate or especially patients for Palliative Care and in 2016 we have our first doctor's Palliative Care specialists. Par 18: there was a possibility for doctor's you have an 80 hours course for hospice care and it was usually done in Eastern part of Hungary.  Bosnia, Tuzla, par. 11: We don't have curriculum for Palliative Care. Palliative Care it is not existing in medical faculty or other schools a lot of times we have talked with the professor of medical faculty but they don't listen to us they don't want put Palliative Care subject in medical faculty.  Lithuania, Vilnius, par. 4: We have a subspecialty course for all Palliative Care team. It is not differentiated for all Palliative Care team 36 hours. Both medical universities, I mean Vilnius University medical faculty and Kaunas Medical University has its own courses 36 hours.  Armenia, Yerevan (1), par. 32: Let's say the formal course Palliative Care we started two years ago only in Armenia, but I thought several courses by organized by individuals, by association, or founded by Open Society Foundation. They were short term courses, usually one week or ten-days courses. par. 62: We have 60-hours program for family doctors, which is postgraduate level, it's the only within the specialization. First course, it's just now running. It is funded by the OSF Open Society Foundation of Armenia its now running and we finish, the postgraduate will come end of, beginning of June. June or July. First week of July they are through, they are graduates. So we have 20 doctors now running this specialization course. It is four-month course, and we have 20 nurses, three-month course, and they will become first certified doctors and nurses in Palliative Care. par. 144: On postgraduate level we have two weeks for family doctors and lot of this is based on standard ELNEQ/EPIC courses and also something we took from, you probably know DM from Brasov, other staff was training here for three weeks, so we also used her materials from there.  Armenia, Yerevan (2), par. 356: In general, the healthcare, healthcare actually is curative in Armenia, because there was no Palliative Care and the professional were not introduced about Palliative Care that it should not only be curative and because of lack of this education and awareness the professionals try to not only the family members, but also the physicians try to cure and they say: "Oh, we should do something!" We should not see them wait until the person dies. I think it's the lack of education I think and the lack of awareness of people. |
| **Necessary to improve palliative care education** |  |
| (8) Distance learning and exchange programs | Kazakhstan, Almaty, par. 21: Most of those people who work in hospices, they've been for example traveling to some countries to just to see how it works overseas or in our neighboring countries like Russia, Belorussia or some other/ Or Western European countries like Poland mostly, Romania, Belorussia, Russia, I think.  Greece, Athens (1), par. 377: Now, especially in our country, I think it's a need to have a distance program. So, you can offer it to places that cannot come. They are not so many, so someone cannot leave the place and come to be educated in Athens. And everyone now has computer and the Skype. par. 409: And probably, for example, for us, if we started a multidisciplinary course, it would be for physicians especially, good to have an invited expert from abroad. (4 sec) It would get higher, the course. And they would probably come to attend, if you have invited people. But in order to have invited, you must have the money to cover them to come. (5 sec) Because sometimes they will say: "Who is going to teach me?"  Greece, Athens (2), par. 102: You need the bed-side training which, you know, we did it by ourselves here. But the theoretical part and the way it was organized, that gave you a lot of (7 sec) knowledge in order to go ahead with your work. So, distance learning. And I think that for people who are already working as a health care professional, that's the only learning that you can do. For students it's difficult, but if you want to (..) teach Palliative Care to professionals already working in hospitals, because you want to be (..), to bring results quickly to patients, then you have to do distance learning, definitely.  Moldova, Chisinau, par. 46: T: And then we trained psychologists, social workers (E: Moldavian) and we had experts from Great Britain, Israel in that project.”  Cyprus, Nicosia, par. 49: To have the opportunity to have a postgraduate education either from distance learning program or from one of our universities (in Cyprus). Because especially for postgraduate education, all the healthcare providers work somewhere. So the opportunity is for distance learning program.  Uzbekistan, Tashkent, par. 21: International cooperation plays a big role in development, because [.] we don't have to create the bicycle again if somebody has done it already. We can look on it, we can try it and add our role.  Albania, Tirana, par. 35: We started this kind of course in 2007. 11 years ago it was a program supported by Sisters, a very large Christian organization that ran this training for 10 years. The Sisterhood continues to support it and it has been a very big help in our country because people now understand what Palliative Care is.  Bosnia, Tuzla, par. 41: I have written some books international papers communication we do not have good communication with the government about policy, but have a good network abroad yeah we need a network.  Lithuania, Vilnius, par. 4: And now from last year a private educational group started also courses in Palliative Care, because university has also courses you need to come to university course for one week, 36 hours, 5 days, and this private course which also, they are the same level as the university course, because it must be certified by the university, they can go to a region, for instance a small town, and they can course, people can course in the town, so they and for because Palliative Care is very regional located medical service, so it is very good when you can go to that small town, in which live for instance 20000 people, you can have the course for the whole team and they did not need to go to Kaunas or Vilnius and a night at the hotel for five days, so for them this is for instance expensive, very expensive, even in a such small country, but if payment in medical care is very low, because nurses get a minimum, a minimum, if means like nurses get like 400 Euro per month, it's very low, that's why they could not travel to yeah, it started last year and it was a great success, it's private initiative. But they noticed that there is a big need for Palliative Care education, but people prefer if a person comes [and teaches on-site]. |
