

Edited by: Anna Janowicz, Piotr Krakowiak, Alicja Stolarczyk

In Solidarity

Hospice-Palliative Care in Poland



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Fundacja
Hospicyjna

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 **Fundacja
Hospicyjna**

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Preface

More than 400 palliative and hospice centres, thousands of employees and volunteers forming interdisciplinary teams caring for the terminally ill and their families, and many thousands of people who have benefited from this care – such is the outcome of the over 30 years of the hospice movement and palliative medicine in Poland.

This period is filled with endeavours to give people approaching the end of their lives the possibility of dying with dignity, without pain, surrounded by their kin, without regard of their age, gender, religion or wealth. It has been a time of a laborious building of social awareness and interpersonal solidarity towards the chronically ill and dying and their relatives, imbedded in human compassion and Christian teaching. These were years of transformation, from the first volunteer teams made up of physicians, nurses, psychologists, social workers, priests and all the people of good will, to the formal organisational structures, embedded in the healthcare system. Years of co-operation, combining professional medical and non-medical assistance with the commitment of volunteers, while preserving the diverse qualifications and common goal of interdisciplinary teams.

It is difficult to fit over 30 years of experiences into the pages of one book. It is hard to express in writing all the accompanying emotions. In this story there is enthusiasm about the discovery of new forms of work, there is belief and delight in creation but there is also anxiety about day-to-day functioning and concern about the ability to respond to patients' needs in the best possible way... The editors' intention is to present the history of the establishment of palliative and hospice care in Poland as broadly as possible: by identifying its sources and inspirations, through the personal experiences of people involved in end-of-life care and the stories of particular palliative and hospice centres and the organisations supporting them.

We have tried to invite all the centres of residential and home care for sick adults and children in Poland to participate in this book. We have invited veterans and newly opened facilities, both state-run healthcare institutions and non-government institutions run by religious unions, foundations, associations and informal groups. The result is the effect of the work undertaken by large numbers of people from different parts of Poland. As before, all this work has been purely voluntary, time taken from numerous other activities and duties, a decision arising from the heart's desire, a sense of responsibility and a need to share the truth about the hospice service.

The first part of this book is an outline of the history of the hospice movement in Poland, referring to a variety of human attitudes to the sick and dying throughout the ages, the Christian and other writings affecting the development of the hospice movement in Europe, and presenting national inspirations for end-of-life care. It also presents the people and centres that it all stemmed from. What has had a special place in the story is volunteering... the selfless commitment of thousands of people of diverse professions was the foundation of the movement at its inception and it continues to play a vital role in it today, being a distinguishing feature of the Polish hospice movement.

The second part is filled with the personal stories and experiences of people who have made unique contributions to its formation, shape and present role. It is made up of memories of people directly involved in patient care: doctors, nurses, psychologists, social workers, clergymen, nuns and other people supporting these activities in different ways.

The third part includes the stories of particular palliative and hospice centres, presenting their huge diversity: the organisational forms, forms of support and achievements, and the founders of care and its continuators. The accounts sent in bear evidence of the perseverance of palliative and hospice teams, their development and, in numerous cases, the broadening of the care provided and the forms of co-operation with local communities, volunteers, universities, research centres and other organisations and institutions.

The final part is a presentation of Polish organisations supporting palliative and hospice teams and centres. They have originated from the need to share knowledge and experience in the daily work around the terminally ill and their relatives. The projects implemented and actions taken by them strengthen the Polish hospice movement, significantly influencing its development.

Team care of terminal patients in Poland is based on a strong tradition and culture of co-operation between specialists in different areas and volunteers, developed over the last 30 years. Its special merit was emphasized by Father Eugeniusz Dutkiewicz, the father of the Polish hospice movement, when he stated that nobody in this team would be able to help on their own, only the diversity of individuals, their qualifications, personalities, professions and philosophies provides the ability to meet a patient's needs. A patient will find only one confidant in the team but their trust in them will infect all its members. The task of contemporary teams is to maintain this tradition and foster the development of end-of-life care based on hospice philosophy and the achievements of palliative medicine.

We wish to thank all the individuals and teams who have responded to our invitation and shared their memories and thoughts. Thanks to them we have been able

to show how the Polish hospice movement evolved over the years and the factors affecting its development. We assure the centres or individuals who for various reasons have not managed to send us their stories in time that we are planning on publishing further editions of the book, including new materials, so that all those concerned can be part of it and include their contribution to the history of interpersonal solidarity. We strongly believe that life will permit it to be continued.

We give our special acknowledgments to the Robert Bosch Foundation from Germany (Robert Bosch Stiftung), which was so kind as to finance the translation of this publication into English. This enabled us to present such a broad view of the history of the voluntary hospice teams in Poland, formed in the spirit of Solidarity and by people associated with the social movement that transformed the geopolitical situation in Poland and Europe. We are ready to share our experiences and achievements with others: both institutions providing long-term and home care in our country and individuals and institutions wishing to transfer the hospice movement ideas to their own ground, to any place on earth.

Last but not least, we wish to thank all the readers who have taken the time to read this book and we are pleased to say that publication is available free of charge in electronic version at www.hospicefoundation.eu. We thought that the 30th anniversary of the hospice movement in Poland was a good opportunity for some people to recall the origins, development and present situation of this socially important mission, and for others – to learn how it all happened.

Anna Janowicz, Piotr Krakowiak, Alicja Stolarczyk

Forewords



Contemporary people are faced with an array of problems. All of them, however, in some special way concern the people themselves. The safeguarding of fundamental human rights is of the utmost importance. And yet, the defense of these rights gives rise to a novel ideological trend. At the same time, dangerous anti-life tendencies (euthanasia, abortion, in vitro fertilization) can be observed in contemporary societies, or rather in influential political milieux. This gives rise to serious concerns in many circles, in the Catholic Church in particular. The Holy Father Francis, in a meeting with the Italian Society of Catholic Physicians on 15 November 2014, said, "We live in a time of experiments on life, bad experiments to be precise. These are times of playing with life so we need to be on our guard for it is a sin against the Creator".

