

Lithuania

The Republic of Lithuania is situated on the east Baltic coast. It is bordered by Belarus to the east, Latvia to the north, and Poland and the Russian Federation's Kaliningrad enclave to the south. The population is approximately 3.7 million and the surface area is 65,300 km². The capital, Vilnius, has a population of 580,000 and 68% of the population live in urban areas. Lithuanians account for 80.7% of the population. Lithuanian is the official language, although Russian is widely spoken. The population is mostly Roman Catholic. About 8.7% of the population are Russian, 7% are Polish and 1.6% are Belarusian.¹



¹ *Health Care Systems in Transition: Lithuania* (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 Lithuania:

		<i>Existing services (2002)</i>
Adult	Inpatient - Freestanding	1
	- Hospital unit	0
	- Hospital mobile team	0
	Nursing home	0
	Home care	5
	Day care	0
	Total	6
Paediatric	Inpatient	0
	Home care	0
	Day care	0
	Unspecified	0
	Total	0
Grand total		6

Current projects (last updated: May 2002)

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

		<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 is only one adult hospice in Lithuania and five home care services; there is no paediatric palliative care service.

Lithuania's first hospice, and the first in the Baltic countries, was Kaunas Hospice of the Lithuanian Caritas Federation, which opened on 23 August 1993 with nine beds, expanding to 35 beds by 1996.² It cares not only for terminally ill patients, but also for deserted and homeless people; one of its aims is to provide spiritual care in the last days of life. Dr Elva Marciulioniene, chief doctor of the hospice in 1996, undertook study visits to the USA, UK and Belgium. The hospice established a home care service in October 1995 and has an agreement with the Kaunas University of Medicine for first-year students to undertake practical nursing in the inpatient and home care service.

In 1994 a pain clinic was established at Vilnius University, with two doctors and two nurses providing consultations to patients from all over Lithuania; there is now a consultant in the Vilnius Oncology Centre who works entirely in palliative care. There is also a pain management and palliative care service at Panevezys Oncological Hospital, which has expanded to include a day centre and home care service.

Educational provision in the universities

Dr Arvidas Seskevicius has led a programme of development in palliative care education at the Kaunas University of Medicine, which now has six faculties: medicine, nursing, dentistry, pharmacy and public health. In 2002 a 60-hour (elective) programme of palliative care was established for medical students, along with a programme of 80 hours in palliative care for general practitioners, and a 60-hour programme for nurses. These programmes represent a major breakthrough in the formal recognition of palliative care as a subject within Lithuania.

1.2 Reimbursement and funding for services

Kaunas Hospice of the Lithuanian Caritas Federation has received financial support from a number of non-Lithuanian sources, including: the Holland Stichting Maagdenuis Foundation, for building work and a new kitchen, and the Canadian Embassy in Lithuania, for a donation towards medical supplies and the installation of a telephone line. In the absence of a health law permitting the establishment of

² Marciulioniene E (1996) The first hospice in Lithuania, *Hospice Bulletin*, Hospice Information Service: St Christopher's Hospice, 3(1), April 1996, p12.

hospices, however, it lacks formal approval or clear guidelines on norms and standards for its operation. It does however receive funding as a nursing hospital, but this does not cover the daily costs of hospice provision (42 litas against 60 litas per day, respectively). Nursing hospitals in Lithuania take care of mainly older patients with multiple pathologies and functional problems, with a maximum stay of four months.³

1.3 Opioid availability and consumption

The following opioid analgesics are registered in Lithuania: alfentanil; codeine; dihydrocodeine, ethylmorphine, fentanyl, methadone (for use with patients with addictions only), morphine, pethidine, piritramide, remifentanyl, tilidine. There are 82 different registered forms and dosages of registered opioid analgesics, including solutions for injection, oral tablets, oral capsules, oral solution, suppositories, and transdermal patches. Opioids are not manufactured in Lithuania, though one company is licensed for the preparation of morphine solutions for injection using the imported substance. Every physician (under a regulation of 1997) can prescribe narcotics using a special prescription form, which may be used for one substance only. It is prohibited to prescribe narcotic drugs for a period longer than 7 days for incurable patients, though from June 2002 transdermal patches will be allowed over a period of 30 days.⁴

