

## Slovenia

*Slovenia is a country in South-Eastern Europe on the Balkan peninsula. Formerly a constituent part of Yugoslavia, it declared its independence in June 1991 and in May 1992 joined the United Nations.*



*Slovenia is mountainous with heavily forested areas and covers 20,254 km<sup>2</sup>. ...Its capital is Ljubljana with 323,291 inhabitants. Slovenes are a Slavic ethnic group, and make up about 88% of Slovenia's population ...Most of the population is Roman Catholic.<sup>1</sup>*

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<sup>1</sup> *Health Care Systems in Transition: Slovenia* (1996) 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 Slovenia:

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

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

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

		<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>

Slovenia has 1 mobile hospital team and 5 home care services in palliative care. There are no inpatient palliative care beds, either in hospitals or in freestanding hospices. A

mobile team specialises in pain management within the Department of Oncological Anaesthesiology at the Institute of Oncology, Ljubljana, where there is a doctor with the Diploma in Palliative Care from the University of Wales College of Medicine; the team takes care of adult patients within the Institute and liaises with their family doctors. A further 7 pain relief services see outpatients in hospitals across the country. The home care services in Ljubljana and Maribor work closely together and have nursing leadership, working closely with others in the primary health care system. There are educational and charitable links and twinning arrangements with palliative care services elsewhere (St Christopher's Hospice, London; St Helena Hospice, Colchester; Wheatfields Hospice, Leeds – all UK) and internationally with ECEPT and EAPC.

Some 50% of deaths from cancer occur at home, which is now the preference of most patients; until recently, however, 'terminally ill patients preferred to be admitted to the hospital where, though lonely, both the patients and their families actually felt safer.'<sup>2</sup> Another questionnaire contained the following comment:

'In my view, the readiness of medical staff and the general population to help patients to fight with lethal diseases is immense. What we lack is knowledge (recommendations for the treatment of symptoms) and subvention from the state. At the Medical Faculty of Ljubljana, Slovenia, there is no specialty of palliative medicine; hence we have neither specialists in palliative care nor departments for palliative care nor potential for research studies in the field of palliative medicine.'<sup>3</sup>

One respondent working in Slovenia's only cancer centre and seeking to develop work in palliative care described the situation thus:

'Patients are looked after by their oncologist/surgeon on the wards. Symptom management varies from doctor to doctor. Psychological, social and spiritual issues are very often not addressed. Organisation of work is very hierarchical. Some patients are transferred for symptom management to their local hospitals. When discharged home they are looked after by GP and district nurse if necessary. The oncologists can give advice to the GP over the 'phone, but it is not widely used.'<sup>4</sup>

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<sup>2</sup> Questionnaire data (EAPC East)

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

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

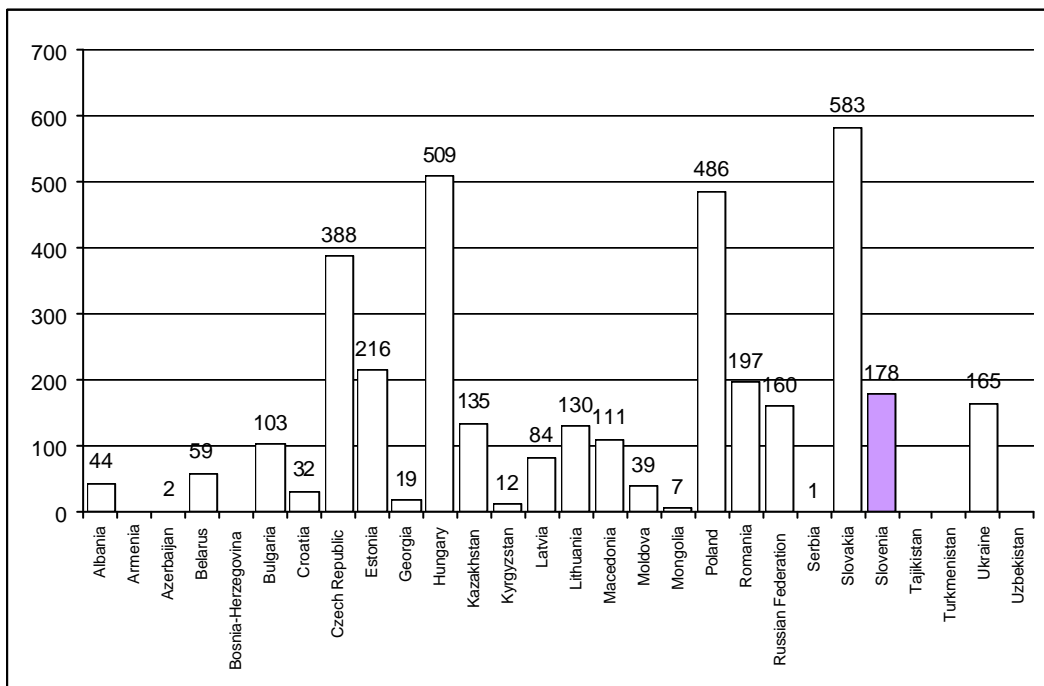
## 1.2 Reimbursement and funding for services