| (9) Training programs for educators | Kazahkhstan, Almaty, par. 174: Or for a basic course, whether it can be a distance learning, e-learning experience, some platform. I mean, within the country there be created a platform. Or it should be an annual gathering of specialists in a certain place like this. So, there are many variations of doing this.  Greece, Athens (1), par. 126: We have our own curriculum that we can change. For example, the new one, we have changed some classes. We have, for example included now leadership, what we didn't have before as a course. Or more (?)-based, evidence-provided care, that we didn't have.  Greece, Athens (2), par. 23: And probably you would need another course. But you need trainers. And this is what we like at the moment. We need to train people in order to train others.  Poland, Gdansk, par. 68: We have a problem with the trainers if you develop courses. University of course has to teach Palliative Care [---] the lack of trainers is a problem the amount of money that we have for postgraduate training is not enough. The real course costs it is not attractive they don't have time, so they don't want to use their time to prepare for this course, because they get less money if they don't treat patients.  Ukraine, Kiev, par. 35: Actually people who are teaching future physicians or medical doctors and nurses, they mostly are not practitioners. So they don’t practice at all. That’s why it’s mostly theoretical. It’s a huge problem because when you are in medical school, you will listen sometimes very old fashioned theories… K1: ... and some old professors [laughing] (...) they ’on't like any changes in the routine life of education process. That's why, when you came with some new ideas and tell the words around to teach Palliative Care issue and we need to implement such courses, of course people ’on't understand why and what is it, and that’s why’ it's a general problem for us to change this level education.  Ukraine, Ivano-Frankivsk, par. 38: I think the fist we have to learn (.) tutors in Palliative Care (I: mhm) äh and train-training for trainers (I: for trainers). yes trainers.  Uzbekistan, Tashkent, par. 25-24: Yes, for the beginning it's very very important to get trainers from the countries, where Palliative Care is developed. [..] Ehm, I think of (unsure) - Do you want to know about the situation in Uzbekistan what this be? Right now, we have contact with our [...] friends in Malaysia. Palliative Care is developed very well here, there. And in Poland - he is also willing to be a trainer to help it here. And we are in close cooperation with Russia and Kazakhstan because we don't have a language border, the Russian language is very easy (for us). So these are our key partners and trainers.  Albania, Tirana, par. 27: They do program going around the country training teachers for nurses for teachers would be better to teach the students but if they do not have support from their colleagues they cannot extend so we choose to train the nurses and doctors to give them general information about quality of life. par. 168: I have my experiences with the distance learning but I think this would be good for the teachers the faculties and teaching leadership for nurses doctor's and the teachers teaching Internships.  Armenia, Yerevan (2), par. 204: The second thing is for milestone is (pause) the having some lecturers trained lectures or some faculty, strong faculty, who can teach the program. |
| (10) Theory and good practice | Kyrgyzstan, Bishkek, par. 19: And part of them was theoretically and other with bed-side-training. So, our doctors and nurses were so happy. They say, they are satisfied, they say: "All our three months of", I cannot remember which, "this is the same as we get from the (?). We get from that way more." And I think we should develop in such/ so, more practical [training] and to answer for their everyday questions which they get from the patients.  Romania, Brasov, par. 107: We have every second years, we have 64 places, actually 60, but we always give 4 extra (telephone starts ringing). So, we have like 400 people who/ (telephone gets turned off) We have like 400 people applying for these 62 positions and they have to pay. I mean it's not free of charge. So, I, probably, we try to keep the prices, I mean we don't make any profit out of those, which maybe we need to think in the future (laughs). But what I want to say is, that there is this interest somehow. So, I don't think that at this moment finances are/ I think maybe what would be a challenge is the real place for practical placements.  Moldova, Chisinau, par. 113: T: Äh well teachers use äh European äh standard, they should use the European äh methods or topics but mostly she wants to do practical. (I: practical)  Ukraine, Kiev, par. 103: It's all this issues are included in the curriculum, but again it's a quality of education. I mean quality of the lecture, of the professor, who is explaining (...), you know. Lesser, they are teaching exactly the spiritual support, communication skills and also regulations.  Armenia, Yerevan (1), par. 130: We have close contact lectures seminars with trainees, but the big problem is bed-side training, because we don't have department or wards. There is a private kind of Palliative Care center, something between Palliative Care center, hospice, something like this. We send people there, but it is very small. Right now they have only four patients and not every day they have a patient. Difficult to build your curriculum if you don't know, when and who will be there.  Armenia, Yerevan (2), par. 212: Because we need to educate interdisciplinary ways of working and after that team are established and they will go and work in the hospital or somewhere, so we need strong education and then we need places, where we can implement Palliative Care. I think that was the main problem for our course last year, because we did our course, we had hour, some hours for practice and we did not implement that course because there was no place to go to have practice for Palliative Care. |
