



Volume 1 **NEWSLETTER** **2002**

ECEPT
Eastern and Central Europe
Palliative Task Force

Dear Friends,

It is a great pleasure to welcome you to the first volume of our Newsletter. We do hope we can communicate fast and effectively this way.

This Newsletter is sent to all affiliated to the ECEPT, to persons active and interested in palliative care in Eastern Europe to whom we have an e-mail address.

There are a lot of activities relative to palliative care going on in Eastern Europe. We would like to exchange all information as many as possible. If you have knowledge about what others do on this subject you can use and accommodate their ideas and use them for your purposes. We can use the time and effort in a better way. That is one of the reasons we think sharing information is so important.



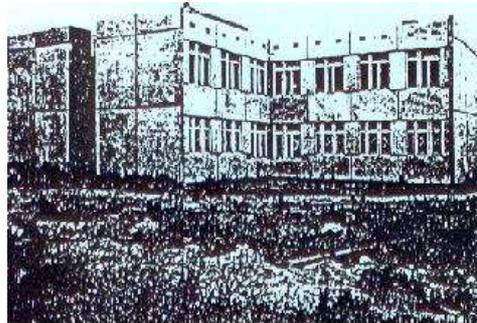
Prof. Jacek Łuczak

Palium Hospice in Poznan.

The Palium Hospice and Palliative Care Department team provide holistic care 24 hours a day, 7 days a week (both home and for inpatients) for those who suffer from cancer or other chronic life-threatening diseases. We also support the families of our patients as the illness progresses as well as in the bereavement period.

For several years, in the building at Osiedle Rusa 25a, the **Joanna Drazba Day Care Center** and Lymphoedema Clinic have existed – the only in the region of Wielkopolska.

In December 2001, the hospice extended its activities. Now we have a **Palliative Care Unit** for inpatients. In January 2002 **Chronic Pain Clinic** was opened for the patients who suffer not only from oncological illnesses, and the **Natalia Cyrkler Hostel for Children**. Last month we started to extend our inpatient Palliative Care Unit for another 10 beds and this is the main task newly organized “Hope” Committee.



Palium Hospice in 1994 (in construction)

and was opened in 2001

What the **ECEPT** is?

ECEPT is an association based in Poznan, Poland, that groups people professionally connected to palliative care in Eastern and Central Europe, people who lead in the range of care of terminal ill patients. The Chairman of the Board is Prof. Jacek Łuczak, the Chair of the Palliative Care Department at University of Medical Sciences in Poznan.

Tasks of ECEPT

- **Gathering data on palliative care provision** in East and Central European countries – from the basic statistics (e.g. the numbers of cancer deaths per year, deaths at home and in the hospital) to the precise number of professionals involved in palliative care, the opioid consumption, the laws and rules which regulate opioid prescribing in each of these countries.
- **Influencing government institutions** in mentioned countries if the situation seems to be inadequate to the needs of people dying from cancer (and non-malignant terminal illnesses).

- **Organizing training and courses** for palliative care professionals from Eastern and Central Europe
- **Setting standards of palliative care** specific for local needs and circumstances.
- **Raising awareness of the problems** of palliative care not only among medical professionals but also in whole societies of the countries involved in ECEPT.
- **Sharing experiences** in the range of achievements and difficulties of palliative care in the region.

What has been achieved so far?

ECEPT has been registered as an association based in Poznan, Poland, that accepts foreigners as members. During an extraordinary general meeting in Geneva representatives of east European countries were accepted as members of the Management Committee and the Audit Committee of ECEPT. Meetings are usually appointed during international courses in Puszczykowo near Poznan. Twice yearly, delegates representing ECEPT's member countries meet to discuss current problems, such as education or the funding and legal problems of palliative care.

At the moment ECEPT is gathering funds for further action. Support is being sought from non-government charitable organizations and from pharmaceutical companies. ECEPT is planning co-operation with the European Association for Palliative Care and Polish Hospices Fund.

