

Palliative Care for Elderly - An Analysis of Needs and Resources in Croatia

Objectives

Older people have often more problems and disabilities, and need specialised health care services that require collaboration and partnership between different groups. The Republic of Croatia has according to the recent statistical analysis, done in 2001 year, 16% of the population older than 65 years of age, with the increasing trend of ageing (1). The latter indicates that the Republic of Croatia belongs to the countries with a high percent of elderly inhabitants (2). It is well known that approximately 80% of the population in the developed countries die in the old age (3). Consequently, the majority of the population that needs palliative care are elderly persons. The paradox is that the elderly are often neglected, considering their basic needs, because of their age. Recent investigations showed that the increasing number of old people wishes to die at home. Therefore, the goals of this investigation are:

1. Establish the number of terminally ill in Croatian population;
2. Define the providers of health care services for the terminally ill patients (hospital, homes for the aged, home care, etc.);
3. Develop a plan for the pilot project focusing on the terminally ill patients at the local community level.

Plan for fulfilment

The project is designed to provide a model for integrating recently established legislative framework of the palliative care services (5) into the current health care services. The plan of the project consists of the following steps.

1. From the database of the Ministry of Health of the Republic of Croatia and Ministry of Labour and Social Welfare the statistical data regarding mortality and morbidity of the targeted population will be taken and analysed.
2. The results related to the mortality, morbidity, and place of death of the population older than 65 years of age will be considered and compared to the other age groups.
3. The sociodemographic status and the extent of provided health care services of the targeted groups will be particularly analysed.
4. A pilot trial regarding attitudes towards death will be done and incorporated into the investigation.
5. We will analyse the number of the elderly suffering from ischaemic heart disease, cerebrovascular diseases (stroke included), chronic obstructive pulmonary diseases, lower respiratory infections and cancer diseases, considering current trends of the health care standard in Croatia.
6. We will perform the cost-benefit analysis of the health care services provided to the terminally ill patients in hospitals and in the home care.
7. As the result of the investigation the plan and model for providing the palliative care services by means of the primary medical care units will be developed.

Applications

The problem of palliative care has recently been recognised in the Republic of Croatia (4). An important step was legislative incorporation of the palliative care services (5). The Committee for Palliative Care of the Ministry of Health, Republic of Croatia and Croatian Society for Hospice/Palliative Care gave significant contribution to this process. Different experts from

the Medical Faculty, Faculty of Law, Croatian Medical Association and activists from non-profit organizations significantly contributed to this process, as well.

Based on the obtained results of the proposed project and in the cooperation with the government institutions (Ministry of Health, Committee for Palliative Care of the Ministry of Health, Republic of Croatia) and non-profit organizations (Croatian Society for Hospice/Palliative Care) involved in the problem of the palliative care, a proposal for a pilot project will be done. The project will be based on the model of this investigation. From the obtained results it is expected to form a palliative care team for providing the services for the aged terminally ill patients. We hope that this model of providing services will be one of the projects of the future Croatian Centre for the Palliative Care. The project may significantly contribute to the inclusion of the palliative care into the current health care system in Croatia.

References

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