

Slovakia

The Slovak Republic is located in the very heart of Europe, covering 49,035 km². It borders with the Czech Republic to the west (251 km), Poland to the north (547 km), Ukraine to the east (99 km), Hungary to the south



(669 km) and Austria to the southwest (106 km). It is mostly mountainous with a mixture of continental and oceanic climates characterised by four distinct seasons. Bratislava is the capital ...

In 1998 the population of the Slovak Republic was 5.39 million ... The Slovaks accounted for 85.6%, Hungarians 10.5%, Gypsies 1.7%, Czechs, Moravians and Silesians for 1.1% and others from 0.4%. According to the 1991 census 60.4% of the population were Roman Catholic, 6.2% were Slovak Evangelic Lutherans and 3.4% Greek Catholic. Approximately 17% did not specify their religion.¹

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

		<i>Existing services (2002)</i>
Adult	Inpatient - Freestanding	0
	- Hospital unit	2
	- Hospital mobile team	0
	Nursing home	0
	Home care	1
	Day care	0
	Total	3
Paediatric	Inpatient	0
	Home care	0
	Day care	0
	Unspecified	1
	Total	1
Grand total		4

Current projects (last updated: May 2002)

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

		<i>Known hospice/ palliative care projects (2002)</i>
Adult	Inpatient - Hospital	12
	- Hospice	11
	Home care	0
	Unspecified	0
	Total	23
Paediatric	Hospital	0
	Hospice	0
	Home care	0
	Unspecified	0
	Total	0
Grand total		23

The situation in Slovakia as at February 2002 has been summarised as follows from within the Ministry of Health.² There are currently 2 inpatient palliative care units in Slovakia; one is the palliative care ward of the National Cancer Institute, Bratislava

(19 beds) and the other is the Strazske Geriatrics Centre in Michalovce (8 beds). Both wards have been financed as nursing services by Public Health Insurance, in each case from the general budget of the institution. In addition, the Ministry of Health has registered 11 freestanding hospice projects (5 NGOs, 6 Christian charities) and 12 projects for palliative care wards within existing facilities (9 hospitals, 3 specialist institutes); but investment costs for these have been considered too high and no funding for them is available. The first freestanding hospice in Slovakia is expected to open in 2003, probably in Bardejov or Nitra. There is one paediatric service, called 'Flicker', and one adult home care service.

It is estimated that the country requires 550 palliative care beds: 27 exist. However, among health professionals, palliative medicine is seen as a form of competition, which will reduce the number of acute beds available.

One palliative care commentator states: 'Nowadays there are several foundations, civil associations and Catholic charity projects aimed at support of the hospice movement in Slovakia', but comprehensive help to families with a terminally ill member is not available.³ It also appears that the country's healthcare problems are compounded by vested interests within medicine, a preoccupation with the interests of hospitals and hospital-based physicians and an unhelpful segregation of health and social care.

Education

Some optional educational programmes are provided by Hospice Martin, for local postgraduates in medicine and nursing; elsewhere in the other medical and nursing schools there are optional sessions in end of life care, within the programme of study on ethics. One NGO, Pallium, has an Open Society Foundation Grant for a country-wide educational support programme, starting in June 2002. At the same time the Ministry of Health is considering the recognition of *Pain Management and Palliative Medicine* as a specialty, requiring recognition within the Decree of the Further

² Monika Gojdova 'Palliative care in the Slovak Republic'. Unpublished paper presented to Council of Europe working group on palliative care, February 2002.

³ Liana Hovancova, The hospice movement in Slovakia, unpublished paper presented to the symposium 'Hospisbewegung im internationalen Vergleich', Rauscholzhhausen, Germany, 8-10 February 2001.

Education of Health Care Workers and incorporation into the curriculum of the Slovak Postgraduate Academy of Medicine.

