

# Palliative Care Development in Georgia



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## Abstract

Georgia has established the foundational measures for a national palliative care program—policy, education, drug availability, and implementation. Amendments to legislation needed to develop palliative care have been approved. Palliative care has been recognized as a subspecialty in oncology, critical care, internal medicine, and surgery. The National Plan for Palliative Care for 2011–2016 was approved. Opioids, especially oral morphine, are available on a limited basis for patients at home, but oral morphine is not available for patients in the hospital. Prescribing regulations have changed and all physicians are allowed to prescribe and the length of a prescription is now seven days rather than three days previously. Unfortunately, patients and families must still pick up their opioid medications at pharmacies in the police station. Opioids for cancer patients in inpatient units or at home are free. Palliative care education has been incorporated into both undergraduate and postgraduate medical and nursing education and a number of physicians have received specialist training abroad. Palliative Care Standards and Guidelines have been developed; and palliative care services, although insufficient to meet the need, are available for patients at home, as inpatients and a children's hospice opened in 2017. *J Pain Symptom Manage* 2018;55:S25–S29. © 2017 Published by Elsevier Inc. on behalf of American Academy of Hospice and Palliative Medicine.

## Key Words

Georgia, opioids, palliative care, hospice

## Introduction

Palliative care in Georgia was developed through the cooperation and coordination of multiple stakeholders, including government ministries, Open Society Georgia Foundation, Charitable Foundation SOCO, Georgian National Palliative Care Association, The Global Fund for AIDS, TB and Malaria, Hungarian Hospice Foundation, Open Society Foundation's International Palliative Care Initiative, Institute for Palliative Medicine at the San Diego Hospice, Hospice Casa Sperantei, academic leaders, and international palliative care experts.

## Background

Georgia is a sovereign state in the Caucasus Region of Eurasia, located at the crossroads of Western Asia and Europe. It is bounded to the west by the Black Sea, to the north by Russia, to the south by Turkey

and Armenia, and to the Southeast by Azerbaijan. The capital of Georgia is Tbilisi. Georgia covers a territory of 69,700 km and has a population of 4.4 million with 57.4% living in urban areas and 42.6% in rural areas. Seventeen percent of the population are aged 0–14 years and 14% are over 65% with an estimated life expectancy of 70 of 78 for men and women. Heart disease and cerebrovascular disease rank the highest of the 10 leading causes of death, and about 8500 new cases of cancer have been registered in Georgia in the last 10 years. By 2012, 3245 cases of AIDs had been registered, with 300 needing palliative care. The mortality index is 9.9 per 1000 residents with 42,000 deaths annually. Most of the population is Orthodox Christian.<sup>1,2</sup>

It is estimated that approximately 25–30,000 adult patients require palliative care, with 4–4500 patients on service at any given time. In addition, there are usually two or more family members directly involved in

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the care of each patient and care would be needed for a minimum of 75–90,000 persons annually. To provide home-based and inpatient palliative care will require substantial reallocation of health care professionals with roughly 1750 professional staff and 215 beds. In addition, the needs assessment suggests that 839 children (0–18 years old) in Georgia are in need of palliative care.<sup>3</sup>

### *Policy*

In April 2007, the amendments to the following four Georgian laws pertaining to palliative care implementation were approved by the Parliament of Georgia: Law of Healthcare, Law of Medical Activity, Law of Patient's Rights, and the Law Concerning Narcotics Aids.<sup>4</sup>

The Georgian government does not provide universal funding for palliative care, and there is a limited program budget for inpatient and home-based services; unfortunately, there are most often insufficient resources to provide the palliative care that is needed.

### *Drug Availability*

The Ministry of Labour, Health, and Social Affairs formulated a decree that included the following declarations: 1) a single opioid prescription of up to seven days could be obtained, 2) all medical doctors, including rural doctors, would be able to prescribe opioids after passing special training courses, and 3) the Ministry of Labour, Health, and Social Affairs must follow World Health Organization's recommendations regarding the ratio of different forms of morphine as well as their equianalgesic abilities.<sup>2</sup>

There are special state programs for opioid availability for hospice and home-based palliative care initiatives, and although technically opioids for pain relief are available "for all in need," they are regulated by Ministry of Health Policy and quite often, patients with advanced cancer and patients with severe pain from other medical illness do not receive the pain medications and suffer unnecessarily. Oral morphine became available in Georgia in 2012 and can be given to patients receiving palliative care at home; but unfortunately, not given to patients in hospital, causing needless suffering from frequent painful injections.

