



EAPC Task Force on the development of Palliative Care in Europe

SERBIA AND MONTENEGRO



Population: 10,829,175

Current Directory:

Printed version
 Online version
 None identified x

Key Contact/National Association

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Palliative Care Services

NK = not known

Number of Palliative Care Services						
	Inpatient Palliative Care Units	Hospices	Consultant Teams in Hospitals	Home Care Teams	Day Centres	Total
Adult/Children	0	0	2	3	0	5
Paediatric only	0	0	0	0	0	0
				Inpatient Palliative Care Units/hospices	Chronic Hospitals /Nursing Homes	Total
Number of beds allocated to adult palliative care inpatients				NK	NK	NK
				Adults	Children	Total
Number of Bereavement Support Teams				0	0	0

Comments/Sources

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| <ul style="list-style-type: none"> • There is one inpatient supportive care unit in Serbia; the Institute for Oncology and Radiology of Serbia (IORS) has one supportive care unit with four beds, mainly allocated to supportive care (prevention and management of treatment-induced toxicity and symptoms of disease). • General Hospital “Bezanijska Kosa” has one palliative care team (headed by Dr Natasha Milicevic). • The Institute for Oncology and Radiology of Serbia has one (mobile) supportive care team. • Home palliative care is provided through three different approaches in the health care system: <ol style="list-style-type: none"> 1. Health professionals (mainly physicians and nurses) working in “Primary Health Centers” (PHC, in Serbian: DOM ZDRAVLJA), provide care for terminally ill patients at home (mainly in the physical domain of care) through two different forms of service at the primary health care level: a) “Service for home treatment and care” (SHTC) and b) polyvalent patronage service - there are 161 PHC in Serbia/18 PHC in Montenegro, and 35 SHTC in Serbia/1 SHTC in Montenegro. 2. The Institute for Gerontology, Home Treatment and Care (IGHTC, Belgrade) has a service named “palliative care service for elderly citizens at home”. The IGHTC is a medical institution providing treatment and care for elderly citizens at 10 municipalities of Belgrade. The service commenced in October 2004 and has 40 employees. In three months, from October 1st to December 31st 2004, the service treated 30 patients with length of treatment per person lasting 30 days approximately. 3. The Centre for Palliative Care and Palliative Medicine “Belhospice” (Director: Dr Natasha Milicevic) has recently established a home palliative care team consisting of a palliative care specialist, a nurse, a psychologist, and one volunteer. • Health professionals working in the PHC, SHTC and IGHTC, services are not suitably educated and trained for work in palliative care. They do not have all the necessary knowledge and skills to perform proper assessment and management of symptoms of disease or to provide psychosocial or other forms of support. • The main oncological centres do not have any beds exclusively allocated to palliative care patients (this is applicable not only to oncological centers - there are no hospital beds exclusively allocated to palliative care at all). Patients with palliative care needs are sometimes referred to general hospitals (41 in Serbia and seven in Montenegro), but the number of beds allocated to these patients is difficult to estimate. • There are approximately 350 new cases of childhood cancer each year in Serbia and Montenegro, and six hospitals for the treatment of children with cancer (five in Serbia and one in Montenegro). The pediatric oncologists who work in the hospitals are responsible for providing supportive care to these children. At the IORS, there is one pediatric oncologist with an interest in supportive care for children who participated in the “3rd European Course on Palliative Care for Children” (Warsaw, 2003) and who spent one month in France as a clinical observer in palliative and supportive care for children with cancer (Dr L. Paripović). There is also one psychologist providing psychological help and support to children/adolescents suffering from cancer and their families. • Patients with progressive disease are usually treated in one of seven General Hospitals in Montenegro, or in the Clinic Centre of Montenegro. |
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[Bosnjak *et al.*, 2002]

[Bosnjak *et al.*, 2006, in press] and also presentation given by Snezana Bosnjak at the European conference on palliative care, www.pallcare.belgrade2005.org.yu

[Dr. Marija Tasic, Institute for Gerontology, Home Treatment and Care, Belgrade]