Since 1995 there has been a steady increase in morphine consumption in Lithuania: 1995 (3.6 kg); 1996 (4 kg); 1997 (5.3 kg); 1998 (6.9 kg).⁵

Oral Morphine was not available in Lithuania before 1996 and legislation inhibited the easy prescription of opioids for medical use.⁶

The average daily consumption of defined daily doses of opioids per million inhabitants between 1994-98 was: codeine (4); ethylmorphine (1); morphine (130); methadone (99).⁷

³ Jurate Macijauskienė, Faculty of Nursing, Kaunas Medical University, personal communication, September 2001.

⁴ Country report from Lithuania, Workshop on Assuring Availability of Opioid Analgesics for Palliative Care, Budapest, 25-7 February 2002.

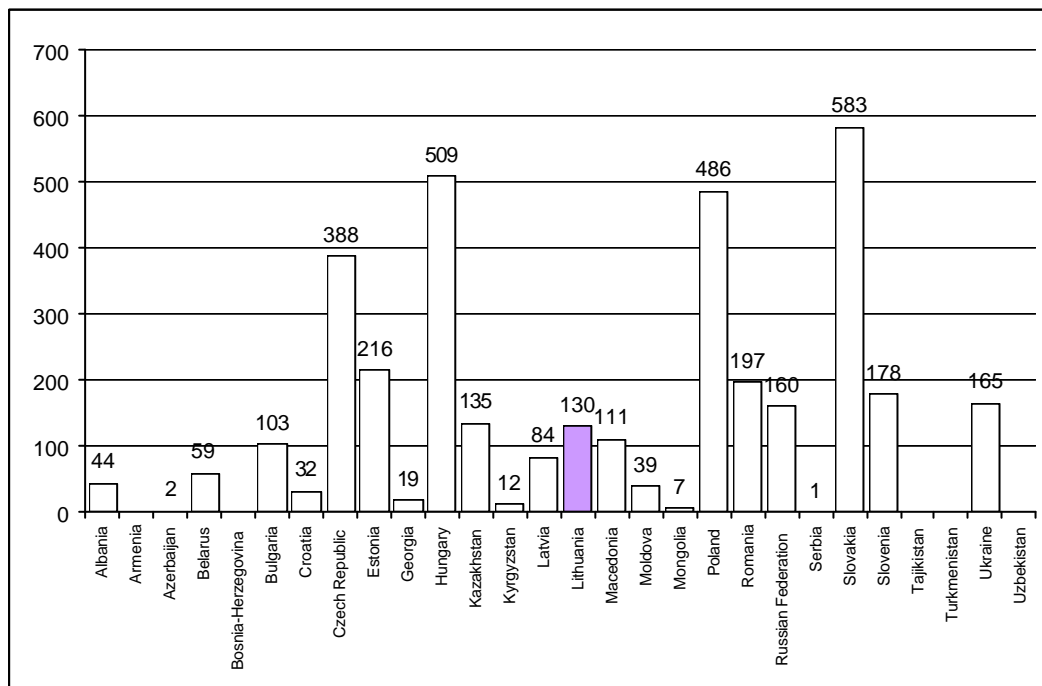
⁵ Presentation by chief of Pain Management and Palliative Care Department, Panevezys Oncological Hospital, Lithuania; given at Palliative Care Advanced Course, Puszczykowo, Poland, 17-21 May, 1999.

⁶ Lithuania, First Lithuanian-Polish Symposium on Palliative Care. *EAPC Newsletter*, No 21, Autumn 1996.

In February 2002, issues relating to the use of opioids in Lithuania were summarised by an expert group⁸ 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 for reimbursed narcotics
- (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? *5 days*
- (4) Does national policy establish a maximum amount that can be prescribed at one time? *Yes*
If so, what amount? *7 days per prescription (30 days for fentanyl patch)*
- (5) Does national policy limit the length of time that a patient may be treated with an opioid? *No*

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

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.