Life at its every stage is sacred and it must be protected with special care, from conception to natural death. The Church is not only faithful to this principle but it has throughout its history taken care of threatened life (Window of Life, Single Mother's Homes, Hospices). In our times, the papal teachings can be found particularly in the encyclical *Evangelium Vitae* by John Paul II of 25 March 1995, in which the Pope thoroughly discusses pastoral work in the service of life. His reflections are related to people who require "truly humanitarian support, whose needs should be duly satisfied and, above all, whose fears and sense of solitude should be alleviated. In such cases family plays an irreplaceable role but these people can find significant support within the structures of social welfare and, if necessary, in palliative care, by benefiting from the appropriate health and social services, both in care facilities and at home" (n. 88).

The Pope doubtlessly refers in his words to the burgeoning hospice and palliative medicine movement. The forerunner of the movement was the London community. In Poland, the idea was taken over by St. Lazarus's Hospice in Cracow. The promotion of hospice ideals was begun thanks to the spiritual support of Cardinal Karol

Wojtyła and such people as Hanna Chrzanowska and Halina Bortnowska as well as the media. The Gdańsk community had a fundamental role to play in this respect. The climate of Solidarity in 1980-1981 was favourable. One individual who played quite a remarkable role in the Polish hospice movement was Father Eugeniusz Dutkiewicz SAC – initially the organiser of the Hospitium Pallotinum Home, and then of the Residential Hospice dating back to 1983, when this work was formally attended to by the Bishop of Gdańsk. The medical and nursing communities and other people who devoted themselves to the hospice service were united in this movement. Lech Bądkowski, the outstanding co-author of the Social Agreements from Gdańsk, was a patient of the Pallotines' Home Hospice, where he bore the heavy cross of cancer in its terminal stage. More palliative centres, and home and residential hospices (St. Lawrence's Hospice in Gdynia, St. Joseph's Hospice in Sopot and the Hospice in Puck) sprang up in the following years.

One special event in the history of hospices was John Paul II's meeting with patients at St. Mary's Basilica in Gdańsk. The Pope then said: "I have a high regard for the hospice which took up its service in Gdańsk and radiates out to other cities and towns." (12th June 1987).

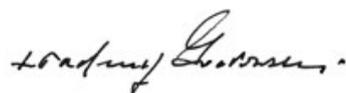
This Papal blessing strongly spurred the development of the hospice movement and it became necessary to strengthen the hospice communities organisationally. In 1990, an institution integrating voluntary hospice and palliative care founded in Poznań by Prof. Jacek Łuczak was set up in Gdańsk. The National Hospice Movement Forum, registered at the beginning of the democratic transformations in 1991, made the volunteers' voice better heard in ministerial committees and in the life of society. The effect of the joint efforts of professionals and volunteers, of people of the Church and representatives of secular societies and foundations was the Project of the Development of Palliative and Hospice Care, presented by the Ministry of Health and Social Welfare in 1998. It recognized the significance of voluntary service and spiritual care by incorporating palliative and hospice care in the structures of the healthcare system and safeguarding the funding for home care as well as for the emerging residential hospices.

More than thirty years after the formation of the contemporary hospice movement, there are still challenges and problems related to the financing of and the growing demand for each of the existing forms of care (home, residential, outpatient and children's care). If we want to continue drawing on the idea of solidarity with people at the end of their lives, bestowed by the contemporary hospice movement upon the systems of healthcare and social welfare, the Church and society, we should share the achievements of team care.

I feel grateful when I think of all those who have contributed to the publishing of this book, a potential inspiration for further groups of professionals and volunteers who are not indifferent to the lot of terminal patients and to the lot of their relatives. They all expect support and understanding. I hope that this book, published by the National Hospice Chaplain and the Hospice Foundation and translated into English, will also make an impact on other countries and motivate them to take up service in the hospice movement. The concern of Pope John Paul II and Pope Francis for every human life, also the lives of terminally ill people, will continue to release new energy for charitable services.

I particularly wish to thank those who were at the origins of the hospice movement in Poland – Father Eugeniusz Dutkiewicz SAC and the current coordinator of this movement, the National Hospice Chaplain, Father Piotr Krakowiak SAC, and I hope that the movement will continue to develop successfully, always bearing in mind the vulnerable individual.

+ T A D E U S Z G O C Ł O W S K I



ARCHBISHOP



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Opieki Paliatywnej

Hospice and palliative care in Poland arose as a response of healthcare workers, volunteers and people of good will to the epidemiological, demographic and social needs of patients who were not receiving professional care or pain relief. Over the last decades it has become possible to establish a medical and social model of palliative and hospice care based on the patient-based and professional involvement of all the members of an interdisciplinary team.

A progressing and therapy-resistant illness takes its toll on all aspects of human functioning: physical, mental, social and spiritual. The goal of palliative and hospice care is to deliver holistic and comprehensive care, symptomatic treatment and support to patients and their families at the time of illness and during bereavement.

The organisation of palliative and hospice care in Poland depends on the conditions and atmosphere in which the hospices were established and operate, and on the involvement of society, and most importantly of healthcare workers. The forms of care provided, focusing on the improvement of quality of life, are adapted to the medical and social needs of patients in the terminal stage of an illness resistant to causal treatments, and such care has a special character.

The historical and organisational information and the personal testimonies of the founders, volunteers and employees collated in a coherent publication can be a valuable message for many readers. It can serve as inspiration to set up new units of palliative and hospice care in Poland as well as contributing to the improvement of the already existing diverse forms of support offered to patients and their families at home and abroad.

Izabela Kaptacz, MSc



National Consultant in Palliative Care Nursing

We usually read books for their content – closely following the stories unfold. Or for their form – in admiration of their artistry or simplicity. You are about to read an unusual anthology of texts in which, apart from many interesting threads and adequately chosen words, PASSION comes to the fore. All the authors, both those mentioned on the cover and those who have been part of the magnificent project of the Hospice Foundation and have undertaken to write down their memories or accounts, share enormous enthusiasm and keenness for the hospice ideas, which for over 30 years have become increasingly ingrained in Polish medicine and in the awareness of Polish society.

The age of distrust or even fear evoked by the word “hospice” is already behind us I suppose. And so too is the pioneering time of building the hospice structures – first in the declining years of communism (who could have guessed?), and then in the emerging new Poland – a longed-for, free country which for years continued to be unable to live up to humanist standards of care for the terminally or chronically ill.

The immense suffering and pain, described as “total” by our community, accompanying the end of life of oncological patients, had for years rebounded from the wall of human indifference and the barrier of bureaucratic confusion. Cancer was a sentence not just in medical terms but also because it condemned patients to a conspiracy of silence or a curtain of mercy brought down on them. It was first in Cracow, then in Gdańsk and Poznań, that they said “no” to this and took up the initiative, quite in spite of the contemporary social policy – which not only failed to deal with the issue of worthy death but failed to notice it at all.