| (11) Teaching methods | Greece, Athens (1), par. 93: B: Yea, psychologically (?) say so. But death and bereavement is a different/ It's a different field somehow and you have to sort of/ The way we do it here in our training, very basic training, we try to get people into the position of a patient. I mean, what does it mean for you to lose things?  Greece, Athens (2), par. 94: A role play is very important, yes. (..) Or drawing, art therapy. I mean even then you have to get in contact with your subconscious.  Moldova, Bishkek, par. 68: Yes. And also, I think it should be not only in paper, but using other digitals methods like short movies, educational movies. Your/ This is, it's my dream. I think it should be like, this is SOP, how to manage this like participation, for example. You will take this, this, this, you see? What do need to have to help such patients. And this is like our patients and I'm doing this, this, this. And (?) is SOP.  Czech Republic, Brno, par. 127: Different communication skills you can't, or you can't teach very effectively in e-learning. But for example pharmacology, symptoms, that is a subject where many doctors would prefer to learn it themselves in the e-learning with their notebook than to spend three days in a course here.  Belarus, Minsk, par 80: I think that ah methods of treatment it's ah most weak point (I: mhm, methods of treatment or methods of) methods of teaching (I: learning, teaching, it's ah ok) it's very weak (I: it's very weak) mhm because you know we use mostly lectures (I: lectures, mhm), some discussions but not some (I: mhm) modern methods. Minsk, par. 198: For me it's really interesting methods of education (I: methods of education) like you (I: it's clear) say that it is how to organize people (I: mhm) difference people together, new methods (I: mhm mhm) ähhm like you said game, it would be interesting (I: thank you ya) to see.  Latvia, Riga, par. 40: Yes, further development because we need maybe more (..) to right (law), booklets to different topics, so these material should be more (.), be more (.) intensively presented. [par. 55]: Yes, it's it. Basically we stand here on an oncological basis because we are all oncologists (...). And for me it's quite easy to give different example to link different medicine (subspecialities). (...). When we speak about communication skills, we take practically examples, [explaining an example for an interdisciplinary case study].  Albania, Tirana, par. 89: It depends on the programmes 3 and 5 day courses and five of these courses have them with a lecturer and practical experience, but in some programmes we only have lecturer information and I think it's not good, but we need to continue training with these topics to refresh and remind, and make some topics steeper as well.  Armenia, Yerevan (1), par. 335: I would prefer face to face. Traditional methods. Some blended learning of course is acceptable, but basic part must be face to face.  Armenia, Yerevan (2), par. 292: What we prioritize is actually courses for practicing nurses and physicians. This is very important. Because for now, for starting Palliative Care we need specialists right now and it is very important to have very short and very focused programmes for practicing for those physicians who already work in health institutions. |
| (12) Follow-up strategies | Greece, Athens (1), par. 62: Palliative it's not just lecturing. And, but unfortunately nothing was done after that. They took exams, they were okay, they liked to be involved in the service inside the hospital and connect the community with the hospital, with Palliative Care. But mainly because we don't have enough personnel and probably because people don't understand real, the people that decide don't understand. |
| **Palliative care Core Curriculum (the theoretical framework)** |  |
| (13) Useful as a framework | Kazakhstan, Almaty, par. 73: I guess, we have to compare and develop, not just pick up something that is good, but some edits will take place anyway, because it's a different educational system. It's a different level of how we teach medical specialists in Europe and in Western Europe and in Russia, Kazakhstan or wherever.  Greece, Athens (1), par. 270: I have translated a book in Greek. One way to have it easier is translating English books. But sometimes the culture is different, the examples are different. And to write a book, it's not easy. From the beginning, your own book. You don't feel that you have the knowledge and the experience to write a book. But when you translate, you find that these cultural things that are not the same and you cannot exclude them.  Greece, Athens (2), par. 125: It needs to be like that. Because you can't really create a universal curriculum, because it depends on the education system, it depends on the culture, it depends on the laws, it depends on a lot of things. But this would be a roadmap for people to modify. It's much easier to modify something and apply it in your own country than to create it from scratch.  Czech Republic, Brno, par. 234: And this is now a topic we have, a (request?) with which I think a curriculum is developed (difficult to have?). England, and Germany too, searched, found. But the question is, what do you, (?) then do in the Czech health system. That's all, of course, it's like we do that.  