

Estonia

Estonia is the smallest of the three Baltic Republics on the east coast of the Baltic Sea, bordered by Russia to the east and Latvia to the south. It covers an area of approximately 45,215 km².

Estonia has a population of 1,445,580 people, of whom more than two-thirds live in the urban areas (73% in 1993). As in the other Baltic Republics there is a large Russian minority (28%). Since 1989, the population of Estonia has decreased by about 100,000, mostly because of migration of Russians to the Russian Federation.¹



¹ *Health Care Systems in Transition: Estonia* (2000) Copenhagen: 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 Estonia

		<i>Existing services (2002)</i>
Adult	Inpatient - Freestanding	0
	- Hospital unit	0
	- Hospital mobile team	0
	Nursing home	0
	Home care	9
	Day care	0
	Total	9
Paediatric	Inpatient	0
	Home care	0
	Day care	0
	Unspecified	0
	Total	0
Grand total		9

Current projects (last updated: May 2002)

The following palliative care projects are known to exist in Estonia; these are not yet operational services

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

There are nine palliative home care services in Estonia, based in major population centres within seven counties and serving mainly patients with cancer. These teams usually consist of a doctor, nurse and voluntary support person. Seven teams, with two more to follow, have received training from Kaiu Suija, a Tartu-based practitioner-lecturer and co-ordinator in home care for the Estonian Cancer Society.

The home care service in Tallinn, under the leadership of Professor Vaino Ratsep, was established in 1997. Tallinn is also the base for the Estonian Cancer Centre, which covers two-thirds of the country's population. The Tallinn service cared for 86 patients in 2000, with 6 weeks the average duration of care, a period limited by financial constraints rather than by patient requirements. Availability of hospital beds is a problem as hospitals refuse to admit patients in need of symptom relief only. The Cancer Centre also provides a stoma unit, a rehabilitation programme, a cancer pain unit and the services of a speech therapist.

Estonia has a nationwide helpline giving advice about cancer-related problems. The service is free of charge and is staffed by doctors and oncological nurses, Monday to Friday, four hours per day.

There is a desire to establish 2 or 3 regional centres for palliative care, but this is restricted by inadequate finances and a lack of trained personnel. Some training from abroad has been provided by the Finnish Cancer Society (2 days in 1996 and 5 days in 1997), and by the University of Tampere, Finland (4 weeks, 2000-1).

1.2 Reimbursement and funding for services

The Tallinn home care service physician is based full-time in the Cancer Centre but contributes one-quarter time, funded by the Estonian Cancer Society, to the home care team. Each home care visit is reimbursed through the sickness fund to the amount of US\$8. The contract with the sickness fund is held by the Estonian Cancer Society, but is not adequate to the known needs: in 2000, funds ran out by November.

One respondent stated that 100% funding for palliative care on the part of the state or the sickness fund should be guaranteed and that people cannot afford to pay for their own palliative care. Current attention is heavily weighted towards active treatment, with a neglect of psychological and social support. When patients need symptomatic treatment only they become the responsibility of the family doctors, who have no palliative care education and often seek to avoid such patients. External help from EAPC, according to this source, should focus on two issues: (1) representing the need