1.4 National and professional association (with links to contacts)

The Lithuanian Palliative Medicine Association was established in 1995, by Dr Jane Baubliene and others; it currently has about 100 members, mostly doctors (oncologists and anaesthesiologists) and some nurses. The Lithuanian Pain Society, under the leadership of Dr Arunas Sciupokas, was formed in 1998: it too has about 100 members. The societies work closely together and have good links with the Palliative Medicine Department of the Poznan University of Medical Sciences, Poland.

Lithuania was a signatory of the Poznan Declaration (1998) and is a member of the Eastern and Central European Palliative Care Taskforce (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 0.62 million people in Lithuania

*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 Lithuania

2.1 Narrative history of palliative care in Lithuania

In October 1993 a two-day seminar was held at Kaunas University organised by the Norwegian palliative care workers Steinar Bjorgo, Lorents Gran and Tor Jacob Moe. The event proved to be a turning point for wider palliative care development in Lithuania.⁹ The driving force for palliative care innovation in the country so far has been in the non-governmental sector and there have been difficulties in establishing palliative care within the broader structure of health care services, with a perceived lack of co-operation from the health authorities in starting this process.¹⁰ Good progress has been made with educational work and initiatives designed to raise awareness and understanding. The national societies for palliative medicine and for pain have organised a variety of courses and conferences and have translated a number of key palliative care works into Lithuanian. A pain clinic opened in 1994 in the department of anaesthesiology of the University Hospital of Vilnius. The idea for a Lithuanian-Polish symposium of palliative care was devised by Professor Jacek Luczak (Poznan) and Dr Jane Baubliene (Vilnius) and was attended by over 200 participants (from Latvia and Belarus as well as Lithuania) when it took place with Open Society Institute support in April 1996. The symposium led both to a meeting with the Minister of Health (one of eight Ministers over a ten-year period) in a bid to highlight the need for palliative care and also to subsequent attendances by Lithuanian health care workers at the Puszczkowo Advanced Course in Palliative Medicine.¹¹

In 2001 Dr Arunas Sciupokas of the Kaunas University of Medicine received an Open Society Institute grant for a project on the development of national policies for palliative care in the three Baltic countries of Lithuania, Latvia and Estonia. The core work of the project is based around regional meetings held in Palanga, Lithuania (May 2001); Riga, Latvia (October 2001); and Tallinn, Estonia (May 2002).

In 2002 Dr Raimonde Ulianskiene, working with nursing colleagues from Doncaster, UK, began a palliative care education and strategy development programme within

⁹ Lithuania, Vilnius. *EAPC Newsletter*, No 17, Autumn 1995.

¹⁰ Observatory interview with Arunas Sciupokas, Budapest - 26 February 2002.

¹¹ Lithuania, First Lithuanian-Polish Symposium on Palliative Care. *EAPC Newsletter*, No 21, Autumn 1996.

Panevezys County Governor's Administration, with a primary aim to educate in palliative care 50% of family doctors and 80% of relevant specialists.¹²

2.2 Hospice/beacon case studies

No information currently available.

2.3 Life/oral histories

No information currently available.

¹² Raimonda Ulianskiene, personal communication, May 2002 and 'Palliative Care Education and Strategy Development Program', unpublished project proposal, nd c. May 2002.

3 Public Health Context

3.1 Population

In 1999 the population of Lithuania was 3,699,000 – of which 21.6% were above retirement age.

3.2 Epidemiology

The health status of the population also deteriorated in the early 1990s, but again the trend had reversed by 1994. The standardised death rate was given as 10.16 (per 1,000 population) in 1998, (a change from the figure of 8.17 per 1,000 given for 1997). The major causes of mortality were malignant neoplasms (1.94) and accidents, poisons and trauma (1.46).¹³ Lithuania's infant mortality rate (9.27 per 1,000 live births) is low by comparison with other countries in the former Soviet Union and close to the Central and Eastern European average.

In 1999 there were 13,888 new cancer cases registered, of which 2,911 were at stage IV of the disease; 57,000 people were registered as having cancer; and there were 7,686 cancer deaths (about 20% of all mortality) in that year. Lithuania developed its first national cancer control programme in 1991, with further developments for 1996-2000 and for 2001-2; but pain relief, palliative care and opioid availability were not included in these programmes.¹⁴ A cancer control programme for 2003-10 is now in preparation.