No information currently available.

## 1.3 Opioid availability and consumption

INCB data on opioid consumption in Slovenia between 1994 and 1998 are available for codeine, dihydrocodeine, morphine, pholcodine, pethidine and methadone. These data are, however, disputed by palliateurs working in the country. Over the period 1994-8 codeine consumption fluctuated, but declined overall from 16 kg to 6 kg; dihydrocodeine consumption in 1998 was 10 kg; morphine consumption over the whole period ranged from 5-7 kg per annum; pholcodine ranged between 1-10 kg per annum; pethidine consumption fell during these years from 7 kg to 1 kg; whilst methadone rose from 6 kg to 12 kg. The average daily consumption of defined daily doses of these drugs per million inhabitants between 1994-98 was: codeine (148); dihydrocodeine (27); morphine (178); pholcodine (142); methadone (433); pethidine (13).<sup>5</sup>

*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

<sup>5</sup> International Narcotics Control Board (2000) *Narcotic Drugs: Estimated World Requirements for 2000. Statistics for 1998*. New York: United Nations.

#### 1.4 National and professional associations

In July 1996, the Slovene Hospice Society (Hospic) was first registered.<sup>6</sup> Its immediate aims were: to make oral morphine available; to educate health workers and patients about morphine; to provide education, training and literature on palliative care; to sensitise public and professionals to the importance of hospice care; to find financial support to make links with similar projects in Europe.

The Institute for Palliative Care Development in Ljubljana obtained a major grant from OSI in 2001 and works with the public and the professions to encourage debate and communication on end-of-life care issues. It also seeks to promote changes in the health care system and to collate 'facts and arguments to influence the law to give status to palliative care in Slovenia so that education can be acknowledged and new standards accepted. After that legally and financially covered palliative care departments could be formed'.<sup>7</sup> There is also a Slovenian Association for Pain Management.

#### 1.5 Palliative care 'coverage'

There is a service providing palliative care for every 0.32 million people in Slovenia.

*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*

<sup>6</sup> Salobir U (1996) 'Slovene hospice initiative'. *Hospice Bulletin*, July, p5.

<sup>7</sup> Questionnaire data (EAPC East)

### *1.6 Palliative care workforce capacity*

Slovenia currently has 1 physician with specialist palliative care training from abroad and 2 nurses with some form of palliative care training; in addition there are approximately 7 psychologists, 20 social workers, 27 chaplains and 150 volunteers working in the field.<sup>8</sup>

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<sup>8</sup> Questionnaire data (Observatory)