[Presentation given by Snezana Simic, Assistant Ministry of Health, the Republic of Serbia and Mr Miodrag Pavličić, Minister of Health, the Republic of Montenegro, 30.11.2004]



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[Dr Lejla Paripovic, and Dr Zoran Bekic, Dept. Pediatric Oncology, Institute for Oncology and Radiology of Serbia]
[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Adult Palliative Care Population

NK	of patients receiving palliative care have a cancer diagnosis		
NK	of patients receiving palliative care have other incurable conditions		
		Cancer	(%)
Number of patients who die at home		NK	NK
Number of patients who die in a general hospital		NK	32.2
Number of patients who die in other healthcare institutions		NK	NK

Comments/Sources

- There is no specialist palliative care service for patients with cancer or other incurable conditions, and there is no official registration of patients with “advanced progressive phase” of any illness.

[Bosnjak *et al.*, 2006, in press]

[Institute for Public Health “Batut”, Republic of Serbia]

[Dr. Ana Jovicevic Bekic, Head, Department of Epidemiology and Prevention, IORS]

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Palliative Care Workforce Capacity

	Full-time	Part-time	Total
Physicians	NK	NK	6
Nurses	NK	NK	10
Social Workers	NK	NK	3
Psychologists	NK	NK	4
Physiotherapists	NK	NK	2
Occupational Therapists	NK	NK	0
Spiritual/Faith leaders	NK	NK	2
Volunteers	NK	NK	1

Comments/Sources

- There is no official palliative care specialization in Serbia and Montenegro. However, the supportive care unit at the IORS has four physicians (one in medical oncology; one in clinical pharmacology; one medical doctor specializing in internal medicine; one medical doctor) and nine nurses. Two physicians and two nurses are working in a mobile supportive care team at the IORS. The supportive care team is supported by one social worker, one chaplain, one physiotherapist and a psychologist for children with cancer.
- The palliative care team at the Medical Center “Bezanijska Kosa” has two physicians (one with a Diploma in Palliative Medicine, one medical doctor specializing in internal medicine) and two nurses. All of them work part-time in palliative care (Head: Dr N. Milicevic). The palliative care team is supported by one social worker, one psychiatrist, one physio-therapist and a chaplain (all part time).
- The palliative care service for elderly citizens at home at the Institute for Gerontology, Home Treatment and Care (Belgrade) has 40 employees working in three teams: four physicians (one in internal medicine, one general practitioner, one in clinical pharmacology, and one psychiatric consultant); 32 nurses (one main coordinator of palliative care, one educator, and 30 nurses from the Department of Home Treatment and Care); palliative care patients also have the services of a social worker, occupational therapist and physio-therapist.
- “Service for home treatment and care” (SHTC) at the primary health care level in Serbia employs approximately 200 physicians and 400 nurses; in Montenegro, approximately six physicians and 15 nurses are employed.
- One psychologist with a special interest in palliative care works at the “Vozdovac”



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Primary Health Centre in Belgrade.

- One volunteer is working in Belhospice. There are also several associations of patients (“Living like before” for women with breast cancer; “Association of parents of children diagnosed with cancer”; “Association of patients with colostomy”) that provide support for patients with cancer and their families.

[Bosnjak *et al.* 2002.]

[Bosnjak *et al.*, 2006, in press] and also presentation given by Snezana Bosnjak at the European conference on palliative care, www.pallcare.belgrade2005.org.yu

[Dr. Marija Tasic, Institute for Gerontology, Home Treatment and Care, Belgrade]

[Dr. Ana Jovicevic Bekic, Head, Department of Epidemiology and Prevention, IORS]

[Milijana Matorcevic, social worker, IORS]

[Goran Jokanovic, chief nurse, Clinic for Oncology and Radiotherapy, Podgorica, Montenegro]

[Tamara Klikovac, psychologist, Institute for Oncology and Radiology, Dept. Pediatric Oncology]

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Funding of palliative care services

Total number of palliative care services funded by the government	0
Total number of palliative care services funded privately or by NGO's	1

Comments/Sources

- Funding is provided from compulsory health insurance funds or from the governmental budget for social needs. Out-of-pocket payment is also possible for some categories of palliative care service. The Ministry of Health (Republic of Serbia) has provided financial support for educational events dealing with supportive and palliative care issues. Evidence-based guidelines on cancer pain, nausea and dyspnoea were produced for GPs and other physicians with an interest in palliative care as a project of the Ministry of Health (Republic of Serbia) and the EU agency for reconstruction.
- “Belhospice” is a non-profit and non-governmental organization.