In the 1980s the people involved in the hospice movement were like knights errant who, in spite of the obvious signals coming from official sources, knew and did their thing. They too came to the defense of the weak and suffering, frequently undertaking utterly impossible tasks. I remind the older readers and assure the younger ones that at that time there was practically nothing: no medications, dressing materials nor even petrol to drive to patients. And still, they managed to reach them, medications were obtained (even from abroad) and, if necessary, they would chip in themselves for clothes, a coffin or for Pampers.

The nineties brought changes connected with the political transformation – theoretically for the better but difficult for the ordinary citizen to accept in detail. In these times of brilliant careers, sudden social advancements and

raptures over freedom, in other words: “Let’s party, there’s no hell”, an old, sick and dying person was pushed to the margins of society. It was just then that hospices boomed – dozens of them sprang up across Poland. It was still a guerrilla activity – with no official permit from the government; no official structures. Almost till the end of the last century, palliative medicine had been absent from Polish universities. Specialist education in palliative medicine and care was only introduced in 1998.

We have great expectations from the 21st century, some of which have already come true in hospice reality. Palliative medicine has gained the status of a medical specialization and is now a course taught at more and more universities. Hospices have been put in the same basket as guaranteed services. Even though there is still too little room for them in it and our care is underfinanced, we do recognize the huge progress made and the acceptance of hospice activities by the state. Also the establishment by the Minister of Health of the position I have the honor of holding bears evidence of the good intentions of the government. The public attitude to the services offered by hospices has also changed for the better.

However, it concerns me to observe unfavourable changes in the attitudes of people involved in the direct care of patients. Commitment to the community has begun to go out of date. We wanted and fought for palliative medicine to start being mentioned in ministerial reports because sometimes our good intentions and open hearts simply were not enough to help efficiently. But I sometimes miss the atmosphere from the time of our origins. The passion that I mentioned at the beginning and that which the reader of “In Solidarity. Hospice-palliative care in Poland” will find on every page.

It is good that such a book was written. I thank and congratulate the authors on the idea and on bringing it to fruition. A bridge has been built “between the old and new times”. The point is to keep moving forward while remembering the past. To draw inspiration from stories of the beginnings, to enjoy the privileges of the present and turn them into even better results at work. Because the years will pass but the center of our attention and hearts should always remain the same – a sick human being to whom we need to bring help in time.

MD Wiesława Pokropska



National Consultant for Palliative Medicine

Part 1.

THEN AND NOW

Piotr Krakowiak



Introduction

The contemporary hospice movement has been present in Poland for over 30 years, and its official establishment in 1981 had been preceded by years of efforts taken by numerous people and institutions filled with concern for the dying. It is worth starting this discussion by summarizing the centuries-old efforts of the human community and religious communities for the dying individual. Further on, there will be an overview of the origins of the contemporary hospice movement in Poland – its progenitors, initiators and makers, the adopted models of care and forms of organisation – in comparison to the global hospice movement and the impact of Cicely Saunders's activities. The development of palliative medicine and care and the co-operation of the social movement with the healthcare system in the building of palliative and hospice care are the next issues inherent in the history of terminal care. In closing, it is worth looking at the new challenges and perspectives which face the ageing society and the shortage of funds and human resources to provide proper end-of-life care to the elderly, infirm or chronically ill.

The Polish hospice movement has its native source, and many people and institutions have contributed to its development. The unquestionable precursors were: Hanna Chrzanowska, a nurse and lecturer of the Jagiellonian University, and Cardinal Karol Wojtyła, the metropolitan of Cracow. In 1964, Hanna Chrzanowska, having received a good education in Poland and abroad, took up the initiative of home nursing care of the chronically and terminally ill. Cardinal Wojtyła, as part of the Archdiocesan Synode in Cracow, appointed a group of people whose objective was to look for adequate means of helping people at the end of life. Another person who doubtlessly influenced the shaping of the contemporary hospice movement in Poland was Dr Cicely Saunders, regarded as its initiator in Great Britain and all over the world. Known for her friendliness towards Poland and Poles, she had visited Cracow, Warsaw and Gdańsk several times, and her visits were important moments in the establishment of hospice care modelled on St. Christopher's Hospice in London. St.

Lazarus's Hospice in Cracow had popularized hospice care since 1981, overcoming multiple social prejudices and persistently building the first Residential hospice in Nowa Huta. In the peculiar circumstances of martial law, there emerged an alternative form of care: home hospice care, begun in 1983 by the team of *Hospitium Pallottinum* in Gdańsk (known by the popular name of the Pallottinum Hospice), managed by Father Eugeniusz Dutkiewicz SAC. In subsequent years, it became the most effective way of helping people at the end of life throughout the country, and special support in the establishment of further centres came from the Catholic Church and volunteers from the medical community: doctors, nurses and pharmacists, and representatives of non-medical professions, mostly originating from the ranks of the delegatized Solidarity. The donations sent in as a token of solidarity by parishes and local communities from Western Europe were extremely helpful for the grassroots initiatives. These donations were: medications, dressing materials, beds, anti-decubitus mattresses, rehabilitation equipment and wheelchairs, which became the first work tools of the voluntary teams of home hospice care across the country. John Paul II spoke very highly of the home hospice network in 1987, during his apostolic visit to Poland, during a meeting with patients and the healthcare community at St. Mary's Basilica in Gdańsk. His words: "I have a high regard for the Hospice which took up its service in Gdańsk and radiates onto other cities and towns" were the spiritual support for the whole hospice movement in Poland. Following Cracow, where the idea of Residential care was born, and Gdańsk, where home care was promoted, further cities set up numerous hospice teams, organised as informal groups or societies attached to the church.

The Catholic Church responded to the grassroots activities of this Christianity-inspired social movement by establishing the National Hospice Chaplain's post in 1989. The first person to have undertaken the function was Father Eugeniusz Dutkiewicz SAC, who for years untiringly visited subsequent hospice care centres, conducted retreats at the higher seminaries of most of the Polish dioceses, and organised co-operation between hospice care centres and palliative medicine. The crowning of this step was the establishment of the National Hospice Movement Forum in Gdańsk in 1992. Nearly 100 home, Residential and palliative care centres within the public healthcare structures declared their participation in the organisation.