ECEPT Training and Resource Center

Palliative care professionals (physicians, nurses, psychologists, social workers) from Eastern and Central Europe who want to improve their knowledge or set up a new hospice may take part in our courses on subjects including basic principles of hospice – palliative care , ethics, pain and symptom management, communication, psychosocial issues, role of volunteers, setting up a hospice system, improving public awareness.

Courses are open to national and international participants. Recently we have had trainees from Albania, Yugoslavia. This year we are expecting further guests from Ukraine, Moldova, Russia, Uzbekistan, Lithuania, and Bulgaria.

If you would like to take part in such a course, please fill in our application form you find at our website: <http://free.med.pl/ecept>.

ECEPT Management Committee

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News from the world:

(These reports we have received from countries and organizations we cooperate to.)

ALBANIA

National Palliative Care Conference in Albania

June 2002

Since 1993 there has been in Albania a growing awareness of the need to improve the care of patients with cancer.

As a result educational seminars and training for nurses and doctors in the basic principles of palliative care were given. The need to raise awareness and dispel myths leading to earlier diagnosis and treatment have formed an integral part of our education. These educational programs have been carried out in the south east by Little Company of Mary Sisters who run the Mary Potter Centre for Palliative Care in Korca and in Tirana (capital city) by Ryder Care Association and S.O.B..

In 2001 the Mary Potter Centre made the decision to hold a national conference and SOS Albania who support the centre agreed to provide funding. Two foreign speakers were invited and the venue agreed to be Tirana and date June 2002.

We pooled out our resources and skills and produced a programme to illustrate the needs of people with cancer throughout Albania and some ways of meeting those needs and what is already being provided.

On the 26 of June 2002, The Shalom Centre in the comparative cool of the mountains of Tirana welcomed Doctors, Oncologists, Radiotherapists, nurses, social workers and pharmacists from various cities to the opening of the first National Palliative Care Conference in Albania. It was well attended, 85 being present. Unfortunately the Minister of Health, scheduled to open this conference, was abroad, however in his absence Dr. Adelina Mazreku, a renowned figure in Oncology, agreed to replace the minister. After the speeches there was a celebratory meal which everyone enjoyed.

The second day Dr. Agim Sallaku consultant from Ryder Care, Dr.Gjergji Nënçe the oncologist for Korca, Dr. Fatmir Prifti oncologist from Ryder Care and Dr. Irena Gusho an oncologist from S.O.B., presented an introduction of the history of cancer care in Albania during the last decade.

The importance of the use of morphine in effective pain control in cancer care, was presented by Dr. Victor Pace, Palliative Care consultant From St. Christopher`s.

In the afternoon, the participants had the choice of three workshops.

- Pain difficult to control, by Professor Luczak, Poland.
- The role of social worker in Palliative Care, by Rudina Rama social worker Ryder Care.
- Complimentary therapy in Palliative Care, by Sr. Vivien Jones, Home Care Manager and aromatherapist MPCPC.

They were all very interesting and well attended.

The third day began with a very interesting presentation from Professor Luczak about the development of Palliative Care in Poland.

After that two nurses from MPCPC presented a paper on their role as nurses on the development of this new specialty in Southern Albania.

In the afternoon, again the participants had the choice between:

- The use of Radiotherapy in Palliative Care, from Dr. Agim Sallaku; and
- The use of steroids in controlling symptoms, from Dr. Victor Pace.

During the conference meetings were held to discuss the formation of the Albanian Palliative Care Association.

On the 28 of June The Albanian association of Palliative Care was founded in Tirana Albania.

The Association mission will be to promote Palliative Care in all regions of Albania and make Palliative Care available to all who need it.

This was presented to the conference and accepted by all. The first full meeting will be in early October.

This step in collaboration gives us hope for the on – going development and improvement in the care of this poorly supported section of society.

