

Centenary since Cicely Saunders Birth. Hospice at Home.

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Collaboration with Cicely Saunders. It was honor and privilege starting the hospice and palliative care in Croatia as close collaborator of Cicely Saunders. Collaboration started 1990 and lasted until 2003. We exchanged regularly and often letters containing suggestions, and first of all stimulating me to do more practical work. At the 1st Symposium Hospice and Palliative Care, 1994, Nigel Sykes her closest collaborator took part, introducing Symposium and promoting translated books. He came many times. Cicely Saunders included me also as the author in the books she edited with Robert Kastenbaum, „Hospice Care on the International Scene“, 1997. The opening of the Regional Hospice Centre, Zagreb, 2002, was accompanied by St.

Christopher's hospice Information Bulletin with correspondent article and gratulations. It was the first organized volunteers palliative care organisation in Croatia, with very significant number of followups of dying (during 2004, 291 patients). The last letter arrived two years before her death, with gratulation for opening and for intention to start the pediatric palliative care also.

Hospice at home. Two years already after opening St. Christopher hospice Cicely Saunders founded additional Home care unit as unit of the hospice . Almost 50% of her staff were selected and educated volunteers from different professions. Hospice at home is basic for sustainable development of stationary hospice and possibility of its dynamics of care. It is the most desired care, especially for children and elderly. It is also cheapest and promptest answer for those asking for help. It can be applied in big number of patients. The condition for his realisation is possibility of regular collaboration with primary health care and his network of regular home care visits. In Croatia, on the primary care level the

unit formed at least partly in the frame of croatian health protection law, issued 2003, should be organized. The unit should have

1. multiprofessional team for hospice home care visits, 2. outpatient department for pain and palliative care, for mobile patients and 3. day care unit for those who are partly immobile and as respite care for family. Palliative team is included usually on the the primary care physician initiative, at the begin as consultation, and later on for taking over the patient. *Which conditions are mostly not indication for palliative /hospice care?* Those are chronic curable and incurable patients , who are rehabilitated for a good quality life in special institutions, and geriatric patients as well. They became palliative/hospice care patients during his last months of the life. For all of them, from time to time the supportive/symptomatic therapy is needed. The acute patients are involved into the curative medicine. Palliative/hospice care is indicated only in medical failure.

Which conditions are indication for palliative care? All the conditions of hopeless insufficiency of vital organs, of various ethiology , age of the patient or duration of the illness. It is the new group of the patients, connected into the group, by the already mentioned common feature. *Which education is needed for palliative care?* The chief source is praxis. Dame Cicely was repeating all the time: “Let the patients speak !” She was developing her philosophy of care of the dying through praxis, supplemented by quality informations and teaching. The fundamental opinion sent through Nigel Sikes was :“Hospice is not appropriate building but philosophy of care“ which you get acquainted with, first of all, through practical activity.

The fundamental ethic problems in palliative care. Primary physicians duty is to reduce suffering! Supporting not to kill refusing euthanasia could improve wellbeing of society. But if the prohibition of „let to die“ would persist, all the patients should die in intensive care units. Otherwise the health team could be charged for something equal to murder. Anyhow you must be aware that the patient’s competence to decide about stopping the therapy is something rapidly changing especially if you have to decide for future.

It is importante to build your proper attitude towards the death...it is something entirely normal as the conception and birth are. The

much older generations preferred the opinion like this. In modern society the dying is something “tabu”, you should not speak about the death in a decent society, besides if you comment “western or crime” films. “Ars moriendi” improves “ars vivendi”, your attitude towards the death defines the values of your life. It is especially importante for people involved in palliative medicine. You must meet it quietly without the fear , sitting nearby the patient. The most importante for the patient, is not to be left alone. Those could be very frequently the nonhealth volunteers, without them the modern palliative medicine cannot exist. The main topic in the programme of WHPCA, for 1919 is therefore “Volunteers in the heart of palliative care”.

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