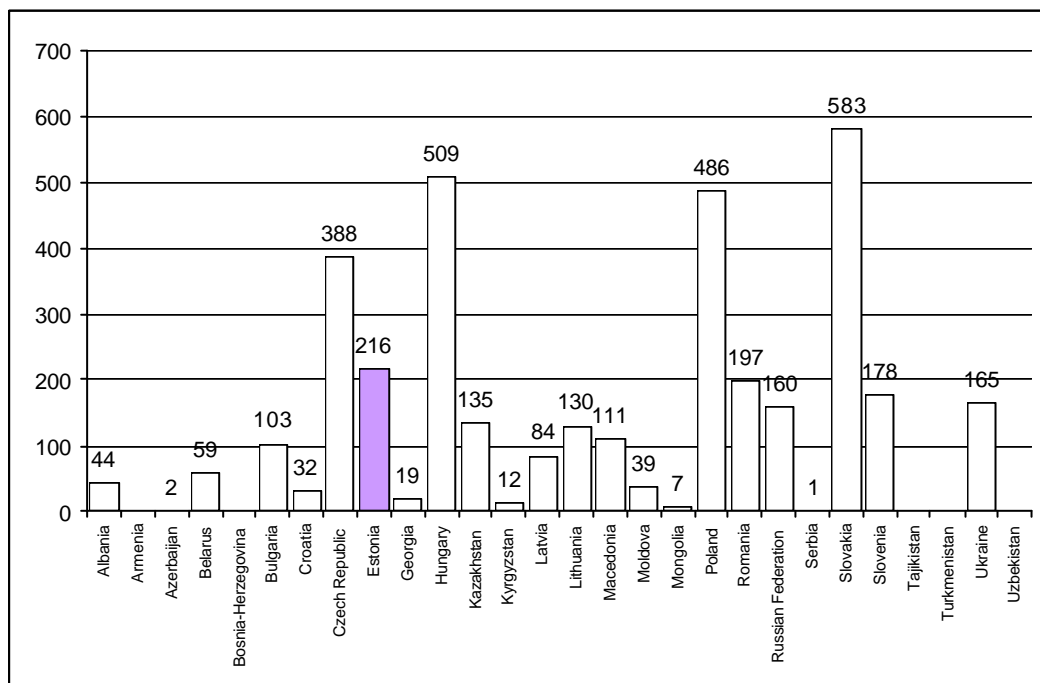
for palliative care to the government and the sickness funds; (2) encouraging the adoption of palliative care within the university medical curriculum.²

1.3 Opioid availability and consumption

Opioid availability: Morphine (including slow release), oxycodone, fentanyl, ketobemidone and methadone are all available in the Cancer Centre. A special prescription for opioids is required.

INCB data on opioid consumption in Estonia between 1994 and 1998 are available for codeine, morphine, ethylmorphine and pethidine. In that time information on codeine consumption is available only for 1994 (33 kg) and information for ethyl-morphine only for 1994 (2 kg). Morphine consumption increased over the full period from 1 kg to 5 kg. Pethidine consumption also rose during these years from 1 kg to 9 kg. The average daily consumption of defined daily doses of these drugs per million inhabitants between 1994-98 was: codeine (120); ethylmorphine (6); morphine (216); methadone (39) and pethidine (27).³

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

² Questionnaire data (EAPC East).

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

1.4 National and professional association

There is an Estonian Cancer Society, but no national society of palliative care.

1.5 Palliative care 'coverage'

The nine home care services cared for 272 cancer patients in 2000. There are plans for a home care service in all 15 counties by 2003. However the procurement of the appropriate type of medical personnel to work in the teams is perceived to be a problem and there are concerns about 'burn-out' among those currently involved.

There is a service providing palliative care for every 0.14 million people in Estonia.

*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 Estonia

2.1 Narrative history of palliative care in Estonia

The growing network of home care services has been the key achievement of palliative care in Estonia. These are a recent development, with the home care service in Tallinn established under the leadership of Professor Vaino Ratsep in 1997.

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

Estonia has a population of 1,445,580. The capital of Estonia is Tallinn, with 450,00 inhabitants and the country is divided into 15 administrative counties.

3.2 Epidemiology

Life expectancy in Estonia deteriorated sharply after 1987 but began to improve in 1994. The main causes of death are cardiovascular disease, along with injuries and violence. Infant mortality has been falling, to 9.3 per 1,000 live births in 1998. Estonia's birth rate is also falling and was 8.46 per 1,000 population in 1998.

Estonia has for many years maintained a high-quality cancer registry and has participated in international studies, such as EURO-CARE; cancer survival in Estonia, however, lags behind that of western European countries.⁴ Each year Estonia has about 3,000 cancer deaths, but it is estimated that another 1,000 patients with cancer also die of other causes.⁵ New cancer cases number about 6,000 annually and at the end of 1998 it was estimated that there were around 30,000 people with cancer in the population.

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

	Population	Life expectancy	
	Millions	Male	Female
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

⁴ *Health Care Systems in Transition: Estonia (2000)* Copenhagen: The European Observatory on Health Care Systems

⁵ Questionnaire data (EAPC East).