Ukraine, Kiev, par. 87: We have like a 2 translated (???), but it was translated by a NGO, so it is approved by the minister of health and (...) to use to for teaching for family physicians, but again, it's implemented to use only by Ivano-Frankivsk university right now. And Kiev-university of postgraduate education, they develop their own curriculum in Palliative Care, they don't use the international (one), they decided better to have their own. par. 206: Because you know, it's always when they see it as a recommendation or guideline by the WHO, so it's easy to adopt, but at least (.) to talk about the WHO has recommended, but it's always question related to (..) rural or local universities and the Minister of Health.  Albania, Tirana, par. 55: To prepare a unified curriculum for Palliative Care for the nursing school, all the teachers in the nursing school are using the programs that we have done, these are wonderful programs and information but some of them are using different books, so we would need a unified curriculum for all the nurses and policy makers and also for the medical university social sciences and certificate is very important, you need it is the next social worker is needed in the Palliative Care group.  Lithuania, Vilnius, par. 86: This course [particularly the part] B would be VERY good.  Armenia, Yerevan (1), par. 348: For our country for example we still badly need the support of the help of international professionals, it is not only the issue of money, it is the issue of experience. But these people, is my strong opinion, must come here, to see to feel the difference and then be our advocate, because apart you cannot do this, you must understand what is, what is important for these people, how they accept this, how they percept these, everything, it's not only doctors, it's also patients, it is critical to come and be here at least for some period of time to understand, what is going on in this country, with this population, in these people. par. 395: Definitely we will use some of it, we will revise our curriculum.  Armenia, Yerevan (2), par. 619: I think it would be very useful, but we have probably need resources. |
| (14) EAPC competencies very important | Turkmenistan, Ashgabat, par: 58: And it's very reasonable that ten competencies are included in that. Yeah.  Ukraine, Ivano-Frankivsk, par.104: These 10 competences very important (I: great) and very good.  Albania, Tirana, par. 168: 10 core competencies of a EAPC - I don't see any competence missing. We are trying now to set up Palliative Care the master’s program I really need to learn more about this competencies and adapt them to the program - it's a helpful concept. |
| **Challenges in Implementation** |  |
| (15) Global vs. regional (cultural) | Kazakhstan, Almaty, par. 100: My experience shows that it's usually a problem of this family, you know, communication. And I see them as universal principles that are acceptable for any society, any family as a little model of the society. And because it's not directive. It's very natural. It's very ecologically right for the patient. And since/ And for the family, too. It's usually hard to overcome this freedom inside of you first, for the caregiver. And then, for the family members, it's a little, some barrier that they have to develop. And then, another barrier is inside this patient again. But it's nothing wrong with the basic.  Turkmenistan, Ashgabat, par. 68: As far as it's clear, such particularities over patients, physical statement, age, nationality, gender, all should be considered in approach in palliative medicine. par. 80: For Turkmen people, it's highly important not to be humiliated in a dignifying way, in his dignity, I mean patient's dignity. So, that's/ when you work with/ so, Turkmen people say that disease is given by God and it's national particularity of Turkmen people to consider such patients the same like the others and not humiliate that person, not discriminate them in any way and provide everything to feel being treated with dignity person.  Turkmenistan, Ashgabat, par.68: Therefore, if a patient has an oncological disease, first his relatives are informed about it. However, not always because they consider the psychological statements of patients and their relatives as well. Therefore, sometimes, they do not talk to the patient.  Greece, Athens (1), par. 185: As a community we don't want to discuss about death. We fight death. We don't accept death. Because we try to find ways to postpone it. It's an enemy, it's an enemy. Even we are orthodox and we say that we believe in life after life, yes. In practice, I think that people have, most people have difficulties in accepting death. So, we see they are in the hospice, people, family members that cannot accept that the patient is dying and try to offer him something more as/ It's the culture of the family. First try to protect the patient, not tell him the whole truth, in order to keep the hope. And whenever, if something can be done, to do it. And sometimes we can have conflicts between children, for example, of a family. Someone say, believes: "Okay, that's enough!" And the other say: "No, fight more!"  Greece, Athens (2), par. 57-58: This is changing very rapidly, Greece has been a quite homogeneous society. I mean, you would find only Greeks around you, you would find only Greek-Orthodox around, so it's the same religion, the same nationality, the same language. So, it didn't need to do a lot of cultural/ There weren't many cultural differences like, for instance, in the UK, that you have Asian people together with Europeans, together with people from Africa or wherever. This didn't use to be the case in Greece. But now with all the immigrants coming over, this is changing very rapidly and this is one thing. And the other thing is that all the young ones, all the young scientists, have gone abroad. So, this means that our population, we have a lot of elderly people that are living alone with their children far away. And those are the ones in, with chronic diseases, the ones in need of Palliative Care. So sometimes these are being taken care by people from different nationalities and you have really to collaborate with them, at these sort of create cultural differences. But so far it hasn't been the case in Greece. par.62: As far as I can judge, I think they are universal. Love, autonomy, needs, all these are universal.  