N.B. MPCPC = Mary Potter Centre for Palliative Care

*Report written by
Marsela Prifti nurse from MPCPC*

- RYDER ALBANIA ASSOCIATION – DOMICILIARY PALLIATIVE CARE ABSTRACT

Ryder Albania Association is a non-profit organization, Branch of Sue Ryder Care of GB, founded in November 1993 in Tirana and from 1996 also operates in Durres district (a seaport densely populated). The activity of RA teams consists in treating free at home psycho-physic and social problems of terminal ill patients, suffering from cancer, AIDS, and elders with chronic diseases.

The service is managed from Medical director, Nursing director and Administrator.

There are different social/health problems in Albania, which certainly influence in palliative care service:

Lack of contemporary equipment in National Health Structures, for an adequate treatment Service of Primary Health Care not organized as needed for some category of patients (terminal cancer patients, elders with chronic illness, handicapped etc.)

It is given by the state, a minimal legal and financial support, for different category of patients

Low percentage of medicaments reimbursed from the state

Low level of health culture among population

Lack of state structures and private ones for education, prevention and early diagnose.

Type of service offered by RA is domiciliary care for cancer patients.

Number of patients assisted for 2001 is 313 patients, number of days of assistance is average 52.5 days and the median is 27 days for 2001.

The service is organized in two changes from (08: 16:00 & 12:00 – 20:00) Monday to Saturday.

The potential demand is 600/ year. The staff of RA are: 7 doctors, 4 nurses, 2 social workers, 2 secr./admin.

Concerning the funds resource the main support for RA is Sue Ryder Care of GB, the next part is support from different N.G.O (ECHO, SOROS, Lien Phare Program etc.) which operate in the country and from Private Donators.

Actually the state doesn't support the Palliative Care Service, but it is expected to resolve this problem in the future.

With N.H.S. (National Health Structures) and local authorities, RA has had qualifications relationship, which consisted:

in distribution of 3 books (translated and written from RA) on palliative care in the primary health care staff of our country

in a 2 years project of RAA financed by Soros, are organized National Training Course on palliative care, with doctors, nurses and social workers of primary health care service.

Main difficulties encountered are;

Financial difficulties: it's impossible to obtain public funding and it's difficult to obtain funds form private donators.

Recruitment of qualified personnel to work in palliative care: There is a lack of nurses and doctors trained in domiciliary/palliative care, considering that palliative care is a new field in Albania.

POSSIBLE FOR DEVELOPMENT/IMPROVEMENT OF SERVICE

- We continually have exerted to improve legislation, in particular the financial and medicaments support from respective structures of state.
- On June 2002, we found the "Palliative Care Association", which will work in raising the awareness of state competent structures.
- Within a short period, the first Hospice in Albania will begin to operate as a unique National Educational and Training Center on palliative care.
- Establish the Department of Palliative care and Pain control in the Oncology Service.
- Continuous training of Ryder Albania staff in the more experienced countries in palliative care.
- Attempt to increase number of volunteers.

HUNGARY

In Hungary (population 10 million) in 1999 - ~ 34,255 (24,4%) deaths were caused by cancer – the highest cancer death rate of all. Cancer deaths are second only to cardio-vascular deaths. A total of 27 Hungarian hospice/palliative care services are made up of 4 inpatient units, 13 home care teams, 3 hospital-based mobile teams, 5 nursing home teams and 2 day care centers.

The **Hungarian Hospice Foundation** has been providing specialist care since 1991. The Foundation's aim is to provide high quality treatment, reduce suffering, maintain the patient's physical and intellectual well-being, provide emotional and spiritual support to both the patient and family and improve and stabilize the quality of life in the period leading up to the patient's death. Since the Foundation was set up the organization has promoted the hospice approach in Hungary. The Hungarian Hospice Foundation is the first and ever since leading organization in Hungary to provide hospice home care to terminally ill patients. Its services have served as a model and provided back-up support for an increasing number of organizations providing hospice home care treatment and for those hospital departments providing hospice services.