According to the law of "Narcotics, Psychoactive Substances, Precursors and Narcological Aid," the State will provide narcotics and psychotropic substances in required (needed) amounts and forms—for medical, scientific, and other needs—according to international standards. Regardless, opioids are not always available for those in need. In 2010, changes to the regulations included adopting new prescription forms so that two opioids or two different formulations of the same opioid could be prescribed on the same prescription. In 2011, according to government

decision N77, the national health program allows opioid analgesics for non-malignant patients.<sup>5</sup>

As of January 2015, legislation allows opioid medications to be picked up on any day of the week rather than only two days a week previously. However, the location of the pharmacies in police stations continues to limit daily availability because pharmacists need to relocate to the police stations to dispense the opioids.<sup>6</sup> All physicians are able to prescribe opioids for pain relief and must complete the required triplicate prescription form. Opioids for inpatients in hospice or hospital are available on site. In addition, pharmacies were privatized during the 1990s and they are not restricted by government policies, which means they do not stock opioids that are unprofitable.

### *Education and Training*

There have been several palliative care educational initiatives and a number of regional and international palliative care experts have visited Georgia to deliver courses including the US National Cancer Institute's "Educating Physicians in End of Life Care—Oncology" and the American Association of Colleges of Nursing's "End of Life Nursing Consortium." Five Georgian palliative care leaders were selected to participate in a two to three year advanced palliative care training program at the Institute for Palliative Medicine at San Diego Hospice in San Diego, California and received certificates as international experts in palliative care. In addition, a member of the faculty of Tbilisi State University was selected as an Open Society Foundation's International Palliative Care Initiative's International Pain & Policy Fellowship Program with a project to review the regulations governing opioid availability. A number of Georgian palliative care providers and physicians interested in palliative care have attended courses abroad in Austria, Hungary, Israel, Latvia, Poland, Romania, Spain, and the U.S. In preparation for the children's hospice, which opened in 2017, pediatricians interested in developing palliative care for children have been supported to attend courses in Italy and Romania. The Mercy Center at Transfiguration Monastery Convent runs an accredited college for nurses to learn palliative care. Short-term courses for general practitioners in pain and other symptom management as well as initiatives to engage psychologists, social workers, and volunteers have been developed. Many of the palliative care seminars taking place in Georgia are presented in Georgian, English, and Russian for both health care professionals and caregivers and/or family members.

Palliative care is an obligatory course for medical students at Tbilisi State University and for nursing students at the two nursing colleges in Tbilisi. Three continuing medical education programs in palliative

care have been accredited by the Counsel of Continued Medical Education and Professional Development, and multiple Georgian-language handbooks and educational materials have been published.<sup>7</sup>

### **Legal Services**

Palliative care is a basic human right which supports the quality of life for both the patient and the family, and addresses physical, psychosocial, spiritual, and legal and rights issues. Legal and rights issues include power of attorney, advanced care planning, will preparation, care for family members, inheritance issues, and advocacy for access to essential pain relieving medications. Lawyers work with the patient, family, and palliative care teams to identify and advocate for the patient and the family's rights. In Georgia, three law firms have partnered with local hospices to provide patients with comprehensive care that addresses legal needs. The lawyers also work with hospices on their legal matters, such as cooperation agreements with insurance companies.<sup>8</sup>

### **Financing Palliative Care**

For palliative care to be supported by the government and insurance companies, the cost of delivering palliative care must be ascertained. The Open Society Georgia Foundation with the assistance of an international health economist reviewed and updated the previous palliative care needs assessment<sup>3</sup>; identified the number of individuals in need of palliative care, as well as the human and medical resources needed to provide such care; and with a selected costing methodology, estimated the cost of delivering palliative care. The report from this project is now being used to advocate for the development of more palliative services to meet the needs of the Georgian population. (I Mjavanadze, N Mirzikashvilli, S Lebanidze. "Palliative Care Costing" Open Society Georgia Foundation, Unpublished report 2013).

### **Public Awareness**

Several projects have taken place to increase public awareness about palliative care, including TV, radio, social media, newspapers, and annual fundraising and awareness raising events take place on World Hospice and Palliative Care Day. A nation-wide campaign entitled "No Pain in Our Families" was carried out in 2013 with the goal to advocate for the fundamental human right to a life without pain, and to create an environment where every human being has access to quality pain management.

