

MOLDOVA

ORDER

Regarding the organization of palliative care services

To accomplish the foresight of Law Nr. 263 from 27.10.2005 “Regarding the rights and responsibilities of patients”, the Action Plan regarding the implementation of the National Development Strategy for 2008-2011, approved by the Government Decision Nr. 191 from 25.02.2008, of Development Strategy of health system during 2008-2017, approved by the Government Decision Nr. 1471 from 24.12.2007, the Unique Program of compulsory insurance of medical assistance, approved by the Government Decision Nr. 1387 from 10.12.2007, as well as on the basis of item 8 of the Regulation regarding the organization and functioning of the Ministry of Health, approved by the Government Decision Nr. 326 from 21.03.2007

ORDER:

1. To approve **the Regulation regarding the organization of palliative care services** in accordance with annex Nr.1
2. To Directors of Health Directions of the Municipal Counsel of Chisinau, to Health Direction and Social Protection UTA Gagauzia Region, to the chief Health Section of the City Hall in Balti region, to the Directors of Regional Hospitals, to the chiefs of the Republican Sanitary-Medical Institutions:
 - To take act of the present order and organize within the hospital medical assistance palliative care services in accordance with the approved Regulation and the Catalogue of hospital public sanitary-medical institutions.
 - To ensure information to palliative care providers contracted in the established way by the National Company of Medical Insurance regarding the persons who need this type of care including their reference to palliative care provided institutions, making the respective recommendation in the extract from stationary medical form (F 027e).
 - To collaborate with local public authorities, social assistance structures to involve social workers in multidisciplinary teams activity to provide palliative care including for additional financial sources identification to provide home palliative care (social make-up).
3. National Council of Accreditation and Assessment will organize the accreditation of palliative care providers in accordance with established program.
4. Human Resources Department, “N.Testemitanu” University of Pharmacy and Medicine will organize continuing training in palliative care area with the involvement at necessity with non-governmental organizations.
5. Individual medical services Department, National Center of Health Management will support palliative care providers with methodical-counseling aids to organize more efficiently this type of service.

The control towards the accomplishment of the present order is being done by the Vice-minister, Mr. Buga Mircea.

THE REGULATION regarding the organization of palliative care services

I. General Disposal

1. The Regulation regarding the organization of palliative care services (the Regulation) is framed in accordance with World Health Organization recommendations, Ministries Committee of member states of European Council (Rec.24/2003) and the Unique Program foresight of compulsory medical assistance insurance.

2. The Regulation establishes basic notions and principles of palliative care services, the way of organization of palliative care services, selection criteria of beneficiaries, rights and duties of palliative care providers.

3. By the meaning of the present order here are defined the following notions:

- *Palliative care* – a type of care which combines a range of measures and therapies to improve the quality of life of patients and their families facing associated problems with life-threatening diseases by preventing and relieving pain, by early identification, correct assessment and the pain treatment and other physical, psycho-social and spiritual problems. In medical meaning, palliative care is the active and total care of patients whose disease does not respond to curative treatment, to ensure pain control and other clinical symptoms.
- *Beneficiaries of palliative care* – patients by all ages, with chronic illnesses in advanced stage and other illnesses with limited prognosis, which have life expectancy less than 12 months, with uncontrolled symptoms, significant spiritual or psycho-emotional pain and/or shows a certain dependence level.
- *Providers of palliative care services* – specialized units, regardless the property type and judicial organization form including authorized associations and organizations to provide palliative care services in the established way by the Law.
- *Interdisciplinary team* – a group of professionals with training and adequate experience to provide palliative care services, confirmed in the established way by the normative acts who work prodigiously and whose mutual aim is to improve quality of life of patients and their families. The structure of the team varies in accordance with the particular needs of palliative care beneficiaries.
- *Hospice* – specialized institution with beds to provide palliative care services.
- *Palliative care plan* – a written document by the palliative care provider together with the patient or his/her legal representative which contains the patient's preferences and needs in palliative care and it is revised periodically within the interdisciplinary sessions.