1.2 Reimbursement and funding for services

In November 2000, the Slovak government adopted a state health policy which regards palliative care as one of its priorities, but this policy commitment has not been matched by new financial support. It is anticipated that future funding for palliative care will come from a joint arrangement between the Public Health Insurance scheme and the Public Social Insurance scheme, reflecting recognition of hospices as health and social care facilities.⁴ Volunteers have no official recognition within the health or social care system; 3 NGOs in the country train volunteers, but they are not recognised by the Labour Code which requires that all workers must be rewarded financially. Home nursing services and home social care services are rigidly separated in Slovakia for funding and delivery purposes. It is said that palliative care patients make up 60% of the former, though the nurses are not trained in this work.⁵ Home social care services are mostly run by Christian charities.

1.3 Opioid availability and consumption

A special prescription with two copies is required for opioids and this is only possible with the permission of the health insurance company.

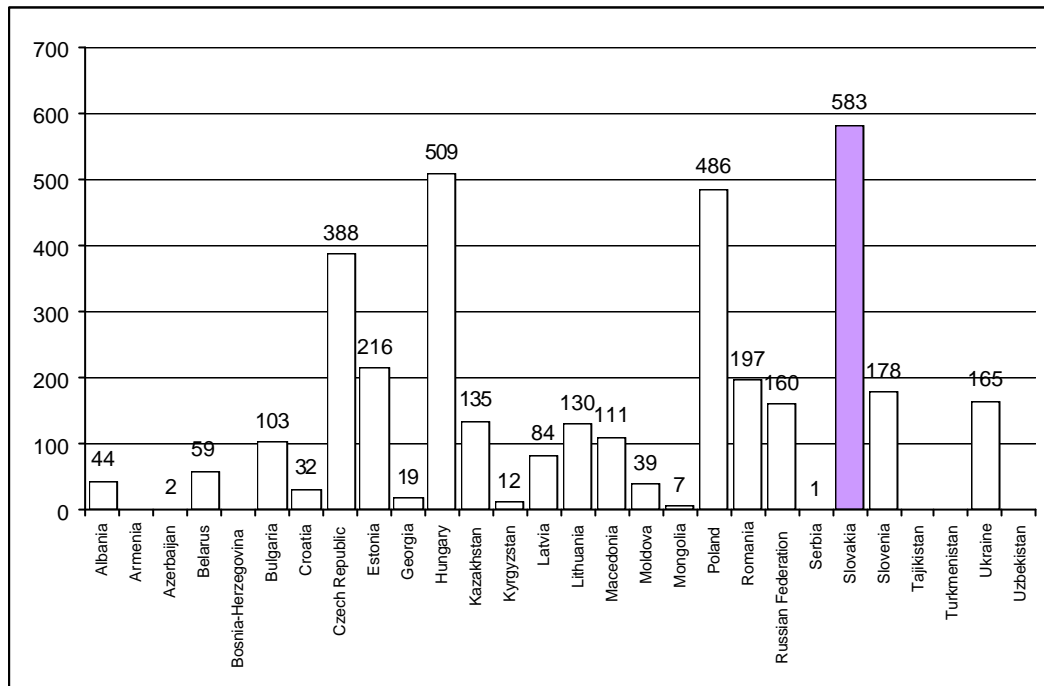
INCB data on opioid consumption in Slovakia between 1994 and 1998 are available for codeine, dihydromorphine, morphine, pethidine and cocaine. In that time codeine consumption fell slightly from 1,695 kg to 1,268 kg; morphine consumption over the same period also fell slightly, from 45 kg to 39 kg; pholcodine dropped by a half from 147 kg to 70 kg; but ethylmorphine increased from 77 kg to 108 kg. Pethidine consumption fluctuated considerably and was 7 kg in 1994 and 20 kg in 1998. A small amount of methadone was consumed: 1 kg in 1997 and 5 kg in 1998. The average daily consumption of defined daily doses of these drugs per million

⁴ Monika Gojdova 'Palliative care in the Slovak Republic'. Unpublished paper presented to Council of Europe working group on palliative care, February 2002.