Palliative medicine and care started to form in Poland parallel to the development of the hospice movement. In 1989, on the initiative of Prof. Julian Stolarczyk, the Consultation Palliative Medicine Outpatient Clinic was set up at State Teaching Hospital No. 2 in Gdańsk. The first Palliative Care Department was established in 1990 at the Department of Oncology of the Medical University of Poznań under the management of Prof. Jacek Łuczak. Pediatric palliative care, earlier provided

informally by Dr Tomasz Dągl and the team of the Warsaw Children's Hospice, was officially established in 1994.

When in 1993 the Ministry of Health and Social Welfare founded the National Council of Palliative and Hospice Care, the hospice movement had its representatives in it and was a serious partner of talks on the development of terminal care. In 1994 the minister of health and social welfare appointed Prof. Jacek Łuczak the national consultant on palliative medicine. The Council finished its work in 1998 by publishing a document incorporating palliative and hospice care in the healthcare system in Poland ("The Program of Development of Palliative and Hospice Care in Poland", Ministry of Health and Social Care, Warsaw 1998). Many home and Residential palliative and hospice care centres were then established throughout the country. In 1998, specialist training in palliative care for doctors and nurses was introduced, thus offering specific tools for the functioning of a new field in the healthcare system. The post of provincial consultant on palliative medicine was also established. Palliative care issues were included in the system of education of doctors and nurses as well as psychologists and chaplains, making the dynamic development of care possible through state financing. Special emphasis was at that time put on the professionalization of palliative and hospice care, in line with the requirements of service providers and the standards adopted in healthcare. This, however, gave rise to tensions between the grassroots hospice movement based on voluntary service, and professional palliative medicine. They were largely due to the use of public funds and a bias in favor of the medical aspects of care, disregarding the others. Fortunately, dialog and common goals helped to resolve most differences and to carry on developing the care of terminal patients and their relatives.

The next important period in the history of contemporary palliative and hospice care was the time of preparations for Poland's accession to the European Union and the associated new opportunities and challenges. The financial and organisational means received in the pre-accession period were a chance for the palliative and hospice centres to develop, for the care to improve through investment in the infrastructure of the Residential centres and for the home palliative and hospice care of adults and children to develop. The professionalization of palliative medicine and care frequently led to the marginalization of the involvement of volunteers, the actual founders of the contemporary hospice movement in Poland. They obtained specific tools empowering them to continue their work within the structures of palliative and hospice care through, on the one hand, the law on public benefit activity and voluntary service adopted by the President of Poland in 2003, and on the other hand – the numerous activities related to promoting the volunteers' role in joint terminal care. One of them was an initiative borrowed from Edinburgh in

Scotland and propagated by St. Lazarus's Hospice in Cracow – Fields of Hope, which first blossomed in Planty Park in Cracow and in the subsequent years in many other towns across Poland. All these activities would not have been possible without the active participation of thousands of volunteers, willing to devotedly work for the support and promotion of palliative and hospice care.

Another organisation that contributed to the re-inclusion of voluntary service into team palliative and hospice care was the Hospice Foundation, set up in 2004 by the National Hospice Chaplain, Father Piotr Krakowiak SAC. The educational and training activities begun in Gdańsk started to inspire palliative and hospice centres all over the country. The national social education campaign "Hospice is also Life" has become the identification of palliative and hospice care, combining professionalism with voluntary involvement, the participation of the Catholic Church and other religious communities in the recruitment of school and university volunteers, representatives of various professions, senior citizens and pensioners for the integrated care of the dying. The educational and training activities of the Hospice Foundation and the national Hospice is also Life campaigns were blessed by the seriously ill Pope John Paul II in 2004, several months before his death.

More and more challenges continue to crop up due to financial and organisational problems and the need to extend the team care onto non-oncological, chronically ill, old and dependent patients. Again, there is a need for solidarity and generosity among palliative care professionals and hospice volunteers, with non-governmental organisations and religious communities joining in. The description of the history of the contemporary hospice movement in Poland should inspire us all to approach each subsequent task with the belief and determination that its founders had in their hearts over 30 years ago. The history of palliative and hospice care, called "the most beautiful fruit" of human solidarity in the difficult years of our country's history (1981-1983), can encourage further activities, which are necessary to ensure good care and a worthy end of life to everyone in institutional and home care settings, and to develop a system of terminal care which is free from pain, suffering, loneliness and anxiety.

Historical outline of end-of-life care in Europe and in Poland

The history of terminal care is part of the history of mankind, and discussions of death, dying and mourning are constituent parts of all the cultures, societies and religions¹. The awareness that the problems, being the subject of today's ethical and media debates, were present in the past permits us to seek solutions arising from previous experience. The return to the concept of team hospice care originating from antiquity, developed in the Middle Ages and rediscovered in the present, is an example of taking past experiences and adapting them to present needs. It is worth having this as a reminder to experts with long-standing experience in terminal care, to students of helping professions, volunteers and family carers.

Antiquity – from incomprehensible death to the supernatural value of suffering

In pre-Christian antiquity, the themes of death and mourning were raised mainly in connection with religious doctrines and systems. In a world where everything depended on divine providence, disease came to be identified with sin, and suffering was seen as a punishment for sins, which would often provoke contempt for the sick, disabled and dying. Jesus of Nazareth, by his teachings and the example of his life, changed the understanding of life, suffering and death². Looking at the origins of Christianity from the perspective of social development, it should be stated that it has bequeathed much more than the ethics of Greek philosophers, the living principles of the Roman Empire and the religious system of the Jewish tradition. Care of the suffering and needy became an important part of the life of the Christian community in the first ages. In the belief that on Judgment Day everybody will be judged on love, the sick and dying were taken care of with genuine devotion. Saint Athanasius admonishes Christians: "It is extremely sad for a sick or dying man not to be visited by anyone since such a lack of attention can be a greater disaster and suffering than the disease itself"³. The commune would offer various forms of care and deacons would help in bringing support to widows, orphans, old people, the

¹ Cf. P. Veyne (ed.), *The History of Private Life. Vol.1. From the Roman Empire to the Year One Thousand*. Wrocław-Warszawa-Kraków 1998, pp. 21-22.

² Cf. M. Górecki, *Hospice in the Service of the Dying*. Warszawa 2000, pp. 49-50.