4. The basic principles of palliative care are as follows:

- Quality life relief and positive influence of disease evolution
- Pain control and other symptoms insurance
- Palliative care unity is the patient and his/her family
- Life value affirmation and death consideration as a natural process
- Acknowledgment that it does not intent neither to hasten nor to delay death
- Integration of psycho-social and spiritual aspects in patient care
- The use of interdisciplinary team to satisfy the complex medical needs of the patient

- Comprehension of those investigations that is necessary for a better understanding and an adequate treatment for clinical complications of the disease.

II. The way of organization of palliative care services

5. Palliative care services can be provided:

- In hospice
- At home
- In palliative care wards and by the mobile teams specialized in palliative care within the hospital sanitary-medical institutions
- Palliative care out-patient institutions

6. Home palliative care services are provided by interdisciplinary teams specialized at patients' homes eligible with the status of changed performance which cannot insure their move in accordance with normative acts

7. In hospice and palliative care section/beds within the hospital sanitary-medical institution palliative care is provided in hospital regime for eligible patients including with temporary placement of the patient to relieve home palliative care provider and/or the family.

8. Specialized mobile teams in palliative care within the hospital sanitary-medical institution are formed of own institution personnel or other subcontracted palliative care organization, trained and qualified in palliative care which interfere by application and insure these services providence for hospitalized eligible patients

9. The out-patient institutions of palliative care are organized within the hospice, hospital sanitary-medical institution and other medical or socio-medical institutions or independent and provide palliative care services for mobile eligible patients.

10. Palliative care services are provided in accordance with national and international protocols and standards in this area with normative acts observance regarding medical services providing

11. Palliative care services are provided by an interdisciplinary team which includes a doctor, nurse, psychologist, social worker, volunteers and other personnel in accordance with patient's needs (physiotherapist, kinetotherapist, etc.)

12. Selection criteria of beneficiaries are:

- The presence of a chronic illness in advanced stage which does not respond to curative treatment or progresses in spite of the specific treatment
- Limited prognostic with life expectancy less than 12 months
- Presence of uncontrolled symptoms or significant spiritual or psychological pain or/and certain dependent level

13. The selection of the beneficiaries of palliative care services is done by the family doctor and profile specialist doctor on the basis of established criteria in the line 11 which completes the dispatch form to palliative care services

14. The patient schedule for palliative care services by their registration in the waiting list is done individually by each provider on the basis of the dispatch form.

15. The provider takes the patient in the registration order from the waiting list taking into account the beneficiary's prognostic on the basis of a selection protocol and within the provider's abilities.

16. To ensure palliative care service is possible only by consent, in written form of the patient or his/her legal representative, in case of patients without discernment completed in accordance with the review line 13 of the Law regarding the patient's rights and responsibilities Nr. 263 from 27.10.2005.

17. Elaborating palliative care plan and its providence is done on the basis of complete examinations results of the beneficiary, affected at first visit by the interdisciplinary team which will be included in personal assessment file together with the disease prognostic.

18. Palliative care plan contains disease prognostic, issue enumeration, necessary objectives and interventions care, duties of each interdisciplinary team member, prescribed medicine, necessary tools and measures, patient's consent or his/her legal representative and prognosis of the following review.

19. The provider informs the patient and members of the family or his/her legal representative about the way, periodicity and volume of palliative care service providence.
20. The provider insures the evidence of palliative care services done for each patient in palliative care form at which there is annexed the dispatch form, the consent, personal assessment file and palliative care plan.
21. Medicine insurance and other necessary tools to provide palliative care services are done from medical assistance compulsory insurance policy destined for this aim.
22. Palliative care services include those investigations which are necessary for a better understanding and proper treatment for complications developed clinically of the disease.
23. Palliative care services are provided till the patient's death or his/her transfer to another institution.
24. The review about the assisted case finalization is done by the provider, in the established way and terms by the normative acts (National Center of Management in Health, National Company of Medical Insurance).