*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

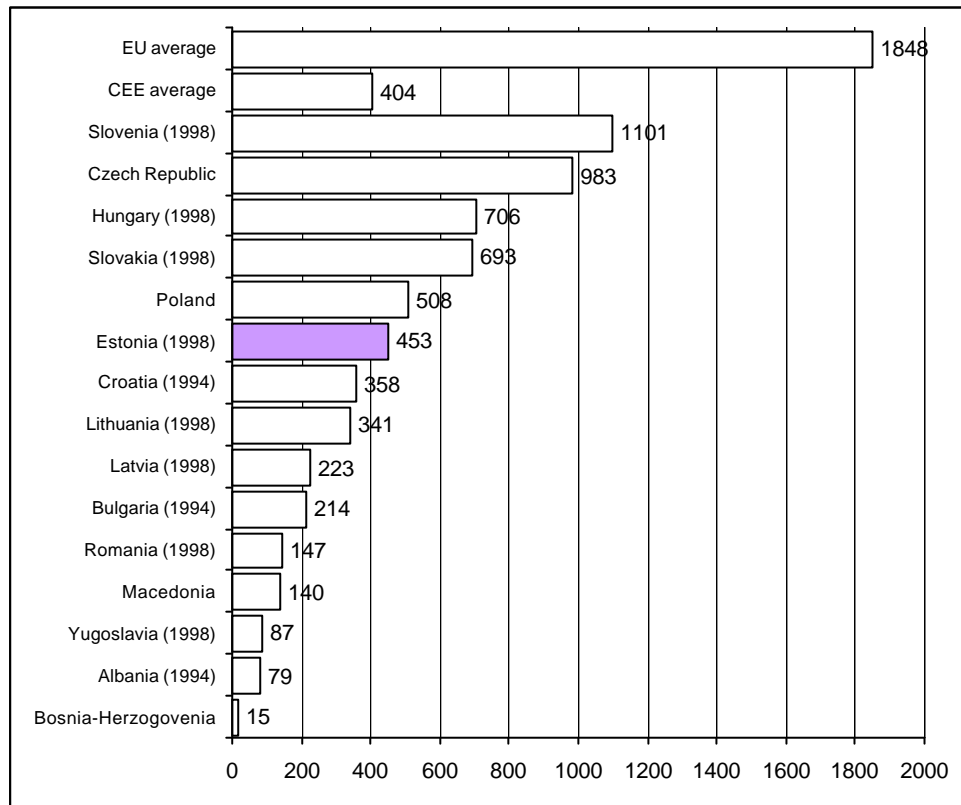
Reforms to the Estonian health care system were being planned even before independence and a social health insurance system was established in 1992, based on insurance payments rather than state revenues. Since 1993 health care provision and insurance have been the responsibility of the Ministry for Social Affairs. The organisation of health care, including primary and secondary care, at local government level is overseen by the municipality or town council and the municipal physician. Health insurance is administered by the Central Sickness Fund and 17 regional sickness funds, which are based in each of the counties and the country's two cities. Health care providers contract with the sickness funds, which plan according to their best interpretation of regional needs and previous patterns of service use. These decentralisation measures have proved costly, however, and may be reversed in some areas, including responsibilities for primary care passing to county authorities. A Hospital Master Plan will make provision for specialist care ⁶.

A leader in the development of palliative home care in Estonia summarises the general situation of palliative care in the country as follows:

⁶ *Health Care Systems in Transition: Estonia* (2000) Copenhagen: The European Observatory on Health Care Systems: passim

‘The attitude of the politicians is positive, but all the funds are insufficient and limited for active treatment. They are doubtful in supporting palliative care. Feedback from [the general public] in Estonia is positive and supportive. The professionals consider palliative care psychologically hard [to accept] and take it as “defeat” ... Where the cancer home care teams work, the situation is satisfactory, [but] the financial support for palliative care is insufficient and there are not enough hospital beds.’⁷

Health care expenditure (US\$) per capita, Central and Eastern Europe



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

3.4 Political economy

Estonia declared its independence from the Soviet Union in August 1991. Its per capita GDP declined by about one-third between 1989 and 1995, but has since begun to recover and inflation fell from over 1,000% in 1992 to 8% in 1998.

⁷ 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

- 1: *Health Care Systems in Transition: Estonia* (2000) Copenhagen: European Observatory on Health Care Systems: 1.
- 2: Questionnaire data (EAPC East).
- 3: International Narcotics Control Board (2000) *Narcotic Drugs: Estimated World Requirements for 2000. Statistics for 1998*. New York: United Nations.
- 4: *Health Care Systems in Transition: Estonia* (2000) Copenhagen: The European Observatory on Health Care Systems
- 5: Questionnaire data (EAPC East).
- 6: *Health Care Systems in Transition: Estonia* (2000) Copenhagen: The European Observatory on Health Care Systems: passim
- 7: Questionnaire data (EAPC East).