¹³ *Health Care Systems in Transition: Lithuania* (2000) Copenhagen: The European Observatory on Health Care Systems:3.

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

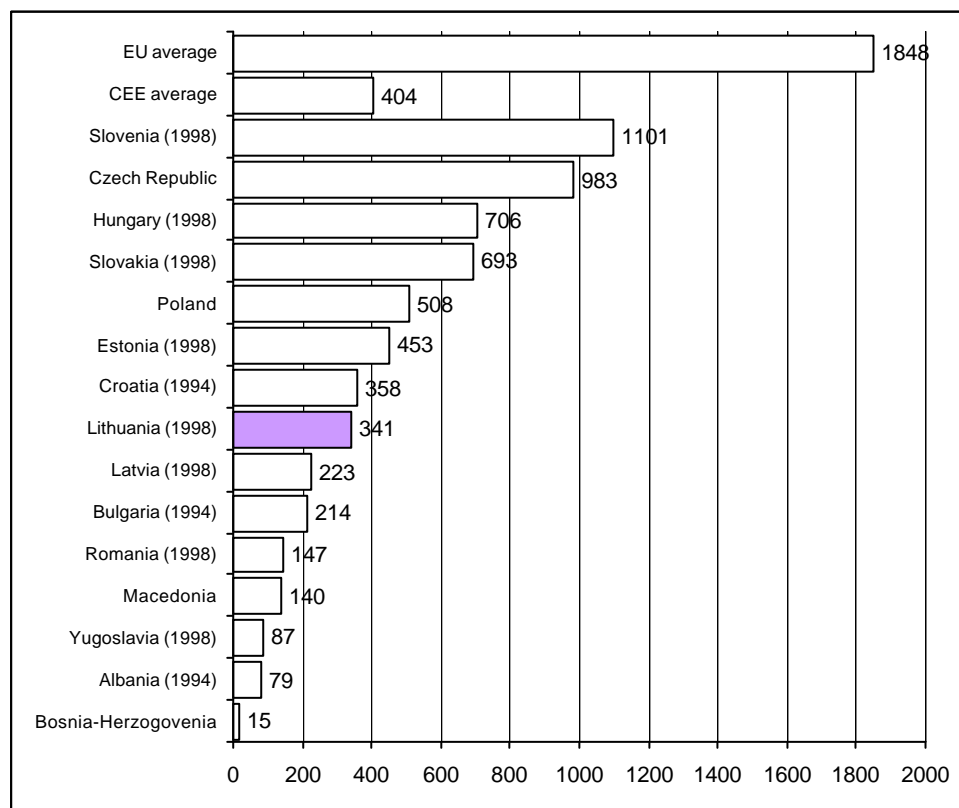
Source: World Health Organisation: World Health Statistics 1997-1999

¹⁴ Country report from Lithuania, Workshop on Assuring Availability of Opioid Analgesics for Palliative Care, Budapest, 25-7 February 2002.

3.3 Health care system

Since 1996 Lithuania's health care system has been moving towards a contract model and a Statutory Health Insurance Fund was created in 1997. The health system is financed through a combination of insurance contributions and tax revenues, the latter making up the larger share. The Ministry of Health is responsible for general supervision of the entire health care system, including a private sector that provides mostly outpatient services paid for out-of-pocket. There are two major teaching hospitals for health care (State Vilnius University and Kaunas University of Medicine). Lithuania has historically had a large number of hospital beds and one of the highest numbers of doctors per capita in Europe; both are now declining, but fixed costs remain high. Likewise average length of stay in hospital has been reduced and occupancy rates have risen; but at the same time admissions per head of population have also been rising.¹⁵

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



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

¹⁵ *Health Care Systems in Transition: Lithuania* (2000) Copenhagen: The European Observatory on Health Care Systems

3.4 Political economy

Lithuania declared its independence from the Soviet Union in March 1990 and became a member of the United Nations in September the following year. In the immediate aftermath of independence the country experienced hyperinflation and severe recession, with a measure of economic recovery occurring from 1995 onwards. Nevertheless, unemployment has been rising and stood at 8.5% in 1999.

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

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- 3: Jurate Macijauskiene, Faculty of Nursing, Kaunas Medical University, personal communication, September 2001.
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