III. Rights and responsibilities of palliative care services beneficiaries

25. Palliative care service beneficiaries have the right to:
 - Pain relief due to an illness by all possible legal methods and ways determined by actual level of medical science and by the real possibilities of palliative care service provider
 - Religious assistance in accordance to each confession and his/her wish
 - Terminal care worth of a human being
 - Personal life security, physical, psychological and moral integrity with discretion insurance during palliative care services providing
 - Exhaustive information regarding own illness, ways of care as well as potential risk and its efficiency
 - Respectful and human attitude from palliative care service provider indifferent age, sex, ethnic affiliation, socio-economical statute, political and religious beliefs
 - Information regarding palliative care service provider, the profile, the volume, quality, the cost and the way to provide the respective services
 - Examination, treatment and maintenance in adequate hygienic-sanitary norm conditions
 - Alternative medical opinion and other specialists' recommendations, to own request or his/her legal representative on the basis of legislative act
 - Medical assistance insurance (compulsory or voluntary) in accordance with the Law
 - Voluntary conveyance of consent or the refuse of palliative care and participation at the bio-medical research (clinical study) in accordance with the Law
 - Free medical assistance in accordance with legislative act
 - Other rights foreseen by the legislature
26. Palliative care services beneficiaries have the following responsibilities:
 - To communicate to medical worker complete information about past and actual illnesses, about symptoms that present social danger
 - To respect established behaviour rules for patients within palliative care services as well as doctor's recommendations for this aim
 - To exclude pharmaceutical products use and medicine substances without doctor's prescriptions and consent and to inform medical personnel about alternative treatment or alcohol or psychotropic chronic use
 - To respect the rights and dignity of other patients as well as other sanitary-medical personnel
27. In case of violation by the patient of treatment and behaviour rules in sanitary-medical institution, a violation that has material and moral consequences, the person is penalized in accordance with legislature.

IV. Rights of palliative care services providers

28. Palliative care service providers have the right:

- To collaborate with similar units for experience change in this area
- To participate at training courses, conferences, seminars, round tables and other activities organized in Republic of Moldova and abroad with relevant topic in palliative care area
- To request necessary information from sanitary-medical institutions and social assistance to achieve their function's duties
- To sign collaborative contracts with other institutions
- To have legal access to public financing indifferent their judicial nature
- To accept beneficiaries in accordance their organizational capacity without compromising the quality of services and in accordance of the group of established pathologies as being eligible

V. Responsibilities of palliative care services providers

29. Palliative care services providers are obliged:

- To assure necessary conditions (headquarters/rooms, furniture, telephone, equipment, medical tools, medicine and necessary tools for palliative care, and others) to provide palliative care services
- To use barren sanitary materials and in cases of reusable instruments to assure evidence, conservation and sterilization of sanitary materials in accordance with normative legislative acts
- To assure correct funding and separate accounting evidence of medicine and materials for palliative care services
- To employ a personnel that has a diploma and adequate training to the activity he/she carries out and to approve function responsibilities for each employed person with training level, competencies and duties specification
- To assure continuing training of employed personnel and competence level assessment in accordance with normative legislative acts
- To provide palliative care services in accordance with the Unique Program of compulsory medical assistance insurance on the basis of dispatch forms released by the family doctor or profile specialist doctor
- To assure the observance of palliative care plan in accordance with this area protocols and standards (every day, including on Saturdays, Sundays and national holidays)
- To organize personnel's activity, assigned to provide palliative care outside basis work hours
- To assure each patient's observance who receives palliative care in accordance an observance system of cared patient's evolution (assessment personal file)
- To organize evidence of palliative care services in accordance with primary medical evidence forms approved in the right way
- To provide palliative care services to all beneficiaries without any discrimination
- To assure confidentiality to all provider's personnel (in accordance with legislative acts) regarding identification data and provided care
- To effect patient's training, family members or his/her legal representative, social worker in palliative care area with their involvement if necessary and to recommend to respect epidemiological-sanitary regime
- To provide psychological assistance and necessary support to personnel and family members who provide palliative care services
- To inform hospital, primary sanitary-medical institutions and out-patient institutions, local public authorities and community regarding the contracting with National Company of Medical Insurance to provide palliative care service, about provided palliative care services, providers' duties as well as insured persons' duties

- To involve local public authorities, social workers in beneficiary's social problem solution that influences at first hand the results of provided palliative care
- To assure access to information to patient or his/her legal representative about provided palliative care services and to organize beneficiaries' access to a register of complaints and requests, numbered and stamped in accordance with legislative acts

VI. Final Disposal

30. Litigation solution is being affected in accordance with normative legislative acts