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For How Many Patients We Need to Provide Palliative Care Support at our Hospital?

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Introduction: When organizing and planning palliative care (PC) services one of most important information is »How many patient (pt) need palliative care?«. WHO definition twho need PC is well established and accepted, still there are several others definitions in use (national insurance company) that might cause confusion. Next question is »What level of PC all of those pts need - basic or specialized?«.
Method: In order to evaluate the need of PC at our hospital we carry out a cross-sectional study. We have reviewed charts of all pts who visited our outpatient clinic at our hospital on 9th of April 2014. We have segregated pts according to the goal of a treatment during check-up (adjuvant therapy (TH), regular check-up after adjuvant TH, TH of incurable disease, regular check-up after TH of incurable disease, specific TH is no more applicable).
Results: In our study we recorded 416 visit of pts at our institution in one day. According to treatment goal there were 20% of pts who received adjuvant TH, 30% were on regular check-ups after adjuvant TH, 23% received systemic TH due to incurable disease control, 13% were on regular check-ups after systemic TH due to incurable disease control, 10% were without any specific TH any more, 4% other reasons.
There is big discrepancy between different definitions of PC. According to WHO definition 46% of our patient could benefit from PC, to have in mind also early palliative care. According to our national insurance company definition (none specific TH anymore) only 10% of our patients need palliative care. If we calculated that only 20% of palliative support (EAPC standards and norms) need specialized services that would mean that in one day our specialized acute palliative care department would need to support/admit 38 pts (according to WHO) or 8 (according to national insurance).
Conclusion: Palliative care is at the moment very important health issue and a proper planing of PC service should be performed. The need of PC is much higher than availability in our hospital/region. We need to promote education in the field of palliative care, to reach the EAPC standards and norms.

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Bioethics in Palliative Medicine in the Republic of Macedonia

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Introduction: Clinical bioethics deals with the questions which refer to concrete medical practice. It analyses and evaluates, from the ethical point of view, the procedures in the patients' health care treatment. The association of the bioethics with the palliative medicine is very close. This is due to the fact that the palliative medicine has been associated with many ethical questions and dilemmas referring the end of the human life, continuation of the human life, dying, especially in present contemporary world of high technology, where the need for humanity becomes more pronounced.
Research aims: To present the ethnologic specificities, mentality and cultural aspects of the medium in conduction of the bioethical aspects of the palliative patients living in the hospice Sue Ryder in Skopje.
Material and methods: A total of 64 patients were analyzed, being hospitalized in the hospice for six months. The analysis was made on the basis of the hospice interdisciplinary team opinion, and refers to the following bioethical questions:

1. Patient's autonomy;
2. Trust;
3. Performing medical procedures which could damage the patient, either physically or psychically.

Result: Autonomy has not been respected completely in 38 patients due to family insistence not to tell the bad news, at any rate, and to continue with life at any rate, in 24 patents medical procedures caused, by the team opinion, harm, before all psychically, and in 54 the right for treatment at home was not respected due to the lack of the organized net of palliative services and lack of opioid analgetics.
Conclusion: Ethnical and cultural aspects, to a great extent, influence the conduction of the bioethical principles in palliative medicine. The need of humanity is the most expressed in the man's fight for life. The existence of palliative care justifies completely the ethical-humanity ideas of the modern medicine, developing in that way the maturity of the modern civilization in the human care.

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"Unbearable Suffering" in Palliative Sedation Therapy.

Conceptual Analysis and Implications for Decision Making in Clinical Practice

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Background: „Unbearable suffering" has been defined as key prerequisite for decisions about palliative sedation therapy (PST). However, there is no general accepted definition of „unbearable suffering". Current controversies about PST can be traced back to differences with regards to the following three questions related to unbearable suffering:

1. Who defines what is "unbearable suffering" in clinical practice?
2. Which kind of suffering "counts" as legitimate indication for PST?
3. What is the normative function of "suffering" and what are legitimate limits towards making decisions about PST in cases of "unbearable suffering"

Aims: In this presentation we show how concepts of "suffering" developed in medical philosophy can contribute to clarification and ethical decision making about PST.
Methods: In a first step we will elaborate the above mentioned three domains of controversies with reference to empirical data and conceptual analysis and show that a significant part of answers hinges on our understanding of suffering. To substantiate our claim we will then provide an analysis of two concepts of suffering which have been elaborated in the literature of medical philosophy. The first concept by Eric Cassell stresses the subjective and all-encompassing nature of suffering. The second concept by Stan van Hooft understands suffering as an experience which can be assessed objectively on different levels. According to this account suffering does not need to be consciously experienced by the sufferer herself. In a third step we will apply both concepts to the three controversial issues presented in step one and analyse the implications of both concepts for decisions about PST in clinical practice.