Zagreb, 6 April 2018

Formal input for the Ninth Session of the Open-ended Working Group on Ageing

- Long-term care and Palliative care

Following the request by his Excellency, Mr. Martín García Moritán, the Ombudswoman of the Republic of Croatia, as an "A status" NHRI hereby submits formal input to the work of the forthcoming Ninth Session of the Open-ended Working group on Ageing, on the issue of Long-term care and Palliative care.

Although Croatian legislation contains no provisions that would guarantee access to LTC to all older persons, the Welfare Act recognizes „the right to LTC services" to those who suffer from severe health issues and need constant care, but have no family members and no means to access LTC. In practice, these are older persons in extreme and desperate situations, and for them, the state pays a portion or the full amount of the cost.

As for specific challenges in accessing LTC, the main one is access to affordable, quality and timely care. State-organized LTC has a long tradition, offers a higher quality of care and is significantly subsidized, but has limited availability. To illustrate, in 2016 there were 47 state-organized LTC facilities, with 10.900 beds, and about 30.000 interested older persons facing extremely long waiting times (up to 10 years).

Private, high-quality LTC remains financially unattainable for the average older person and many with LTC needs are forced to settle for lower-quality private facilities. Both private and state-organized LTC face a constant lack of qualified staff because of more lucrative employment opportunities in other European countries, which affects the quality of care. Night shifts are particularly problematic, as there is often only one nurse on call for one hundred, or more, residents with caring needs, which could potentially jeopardize their lives.

The quality of LTC is inspected by the Ministry of Demography, Family, Youth and Social Policy, however, there are not enough inspectors and only a smaller number of LTC facilities are actually inspected within a year.

Both state-organized and private LTC struggle with the concept of explicit consent of the resident, and in many cases family members inquire about accommodation options, negotiate with the management and sign the accomodation contract with the LTC facility. When not left out of the decision making completely, older persons are involved only when the arrangement is nearly finalized and often times, pressured into it.

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Liberty depriving restrictive practices, which are prescribed for psychiatric facilities, are used in LTC settings without a legal basis, sometimes for extended periods of time, and therefore clearly present a violation of the Constitution and of the European Convention on Human Rights. In the most severe cases, some restrictive practices can be applied in LTC facilities, but only under the supervision of psychiatrists, who are, by default, not a part of permanent LTC staff.

As to redress and remedy in case of abuse and violations, most LTC facilities in Croatia handle complaints orally and informally, without a defined protocol or set timelines, which demotivates reporting.

Palliative care, which has long been overlooked, is currently in the process of being organized through the establishment of local coordinators, mobile teams and specially designated beds in hospitals and other caring institutions.

Although there is a plan to introduce about fifty palliative teams, currently there are only nine covering the entire country and providing specialist palliative care to dying patients in their own home, including physical, psychological and spiritual support, as well as support for their family members. Specially designated beds are also very few, although they should be around 430, consisting of converted hospital beds, with only one institution specialized in palliative care.

Between 26.000 and 46.000 persons a year in Croatia need some sort of palliative care, and since the available number of mobile teams and designated beds is extremely insufficient, the majority of dying patients and their families are left without access to adequate palliative care.

As most LTC facilities do not have specialized palliative care units, there is no data on whether LTC staff undergoes any kind of special training, as both fall within the autonomy of each LTC institution. In most state-organized LTC facilities, religious residents have access to priests, who, as a part of their calling, provide support and comfort to the dying, however, there is no such option for other residents.

Overall, quality and accessible palliative care is yet to be established.

OMBUDSWOMAN OF CROATIA

Lora Vidović