Romania, Brasov, par. 215: So, the family really is meaning different things. It was very clear at that moment for me. And it's clear also how/ Maybe because we are a poorer country and maybe the health care system is not so, I don't know how good developed it's in other countries, it's questionable also, but in a way the family members are those who you expect to navigate you through the system, are those whom you rely on.  Czech Republic, Brno, par. 346: You do not have to be afraid of cultural imperialism. I think that it is modern now. It is modern to be afraid of not being imperialist. But However, I think so, but for me, one issue is, and this is actually very culturally dependent: what is good dying, good death. Then, linked to that is the variability of good care around the dying. Because the (concept?) of what a good end should look like? (?) People who participate in it (?). If you place that clearly in front of your eyes, then it is also clear that there has to be a (..), let us say, a radical plurality. The curriculum should prepare you for the fact that you always have to orientate yourself in some way toward the concrete patient. But for me it makes Palliative Care very interesting and just that there/ I also studied Protestant theology for three years in addition to medicine, it was a long time ago, but this border area is just the right thing/, because Palliative Care is not just a specialist medical business, but that it is about these big issues.  Turkey, Istanbul, par. 147: Muslims think that live is for God and that (incomp.) (laughing) own God (incomp.) and they they believe that when person would die. Every person dies one day and they couldn't do anything for that, but I think before dying person should be comfortable, I think (I: should be comfortable) should be comfortable, feel comfortable.  Ukraine, Ivano-Frankivsk, par. 68: Yes you mean that that (.) that we have strong family (I: family system) family yes (I: yes) system (I: ok). Yes it is here but currently time is changed.  Ukraine, Kiev, par. 147: There are no specific groups. Ukraine is Christian county [all speaking together]. But we don't need any special rules for Palliative Care cultural differences. […] par. 176: they have to talk about (death), but this is the same process as in Europe. I mean, you don't have to change anything in education in your standards to fit in Ukraine.  Uzbekistan, Tashkent, par. 34: For a person from Uzbekistan to give his parents so someone away would be like [.] unacceptable by [.] from [.] the cultural side. It would be like letting them go and letting them die, but I have to take care of them. So, as we want to develop [stumbling] in hospital Palliative Care as well as outpatient and home Palliative Care. We will help them out by controlling their symptoms, but they take care of themselves [family members]. par. 36: People in my country are in fear of dying. They don't accept death as a natural continuum of the life cycle. So, if we could explain the professionals first, they could spread it into [.] to the people. par. 75: The last wish of the family. [..] That's very sad. We don't give a choice for a person how to choose to have his life, especially in the end and that is very sad. And I don't know how much time it needs for us to change it but we need to change it.  Uzbekistan, Tashkent, par. 69: In my department 40 people are here, and only one of them knows their diagnosis. Mhm [..], to me, it's not correct; everybody should know about themselves, of their health status. However, as a rule in my country, this is all done through families. We tell the family the truth, but we tell him that everything is okay, everything is fine, you will be good.  Hungary, Törökbálint, par. 91: Regarding culture, I think it's important and I see interest from younger doctors and younger healthcare professionals so I see more open it to these problems.  Bosnia/Herzegovina Tuzla, par. 111: I think that our culture at the moment affects your ability to speak directly with the patient we speak about problems pain to help with these different symptoms vomiting or constipation to help you with that problem - the whole picture - it is dependent on the person.  Lithuania, Vilnius, par. 81: So they [from a Western-European point of view] see, that we have fewer social workers, fewer psychologists. But the need of those specialists - and now we see the need very much - not in the beginning of independence. We still live all together. So our society is also changing and those changes require also more Palliative Care of course. Volunteers, (as I) heard at the beginning of my work - I always had a lot of volunteers from the surrounding people - and those volunteers did everything. For instance, if I volunteered to go to the patient home, they brought (sic!) me with their car. They came to my office after my (work?) and bring me to the patient's home.  Armenia, Yerevan (1), par. 191: This is a very important issue, because we have like many countries the taboo about death and dying, we do not have a technique, we did not develop how to talk about this, breaking bad news issue, but what is very important from my point of view this is very sensitive, this is very cultural, and it can't be brought from the trainee, it's someone else, you know it's very specific for us and these things must be done on a different level. But this requires professionals, who can do this research, and money to do this research. And based on the research to develop how to teach in our culture. But this kind of communication is problematic. par. 210: I don't know this is Western or Eastern, but I think this is Soviet, Post-Soviet, at least my education in the soviet period and or all medicine was more paternalistic medicine, not patient oriented, and still many people can't understand, why I have to ask, what do you want, what do you think, you are a patient and I am doctor. We have some saying I am boss, you are idiot. |
