

**Information from the Russian Federation on the topic  
"Long-Term and Palliative Care"  
of the 9th Session of  
the Open-ended Working Group on Ageing**

Action Strategy on Senior Citizens in the Russian Federation up to 2025 (Approved by the Order of the Government of the Russian Federation No.164-p of February 5, 2016) envisages the provision of long-term medical and social assistance for older persons.

The following types of assistance are provided:

- delivery of necessary medical assistance;
- assistance in hygiene procedures;
- assistance during medical and social expertise;
- accompanied visits to medical organizations for assistance;

Such assistance can be obtained in the following institutions:

- Polyclinics. Exacerbation of chronic diseases, preventive or diagnostic examination, as well as examination of patients after surgery are the most common reasons for treatment in such medical institutions.
- Home care. This is the most common form of care after discharge from the hospital.
- Long-term care services. This set of measures consists of full life support programs (funding of means of subsistence, daytime-only and 24-hour inpatient care, food, treatment, preventative clinics and nursing homes). Long-term presence of older persons in such medical institution may depend on the patient's condition and family's resources.
- Daytime care. Such services include preferential medical, cognitive and social assistance for a few hours a day once or twice a week.
- Hospitals. Hospitalization is provided for all older persons with serious illnesses, but such service can be dangerous for them due to isolation, lack of mobility, diagnostic examinations and interventions.

- Hospices. Such assistance is delivered to terminally ill patients. The main purpose of these institutions is to create comfortable conditions and alleviate the symptoms of disease. Such assistance can also be provided in some hospitals, nursing homes or at home.

The delivery of assistance to older persons at home includes:

- assistance in organizing catering and leisure activities and in solving domestic issues;
- purchase of necessary food and household chemicals;
- purchase of medicines;
- if necessary (if an elderly person lives in a private house without central heating or running water) delivery of drinking water and firing of the furnace;
- assistance in cleaning and with renovation of the house;
- assistance in paying for public utilities, accompanied visits to recreational facilities or sanatorium;
- assistance in calling a doctor;

Currently, the system of long-term care is facing the following challenges:

- declarative nature of the provision of such services that allows deliver services only to those who have explicitly expressed their need for it, as well as lack of a system of forecasting of need for such care;
- lack of unified principles of assessment of the state of health of persons in need of care, of inclusion in a certain group and of the rules for further assignment of a format and place of rendering care;
- lack of uniform standards for such care at the regional level;
- interdepartmental disconnection at the regional level while providing social and medical services;
- lack of easy access for specialists in various fields to information on people in need;

- insufficiency of standard protocols of interaction and communication at the regional level;
- lack of uniform standards for monitoring the process and results of care;
- imbalance in the number of different types of institutions providing care;
- acute shortage of qualified staff in this field;
- lack of a unified system for training and retraining of specialists in the field of long-term care;
- lack of a support system for care-giving relatives;
- insufficient awareness of care-giving relatives of the possibility to receive assistance.

In order to provide high-quality and sustainable system of long-term care for the older persons the following measures have been taken:

- provision of high-quality services;
- autonomy, as well as free, prior and informed consent of older persons regarding the provision of long-term care and support;
- progressive elimination of all restrictive practices while providing long-term care (such as confinement use of chemical or physical deterrents);
- sustainable funding of long-term care and support services;
- remedies and compensation for abuse and violations.

The work of social services is based on respect for human rights and individual dignity and is provided on the following principles:

1) equal and free access of citizens to social services regardless of their sex, race, age, nationality, language, origin, place of residence, religion and beliefs;

2) targeted provision of social services;

3) proximity of providers of social services to the place of residence of their recipients, sufficient number of social services providers to meet the needs of citizens in such services, sufficient financial, logistical, human and information resources of social services providers;

- 4) retention in familiar for the citizen environment;
- 5) confidentiality.

In accordance with the Federal Law No. 323-FZ of November 21, 2011 "On the Bases for the Protection of Health of Citizens in the Russian Federation" palliative care represents a complex of medical interventions aimed at relieving pain and alleviating other serious manifestations of disease in order to improve the quality of life of terminally ill citizens. Palliative care can be provided on an outpatient and inpatient basis by medical personnel trained to provide such assistance.

Provision of palliative medical care is financed through budget allocations from the budgets of the constituent entities of the Russian Federation within the framework of territorial programs of state guarantees for providing citizens with free medical care.

Palliative care in the Russian Federation is provided on an inpatient and outpatient basis to the adults and children. There are 11, 178 palliative beds, 298 outreach services and 759 palliative care offices in the country. Specialized palliative care is mainly provided in regional centers and urban settlements. The number of older persons (persons above working age) who received palliative care in 2017 amounted to 140 thousand people.

Palliative care is provided only in licensed medical facilities. Social services organizations which provide long term care for older persons can not provide palliative care.