⁵ Monika Gojdova 'Palliative care in the Slovak Republic'. Unpublished paper presented to Council of Europe working group on palliative care, February 2002.

inhabitants between 1994-98 was: codeine (6,666); ethylmorphine (470); morphine (583); pholcodine (1065); methadone (21); pethidine (26).⁶

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

Slovakia 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.

A Section of Palliative Medicine was established in 1999 within the Slovak Society for the Study and Treatment of Pain. The Association of Hospice Care was established in December 2000 and mainly has members from the development projects; it has not yet established active collaborative links abroad.

⁶ International Narcotics Control Board (2000) *Narcotic Drugs: Estimated World Requirements for 2000. Statistics for 1998*. New York: United Nations.

1.5 Palliative care 'coverage'

There is a service providing palliative care for every 1.33 million people in Slovakia.

*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

It is estimated that the country requires 550 palliative care beds: 27 exist. However, among health professionals palliative medicine is seen as providing competition for resources and thus reducing the number of acute beds available.

1.6 Palliative care workforce capacity

No information currently available.

2 History and development of palliative care in Slovakia

2.1 Narrative history of palliative care in Slovakia.

Ideas about hospice development first started to surface in Slovakia in 1989 and by 1995 the first registered NGOs began to appear. The hospice in Martin was the first of these to provide direct services, with a home care service, from 1999. There are a number of oncologists interested in palliative care.

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

In 1998 the population of the Slovak Republic was 5.39 million. The Slovaks accounted for 85.6%, Hungarians 10.5%, Gypsies 1.7%, Czechs, Moravians and Silesians for 1.1% and others from 0.4%. According to the 1991 census 60.4% of the population were Roman Catholic, 6.2% were Slovak Evangelic Lutherans and 3.4% Greek Catholic. Approximately 17% did not specify their religion.⁷

3.2 Epidemiology

Slovakia has higher life expectancy than neighbouring countries; rising from 74.3 years for women in 1980 to 76.7 years in 1998; and from 66.8 years for men in 1980 to 68.6 years in 1998. Figures for 2000 are 69.2 for men and 77.5 for women. Cardiovascular diseases account for more than a half of all deaths and are twice the EU average. Cancer deaths are also above EU levels. Infant mortality was 8.8 per 1,000 live births in 1998, compared with 20.9 in 1980.

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

⁷ *Health Care Systems in Transition: Slovakia (2000)* Copenhagen: The European Observatory on Health Care Systems: 1.

