

## Bulgaria

*Bulgaria is located in south-eastern Europe bordered by Romania to the north, the Black Sea to the east, Turkey and Greece to the south, and the Former Yugoslav Republic of Macedonia and the Federal Republic of Yugoslavia [now Serbia] to the west. The national capital is Sofia. The country covers 110,910 km<sup>2</sup> of mountainous terrain with lowlands in the north and southeast, and enjoys a mild continental climate ... The population numbered 8,283,200 in 1997, with 67.7% living in urban areas. The ethnic composition (a contested estimate) was 85.8% Bulgarian, 9.7% ethnic Turks, 3.4% Roma and 1.1% other groups. The religion of the majority, 85% is Bulgarian Orthodox, whilst 13% are Muslim, and the rest are a mix of smaller sects. Bulgarian comes from the Slavic group of languages and is written in the Cyrillic alphabet.<sup>1</sup>*



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<sup>1</sup> *Health Care Systems in Transition: Bulgaria*. Copenhagen: The European Observatory on Health Care Systems, 1999:1.

## 1 Palliative care service provision

### 1.1 Current services (last updated: May 2002)

The following palliative care services are known to exist in Bulgaria:

		<i>Existing services (2002)</i>
<b>Adult</b>	Inpatient - Freestanding	1
	- Hospital unit	0
	- Hospital mobile team	0
	Nursing home	0
	Home care	20
	Day care	0
	<b>Total</b>	<b>21</b>
<b>Paediatric</b>	Inpatient	0
	Home care	1
	Day care	0
	Unspecified	0
	<b>Total</b>	<b>1</b>
<b>Grand total</b>		<b>22</b>

### *Current projects (last updated: May 2002)*

No palliative care projects, not yet operational services, are known to exist in Bulgaria.

		<i>Known hospice/ palliative care projects (2002)</i>
<b>Adult</b>	Inpatient - Hospital	0
	- Hospice	0
	Home care	0
	Unspecified	0
	<b>Total</b>	<b>0</b>
<b>Paediatric</b>	Hospital	0
	Hospice	0
	Home care	0
	Unspecified	0
	<b>Total</b>	<b>0</b>
<b>Grand total</b>		<b>0</b>

Bulgaria has one paediatric palliative care service and about 20 home care services for adults. There is one free-standing facility – Hospice Milosierdie – which was founded with 8 beds and a home care service in 1996 and has the support of the Kammilian monks.<sup>2</sup> There are also some initiatives in the oncology hospitals.

In the Sofia Oncological Hospital there is a ‘pain committee’ of doctors and nurses undertaking work in symptom control for adult cancer patients in the hospital.

However the team has only four hours per week for its activities and ‘every one of its members is active in another department and people [are] not encouraged to expand the work in palliative treatment. This work becomes overloading for them, no motivation, morale or material. I find the work very difficult, but not impossible.

What was built up until now is not a little, but it cost too much and took too long.’<sup>3</sup>

However, there are other important developments taking place in Sofia, notably the “Hospice Sofia Project” planned as part of the activities of the Palliative Care Fund.

In the Navy Hospital, Varna, the chief nurse has a special interest in palliative care and is responsible for the independent NGO, Queen Eleonora’s Hospice, which provides homecare in Varna. There is a team of 20 nurses and other staff, and the majority of patients have cerebrovascular disease and heart disease. The hospice is seeking to establish an inpatient facility of 15 beds. There is also a group of physicians with plans to open a pain service at the hospital in Varna, but without available funds.

The ‘Hospice Faith’ is registered under the Co-operation Law, in the city of Plovdiv and offers a 24-hour service in patients’ homes from a team of doctors, nurses, rehabilitation therapists and psychologists. ‘A professional hospice staff does the service. The main requirement is observing the rule of timeliness, accessibility and quality of medical treatment ... From 4th September 2000 to 1st September 2001 the hospice specialists have worked for about 35,000 hours’. About 30% of the patients have died. Again, there is a plan for a 23-bed hospice, but without available funds.<sup>4</sup>

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<sup>2</sup> ECEPT data.

<sup>3</sup> Questionnaire data ( EAPC East)

<sup>4</sup> Questionnaire data ( EAPC East)

A further oncological dispensary has a palliative medicine department with 10 beds and an outpatient consultation room, with one doctor and one nurse. A further three dispensaries have outpatient consultations and the Sofia city dispensary also has a home care service, with three doctors and three nurses.