³ D. Borobio, *An Enquiry into Healing Anointing in the Early Church* [in:] M. Collins, D.N. Power (ed.), *The Pastoral Care of the Sick*, Concilium 1991/2, p. 45.

sick, prisoners, the homeless and slaves⁴. Concern for the sick and dying was the bounden duty of all the believers, and it particularly lay with bishops, presbyters and deacons, who were also in charge of social aid for the needy. The same obligations as those recommended towards the poor were also applied to the sick and dying, by visiting them at home and organising care. Saint Benedict in his rule listed the good deeds to be done by monks: "To fortify the poor, to dress the naked, to visit the sick, to bury the dead, to help the unhappy and to console the distressed"⁵. In Christianity, which became the official religion in the 4th century, institutional care was provided by *hospitia* – in the Latin Church, and *xenodocheia* – in the Greek Church. They developed dynamically, and Cesar Julian regarded the facilities taking care of the sick and dying as natural institutions within the Church structure. In the Europe of those days, this care was shaped by Christian values but it was only in the next epoch that their impact determined the attitude to illness and death.

The Middle Ages – from family care to community support and taming death

The good patterns of ancient care of the needy had not kept the world of the time from a crisis from which there gradually emerged a new order and with it – new ways of care of the suffering and dying. The decline of civilization at the beginning of the Middle Ages also meant a decline of hospitals and institutions taking care of the dying. In his reforms, Charlemagne also included patient care, recommending that a hospital be built at each monastery and cathedral and ordering the clergy to care for the sick⁶. In most orders special rooms called *hospitium* were established and monks were appointed to the service of the sick and needy because their monastic rules prescribed care of the suffering. Many monasteries ran pharmacies offering free assistance to those in need⁷. For the first time in the history of mankind, the weak, sick, poor and dying and orphans and widows had become an important part of society by the fact that they were perceived as the reflection of the suffering Christ. Due to the gradual development of towns, monks at hospitals, hospices and poorhouses were replaced by secular members of brotherhoods, co-operating with municipal authorities. Secular Christian brotherhoods were the precursors of charity organisations, the prototypes of the present foundations and

⁴ Cf. J. Radwan-Pragłowski, K. Frysztański, *The Social History of Helping People: from Greek Philanthropy to Social Work*. Katowice 1998, pp. 57-58.

⁵ St. Benedict, Rule IV 14-19, 26, quoted after: B. Degórski, *Charitable Deeds in the Light of Ancient Monastic Rules*. Vox Patrum 1996; 20-31: 16, p. 260.

⁶ Cf. P. Krakowiak, *Voluntary Service in End-of-Life Care*. Toruń 2012, pp. 54-56.

⁷ Cf. W. Przygoda, *Charity Service of the Church in Poland*. Lublin 2004, pp. 167-168.

associations, founded with the donations of the wealthy for helping the needy. In summary, it is possible to note that the ideals of the epoch were dedication to the fellow man, charity towards the Savior in others, and thus concern for the eternal reward. According to the Good Samaritan's model, it was obligatory to do all that was possible for a patient, until the last moments of life. This led to the formation of the poorhouse hospital service, a combination of today's healthcare and welfare systems, as a well-established form in Europe for many ages. The solemnity of death and the related fear of damnation strengthened the importance of the extreme unction ritual⁸. Dying became the favourite topic of preaching, literature, poetry and painting as well as folk and popular legends. The ideal of good death achieved its peak in the Middle Ages, which is evidenced in the manuals of good preparation for death and in the entire literary genre of *ars moriendi*. They were one of the methods of education of the society of that time about dying, popularized by the Church in Europe⁹, known in Poland too. The image of dying with a deeply religious context, rooted in folk tradition, has become the basis for referring to the period as the time of "tamed death"¹⁰. Hospices for the incurably ill, homeless and those dependent on medical and welfare support were then the reality of numerous towns across Europe, including Poland.

The Renaissance – from epidemic and growing fear of death to “savage” death

The loftiness of death, the liturgical celebration of its preparation and its communal experiencing, placed at the top of social and religious ideals, were disrupted by outbreaks of infectious diseases, such as the smallpox epidemic, which in 1347-1350 killed over 30% of the European population, changing the social attitudes to death and dying¹¹. Extreme unction, considered the "passport to heaven" by medieval people, could not be given to all the people dying during an epidemic, which gave rise to the fear of death. Ariés describes the process of transition from the medieval image of tamed death to the next epoch as a loss of symmetry and a struggle between domesticated agony and fear of death as a horrible and revolting event. Changes were also due to progress in natural sciences, especially medicine, which was going through turbulent development, modifying the per-

⁸ E. Bressanin, Unizione Dei Infermi [in:] G. Cina, E. Locci, C. Rocchetta, L. Sandrin (ed.), Dizionario di Teologia Pastorale Sanitaria. Torino 1997, p. 1346.

⁹ Cf. W. Reinhard, Living the European Way. From the Ancient Times to the Present. Warszawa 2009, pp. 154-159.

¹⁰ Cf. P. Ariés, The Hour of Our Death. Warszawa 1992, p. 229.

¹¹ Cf. P. Krakowiak, op. cit., pp. 59-60.

ception of human life, death and dying¹². Humanism, the fundamental current of Renaissance thought, turned to the beauty of nature, and death was no longer seen as liberation from the captivity of the body but it became the end of bodily existence. It was an opponent who could be defeated in the future, and speaking of dying was regarded by the medical fraternity as synonymous with the destruction of the optimism resulting from the boom of medical sciences. This was why beds for the dying in hospitals became increasingly embarrassing, and death, previously tamed and celebrated by the community, was turning into a taboo, unwanted in the triumphal march of medicine. The crisis of the Catholic Church in Europe at the time of Reformation and Counter-Reformation and the social unrest of the period resulted in the dissolution of numerous monasteries and in the collapse of organisations dealing with the sick and suffering. Admittedly, this epoch saw the rise of new monasteries whose charisma was care for the sick and dying, such as Knights Hospitallers and Camillians. The monks of these congregations, apart from the 3 typical monastic vows, additionally vowed to take care of the sick, even if endangered by death¹³. The initiatives of male and female orders helped to change and improve but a part of the healthcare and welfare system. The cult of life, one of the key motifs of the Renaissance, and the currents associated with Reformation and social change were not favorable to the contemplation of dying and celebrating *ars moriendi* or to the communal accompaniment of the dying. Death and dying were becoming less and less popular issues in social awareness. Care of the sick, dying and bereaved evolved with the social changes arising from the division of Christianity into the Catholic community and Protestant churches. In time, the less effective church system of healthcare started to make way for modern centres of developing medicine. Concern for the sick and dying continued to be an important task for Christians, although society put forward/formulated/made/presented new requirements related to the welfare institutions being gradually taken over by municipal governments and secular organisations and fraternities¹⁴. This was when "modern medicine" began to depart from "unenlightened" religious and spiritual practices, which were increasingly regarded as lacking professionalism in medical practices and the healthcare system.