The Foundation was selected from 48 000 other and was awarded the **Non-Governmental Organisation of Hungary Award 2001**.

A major project of Hungarian Hospice Foundation had been to acquire and equip Hungary's free-standing hospice – **Budapest Hospice House**. Premises that once housed a nursery have been obtained in a quiet part of the city. Designed with long corridors that link large spaces and open areas, the building is light and airy. Double-sided doors open out on to paved areas. Outside, its shape provides shelter from the wind and sunny corners, surrounded by grass and paths. It is admirably suited to the needs of hospice.

The Budapest Hospice House was opened on 24th of May 2002.

The opening ceremony took place in the wonderful garden of the house with approximately 150 participants. The opening personalities were the vice-mayor of Budapest, the mayor of the local council, the Ambassador of the United Kingdom and the actress representing the main founders of Foundation.

Budapest Hospice House is a new office with *home care* running from 1991, a *day centre*, an *outpatient pain clinic*, an *outpatient psychooncology service*, and is going to expand to include an inpatient unit and lymphoedema clinic.

The home care service of the Foundation covers an area up to 30 kilometers from the hospice. It includes 11 of the 23 districts of Budapest and a total population of around 1 million people. Last year 113 patients entered home care service. Service offered by hospice includes a consultant physician, nurse, medical aides, social work service, psychological therapy, psychological service, dietary counseling, trained volunteers, and bereavement counsellors.

The Foundation also provides day care (both at St. Margaret Hospital Oncology Department and, from this year at the Budapest Hospice House). Day centre of the Budapest Hospice House is open to patients, families and bereaved, without geographical restrictions. Day care seeks to offer support to maintain life-style, activity. Familiar environment is appropriate for conversations relieving solitude or anxiety, social events, psychotherapy, relaxation, playing board games, and for therapy groups. A social assistant runs the centre and co-ordinates the work of volunteers, therapists and additional services.

Budapest Hospice House also serves as a **training and resource centre** of the region (funded by an OSI grant) for those professionals and lays who are interested in hospice, wish to improve their knowledge, or set up a new hospice. Courses are offered to all hospice team members, other health-care professionals, and lays. Subjects of *palliative care* course for physicians and nurses include basic principles of hospice-palliative care, ethics, pain and symptom management, communication, psychosocial issues, role of volunteers, setting up a hospice system, managing hospice-palliative care, improving public awareness. Courses are open to national and international participants. Gradual education has been focusing on cure, not care. There has been a great effort in the latest year to introduce palliative care in the curricula of Hungarian medical universities. But the only way to change the attitude of the graduated health care professionals is to teach them in postgraduate courses. That's what makes is so necessary to organize courses to all the health care professionals in Hungary.

POLAND

‘Ex Humilibus Excelsior’

REPORT from Puszczkowo Conference, May 13-17 2002, POLAND

Advanced Palliative Care Course

Dr Michael Minton – Co Chair’s report

“This year the 12th course organised between Poznan and Oxford was commemorated by the planting of a pine tree in the gardens at Puszczkowo to mark the success of this Anglo-Polish palliative care collaboration.

It was indeed a successful course incorporating five teaching members from respectively Oxford and Poznan as well as others from Poland. There was an equal balance between symptom control and psychosocial issues and a half-day on East European organisation. The event was extremely well organised and attracted delegates from 13 different Central and East European countries. There is always the challenge of meeting delegates various needs because of their varying experience. The group integrated quickly and well partly because some had attended a previous course but also because of Nigel Hartley’s ability to break down barriers with the international language of music.

There were 69 delegates (nearly 50% from outside Poland) of which 10 were nurses, while this is an improvement we should look at ways of encouraging more nurse participation aiming over time for this to be 50%. This is so important when colleagues are planning home care and hospital support teams.