### *Education*

The Palliative Care Fund had OSI funding in 2000 for a National Education Program on Palliative Care, comprising a series of two-day multi-disciplinary seminars to promote the concept and practice of palliative care. The programme is the first of its kind in Bulgaria. The OSI Foundation in Bulgaria is planning an open tender application for bids to develop short courses (c200 hours) in palliative care for nurses in the country's medical colleges.

### *Standards*

The Open Society Foundation in Bulgaria is developing a project on framework standards in palliative care, to be conducted by an expert team.

### *1.2 Reimbursement and funding for services*

There is currently no funding for palliative care within the national health or insurance fund budgets and no national guidelines, standards or policies, though the Palliative Care Fund (see below) is beginning to address these. None of the local palliative care services appear to have direct links or twinning/partnership arrangements with palliative care services in other countries.

The Palliative Care Fund was set up in Bulgaria in May 2000 as a non-governmental and non-profit organisation, with the aim of creating the conditions for the practical development of palliative care in the country: to assist education, teaching and scientific research and to establish a 'model hospice' in Sofia that will be based on world class standards.

The Fund has a multi-disciplinary working group which is preparing a document on basic palliative care standards to be presented to the health insurance fund and the

Ministry of Health. The Health Insurance Fund is itself seeking to develop a clinical pathway for palliative care.

### 1.3 Opioid availability and consumption

Importation of controlled release opioids first occurred in 1993 and these medications were registered the following year; but their usage remained highly restricted even in oncology centres, due to the high costs involved. Slow release morphine has been available in Bulgaria since 1992, but (in 1998) morphine was not available in immediate release tablets and liquid forms. Morphine consumption was 3.65 kg in 1992 and rose to 25 kg in 1994<sup>5</sup>, but pethidine is 'the drug of choice for cancer pain relief provided by the majority of doctors.'<sup>6</sup> Oxycodone, fentanyl, tramadol, dihydrocodeine and ketobemidone are also reported to be available. All prescriptions are made in triplicate. Sopharma Ltd is the sole producer of opioid analgesics in Bulgaria. The table shows patterns of opioid use in Bulgaria over the six years 1995-2000.

#### Opioid consumption in Bulgaria (1995-2000)

	<b>Dihydrocodeine</b>	<b>Fentanyl</b>	<b>Morphine</b>	<b>Pethidine</b>	<b>Tilidine</b>
1995	638 g	58 g	8259 g	17547 g	32241 g
1996	0 g	42 g	5301 g	18498 g	14495 g
1997	480 g	74 g	10640 g	22240 g	22258 g
1998	1350 g	62 g	14492 g	17418 g	38040 g
1999	2948 g	71 g	16685 g	26383 g	31417 g
2000	4947 g	69 g	21705 g	26852 g	19545 g

Source: Country report for Bulgaria; Workshop on Assuring Availability of Opioid Analgesics for Palliative Care, Budapest, 25-7, 2002.

<sup>5</sup> Luczak J. (1997) Palliative care in Eastern Europe. In D Clark, J Hockley and S Ahmedzai (eds) *New Themes in Palliative Care*. Buckingham: Open University Press.

<sup>6</sup> Antoanetta Gancheva and Jordanka Kirkova *Palliative Care in Bulgaria*. Presentation to Advanced Course in Palliative Medicine, Puszczykowo, Poland, 24-29 May, 1998.

The average daily consumption of defined daily doses of these drugs per million inhabitants between 1994-98 was: codeine (5146); dihydrocodeine (2); ethyl morphine (229); morphine (103); methadone (30); pethidine (20).<sup>7</sup>

In February 2002, issues relating to the use of opioids in Bulgaria were summarised by an expert group<sup>8</sup> as follows, and an action plan was formulated to address them:

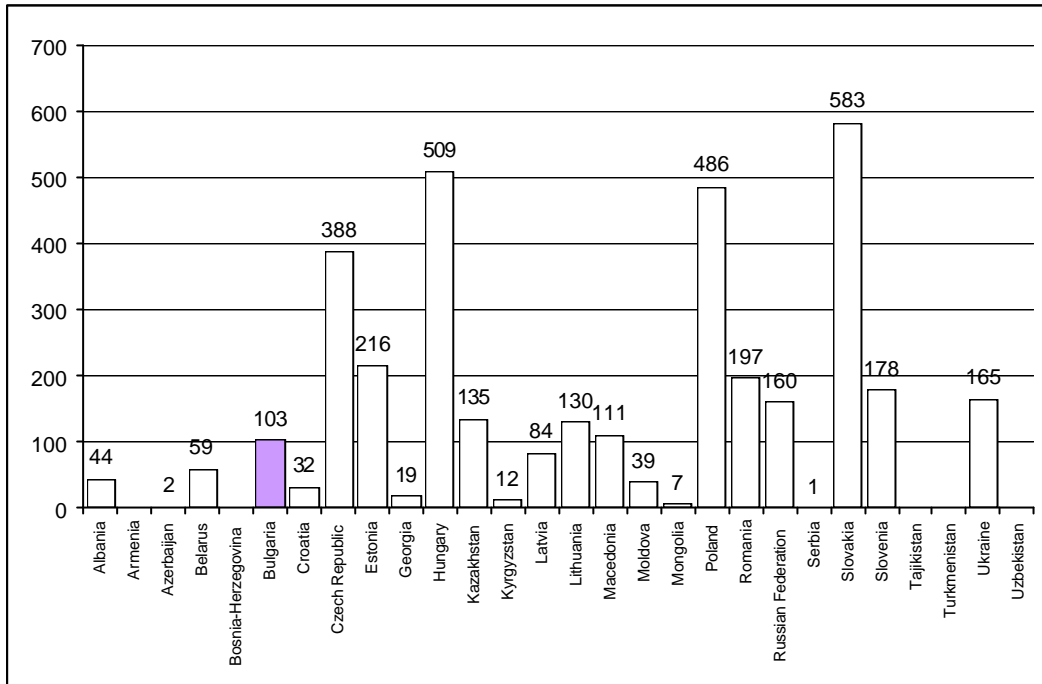
- (1) Does national policy require the use of a special prescription form?  
*Yes, triplicate form for opioids.*
- (2) Does the physician or institution have to pay for the special prescription form?  
*No*
- (3) Does national policy establish a validity period for opioid prescriptions?  
*Yes*  
If so, what is the period? *7 days*
- (4) Does national policy establish a maximum amount that can be prescribed at one time?  
*Yes*  
If so, what amount? *15 days therapeutic dose*
- (5) Does national policy limit the length of time that a patient may be treated with an opioid?  
*No*

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<sup>7</sup> International Narcotics Control Board (2000) *Narcotic Drugs: Estimated World Requirements for 2000. Statistics for 1998*. New York: United Nations.

<sup>8</sup> WHO/OSI Workshop on Assuring Availability of Opioid Analgesics for Palliative Care, Budapest, 25-7 February 2002.

## Average defined daily doses of morphine, Central and Eastern Europe (1994-1998)



Source: Clark D, Wright M (2002) *Transitions in End of Life Care: Hospice and Related Developments in Eastern Europe and Central Asia*. Buckingham: Open University Press

#### 1.4 National and professional associations

There is a foundation entitled 'Fight Against Cancer', which was the first to obtain imported supplies of strong opioids for use with cancer patients, in 1993.

Bulgaria was a signatory of the Poznan Declaration (1998) and is a member of the Eastern and Central European Palliative Care Task Force (ECEPT). Its palliative care leaders subscribe, therefore, to the call for national policies, palliative care education, increased drug availability, a growth in palliative care services and an increase in public awareness.

The Palliative Care Fund was set up in Bulgaria in May 2000 as a non-governmental and non-profit organisation, with the aim of developing palliative care in the country: assisting education, teaching and scientific research and establishing a 'model hospice' in Sofia based on world class standards. This 'Hospice Sofia Project' aims to serve approximately half of the 2,000 cancer patients in the city who are in the end stages of their disease. It will include a home care service, a day care centre, a 20-bed inpatient facility and a training centre. It has received a joint OSI/F grant of

US\$88,608 for its work in 2002 and premises have been made available free of charge by the Sofia Municipal Council

In October 2001 The National Association for Hospice Care was registered, following a move from two existing hospice groups in Plovdiv; it began with seven member organisations and seeks to promote common standards, a code of ethics and the professional development of those working in hospice.

### 1.5 Palliative care 'coverage'

There is a service providing palliative care for every 0.36 million people in Bulgaria.