| (16) Professional vs. Interprofessional training | Kazakhstan, Almaty, par. 126: Well, all education, or in medical education and other education, usually people are educated as individual specialists. And it is in the philosophy of Palliative Care to, for the work to be successful is that you inter/ communicate with other, you know, participants of the team. And it's one of the instruments, this whole communication within the group, irrespective of how different their work is or how they are leveled, kind of, you know, hierarchically, you know, as usual, a physician is higher than a nurse in our country, especially they have to find the grounds to be an equal part of the group. And that's how they learn how their position is strong in the group. So, because there are competencies within the group, and there are their competencies. (---) It's not strong enough if you are not communicating with other groups. So, only as a team, you can be most helpful to the patient. It's not like you just are a nurse and your doctor says "Do this. Do that. Don't do this. Don't do that." and you are only, you know, somebody who executes somebody's orders. So, it is very important, I think.  Turkmenistan, Ashgabat, par. 58: We agree that it's a team work when you do Palliative Care. So, it is evident that participation of different disciplines, like nursery, then physicians and psychologists as people (?) social workers. So, they participate and it's a chance for them to do their work in maximum. par. 62: So, it would be very nice to make team to interact with each other for best results. par. 84: The talk is about if it is necessary or not necessary to include such religious workers [Chaplains]. And they say it's good addition to that and there is no any harm if such a worker will participate in the team. That's why more yes than no. (?) So, it's good. It will work well.  Greece, Athens (1), par. 20: The first postgraduate program started in 2003 here. It was mainly nursing. We had sometimes, we had some psychologists that came by then, but it was mainly nurses. And it was half and half I could say: half oncology nursing and half Palliative Care, in theory. Because the problem was, that we didn't have services to/ So, everything was in theory. And in theory it's not very easy to transfer what you have seen. So, the education, the practical education was mainly through photos and videos and, in Palliative Care, I mean. par. 57: Separately? No, for the moment we don't have. The main one we are doing every year at Galilee. It's a multidisciplinary, its forty hours, one week. We have done another one, invited by the Ministry. At the public hospital we educated again a group of people, a multidisciplinary group of people who had two weeks of education. One week at the beginning and one week after two months, full-time with interactive learning, because we are used in that way now and it's the way that we teach. Palliative it's not just lecturing. par. 316: But also, that we have a separate small part. Because it's something that they have to know. Some of things are there, the occupation/ A psychologist think about that they need something more about psychology. And physicians feel they need something more. And all the, for example psychologists just don't need so much medications, they say.  Greece, Athens (2), par. 72-73: I would have started with the interdisciplinary and then go to the occupation. Because starting with the interdisciplinary education, then they get the aspects of the other profession and they sort of broaden their views on how they see any symptom or any/ Mouth care, for instance. I mean (the instance?) would give a nurse in the interdisciplinary course that this might have to do with so and so substances that are in the mouth in gastric cancer and they are different in brain cancer and that would give them another perspective. And, so when they do the occupation of it, they would think of it as well. Otherwise, if they do it in the beginning, they keep on in their minds their own training and just that. If they come across with the other professions, they enrich their views. So, when they go to their separate occupation training, then they are enriched by the other professions and see with different eyes. That's one thing. And another thing is, that you don't reinforce the fact that you are coming from different professions. You want that/ You want people to believe that they are in a team. And they have to care for a patient and a family. And the role of each one is to give the perspective of their own profession of the certain problems that they're dealing with at the moment. So, I think that the interdisciplinary should be stressed.  Romania, Brasov, par. 31: When it comes on multiprofessional education, we have the master, which is the only master. It's since 2010 the university in Brasov has established this multidisciplinary Palliative Care master. And it is quite a challenge because basically we include all the disciplines and it has a clinical path. Part of the master there are modules, some are clinical orientated, some are leadership orientated and some are research orientated. So, but participants have basically to go through all of them.  Czech Republic, Brno, par. 265: ...and it's actually something that we don't know in the Czech Republic, that doctors, nurses and for example social workers sit together in a room and have a, have a class together and discuss the clinical cases. This format doesn't exist, so I find it quite inspiring and I think it's a good idea because, precisely because we don't have this multidisciplinary in education.  Moldova, Chisinau, par. 41: Psychologist and social workers they get their education at another university, they are not at (incomp.) (I: they are not at) (E: Moldavian) they basically are in the multidisciplinary team (E: Mhm) but they are trained or educated (I: ok) apart.  Poland, Gdansk, par. 26: Nurses and physicians are regulated by law and by the Minister of Health it's very official, it is under the supervision of the government, and the other (IPE) courses are private initiatives many kinds of organizations or foundations provide training. The Catholic church, for example, organizes some courses for chaplains regularly; it doesn't happen that often and it is only for those who are interested in this subject.  