¹² Cf. M. Górecki, op. cit., pp. 8-9.

¹³ Cf. W. Przygoda, op. cit., p. 168.

¹⁴ Cf. A. Brusco, Padre Camillo Cesare Bresiani. Milano 1972, p. 62.

The Enlightenment – from death perceived as a failure to dying as a social taboo

Scientific research and multiple discoveries of the period contributed to the formulation of a new, secular concept of dying and death. The introduction, in the 18th century in the Netherlands, of the fundamentals of clinical education originated the specialization of medicine, yet the primary function of hospitals in Europe continued to be nursing and social assistance. This resulted from the established conviction that the job of hospitals was not only to help the sick but also to serve the poor, needy and dying. The most sudden changes in healthcare system at the time took place in France as a result of turbulent social transformations, poverty and hunger, French hospitals with patients, women in labor, and newborns lying side by side with the dying and dead. The impoverished municipal hospital *Hôtel Dieu* in Paris was in such a deplorable state that concerns about the sense of its existence were raised¹⁵. The French Revolution, in the name of the human rights it was fighting for, imposed the duty of care of the sick and poor on the state, which led to the gradual nationalization and eventual separation of nursing and treatment institutions. An example of the Church's concern for the sick, dying and bereaved in those times was the charitable work of St. Vincent de Paul, who set up the orders of the Lazarists and the Sisters of Charity. The activities of the Knights Hospitallers in Europe and Poland were developed in a similar spirit. In the late 18th century the Polish-Lithuanian province of the Knights Hospitallers served the needy in 17 hospitals and care centres¹⁶. In 1842, Jeanne Garnier, after her husband and two children died, opened the first home exclusively for the dying (the Calvary Hospice), which gave rise to other centres in France¹⁷. Similar homes for the incurably ill were set up in Ireland and England in the early 20th century. They were heralds of modern palliative and hospice care, although their functioning had more in common with the centuries-old formula of poorhouses devotedly run by orders than with the modern team care of the terminally ill¹⁸.

¹⁵ Cf. T. McHugh, Establishing Medical Men at the Paris Hôtel-Dieu, 1500-1715. *Social History of Medicine* 2006; 19: 2, pp. 209-224.

¹⁶ Cf. G. Russotto, *San Giovanni di Dio e il suo Ordine Ospedaliero*. Roma 1969, pp. 12-15.

¹⁷ Cf. J. Szabo, *Incurable and intolerable: chronic disease and slow death in nineteenth-century France*. London 2009, pp. 197-203.

¹⁸ Por. D. Clark, *Palliative care history: a ritual process*. *European Journal of Palliative Care* 2000; 7: 2, s. 50-55.

The Present – from denial of death to rediscovery of “mysterium mortis”

The two world wars of the 20th century caused changes in social awareness with respect to the issues of dying and death. The experiences of a generation of Europeans who witnessed the death of millions of their peers, have left an indelible mark on them. Due to the tragedies and crimes of genocide characterizing such symbolic names as Auschwitz, Kolyma, Hiroshima and Nagasaki, dying and death evoked such an enormous fear in the societies of the second half of the 20th century that they were virtually driven out of the social awareness and became taboo. The tendency for the institutionalized care of the dying grew stronger and the increasing medicalization and institutionalization of healthcare and social welfare pushed the dying into an embarrassing and marginalized sphere of social life¹⁹. In the Europe of the second half of the 20th century, institutional death became a widespread phenomenon. In 1900, over 85% of deaths took place at home, while in 1960, over 60% of demises in Europe and as many as 80% in the United States happened in hospital²⁰. The consequences of the institutionalization of dying and death were loneliness and suffering of the dying. A person dying in hospital was lonely but the dying were more and more often transported there so as not to see death. The popularized image of medicine was focused on success, emergency and lifesaving procedures, which was fuelled by the mass media presenting team efforts to save human lives. The glorified resuscitation procedures were frequently the persistent prolongation of dying rather than actual lifesaving²¹. Fortunately, not everyone agreed with that, and there were people who brought human dying and death “back to life” in the second half of the 20th century.

¹⁹ Cf. E. Kubler-Ross, *Discussions about Death and Dying*. Poznań 1998.

²⁰ A. Ostrowska, *Death in the Experience of Individuals and Society*. Warszawa 1997, p. 30.

²¹ Cf. C. Meyer, *A good death*. Twenty-Third Publications, Mystic 1998, pp. 2-3.

Emergence of the contemporary hospice movement in Poland

Origins of the global, contemporary hospice movement

The first hospice center in the 20th century was St. Joseph's Hospice in London, run by Irish nuns and based on the concept of Christian charity, modelled on the centuries-old monastic centres taking care of the sick and dying²². Cicely Saunders, originally a nurse, and then a social worker and a doctor, had the opportunity to talk to the seriously ill at St. Joseph's Hospice and satisfy their diversified medical and non-medical needs²³. An important incentive for her to take up activities for the dying was meeting a war immigrant from Poland, Dawid Taśma, with whom she made friends, giving him the gift of presence, so important at the end of life. Taśma thanked her for her care and friendship with a donation "for a window at the home of the dying"²⁴. Hence the inspiration for the establishment of the contemporary hospice movement was a meeting with the suffering, which was followed by research on total pain and the first public debate on the needs in medical and non-medical terminal care. This was an important voice contradicting the view, then widespread in the medical world and social awareness, that "medicine had nothing else to do" for the dying²⁵. Thanks to Dr Saunders, a social movement aspiring to provide proper care to terminal patients started to emerge in London. The numerous meetings and public debates she organised were above all intended to raise money for the construction of a modern hospice home. They were also an opportunity for social education on the needs of the terminally ill, and formed a circle of friends of St. Christopher's Hospice. The foundation of the changes was the success of the social activities, inspired by the experience of encounters with the dying and the conviction that a lot can still be done for patients at the last stage of life and for their relatives. Professional medical and nursing care was combined with concern for the non-medical needs of patients and their families and with team training. Assuming the medieval name of *hospitium*, they alluded to the long-standing tradition of

²² Cf. M. Wilslow, D. Clark, St. Joseph's Hospice, Hackney. A century of caring in the East End of London. Lancaster 2005, pp. 18-19.

