

## Czech Republic

*The Czech Republic is located in the middle of Europe. Covering an area of 78,867 km<sup>2</sup>, it borders Germany to the west, Poland to the north, Slovakia to the east and Austria to the south. At the end of 1998 there were 10.29 million inhabitants, of whom approximately 65% lived in urban areas. The population consists of 94.4% ethnic Czechs, 3% Slovaks, 0.6% Polish and 0.5% German. Both atheists and Roman Catholics account for about 40% each of the population, with other religious affiliations accounting for the remaining 20%.*



*The western part of the Czech Republic is called Bohemia and the eastern part consists of Moravia and part of former Silesia. A short period of liberalization was started in the late 1960s but was ended by the Warsaw Pact forces in 1968. The process of democratisation began in 1989, leading to democratic elections in 1990. A legal separation of the Czech and Slovak Republics took place in 1992 and the Czech Republic was established on 1 January 1993<sup>1</sup>.*

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<sup>1</sup> *Health Care Systems in Transition: Czech Republic* (2000) Copenhagen: The European Observatory on Health Care Systems: 1.

## 1 Palliative care service provision

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

The following palliative care services are known to exist in the Czech Republic:

		<i>Existing services (2002)</i>
<b>Adult</b>	Inpatient - Freestanding	6
	- Hospital unit	0
	- Hospital mobile team	1
	Nursing home	0
	Home care	2
	Day care	0
	<b>Total</b>	<b>9</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>10</b>

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

No palliative care projects, not yet operational services, are known to exist in the Czech republic.

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

The Czech Republic has 6 inpatient hospices, with a total capacity of 182 beds; 2 more hospices are under construction. All of these work within the framework of long term care facilities, that is as nursing homes. In addition there is one hospital mobile

team in the Masaryk University Hospital, Brno, and at least two home care services that provide a comprehensive palliative care approach. All hospices try to co-operate with local home care services. Some general home care services (reimbursed by state health insurance) are able to provide palliative care interventions, including terminal care. 'Klicek' is an NGO which provides palliative care for children, in which two play therapists have established a free-standing building in Prague to provide respite care.

### *Education*

Postgraduate education in short courses for family physicians and district and family nurses has been available since 1992 in the Czech Republic, and some advanced courses have been organised with assistance from outside the country; the Ministry of Health in the Czech Republic has supported these courses. Lectures on palliative medicine have been included in the curriculum of the 1st Medical Faculty of Charles University, since 1994; but there is no systematic approach to palliative medicine in the undergraduate medical teaching. Since 1995 annual palliative medicine conferences have been held in Brno.

### *Publications*

Professor Jiri Vorlicek has written a *Textbook of Palliative Medicine* (450 pages) that covers all aspects of palliative medicine in oncology. Since 1995 many articles on palliative care have appeared in medical journals.

### *Specialty recognition*

In December 2001, the scientific advisory board of the Ministry of Health recommended to the Minister that chronic pain management and palliative medicine should be recognised as a medical subspecialty. No decision has yet been taken.

### *1.2 Reimbursement and funding for services*

One hospice worker in the Czech Republic reports:

'The terms 'hospice' and 'palliative care' are not mentioned in any legislative text. Palliative care services are recognised by Health Authorities and by Public Health Insurance as a form of nursing services. The financing from PHI is therefore derisory and nowhere near

adequate for these services to be able to fulfil their mission. The PHI reimbursement represents on average 40-60% of real total expenses. The remaining expenses are covered by subventions from the Ministry of Health (20-40%), local authorities (5-10%) and private donations ... The direct financial burden on patients themselves is different in each hospice. While in some hospices all services are free for all patients, in one hospice the patients and/or their families are asked to contribute what they can and want; and in one hospice the patients are asked to pay a fixed amount per day.<sup>2</sup>

### *1.3 Opioid availability and consumption*

A special prescription is required in the Czech Republic for strong opioids, and this can cause some administrative difficulties which can discourage GPs, not all of whom are entitled to prescribe morphine.