Ukraine, Ivano-Frankivsk, par. 89: The most important I think is a good communication, good working in all team, understanding each other.  Ukraine, Kiev, par. 246: Because interdisciplinary work is very important, we need it...we need it because we do not have such a tradition to take a look at the patient and the different parts. It’s always like all physicians say: I have done everything that you prefer, just go there. For us, this is like a change. For patients, it is very important to sit together, talk about patients, and discuss better way to help them. par. 235: We tried to implement such courses for nurses and physicians together, so even in Ivano-Frankivsk university decided to not do it. K3: The problem is the nurses, because physicians they will never agree that they have the same level of education as nurses and they have to learn everything the same as nurses.  Uzbekistan, Tashkent, par. 53: To me, the main focus should be on nurses first and then physicians and then psychologists and [..] then [.] if a person is - ehm - some people that to massage stuff (..) and of course a person is religious, spiritual needs should be taken into consideration. So I think this five people should be included into an interdisciplinary team. par. 57: First of all - every member of this interdisciplinary course must know what is he doing and must understand what other person is doing and what is their role. So just to understand that, people, I think, have to work in a group. For example, it is very nice if physicians talk about spiritual sides of the patient. But the professional will do it better. And that is why in interdisciplinary approach, it is very important that everybody knows their own role as well as they understand the role of others. par. 59: Yes, you are right. In my country it is not that [...] nurses have very little opinion or place for development, (so) nurses have to do whatever doctors say. So [...] the social status of doctors and nurses is unequal. Therefore, nurses do most of their work in palliative and hospice care.  Albania, Tirana, par.162: [Older healthcare workers] do not understand the concept of the interdisciplinary team. It is a very important part we have seen, we see it in our institutions, everybody is very important to make decisions because they support each other.  Georgia, Tbilisi, par. 48: And yes, also how to pass the accreditation because this issue of the schools, it was not accredited by the Minister of Health, was a problem.  Hungary, Törökbálint, par. 60: I mean would be nice to have each year special multi-disciplinary course where you learn about the management of Palliative Care, dying patients, psychology, and so on, what is the center of excellence who takes care I mean of medical specialists there are many interested in but not responsible so for me it would be a great step to have the centers in the universities and a crazy step.  Lithuania, Vilnius, par. 124: Here in the institute we also involve a priest in our team and we have common meetings and I see, that he has a very high education.  Armenia, Yerevan (1), par. 155: Nurses are in our country, nurses are... it's considered vocational training, it's not at the university level. Although it is not vocational in the classic understanding, because it is still form 54 still. Meaning it might take 2-3, 4-5 years depends of the background if they come after school or after college or something, but anyway it's not the university level, but re-training is university level and we have the trainings. par. 259: In Armenia there is very big gap a very big difference between nurses and doctors. I told you, nurses are not considered for higher education, it is for vocation, vocational training, so doctor is not only boss, but also kind of Master.  Armenia, Yerevan (2), par. 117: We developed a palliative psychology academy course and our next step was development a palliative course of Palliative Care psychology - interdisciplinary - so not only for psychologist, but for all specialists involved in Palliative Care and of course need some psychological knowledge and skills and it was seven months program about 160 academic hours, with five modules: like introduction, effective communication, about death and dying, bereavement and self-care for specialists and our idea was that this will become like a psychological part of a comprehensive master program, and this year again with support of xx we start, or started working on the curriculum for master program in Palliative Care, which we are trying to make comprehensive so medical, social, spiritual, interdisciplinary program. So we are working on this. par. 245: Because now it contradicts with the philosophy of Palliative Care, I mean the Palliative Care as I know is multidisciplinary, interdisciplinary approach, but now we have just adopted specialization of palliative medicine and that's all. And what are we gonna do with psychologists and social workers and other specialist that are going to do with this problem. |
| (17) Professions to be included | Kazakhstan, Almaty, par. 85: [We have psychologists] you don't have to have another specialist [chaplains] to speak about existential questions, because they are very connected with psychological, with emotional life, with problems, communicational problems with your family. Because they are all one big issue which lies in the mental and psychological sphere of a person.  Greece, Athens (1), par. 342: What about physiotherapists and/ (..) Are they part or not? We need them. And ergo therapy is something (lack?), yes. It's there (like?) the art therapist, but especially the therapy which is/ They are the people that take, better the place that the patient is or also involve him in doing something. Because they, for example in hospice, they say that we keep many hours not having to do something.  Greece, Athens (2), par. 96: Physio! Physiotherapy. They are important for the patients, especially we see in ALS patients. It's THE most important profession for ALS patients. So, regarding on your patients/ Possibly for COPD patients, physio would be valuable, or (?) patients.  