Educationally we need to include more group work which while more challenging to organise would strengthen this course and meet delegates comment in the assessment forms. The other topics for next year should include:

1. A follow up to the extensive work that Professor David Clark has done in collecting the present state of palliative care in 28 countries of Central and Eastern Europe (CEE) and Commonwealth of Independent States (CIS). The report was commissioned by the Open Society. Next year we can hear about its progress and possibly a presentation from one or more of the 'beacon' projects learning the factors which has led to their success (i.e. Brasov, Budapest, Poznan, St. Petersburg, and Warsaw (pediatric)).
2. Carl Fürst and Sylvia Sauter have agreed to come in 2003, to share the progress of the EAPC East project (and whether it gained ongoing funding from the Council of Europe) and also share with the teaching.
3. Discussion on the 2nd edition of the WHO's National Cancer Control programmes: policies and managerial guidelines, which is due for publication in June 2002. In particular a discussion about definitions of palliative and supportive care. This might include Cecilia Sepulveda, Carl Fürst, and Professor Luczak and any feedback from the EAPC Hague Conference in April 2003.
4. The request for more time to discuss problem cases needs to be planned for. This session this year took 1¾ hours, with group discussion in 4 groups for 1 hour and then feedback over ½ hour. It is best to have 4 or 5 groups only as there are always some absentees. The submitted cases need to be reviewed beforehand to ensure all the relevant details are available and that there is a clear problem for discussion. The information to delegates prior to the course needs to stress that the presenter of the case to the group needs to provide all relevant information and identify one or more problems for the group to discuss. The presenter and group need clear educational endpoints. If we were to have 2 sessions next year then we could have one for symptom control problems and the second for psychosocial and/or ethical problems. (If the material was available in advance then Ilora could incorporate some of the problems in her presentation).
5. Professor Ilora Finlay is willing to come for the Monday and I think should again teach on the topic of ethical issues e.g. hydration at the end of life, withholding and /or withdrawing treatment, and possibly submitted material as mentioned above.
6. What's New in Therapeutics needs to be revived and can I suggest we ask Malgorzata Krajnik to do this session. Possible topics for next year are update on opioids, bisphosphonates, and the new atypical antipsychotics Risperidone and Olanzapine. Also update on TENS trans cutaneous nerve stimulators.
7. A session giving guidance and guidelines re. Emergencies in palliative care is requested.
8. The other most frequently requested topic for next year is psychosocial. This again needs to be thought through as to how groups could work on communication issues. As well as a

lecture on the management of psychological problems in palliative care patients e.g. delirium, anxiety and depression.

9. I enclose the list of future topics mentioned by the delegates in their assessment forms:

	<i>Frequency</i>	
Case Studies	11	
Emergency in Palliative Care		8
What's New in Therapeutics	7	
Psychosocial	6	
How to manage problems.		
Degenerative neuro. Conditions	5	
Non-malignant disease		
Audit & evaluation	3	
Staff support	3	
Physical symptom relief (e.g. hiccup)		3
TENS	2	
Practical Communication skills	2	
Home Care Team experience		2
Ethical issues	2	
Hospital Support Team	2	
Palliative Care organisation compare		2
Workloads/financial & legal aspects		
Hypnosis	1	
Delirium	1	
Physiotherapist	1	
Bleeding problems	1	
Radiotherapy in Palliative Care	1	
Nursing issues		1
Presenting new documents	1	
(review e. Cancer Rx prog W.H.O. Strasbourg 2001)		
Non drug Rx in Palliative Care	1	
Teach the Teacher		

10. The 5th in the list was non malignant disease in particular neurological conditions so we could ask David Oliver again. He can come if you agree.

11. Home Care data from Tomasz Gradalski from Krakow, and/or hospital support teams-How to set up and comparative data.

12. Future programme planning needs to allow sufficient time for ECEPT meeting (?2 hours). Add to published programme course photo just before lunch on Thursday. Prepare a list of delegates with their e-mail addresses. The evaluation form needs to be rewritten leaving out section B (what did you find least helpful in the course) as it is too negative. It may be worth restructuring these forms next year.