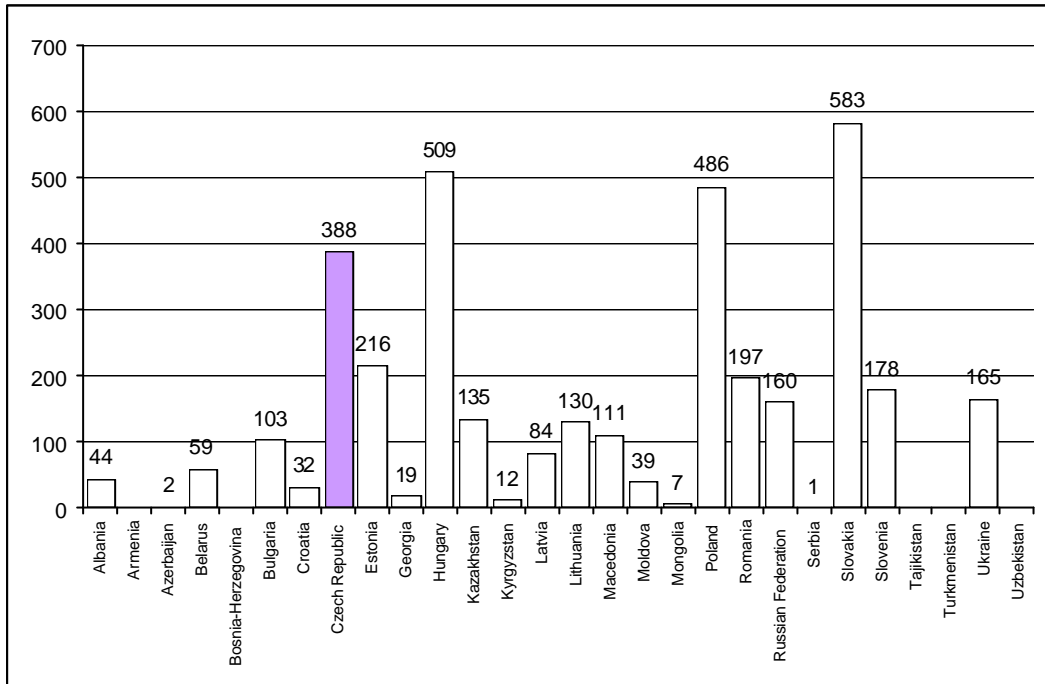
INCB data on opioid consumption in the Czech Republic between 1994 and 1998 are available for codeine, dihydromorphine, morphine, pethidine and cocaine. In that time codeine consumption fell dramatically from 952 kg to 147 kg; dihydromorphine was 34 kg in 1997 and 53 kg in 1998; morphine consumption increased over the full period, from 39 kg to 76 kg. Pethidine consumption fell during these years from 118 kg to 94 kg. A small amount of cocaine was consumed (3-4 kg per annum). The average daily consumption of defined daily doses of these drugs per million inhabitants between 1994-98 was: codeine (895); dihydrocodeine (38); morphine (388); methadone (2); pethidine (60).<sup>3</sup>

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<sup>2</sup> Ondrej Slama, 'Palliative care in the Czech Republic', unpublished paper, September 2000.

<sup>3</sup> International Narcotics Control Board (2000) *Narcotic Drugs: Estimated World Requirements for 2000. Statistics for 1998*. New York: United Nations.

*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

The Czech Republic has a national association of hospice care providers (SPHP), formed in 1997 and a palliative care section was established in 1999 within the Czech Pain Society.

The Czech Republic 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.

### 1.5 Palliative care 'coverage'

There is a service providing palliative care for every 1.02 million people in the Czech Republic.

*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
Bulgaria	1: 0.36m
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

No information currently available.

## **2 History and development of palliative care in the Czech Republic**

### *2.1 Narrative history of palliative care in the Czech Republic*

The Czech Republic's first palliative care unit, consisting of 15 beds was established in a hospital for pulmonary diseases in Babice, near Brno, in November 1992<sup>4</sup>, providing particularly for patients with advanced lung cancer. By 2002 however, in the wake of funding problems, this unit was being transformed into a long-term care unit.

Dr Marie Svatosova, who has played a crucial role in disseminating the concept of hospice in the country, founded a free-standing 30 bed hospice. This hospice, described as 'strongly inspired by the British model'<sup>5</sup> was opened in Cerveny Kostelec in 1995. The first Christian-based hospice, the 26 bedded Hospice of St Agnes of Bohemia was opened in Nachod on 1 January 1996. Also in 1996 the Strasburk Hospice, with 20 in-patient beds, home care and day care, was founded in Prague.<sup>6</sup>

An extensive website, written in Czech and Slovak and with a brief English summary, provides information on hospice developments in the Czech Republic and in Slovakia: [www.hospice.cz/organizace.html](http://www.hospice.cz/organizace.html).

There is some evidence of active links between hospices and leading figures in the Czech Republic and their opposite numbers in other countries; some respondents expressed a strong interest in exchange and twinning programmes.

### *2.2 Hospice/beacon case studies*

No information currently available.

### *2.3 Life/oral histories*

No information currently available.

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<sup>4</sup> Vorlicek J. Palliative care in the Czech Republic. *Hospice Bulletin*, January 1997.

<sup>5</sup> Ondrej Slama, Palliative care in the Czech Republic, unpublished paper, updated, March 2002.

<sup>6</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.

### 3 Public Health Context

#### 3.1 Population

At the end of 1998 there were 10.29 million inhabitants in the Czech Republic, of whom approximately 65% lived in urban areas.

#### 3.2 Epidemiology

In 1994, for the first time since the end of world war one, deaths exceeded births in the Czech Republic; the population has been falling by around 1,000 per year. The Czech Republic is one of the healthiest countries in CEE. In 1998 infant mortality was 5.2 per 1,000 live births, having fallen since independence; and life expectancy was 71.1 for men and 78.1 for women, both having risen since independence. Diseases of the circulatory system are the most important causes of death. In 1999 there were 109,768 deaths in the country, of which (for males) 49.7% were from cardiovascular and cerebrovascular diseases and 28.2% were from cancer and (for females) the proportions were 60.1% and 23.1%, respectively.

