Ljubljana, February 2019

**GUIDING QUESTIONS FOR THE NORMATIVE FRAMEWORK OF THE ISSUES EXAMINED AT THE IX SESSION OF THE OPEN-ENDED WORKING GROUP ON AGEING:**

**Long-term and Palliative Care**

**Input by SLOVENIA**

**National legal framework**

1. **What are the legal provisions in your country that recognizes the right to long-term and palliative care? Do they have a constitutional, legislative or executive foundation?**

**Long-term care:**

In Slovenia different forms of services and benefits which could be classified as long-term care services are provided within the health care system, social and parental protection system, pension and disability system and the system of care for the disabled, and are regulated by acts in these areas respectively. Currently, there is no definition of long-term care, nor is the area systematically regulated (e.g. by a special legislative act). Due to resignation of the government in spring 2018 the adoption of a draft of the Long-Term Care Act (prepared and was put into public consultation in autumn 2017) was postponed. The commitment to prepare the Long-Term Care Act is given again in the new Coalition agreement.

**Palliative care:**

Every Slovenian citizen who has health insurance has the right to palliative care services. Palliative care is part of the Slovenian health care and social care system, however there is no specific law regulating palliative care. In 2010 a national plan for palliative care development was adopted. First action plan was completed in 2017. A new action plan for the period until 2020 is in preparation.

**Normative elements**

**2. What are the key normative elements of the rights to long-term and palliative care? Please provide references to existing laws and standards where applicable.**

**Long-term care:**

* pension and disability insurance, i.e. the Pension and Disability Insurance Act (hereinafter: PDIA-2),
* health insurance, i.e. Health Care and Health Insurance Act,
* parental protection insurance, i.e. Parental Protection and Family Benefit Act,
* social benefits and social welfare services, i.e. Social Security Act, Financial Social Assistance Act and Exercise of Rights to Public Funds Act,
* care for war veterans, i.e. War Veterans Act and War Disability Act, and within the Act Concerning Social Care of Mentally and Physically Handicapped Persons.

**Palliative care:**

* health insurance, Health Care and Health Insurance Act,

**3. How should *long-term care* and *palliative care* be legally defined?**

**Long-term care**

The long-term care should be legally defined as a set of services and measures needed by people with a reduced level of physical and cognitive ability and consequently over a longer period of time dependent on help for basic and supporting daily activities.

**Palliative care**

The definition of the palliative care should follow WHO definition in which palliative care is an active aid to incurable sick and their relatives. The purpose of palliative care is to improve and sustain the quality of persons' lives and their relatives', to relieve their pain and to meet their needs, not only physical but also psychological, social and spiritual.

**Implementation**

**4. What are the policies and programmes adopted by your country to guarantee older person’s enjoyment of their right to long-term and palliative care?**

**Long-term care**

A draft of the Long-Term Care Act was prepared and was put into public consultation in autumn 2017; however adoption was postponed due to resignation of the government. The commitment to prepare the Long-Term Care Act is given again in the new Coalition agreement.

**Palliative care**

The National Palliative Care Program was adopted by the Government in April 2010 with the aim of systematically regulating the implementation of palliative care in Slovenia. The annex to the said document is the Action Plan, which provides for a timetable for the implementation of the Program. Since 2010, the Ministry of Health has a working group of experts from relevant disciplines who follow the implementation of the Action Plan, prepare initiatives and bring together experts from different fields.

**5. What are the best practices and main challenges in adopting and implementing a normative framework to implement these rights?**

The long-term care and palliative care are not systematically regulated in a dedicated act respectively.

Due to dispersed legislation among the particular issues that have been identified in Slovenia as challenging in access to long-term care are:

• Too many different government and non-government agencies are responsible for (overlapping) provision of LTC services; and

• The evident lack of transparency, because of different entry points and different needs assessment procedures, resulting in access to care being uneven, and at times unfair.

**Equality and non-discrimination**

**6. Which are the measures adopted to ensure equitable access by older persons to the enjoyment of the right to long-term and palliative care, paying special attention to those who are vulnerable or in vulnerable situation?**

Please see the answers above.

**Participation**

**7. Does the design and implementation of normative and political framework related to long-term and palliative care include an effective and meaningful participation of older persons?**

Yes. A new draft legislative proposal aims to place a user at the centre of the long-term care system.

**Accountability**

**8. What judicial and non-judicial mechanisms are in place for older persons to complain and seek redress for denial of their right to long-term and palliative care.**

The right to equal access to health and palliative care is stressed in the Patient's Rights Act (ZPacP). The law defines the rights that the patient has as a user of health services in all providers of health services. It sets out procedures for exercising these rights in the event of violations and with these rights related duties. The Act inter alia introduces the institute of advocate(s) for patient's rights who assists a patient in exercising his/her rights and defines the competences of the Human Rights Ombudsman with regard to the patient's rights.