## 2 History and development of palliative care in Slovenia

### 2.1 Narrative history of palliative care in Slovenia

Among the first palliative care developments in Slovenia was the formation of a multi-disciplinary group, led by the oncologist Dr Metka Klevisar, which organised educational and training events around the country, and some members of which visited hospices in Europe and the United States. The early work with patients was organised from Dr Klevisar's own home, providing counselling and giving advice for dying people, their relatives and for those who had been bereaved.<sup>9</sup> Then two nurses, Tatjana Zargi and Bernarda Mudrovic, began to develop the work further. Here Tatjana Zargi describes what they were doing:

‘So I was a professional nurse ... half a year later Bernarda joined me ... so we were two nurses now and we made this agreement with the people from the health care services that we will be paid for from the governmental money, just the two of us. All of the other activities: meeting, the educational things and the teaching about death and dying were going on at the same time. And afterwards we found that we needed more people so we started to educate volunteers for assisting dying persons and then found out that we needed a leader, a co-ordinator of volunteers, so we had the person working part-time on this field. Then we invited a psychologist, also working part-time and a new secretary was engaged, and from the beginning of this year [2001] we employed a social worker as well. Before we started the nurses were doing *all* this kind of teamwork and now there are more persons working like this. And then in the last two years we have tried to *spread* these activities in other areas of Slovenia. It's quite hard work to do and it usually starts as a couple or a group of people interested in these questions and problems ... and that's the beginning of ... more profound education and activities.’<sup>10</sup>

She also outlines some of the problems and barriers :

‘... family doctors are usually not informed enough how to treat pain ... how to treat other symptoms. They're afraid to give stronger analgesics ... the people are still afraid ... so many prejudices not to use them in the right dosages. There is sometimes also the opposition of the relatives “Oh, you shouldn't give him that strong drug, this will kill him ...” and so on and so on ... But we learned also to *insist* to get the best, to *fight* for the best for those patients dying at home. Yes, we are stubborn,

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<sup>9</sup> Observatory group interview with Tatjana Zargi, Bernarda Mudrovic, Barbara Ravnik and Urska Lunder: Ljubljana, 7 March 2001.

<sup>10</sup> Observatory interview Tatjana Zargi.

that's how you break through things, it is a so-called "stupid war" we are doing, but without this one there is no success.'<sup>11</sup>

## *2.2 Hospice/beacon case studies*

No information currently available.

## *2.3 Life/oral histories*

No information currently available.

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<sup>11</sup> Observatory interview Tatjana Zargi.

### 3. Public Health Context

#### 3.1 Population

Slovenia's population was estimated at 1,930,132 in July 2001, of which 323,291 people inhabit the capital, Ljubljana.

#### 3.2 Epidemiology

Life expectancy in Slovenia is 71.2 years for men and 79.17 years for women. Infant mortality is 4.51 deaths per 1,000 live births.<sup>12</sup> In 1999 there were 18,885 deaths and of these 4,878 were from cancer.

One respondent gave the following stark summary of the situation concerning care of those with cancer:

'The number of cancer beds is smaller than it was during the past decades; the incidence of cancer has doubled in the past 25 years (in 1973 the number of cases was 4526, while in 1998 the number was 8411); therefore we may expect a critical situation regarding the care which should be given to terminally ill patients.'<sup>13</sup>

#### *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*

<sup>12</sup> USAID website: [www.usaid.gov/regions/europe-urasia/countries/si/slv.html](http://www.usaid.gov/regions/europe-urasia/countries/si/slv.html)

<sup>13</sup> Questionnaire data (EAPC East)