Overall the teaching was of a high quality with all participants now using PowerPoint. Particular mention should be made of the younger doctors from Poznan who had all worked

hard on their presentations Drs W Leppert, Ewa Baczyk, Ola Kotlinska Lemieszek, and Maciej Kluziak.

The organisation was excellent and I would like to particularly thank Lena (Professor Luczak's secretary) and Yvonne Roy in Oxford for all their hard work behind the scenes. Marek was a great success in ensuring the electronic technology ran smoothly.

These courses take a lot of planning and are expensive in financial terms and personal time. The defence to date has been the valuable networking that goes on in a residential course and the support it gives to colleagues who work in isolation or are just beginning. However, the continued funding of the course has now become an important issue. (There are now other courses being established e.g. Hungarian Hospice Foundation 24-29th September 2002, and Bydgoszcz, Poland 30 September – 6th October 2002). How should we address the funding issue for next year's course May 12-16th 2003? Should we, for instance, limit the faculty from abroad and involve them in trying to obtain sponsorship for their air travel? Let me know your thoughts?"

Michale Minton

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We are very sorry to inform you, that **Eugeniusz Dutkiewicz**, Pallotin priest, the leader and animator of palliative care in Eastern and Central Europe died in September 2002 in Gdansk.

Gdańsk 17 th September 2002-10-23

“Vita cursus est ad mortem – life is the run to death: this truth was discovered by human thousands years ago and was written in this words by a great doctor of Church – st Augustine about 1,5 thousands years ago. Our life – in spite of civilization progress and medicine development – may only confirm these theses. Even we know much about it and experience that death is inseparable part of our lives, each death reaches us in a painful way.

The more sudden and precocious death of Eugeniusz Dutkiewicz, the priest, our co-brother the more filled up our Pallotin community by sorrow, pain and also reflection and meditation.

We stay face to face to the priest's death who did not ignore the death, did not pass over in silence and did not avoid speaking about it. Every day he looked at its eyes, trying to minimize the pain caused by death, he helped dying people giving them a relief in isolation and terror that they experience in the moment of crossing the border between the living on Earth and Heaven, helped them leave in peace – and we are convinced – he prepared himself for the death.

In this way he discovered his priest's vocation, in this way he saw all the task set him by the God. How much exact the lecture of God's signs in the world it was, and how much needs in this field were and still are, may even certify the development of hospice movement inaugurated here in Gdansk in Polish model of home care (in 1984).

In our Pallotin Community there is a break, empty place, visible because made by the priest, who has the courage to take up the big challenge and won leaving the good we may look by our eyes, and especially the good we experienced all the time. The good that our hearts felt and still feeling.

There is an empty place in our Society because the great person with thousands of initiatives, projects, activities, and great results left us.

The most important is that this empty place is after a priest and co-brother all the time looking for the truth and justice.”

*This article is a translation, the original was published in Polish Magazine
“Gościna Serca” (Magazine of Polish Hospice Movement.) Autumn 2002 (74/75/76) VI.*

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Polish National Scientific – Educational Conference „10 Years of Palliative Care in Łódź”

Polish National Scientific – Educational Conference „10 Years of Palliative Care in Łódź” took place on 11 – 12 October 2002 in Łódź. The organiser of the Conference was Łódź Hospice Association. Palliative Care Services from Łódź were actively involved in the organisation of the Conference: Palliative Care and Radiotherapy Department of the Mikołaj Kopernik Hospital, Rafał Chyliński Hospice, Palliative Care Department at the Św. Jan Boży Hospital, Home Care Team „Caritas” and the Łódź Hospice for Children. The Conference was held in beautiful Poznańscy Palace in the centre of Łódź. Over 250 participants of the Conference were from palliative and hospice care services from all over Poland.