*Ratio of hospice/palliative care services per million population, Central and Eastern Europe (2002)*

	<i>Ratio 1:</i>
Estonia	1: 0.14m
Poland	1: 0.15m
Slovenia	1: 0.32m
<b>Bulgaria</b>	<b>1: 0.36m</b>
Hungary	1: 0.37m
Latvia	1: 0.48m
Lithuania	1: 0.62m
Czech Republic	1: 1.02m
Albania	1: 1.03m
Romania	1: 1.07m
Slovakia	1: 1.33m
Macedonia	1: 1.98m
Bosnia-Herzegovina	1: 2.00m
Croatia	1: 4.60m
Serbia	1: 10.50m

*Source:* Clark D, Wright M (2002) *Transitions in End of Life Care: Hospice and Related Developments in Eastern Europe and Central Asia*. Buckingham: Open University Press

### 1.6 Palliative care workforce capacity

Bulgaria currently has an estimated 40 non-certified physicians and approximately 130 nurses with some form of palliative care training, together with around 12 psychologists, 12 social workers and about 100 volunteers working in the field.<sup>9</sup>

<sup>9</sup> Questionnaire data (Observatory)

## 2 History and development of palliative care in Bulgaria

### 2.1 Narrative history of palliative care in Bulgaria

Luczak<sup>10</sup> provides a description of palliative care developments in Bulgaria which begins with the work of two oncologists from the National Cancer Institute in Sofia in the early 1990s. This led to the translation into Bulgarian of a small number of key texts as well as the publication of articles on palliative care and pain relief in the *Bulgarian Medical Journal*. In 1992 a home care service was begun in Sofia. In 1993 Antoanetta Gancheva organised Bulgaria's first palliative care course for doctors and nurses, with contributions from Robert Twycross, Jennifer Barraclough (both UK) and Vittorio Ventafridda (Italy). Later a special supplement of the Bulgarian medical journal *Oncology* appeared with articles on palliative care topics.<sup>11</sup> Some Bulgarian doctors have also travelled abroad for training in palliative care.

The country has 12 oncological dispensaries and a national oncology centre in Sofia. Some of these have become centres for modest development in palliative care; for example since 1992 the Sofia national oncology centre has had a home care team caring for around 1500 patients per year. Likewise Sofia (since 1996) and Plovdiv (since 1997) have had specialist psychological and social work support for patients with cancer. There is a growing network of NGOs and hospices in several cities and towns.

The Poznan Declaration of 1997 was translated into Bulgarian and disseminated to the regional cancer centres by a national task force for hospice/palliative care in Bulgaria. However, politicians are reported to have no concept of palliative care, whilst the public know little about it and health care personnel are just beginning to learn.<sup>12</sup>

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<sup>10</sup> Luczak J. (1997) Palliative care in Eastern Europe. In D Clark, J Hockley and S Ahmedzai (eds) *New Themes in Palliative Care*. Buckingham: Open University Press.

<sup>11</sup> National Reports, Bulgaria. *Newsletter*, European Association of Palliative Care, No. 12, Summer 1994, N1. In *European Journal of Palliative Care* 1(2).

<sup>12</sup> Questionnaire (EAPC East)

*2.2 Hospice/beacon case studies*

No information currently available.

*2.3 Life/oral histories*

No information currently available.

### 3. Public Health Context

#### 3.1 Population

Bulgaria's population declined throughout the 1990s and was estimated at 8.28 million in 2000.<sup>13</sup>

#### 3.2 Epidemiology

Indicators of health in Bulgaria worsened in the 1990s along with social and economic conditions more generally. Life expectancy for men was 68.6 years in 1989 but had fallen to 65.7 in 1999; for women the figures fell over the same period from 75.1 years to 73.5 years. Figures for 2000 are 67.4 for men and 74.9 for women. Mortality rates from cerebrovascular disease and ischaemic heart disease have been increasing and the proportion of smokers in the male population is among the highest in Europe. There were 16,939 deaths from cancer in 1997, from a total number of 121,861 deaths. At the end of 2000, 201,226 people were registered with the disease.<sup>14</sup> New cancer cases per year amount to 23-25,000, about 40% of which are at an advanced stage.<sup>15</sup> There is no cancer control programme in the country.