*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

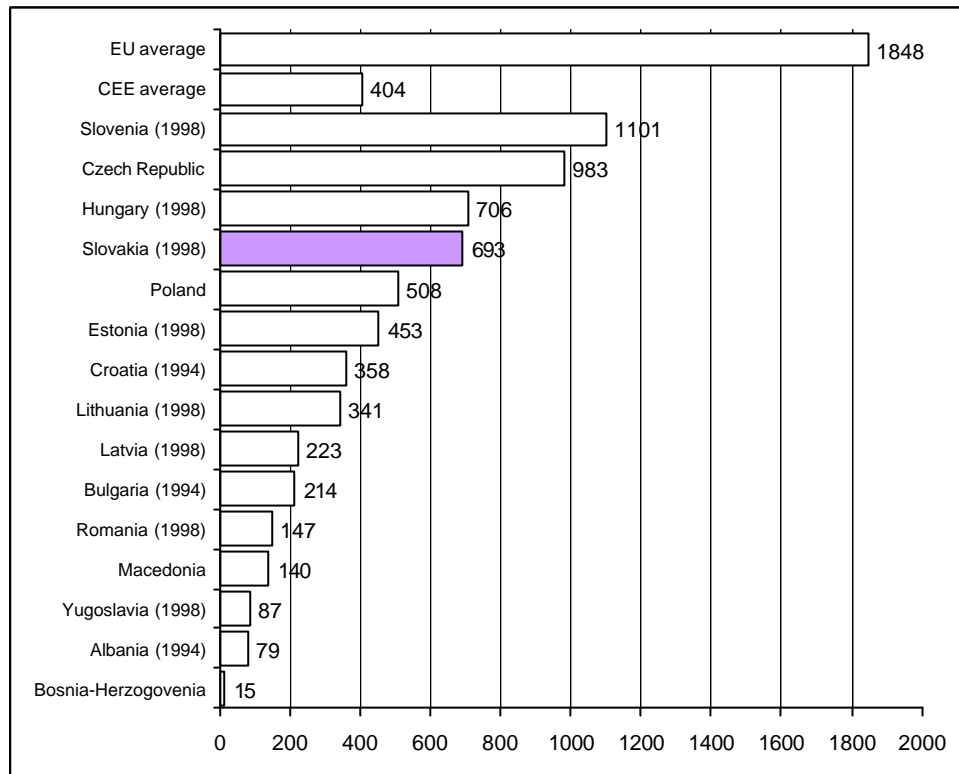
3.3 Health care system

In 1993 the National Insurance Agency was created, covering social benefits, sick pay and health insurance. A separate health insurance system was developed in 1995.

Home nursing services and home social care services are rigidly separated in Slovakia for funding and delivery purposes. It is said that palliative care patients make up 60% of the former, though the nurses are not trained in this work.⁸ Home social care services are mostly run by Christian charities. Volunteers have no official recognition within the health or social care system; 3 NGOs in the country train volunteers, but they are not recognised by the Labour Code which requires that all workers must be rewarded financially.

It appears that the country's healthcare problems are compounded by vested interests within medicine, a preoccupation with the interests of hospitals and hospital-based physicians and an unhelpful segregation of health and social care.

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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

In 1968, after the intervention of Warsaw Pact forces in responses to calls for reform, Czechoslovakia became the Federal Czech and Slovak Republics. In 1989, the so-called 'velvet revolution' led to the fall of the communist regime and a move to market-oriented economic principles. The constitution of the Slovak Republic was adopted in 1992 and the Czech Republic and Slovakia became separate countries in January 1993. Slovakia is now an independent, multi-party democracy. The country is divided into 8 regions and 79 districts. Following initial problems in 1991, the Slovak economy has made good progress. In 1997 GDP reached US\$7,910 per person, an 89% increase since 1989. Inflation decreased from 25.6% in 1993 to 11.6% in 1997; but after 1998 the economic situation worsened and unemployment rose, international debt increased and the state deficit expanded.

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: Slovakia* (2000) Copenhagen: The European Observatory on Health Care Systems: 1.
- 2: Monika Gojdova 'Palliative care in the Slovak Republic'. Unpublished paper presented to Council of Europe working group on palliative care, February 2002.
- 3: Liana Hovancova, The hospice movement in Slovakia, unpublished paper presented to the symposium 'Hospisbewegung im internationalen Vergleich', Rauscholzhausen, Germany, 8-10 February 2001.
- 4: Monika Gojdova 'Palliative care in the Slovak Republic'. Unpublished paper presented to Council of Europe working group on palliative care, February 2002.
- 5: Monika Gojdova 'Palliative care in the Slovak Republic'. Unpublished paper presented to Council of Europe working group on palliative care, February 2002.
- 6: International Narcotics Control Board (2000) *Narcotic Drugs: Estimated World Requirements for 2000. Statistics for 1998*. New York: United Nations.
- 7: *Health Care Systems in Transition: Slovakia* (2000) Copenhagen: The European Observatory on Health Care Systems: 1.
- 8: Monika Gojdova 'Palliative care in the Slovak Republic'. Unpublished paper presented to Council of Europe working group on palliative care, February 2002.