²³ Cf. D. Clark, Originating a movement: Cicely Saunders and the development of St. Christopher's Hospice, 1957-1967. Mortality 1998; 3: 1, pp. 43-63.

²⁴ Cf. P. Krakowiak, op. cit., p. 108.

²⁵ Cf. S. du Boulay, M. Rankin, Window of Hope. Cicely Saunders – the Founder of the Hospice Movement. Kraków 2009.

integrated care, presenting St. Christopher's Hospice as a place paying attention to the diverse dimensions of total suffering. After the opening of St. Christopher's Hospice in London, further hospice centres started to appear in Great Britain. The hospice ideas of St. Christopher's Hospice quickly spread around the world – within 30 years of its opening, over 4000 centres, based on the model team of employees and volunteers supported by society, were set up²⁶. Thanks to Cicely Saunders, the idea of the contemporary hospice movement got to Poland, where a social movement for people approaching death was already active. She visited Poland in 1978, giving lectures on the contemporary hospice movement in Cracow, Warsaw and Gdańsk²⁷.

Progenitors, initiators and makers of the contemporary hospice movement in Poland

In Poland, like in other parts of Europe, for centuries there had been hospices for the seriously ill and dying, run by Christian orders and fraternities²⁸. The precursor of the contemporary vision of terminal care was a nurse, Hanna Chrzanowska, the organiser of home nursing in Cracow. Already in a manual of 1931 she wrote: "A nurse should in a way double her efforts for a patient, trying to bring them relief, administering the medications prescribed and performing procedures to the last minute. Her behavior should be characterized by calm, earnestness and compassion for the family, whom she should support morally, without excessive sentimentality"²⁹. Chrzanowska, as a lecturer of nursing at the Jagiellonian University and a patient carer, could see the necessity of providing home care to patients in the terminal stage, noticing their medical, psycho-social and spiritual needs³⁰. Thus the first inspiration for the contemporary hospice movement in Poland was the experience of nurses' concern for patients approaching death and their relatives. Halina Bortnowska confirms this by saying that: "The Polish hospice model is founded on the human, protective tradition of Polish medicine, nursing in particular. Hanna Chrzanowska captured the essence of the crisis of contemporary healthcare – the underdevelopment of the care system – before Dr Saunders, and she tried to remedy it. The Polish Hospice has to undertake the goal, ideals and style of nursing work delineated by her"³¹.

²⁶ Cf. D.S. Greer, Hospice: From social movement to health care industry. Trans. Am. Clin. Climatol. Assoc. 1986; 97, p. 82.

²⁷ Cf. P. Krakowiak, A. Stolarczyk (ed.), Father Eugeniusz Dutkiewicz SAC. The Father of the Hospice Movement in Poland. Gdańsk 2007, p. 77.

²⁸ Cf. W. Przygoda, op. cit., p.169.

²⁹ T. Kulczyńska, H. Chrzanowska, Nursing Procedures. Kraków 1938, pp. 21-22.

³⁰ Cf. H. Chrzanowska, Nursing in Open Healthcare. Warszawa 1960.

³¹ H. Bortnowska, Introduction [in:] H. Bortnowska (ed.), The Sense of Illness, the Sense of Death, the Sense of Life. Warszawa 1984, pp. 3-6.

Hospice in Cracow

Inspired by the Church, looking for ways to express love to the needy, one of the synodal groups of the Cracow archdiocese, appointed by Cardinal Karol Wojtyła at the parish in Nowa Huta, set up a group of volunteers willing to take care of the dying. The idea of the contemporary hospice movement in Poland first caught on in Cracow in the late 1970s, as confirmed by the ministerial document: "The beginnings of the development of palliative and hospice care in Poland date back to 1978, when the first lectures on these issues were given in Poland by Cicely Saunders, the founder of the first modern hospice"³². The first modern Polish hospice was established as a result of the efforts of a specific group of people, looking for a way of helping the dying in need of care³³. The group, holding regular meetings at the Lord's Ark Church in Cracow, was reinforced by Cicely Saunders's visit – drawing inspiration from the activity of the hospice movement in Great Britain, which helped to channel their efforts and to start applying for a location for a hospice in Nowa Huta³⁴. In 1981, the Patients' Friends' Society Hospice was formally established in Cracow – as the first hospice association in Eastern Europe and the first Polish independent charity organisation based on volunteers' work, whose goal was the care of those dying of cancer in a Residential hospice setting. They chose St. Christopher's Hospice in London as their model³⁵. The establishment of this center marks the beginning of the history of contemporary hospice care in Poland. St. Lazarus's Hospice in Cracow, constructed in the years of political difficulties and democratic transformations, began its nursing activities within the Residential hospice in 1996³⁶.

Hospice in Gdańsk

The second center of care for the dying was the Gdańsk *Hospitium Pallottinum* (hereinafter referred to as the Pallottinum Hospice), established in 1983. A group of people active in the Gdańsk Healthcare Section of NSZZ "Solidarność", gathered around the chaplain of the Medical University, Father Eugeniusz Dutkiewicz SAC, and Prof. Joanna Muszkowska-Penson, decided to take action, in spite of the bans imposed by the authorities and martial law. Professors, doctors, medical students

and representatives of other professions decided to reach out to people dying at home without medical care. The first patient of the voluntary home hospice team was one of the authors of the August agreements, Lech Bądkowski³⁷. For information on hospice care, meetings and training courses were the forms of social education furthering home hospice care, which was the optimum model of terminal care in the country's situation at that time³⁸. The Hospice in Gdańsk had its roots in tangible pastoral and medical experiences and the humanist approach to the suffering, also drawing on the ideals of Solidarity, born in this city³⁹. Its founder said in one of the interviews: "I started to look for some organisation that could take care of patients returning home from hospital. I asked Professor Joanna Penson for help and she found materials on the hospice movement in a London library. This is how the idea of a hospice calling at a patient's home was born and we as a team – a doctor, a nurse, a priest and a volunteer – took the first patient into care in December 1983. On 11 February the following year (1984), John Paul II announced the Apostolic Letter "On the Christian Meaning of Human Suffering", in which he referred to a suffering human being and those who take care of them. He also spoke of the Good Samaritan who would go to see a patient. This gave us an extra incentive to work and assured us of the righteousness of our efforts"⁴⁰.