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

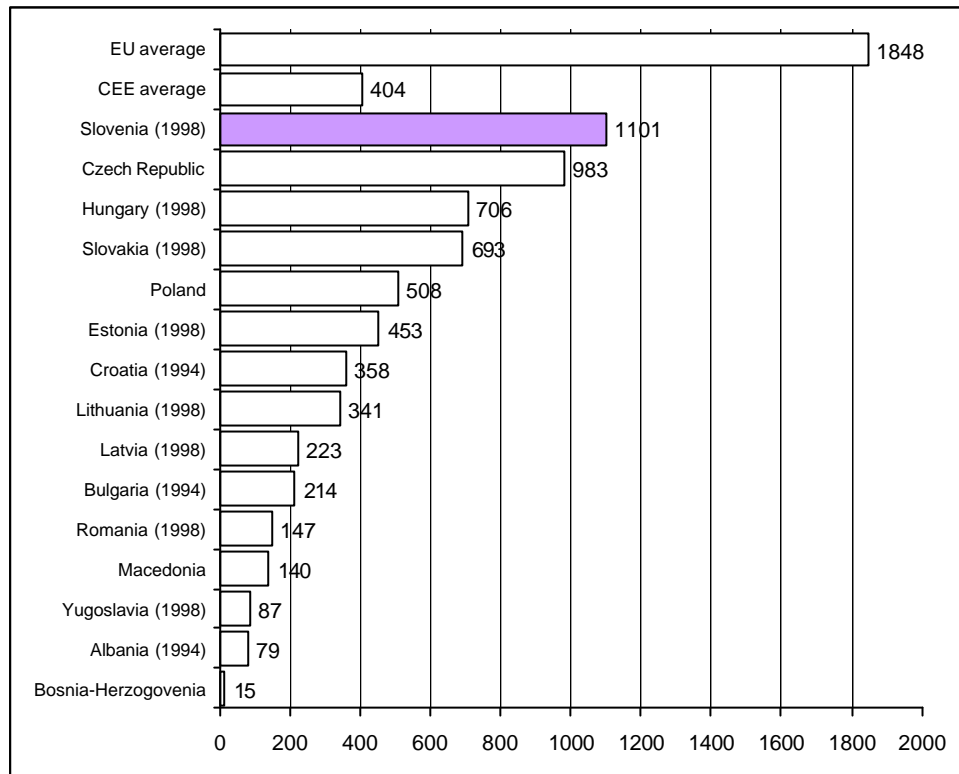
	<i>Year</i>	<i>All causes</i>	<i>Cancer</i>
Albania			
Bosnia- Herzegovina			
Bulgaria	1998	958.9	123.3
Croatia	1997	836.0	174.2
Czech Republic	1998	706.6	182.9
Estonia	1998	907.7	157.8
Hungary	1998	917.8	219.4
Latvia	1998	955.2	152.1
Lithuania	1997	817.2	149.4
Macedonia	1997	809.1	126.6
Poland	1996	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*

In 1992, Slovenia introduced a compulsory and a voluntary health care insurance system as well as a system allowing the privatisation of the work of primary health care physicians. The wider health care reforms that were set in motion at that time were designed to increase transparency of funding arrangements, to mobilise available funds and regain control of escalating health care costs. The role of NGOs in Slovenian health care is beginning to expand and is recognised in the Law of Organisations, which was passed in 1995. The country spent 7.9% of GDP on health in 2000.

*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 2000, GDP per capita in Slovenia was estimated at US\$12,000. Inflation in that year was 8.9%.

## **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: Slovenia* (1996) Copenhagen: The European Observatory on Health Care Systems: 1.
- 2: Questionnaire data (EAPC East)
- 3: Questionnaire data (EAPC East)
- 4: Questionnaire data (EAPC East)
- 5: International Narcotics Control Board (2000) *Narcotic Drugs: Estimated World Requirements for 2000. Statistics for 1998*. New York: United Nations.
- 6: Salobir U (1996) 'Slovene hospice initiative'. *Hospice Bulletin*, July, p5.
- 7: Questionnaire data (EAPC East)
- 8: Questionnaire data (Observatory)
- 9: Observatory group interview with Tatjana Zargi, Bernarda Mudrovic, Barbara Ravnik and Urska Lunder: Ljubljana, 7 March 2001.
- 10: Observatory interview Tatjana Zargi.
- 11: Observatory interview Tatjana Zargi.
- 12: USAID website:  
[http://www.usaid.gov/regions/europe\\_eurasia/countries/si/index.html](http://www.usaid.gov/regions/europe_eurasia/countries/si/index.html)
- 13 : Questionnaire data (EAPC East)