### **Implementation**

Adult palliative care inpatient and home care services are provided by a number of organizations; the Palliative Care Department at the Universal Medical Center in Tbilisi has 18 inpatient beds for adults; the Transfiguration Convent Mercy Center in Tbilisi had seven adult beds and a home care program. These organizations are partially funded by the Georgian state budget and/or by charitable donations. In 2007, Georgia received funding from the Global Fund for AIDS, TB and Malaria to establish palliative care services for AIDS patients in Tbilisi, Batumi, Kutaisi, and Zugdidi. There are two inpatient beds in each of these cities dedicated for AIDS patients.<sup>7</sup>

On October 10, 2015, the groundbreaking ceremony for the construction of the first children's hospice took place in the suburbs of Tbilisi. Several individuals, businesses, and organizations provided financial support including the Medical Corporation "Evex," and the Presidential Fund. The hospice will have 12 inpatient beds and provide 24/7 palliative care coverage on the premises along with a day care program and home care services. It is estimated that up to 30 children will participate in the day care program and will receive care at home.<sup>9</sup>

Palliative care coverage in Georgia is incomplete with seriously ill patients in rural areas having little or no access to palliative care or the essential medications they need.

### **Challenges**

Although the changes regarding palliative care were made in the Georgian legislation, the full implementation of these changes has not happened because of many reasons, most importantly because palliative care and pain management are not seen as a priority for public health policy, and government funding is diverted to other "more important specialties." As a result, the changes that have been made in general legislation regarding palliative care or special legislation dealing with opioid policy are known by some health care professionals and policy makers but not by others, leaving the patient and the family to deal with this additional burden beyond their disease.

### **Recommendations**

Moving forward there are several areas in need of attention. The Georgian population must have greater awareness about the benefits of palliative care.

Government plans and policies that include palliative care must be implemented and those that do not must have it added. All health care professionals, especially family practice physicians, nurses, and social workers must receive basic level palliative care education and must be informed about the legal requirements and the appropriate use of opioid analgesics. Palliative care content should be included in all medical licensing examinations and pain assessment and management should be included in all residential specialties. Government officials, health system managers, and drug control authorities and the police need to receive palliative care sensitization seminars including information on the use of opioids for medical purposes. Pharmacies must be moved out of police stations and into the community so patients have greater access to the medications they need. The excessive bureaucracy associated with the storage and dispensing of opioids needs to be eliminated. Oral morphine must be available for patients in hospital or in inpatient hospices and all essential palliative care medicines should be available, accessible, and affordable. More palliative care services are needed to care for patients at home, inpatient hospices and hospitals and many more palliative care services must be available in rural areas.

#### Development of Palliative Care in Georgia: A Chronology

Year	Activity/Results
1999	OSGF began supporting the development of palliative care
2003	Mercy Center at Transfiguration Monastery Convent founded
2004	Georgian National Palliative Care Association for palliative care was established
2004	First home-based and inpatient services launched in Tbilisi
2006	National Palliative Care Coordinator Office at Healthcare & Social Issues Comm
2006	Palliative care incorporated as mandatory or voluntary curricula of three medical universities
2007	Amendments to four Georgian laws were approved by Parliament: Law of Healthcare, Law of Medical Activity, Law of Patient's Rights, Law Concerning Narcotics, Psychotropic materials, precursors and narcological aid
2008	Palliative care guidelines were approved by the Ministry of Health
2008	Palliative care is recognized as a subspecialty of Oncology, Critical Care, Internal Medicine and Surgery
2008–10	Two Georgian selected for San Diego, Ca International Fellowship Program
2008–13	Five Georgian physicians selected for International Fellowship, San Diego, Ca.
2008	Georgia physician selected for two-year International Pain and Policy Studies Fellowship
2010	Home care launched in Tbilisi by Georgian PC Assoc, state budget

(Continued)

#### Continued

Year	Activity/Results
2009	Home care launched in Kutaisi by Georgian PC Assoc, state budget
2009	Georgia law firms provide free legal aid to hospices, patients, and families
2010	Georgian National Program for Palliative Care Action Plan 2001–2015
2010	Home care launched in Telavi by Georgian PC Assoc, state budget 2010
2010	Inpatient service in Tbilisi, Cancer Prevention Center, state budget
2010	Inpatient service in Tbilisi, National Center of Oncology, state budget
2011	Home care services launched in Zugdidi—two beds
2011	Home care services launched in Kakheti—two beds
2011	Palliative Care Needs Assessment
2012	First Georgia Palliative Care Congress
2012	Home care service launched in Ozurgeti and Gori
2012	Immediate release oral morphine (20 mg) became available
2012	“Chronic Pain Management”—National recommendation (guideline) for clinical practice State Standard (protocol) governing clinical conditions, for primary Health Care physicians
2012	PhD course in palliative care implemented began with three students
2013	Palliative care services at the Cancer Prevention Center and the National Cancer Center merged to form the Palliative Care Department of the University Medical Center
2015	Groundbreaking ceremony for first children's hospice in Georgia in Tbilisi
2015	Children's Hospice NGO providing home care services
2016	Home care services provided only by Transfiguration Convent Mercy Center
2016	Palliative care essential medicines list is under discussion and elaboration

OSGF = Open Society Georgia Foundation.

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