

Hungary, country report 2005

The population of Hungary is 10 million. Number of death is 132.500, cancer death is 33.530 and the patients receiving palliative care were 2400 in 2004. The annual cancer mortality is very high in our country, highest in Eastern Europe and also all over the world.

Service assessment in 2005

In Hungary there are 11 hospice inpatient units with 143 beds, 29 hospice home care teams, 2 day care centres, 4 hospital supportive teams (mobile teams), and special hospice services in 6 nursing homes with 46 beds. Altogether we have **52 organizations with 189 beds**.

The first decade (1991-2002)

The first hospice organisation, the *Hungarian Hospice Foundation* was founded in 1991 and supported by the Soros Foundation. A social debate started about ethical and legal principles of hospice/palliative care and a series of lectures were organized at universities, medical clubs about death and dying, as a movement against taboos. At the same time a lot of contacts (Ministry of Health, Parliament, National Health Insurance etc.) were developed and finally the national palliative association, the *Hungarian Hospice-Palliative Association* was established in 1995 by the existing 19 hospice organizations.

In 1994 a national palliative care training program was started, accredited by Ministry of Health. In 1997 the hospice-palliative care got into the Health Care Act (99.§), and the National Guidelines were elaborated in 2002. This work improved relationship with policy makers.

By 2002 we had already had 11 years of experience, 28 hospice providers, an existing legal background, a very good postgraduate training system and a lot of international relations. But all these were *not enough for financing the system*.

Changing the strategy in 2003

A media campaign was initiated by organisations of palliative care, human rights and patients' rights, to initiate a parliamentary examination about the care of dying patients.

We addressed some important questions to the Parliament:

1. Are there enough available modern treatments, medicines and trained specialists in the institutions caring for dying patients?
2. Is there enough psychic care and information for terminal patients?
3. Are there enough palliative care services?
4. Is there a good-quality care in the chronic departments and institutions?

As an effect of this initiative and media campaign the Health Committee of the Parliament was forced to do something in this field.

Results in 2004

1. The Ministry of Health invited specialists of the Hungarian Hospice-Palliative Association to work out the *Minimum standards of hospice/palliative care*. In the 4-pages document the following definitions and requirements are included:
 - Definition of palliative care,

- Description of forms of care as home care, inpatient unit and mobile team,
- Objective and personal conditions of operation.

By the Minimum standard a basic team of a hospice home care service consists of physician, nurses, psychologist and co-ordinator, trained in palliative care. The training programs are also specified.

The Ministerial decree of the Minimum standards was published in March 2004.

2. In April 2004 the Hungarian Hospice Foundation organized a *Palliative Care Policy Development Conference* to set up a *National Strategic Plan* for Palliative Care. University clinics and professional medical societies were also invited to this conference in addition to policy makers, hospice and patients' right organisations. Participants accepted recommendations to develop policy, education and providing system. Recommendations were published in a special medical journal in November 2004.
3. The National Health Care Insurance Fund started a two-year financing pilot programme for hospice/palliative services in May 2004. The providers have to meet special requirements as elaborated professional and financial plans, references, infrastructural, personal and material conditions and quality management. The main elements of the monitoring are the professional and operational indicator-system, biannual reports and process control. The NHIF stipulated the integrated form of the provision: in-patient and home care services need to operate in intensive cooperation with each other.

Due to these results too, Hungary will organize the 10. Congress of the EAPC.
Welcome to Budapest in 2007!

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