[Dr. Natasa Milicevic, Executive Director, Center for Palliative Care and Palliative Medicine, “Belhospice”]

[Professor Snezana Simic, Assistant Minister, Ministry of Health, Republic of Serbia]

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Perceived use of main opioids in palliative care (Serbia)

Order of frequency	Opioid	Estimated cost per month (€)
First opioid	Morphine SR	2373 DIN (30 EUR)
Second opioid	Methadone	482 DIN (6 EUR)
Third opioid	Durogesic	4826 DIN (60 EUR)

Comments/Sources

[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Perceived use of main opioids in palliative care (Montenegro)

Order of frequency	Opioid	Estimated cost per month (€)
First opioid	Methadone	1.15€
Second opioid	Morphine SR	11.16€
Third opioid	Durogesic	45€

Comments/Sources



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[EAPC Palliative Care Facts in Europe Questionnaire 2005]

Key issues and challenges

- There are no national policies, guidelines, or standards on the organisation of palliative/hospice care.
- There is no legislative framework for palliative care.
- Palliative care has not been recognized as a specific discipline by health care professionals and policy makers.
- There is low awareness of palliative care among patients, their families, and the general public.
- A disease-oriented instead of a holistic patient approach.
- The patient's right to the best quality of life is still under-recognised.
- Much palliative care is delivered by practitioners who are not specialists in palliative care.
- Social affairs services contribute to palliative care services through Gerontology Centres/Homes for the elderly (one in Montenegro: "Geriatric and Nursing Institution - Grabovac", Risan, Montenegro). There is one representative of the Ministry of Labour, employment and social policy on the National Task Force for Palliative Care.
- Political and economic instability within the country.
- The opiophobia of health care professionals, policy makers, patients and their families and the general public resulting from earlier established strong prejudice towards opioids.
- Insufficient interest on the part of pharmaceutical companies to produce or import immediate release morphine due to its low price.
- Insufficient legislation relating to the availability of strong opioids in Serbia and Montenegro.

[EAPC Palliative Care Euro-Barometer 2005]

Palliative care accreditation

- There is no education relating to palliative care and the subject has not been a part of medical schools' curricula (palliative care is not included in the medical undergraduate or postgraduate school curriculum, nursing school curriculum, or in education/training programmes for relevant practitioners working with patients with advanced progressive disease).
- There is no specialist accreditation for palliative care professionals in Serbia and Montenegro. In the whole of the country there is only one physician with sub-specialization in palliative care (Medical centre "Bezanijska Kosa": Dr N. Milicevic, Postgraduate Diploma in Palliative Medicine, University of Wales College of Medicine, UK) and four physicians educated and trained abroad in palliative and supportive care (Poznan, Poland; Sheffield, UK; Lyon, Paris, France). Ten nurses and a small number of other relevant practitioners (three social workers, three psychologists/psychiatrists, two physiotherapists/occupational therapists and two chaplains) have received some palliative care training, mainly through routine daily work with patients with advanced progressive disease.