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<sup>13</sup> USAID Bulgaria profile: [www.usaid.gov/regions/europe\\_eurasia/bg/bul.html](http://www.usaid.gov/regions/europe_eurasia/bg/bul.html)

<sup>14</sup> Country report from Bulgaria, WHO/OSI Workshop on Assuring Availability of Opioid Analgesics for Palliative Care, Budapest, 25-7 February 2002.

<sup>15</sup> Antoanetta Gancheva and Jordanka Kirkova *Palliative Care in Bulgaria*. Presentation to Advanced Course in Palliative Medicine, Puszczykowo, Poland, 24-29 May, 1998.

*Population and life expectancy, Central and Eastern Europe (2000)*

	<i>Population</i>	<i>Life expectancy</i>	
	<i>Millions</i>	<i>Male</i>	<i>Female</i>
Albania	3.1	64.3	72.9
Bosnia- Herzegovina	3.9	68.7	74.4
Bulgaria	7.9	67.4	74.9
Croatia	4.6	69.8	77.7
Czech Republic	10.2	71.5	78.2
Estonia	1.3	65.4	76.5
Hungary	9.9	66.3	75.2
Latvia	2.4	64.2	75.5
Lithuania	3.7	66.9	77.2
Macedonia	2.0	70.2	74.8
Poland	38.6	69.2	77.7
Romania	22.4	66.2	73.5
Serbia	10.5		
Slovakia	5.3	69.2	77.5
Slovenia	1.9	71.9	79.4

*Source: World Health Report 2001*

*WHO age standardised death rates per 100,000 population, Central and Eastern Europe (1995-1998)*

	<i>Year</i>	<i>All causes</i>	<i>Cancer</i>
Albania			
Bosnia- Herzegovina			
Bulgaria	1998	958.9	123.3
Croatia	1997	836.0	174.2
Czech Republic	1998	706.6	182.9
Estonia	1998	907.7	157.8
Hungary	1998	917.8	219.4
Latvia	1998	955.2	152.1
Lithuania	1997	817.2	149.4
Macedonia	1997	809.1	126.6
Poland	1996	812.2	165.2
Romania	1998	933.9	130.6
Serbia			
Slovakia	1995	820.9	172.3
Slovenia	1997	666.1	167.5

*Source: World Health Organisation: World Health Statistics 1997-1999*

### 3.3 Health care system

The country is made up of 28 Regional Health Centres and 262 municipalities, and these hold a substantial responsibility for health care. The health care system was still mainly funded through taxation in the early 1990s, but a Health Insurance Act was passed in 1998, making provision for a National Health Insurance Fund and compulsory payroll tax.

One person working in palliative care in Bulgaria has set out the problems as follows:

‘... no laws concerning palliative care and hospices, no association, no contracts with the national health services, no funds to operate, no credit available’.

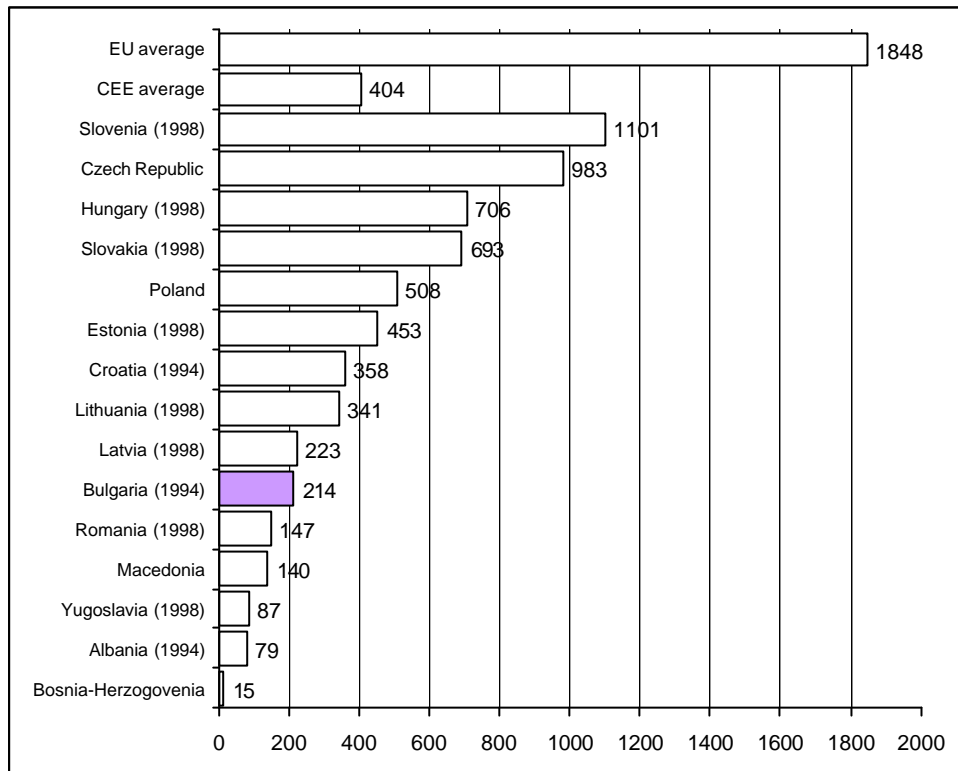
From this perspective the major underlying problems are seen as structural in character:

‘... economic collapse, the laws serve political interests and the three powers (the executive, the legislature and the judiciary) are not [equally] divided, low demand for everything, except food’.<sup>16</sup>

For this respondent building a stronger legal system, getting into the EU and obtaining a higher standard of living were essential prerequisites for palliative care development in Bulgaria.

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<sup>16</sup> Questionnaire data (EAPC East)

*Health care expenditure (US\$) per capita, Central and Eastern Europe***Health care expenditure (US\$) per capita, CEE and the CIS**

Source: WHO Regional Office for European Health for All database and HiTs

**3.4 Political economy**

It was in 1990 that the Communist Party relinquished its monopoly in Bulgaria, changing its name to the Bulgarian Socialist Party and going on to win the free elections that followed. A new constitution for the country was adopted in July 1991, a time at which there were also mass strikes, rising prices and increasing unemployment. There followed a series of further general elections in 1991, 1992, 1994, and 1997, with a coalition group and the socialist party vying for influence. The country is now a multi-party democracy, though power remains highly centralised. One of the poorest countries in Europe, Bulgaria has moved slowly towards a market economy. GDP per capita in 1997 was US\$1227, compared to the CEE average of US\$2967; in the same year unemployment was 13.7%.

## **4 Ethics and ethnography**

### *4.1 Ethical issues*

No information currently available.

### *4.2 Ethnographic studies*

No information currently available.

## 5 References and further reading

### 5.1 References

- 1: *Health Care Systems in Transition: Bulgaria*. Copenhagen: The European Observatory on Health Care Systems, 1999:1.
- 2: ECEPT data.
- 3 :Questionnaire data ( EAPC East)
- 4 : Questionnaire data ( EAPC East)
- 5: Luczak J. (1997) Palliative care in Eastern Europe. In D Clark, J Hockley and S Ahmedzai (eds) *New Themes in Palliative Care*. Buckingham: Open University Press.
- 6: Antoanetta Gancheva and Jordanka Kirkova *Palliative Care in Bulgaria*. Presentation to Advanced Course in Palliative Medicine, Puszczykowo, Poland, 24-29 May, 1998.
- 7: International Narcotics Control Board (2000) *Narcotic Drugs: Estimated World Requirements for 2000. Statistics for 1998*. New York: United Nations.
- 8: WHO/OSI Workshop on Assuring Availability of Opioid Analgesics for Palliative Care, Budapest, 25-7 February 2002.
- 9: Questionnaire data (Observatory)
- 10 : Luczak J. (1997) Palliative care in Eastern Europe. In D Clark, J Hockley and S Ahmedzai (eds) *New Themes in Palliative Care*. Buckingham: Open University Press.
- 11: National Reports, Bulgaria. *Newsletter*, European Association of Palliative Care, No. 12, Summer 1994, N1. In *European Journal of Palliative Care* 1(2).
- 12: Questionnaire (EAPC East)
- 13: USAID Bulgaria profile:  
[http://www.usaid.gov/regions/europe\\_eurasia/countries/bg/index.html](http://www.usaid.gov/regions/europe_eurasia/countries/bg/index.html)
- 14: Country report from Bulgaria, WHO/OSI Workshop on Assuring Availability of Opioid Analgesics for Palliative Care, Budapest, 25-7 February 2002.
- 15: Antoanetta Gancheva and Jordanka Kirkova *Palliative Care in Bulgaria*. Presentation to Advanced Course in Palliative Medicine, Puszczykowo, Poland, 24-29 May, 1998.
- 16: Questionnaire data (EAPC East)