The Conference was opened by President of the Łódź Hospice Association Aleksandra Ciałkowska – Rysz and Wojciech Leppert – Regional Consultant of Palliative Care in Łódź. All participants were cordially welcomed by President of Łódź Krzysztof Jagiełło, Director of the Society Department at the Government Office in Łódź dr Adam Fronczak, Rector of the Łódź Medical University Professor Andrzej Lewiński and Professor Jacek Łuczak (Chief of National Council of Palliative and Hospice Care in Poland, Head of Palliative Care Department at the Karol Marcinkowski University of Medical Sciences). It is worth to mention that on the 10th October 2002 Palliative Care Department at Chair of Oncology at the Medical University in Łódź was established. Local media were interested in the Conference and prepared some reports in television programme and newspapers.

During 2 days of the Conference there were 9 scientific sessions comprising general problems of palliative care (psychosocial, spiritual and ethical issues), pain management, endocrine disorders, oncology treatment, quality of life and papers accepted for oral presentation by Scientific Committee.

In the first session of the Conference Leszek Woźniak (Professor of pathology, former Rector of Medical University in Łódź and one from leader organisers of palliative care in Łódź) outlined 10 years of history of development palliative care in Łódź. From the most prominent lecturers in the palliative care field in Poland Professor Jacek Łuczak spoke about the ethical problems at the end of life and at another session about the use of transdermal fentanyl after tramadol treatment in patients with cancer pain. On the next day Professor Krystyna de Walden Gałuszko (National Consultant of Palliative Medicine in Poland, Head of Palliative Care Department at Gdańsk Medical University) submitted a lecture about quality of life and quality of care.

There were many guests at the Conference who gave lectures from palliative care departments in Poznań, Warszawa, Katowice and Wrocław. Many physicians and other staff from palliative care services in Łódź especially from Palliative Care and Radiotherapy Department of the Mikołaj Kopernik Hospital were actively involved both in organisation and the scientific programme of the Conference. The Conference was attended by many Regional Consultants of Palliative Care from Łódź, Warszawa, Poznań, Wrocław, Szczecin, Katowice, Elbląg. President of Polish Association for Palliative Care dr Zbigniew Kaczmarek, and President of Polish Hospice Movement dr Jolanta Stokłosa also took part in the Conference.

Apart from scientific and educational activity most of participants appreciated taking part in social events: after first day there was a reception at the Poznańscy Palace with Jacek Wójcicki performance and after second day a good piece of dynamic concert of "Flying Plates" with a party at the "Funaberia" Music Club.

Wojciech Leppert, Aleksandra Ciałkowska – Rysz

ANNOUNCEMENTS AND NEWS

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We would like to present you the magazines they treat about palliative medicine which are accessible in Poland:

- **"Polska Medycyna Paliatywna" ("Polish Palliative Medicine")** - titles and abstracts in English
- **"Ból" ("Pain")** - titles and abstracts in English
- **"Gościna Serca" ("Heart hospitality"** - Magazine of Polish Hospice movement) – articles only in Polish
- **"Onkologia" ("Journal of oncology")** - titles and abstracts in English
- **"Psychoonkologia" ("Psycho oncology")** - - titles and abstracts in English
- **"Oncology and Radiotherapy"** – titles and abstracts in English now available online: <http://www.wco.pl/czasopismo>

Please write us titles are in your countries on this subject.

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In Poland the **INFOLINE** informing patients about access to pain clinics and palliative hospice care services has started recently.

It is free of charge.

0 801 190 000

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Traditionally, we organize international course in Puszczykowo on **Palliative Medicine Care** for physicians, nurses, social workers, psychologists, in the time from 13 – 17 May 2003.

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As it is the very beginning of “Palium” Hospice Resource and Training Center Bulletin once again we would like to kindly ask you to send us presentations of local initiatives, national reports, presentation of national rules and standards dealing with palliative care.

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The Newsletter is published four times a year by the ECEPT

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