[EAPC Palliative Care Facts in Europe Questionnaire 2005]



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Palliative care milestones

- 1994: Regulations on the prescription of morphine (previously limited to only 200 mg per prescription) are changed to allow doctors to prescribe the amount necessary for two weeks of treatment.
- 1996: The first service for cancer pain management providing consultations for inpatients as well as for outpatients starts at the Institute for Oncology and Radiology of Serbia (head: Dr Snezana Bosnjak).
- 1996: Useful local publications are produced such as a “user friendly” handbook for physicians and nurses on the pharmacotherapy of cancer pain, together with an educational flyer: “*True and false about the use of oral morphine in cancer pain management*” (Dr S Bosnjak, Dr S Radulović).
- 1996: The Institute for Oncology and Radiology of Serbia translates the WHO monograph on cancer pain relief (Dr S Radulovic, Dr S. Bosnjak).
- 2000: The Institute for Oncology and Radiology of Serbia translates the WHO monograph on symptom relief in terminal illness (Dr S Radulovic, Dr S. Bosnjak).
- 2003-5: Several international and national courses devoted to palliative care and supportive cancer care are organized. For example: Palliative Care School on palliative care in general (October 2004: 35 participants; May 2005: 35 participants), an International Education Symposium on supportive care in cancer patients (under the auspices of the Serbian Medical Association and Multinational Association of Supportive Care in Cancer (MASCC) October, 2004: 158 participants); two courses held on palliative care in patients with lung cancer (April, 2002: 140 participants; December 2004: 200 participants) and two courses on palliative care in elderly patients (October 2003: 90 participants; March 2005: 128 participants).
- 2004: The first NGO devoted to palliative care (Center for Palliative Care and Palliative Medicine, Belhospice) is established (director: Dr Nataša Milićević), as a non-governmental, non-profit organisation with the goal to promote palliative care as a discipline, to provide good quality palliative care for patients and their families, to organize education in the palliative care field and to promote the idea and the philosophy of hospice/palliative care in the country. Belhospice is supported by Hospice of Hope from the UK as part of the "Beacon Project".
- 2004: The first postgraduate Diploma in Palliative Medicine is established.
- 2004: The Center for Palliative Care and Palliative Medicine, Belhospice translates the Council of Europe (2003) Recommendations of the Committee of Ministers to member states on the organization of palliative care (Dr Nataša Milićević).
- 2004: The first national Palliative Care Guidelines for the management of cancer pain, dyspnoea and nausea are prepared and published.
- 2005: The ‘National Task Force for Palliative Care’ is established under the auspices of the Ministry of Health (president: Dr Nataša Milićević, Vice-President: Dr Snežana Bošnjak). It aims to: promote palliative care goals and achievements according to the Recommendation of the Council of Europe; make palliative care an integral part of the health care system; increase awareness and knowledge about palliative care among healthcare professionals/public; and highlight the right of patients and their families



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facing life-threatening illness to have the best possible quality of life. The Task Force has 15 members; among them two representatives of the Ministry of Health (public health specialists), one representative of the Ministry of labour, employment and social policy, one specialist in neurology, one specialist in infectious diseases, two specialists in internal medicine, one specialist in internal medicine (gerontology), one specialist in internal medicine (medical oncology), one general practitioner, one general practitioner (gerontology), two nurses, one psychologist and one chaplain.

- 2005: The National Palliative Care guidelines are disseminated and implemented.

[EAPC Palliative Care Euro-Barometer 2005]

Health policy

- The Serbia and Montenegro Parliament has on its agenda the discussion of a new Health Care Law which may introduce palliative care at the level of primary and secondary health care.
- Evidence-based guidelines on cancer pain, nausea and dyspnoea have been produced for GPs and other physicians with an interest in palliative care as a project of the Ministry of Health (Republic of Serbia) in cooperation with existing palliative/supportive care teams.
- In 2004, the Centre for Palliative Care and Palliative Medicine, “Belhospice”, translated and distributed the Council of Europe (2003) report on palliative care (Recommendation 24 of the Committee of Ministers to member states on the organisation of palliative care). 500 copies were distributed within Serbia and 50 copies within Montenegro following a media promotion launch on October 11th 2004 in Belgrade.
- The Centre for Palliative Care and Palliative Medicine, “Belhospice” has not participated in the Council of Europe discussions about euthanasia (the Marty Report).
- At the current time, there are no initiatives in Serbia and Montenegro that seek the legalisation of euthanasia or assisted suicide.

[EAPC Palliative Care Euro-Barometer 2005]

References

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Information correct as at: 7th August 2006.