*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
<b>Czech Republic</b>	<b>10.2</b>	<b>71.5</b>	<b>78.2</b>
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*

In 1990 and 1991, even as wider reforms were taking place, the principle of free choice began to be introduced into the Czech health care system and the former regional and district health authorities were dismantled. New legislation in 1991 brought in a compulsory social insurance model, with several insurers financing health care providers on the basis of contracts.<sup>7</sup> The Czech Republic had 8 different Ministers of Health between 1993 and 1989.

One hospice worker in the country wrote with the following comments: ‘As for the Czech Republic, the hospice movement is still in process of developing and we have no legal background for our work (officially hospice or palliative care doesn’t exist as an individual branch of medicine).’<sup>8</sup>

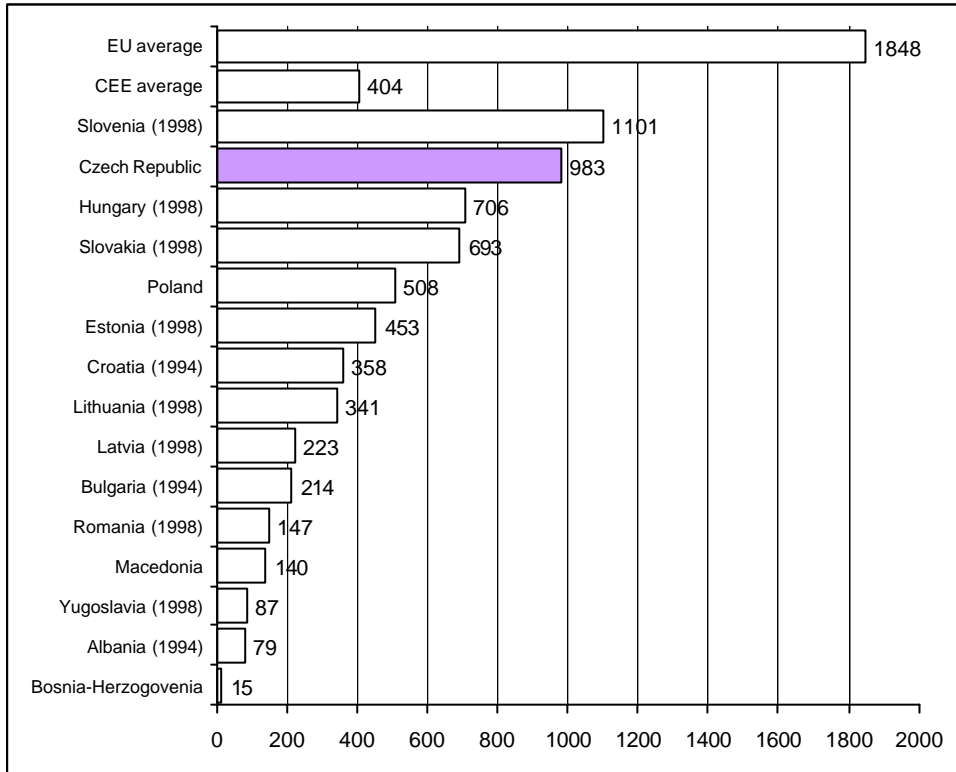
Whilst some politicians express an interest in palliative care, there is a sense that in the context of restructuring the whole health care system, palliative care is not a priority. However, public awareness of pain relief and end of life care issues is growing and ‘patients have started to expect good symptom control for themselves

<sup>7</sup> *Health Care Systems in Transition: Czech Republic (2000) Copenhagen: The European Observatory on Health Care Systems: passim.*

and their relatives.<sup>9</sup>

*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*

The Czech Republic has a market-based economy with a strong industrial component and a growing service sector. In 1997 GDP was US\$5,050, making it one of the more prosperous countries in CEE. Unemployment was 8.5% in 1999. Like other countries in the region it had rampant inflation in the early 1990s, but this had fallen to 10.7% by 1998.

<sup>8</sup> Marie Pridalova, personal communication 19 February 2001.

<sup>9</sup> Questionnaire data (EAPC East)

## **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: Czech Republic* (2000) Copenhagen: The European Observatory on Health Care Systems: 1.
- 2: Ondrej Slama, 'Palliative care in the Czech Republic', unpublished paper, September 2000.
- 3: International Narcotics Control Board (2000) *Narcotic Drugs: Estimated World Requirements for 2000. Statistics for 1998*. New York: United Nations.
- 4: Vorlicek J. Palliative care in the Czech Republic. *Hospice Bulletin*, January 1997.
- 5: Ondrej Slama, Palliative care in the Czech Republic, unpublished paper, updated, March 2002.
- 6: 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.
- 7: *Health Care Systems in Transition: Czech Republic* (2000) Copenhagen: The European Observatory on Health Care Systems: passim.
- 8: Marie Pridalova, personal communication 19 February 2001.
- 9: Questionnaire data (EAPC East)