Poland, Gdansk, par. 107: For the future, we would need some kind of standardized Palliative Care it should be the same everywhere. Staff members are not prepared in well-prepared in ideas of Palliative Care philosophy. Palliative Care nurses or medical professionals don't understand the meaning of dignity therapies or the meaning of advance care directives. They don't know the basic questions about communication about the role of patient will, autonomy, it is this something basic it has to be implemented. For example, chaplains, I think I and I have heard a lot of bad experiences in hospices operations chaplains it is of course not an ethics problem in particular centers they have this problem because, for example, the bishop said to tell them that priests go to the hospice they don't want to work there they don't feel this they don't have the personal religion in place to work in a hospice.  Lithuania, Siauliai, par. 21: Psychologists are not included in the team. (...) In the law is written the three main team members - the doctors, the nurses and the social worker and if you need, you can call a psychologist, but no money for that.  Armenia, Yerevan (1), par. 85: When we think of chaplains. Honestly, Armenia is a non-religious country, although we are the first Christian country, but zero belief, and I often I teach I put emphasis more on psychologists, this is my personal belief that psychologist is higher than, more important than chaplains. It's not like Poland, you know. And social workers, they have very short introductive, even it is not a course, it is couple of introductive lecture, but psychologists, it's not in our university, we have another university, we have Yerevan State University, by the way, they are located right next to us, they have some course. It's again, they are not mandatory courses, they are elective courses and mostly run by the enthusiasts as far as I know. par. 267: So medical doctors, they have very high social status. And they would not like to share it with the psychologists, chaplains, social workers. And social worker in post-soviet countries is not a profession that is well-known appreciated and popular now. Actually social workers in Armenia have very limited responsibilities and power to change something in the life of a patient. The American social worker, the European social worker can help with lot of problems, can help, can protect patient, but not in our country with limited resources from the social support security.  Armenia, Yerevan (2), par. 158: Not chaplains, not for sure, yeah, but sort information maybe, but I do not know officially it will be that aa specialist in clinical spiritual work who graduated - he is Armenian and like American-Armenian and chaplain - is clinical spiritual worker and now he organises small courses for our chaplains giving them knowledge of the work in clinical setting. par. 176: Social workers are the fewest, the smallest group who have somehow responded to these announcements and finally there were how many? Three of them, out of 50 people. And they are just interested, but we cannot talk about their motivation to provide Palliative Care. |
| (18) Number of competency levels | Ukraine, Kiev, par 195: We have education in Ukraine and the doctor has (...) his internship. For regular students it's Bachelor degree and then the Master’s degree. If you have Bachelor degree in Ukraine, you just have NO education. It's just the level, no complete education. So everyone, who has higher education, has Master’s degree.  Albania, Tirana, par: 203: Level B it's not level C not for specialist, we also have only level B Palliative Care in nursing faculty and some lectures in the social work social sciences. |
| (19) Number of hours allocated to palliative care training | Romania, Brasov, par. 389: It's too much I would say, it's too much. I think people would come up to, in my opinion, in my point of the/ So, if it's a kind of introductory, probably it has to be somewhere up to four weeks and this is up to 120 hours. Yea. And even those to be modules and to be really very attractive for them to come. Because, I think the other thing is people would say: "What am I going to do with this knowledge? I mean, am I going to be licenced to do something differently? Or am I going to just have it for myself?" par. 423: This is about probably one year or one year and a half, I would say that would be. So, I think this has to be, I think the first thing is who are the target, the target people for the/ I mean, whom do we target with this curriculum? (...) Who is our audience for this curriculum? Who/ So, it is multidisciplinary, but to whom do we address it?  Tajikistan, Dushanbe, par. 56: The curriculum of such hours requires full revision/development of the program for one month that Educational Institutions could do only once in every five years.  Poland, Gdansk, par. 73: Organisation is also a problem to organise a training there are people from many places they have to speak to spend one week - they can't work, they cannot be with their family, the costs of the courses, so they have to come here: to the hotel, the government is paying for the course. Other costs it's on them their problem organisational barriers no problem for people only one course, because the number of hours is very high.  Georgia, Tbilisi, par. 75: it's very appropriate for this, to make two weeks (and) 200 hours for this. But two weeks is not enough, and it will be a good support, really, for many physicians of many specialties. We had some kind of experience, but our courses last 3 days, 4 days, no more. 200 hours - it's more based. (...) It's less than a concrete curriculum for us as our subspecialists program, but it's very important.  Armenia, Yerevan (2), par 627: (200 hours) Nine months is a problem for those who live, I mean the accessibility of settings, of teaching settings is very important, because people from far regions they cannot travel for 9 months to the university to work... |