The encounter with the developed idea of hospice care and its foreign models was not the starting point of the search but happened later. It influenced the principles of hospice care adopted in Gdańsk, but indirectly – by affecting the decision on the form of activity, called the "Gdańsk model", based on selfless care provided to patients at their homes⁴¹. The origin of the Gdańsk hospice dates back to the second half of the 1970s, as confirmed in the words of Father Dutkiewicz: "The inspiration to stand by patients, and particularly to set up the Hospice, was the experience of a home. In hospital one is thrown into tumult and clamor. Patients once told me that in hospital they felt like at a diagnostic station. They are passed from one specialist to another, from one test to another. I have seen it at the Medical University, this huge "service station" for patients. I saw first-class professors and nurses trying to soften this hospital tumult with their culture and approach to patients. By their attitude to patients they proved to me that a lot could be done for patients"⁴².

³² Ministry of Health and Social Welfare (MZIOS), Program of Development of Palliative and Hospice Care in Poland. Warszawa 1998, p. 1.

³³ J. Drażkiewicz, On the Hospice Movement in Poland [in:] J. Drażkiewicz (ed.), Towards the Dying. On the Hospice Movement in Poland. Warszawa 1989, p. 100.

³⁴ Cf. 30th Anniversary of St. Lazarus's Hospice in Cracow 1981-2001, Kraków 2001.

³⁵ H. Bortnowska, The Polish Hospice Model [in:] J. Bogusz (ed.), Patients in Terminal Conditions and Professional Ethics in Medicine. Bydgoszcz 1985, pp. 49-55.

³⁶ Cf. 30th Anniversary of St. Lazarus's Hospice in Cracow...

³⁷ Cf. P. Krakowiak, A. Stolarczyk (ed.), op. cit., p. 79.

³⁸ Cf. P. Krakowiak, History of the Pallotine Hospice in Gdańsk..., pp. 31-35.

³⁹ D. Kunikowska, Bearing a Human Being. Tygodnik Gdański „Solidarność” 20.05.1990, 20 (40), pp. 5-6.

⁴⁰ R. Bongarski, Being with the Dying, an interview with Father Eugeniusz Dutkiewicz SAC, the National Hospice Movement Chaplain. Tygodnik Powszechny 27.02.1994, 9, p. 7.

⁴¹ J. Drażkiewicz, op. cit., p. 113.

⁴² R. Bongarski, op. cit., p. 7.

Two models of hospice care

After the Cracow community, the Gdańsk center too became an inspiration for further hospice communities to form. These were the first two, independent of each other and closely co-operating hospice communities in Poland. When choosing the home care model, the founders of the Pallottinum Hospice were aware of its alternative character in comparison with the Residential care model preferred in Cracow, and the close co-operation of home care with parochial communities distinguished this model from a secular association (with Christian inspiration) such as the Cracow center. "The hospice movement started to develop rapidly under the patronage of the Church. The author of the hospice model of home pastoral care of patients and their families is Father Eugeniusz Dutkiewicz. It was upon his initiative that the *Hospitium Pallotinum* was set up in Gdańsk. This community, combining medical and nursing care with pastoral care, which is the core of its activity, became a model for hospice teams dynamically developing within the Church"⁴³. Voluntary home care teams started to be organised at parishes in a number of Polish cities. The Gdańsk model of home care was adopted by the centres in Poznań, Warsaw, Lublin, Katowice, Mysłowice, Szczecin and other towns⁴⁴. The hospice centres in Cracow and Gdańsk, forming parallel to each other to some extent, appeared in the pioneering phase of the development of the hospice movement in Poland⁴⁵. The Cracow center was a source of scientific inspiration and social education while the Gdańsk model was widely popularized as the practical model of activity. The significance of the stirring up/activation of the social forces of hospice voluntary service in local communities was also stressed in the documents of the Ministry of Health and Social Welfare: "The hospice teams forming in many towns were organised as informal groups or as church or secular associations with their own statutes. The primary form of care is hospice home care provided by physicians, nurses, a chaplain and a psychologist totally free of charge, and their own means of transport are lent for home visits. Staff training is conducted at least once a month. Apart from the management of pain and other symptoms associated with advanced cancer, much attention is paid to the psychological support and spiritual care of patients and their families"⁴⁶.

It is noteworthy that both currents and most centres co-establishing the foundations of the Polish hospice movement shared the ethos of Solidarity as well as the awareness of a crisis in public healthcare and social welfare and the related

⁴³ A. Pernal, *Hospes Means a Guest*. Słowo, Dziennik Katolicki 1994; 12: 2-3-4, , p. 12.

⁴⁴ Cf. P. Krakowiak, A. Stolarczyk (ed.), op. cit., pp. 91-96.

⁴⁵ Cf. J. Drążkiewicz, op. cit., p. 114.

⁴⁶ MZiOS, op. cit., p. 1.

necessity for suggesting new forms of care of the terminally ill and dying⁴⁷. An important element of their activity was to awaken social awareness and to educate about the needs of the terminally ill. The problems of dying and death, practically absent from the mass media, were not the subjects of the education of healthcare and social welfare employees then. A major part of society drove the topic of end of life out of their minds; these issues aroused fear and were generally overlooked. The teams of hospice volunteers undertook a number of educational activities to mobilize this domain of social awareness. This can be seen in a number of articles on the principles of hospice care, published in journals and manuals of great significance for the education of the medical community and society. Social education was also conducted during formation meetings in parishes and local communities, and Father Dutkiewicz has given lectures in most of the higher seminaries in Poland⁴⁸. Jerzy Drążkiewicz, who studied the phenomenon of social involvement in the support of the dying, stated: "The hospice movement in Poland has originated from native sources – from religious and ethical values and attitudes, while the very genesis of the movement is intricate and includes various initiatives and communities"⁴⁹. The common foundation of different centres of the hospice movement in Poland was their origin, deriving from Christian ethics but open to the values of secular humanism⁵⁰. The sources of the values most frequently quoted by hospice volunteers were the Parable of the Good Samaritan and John Paul II's apostolic letter "On the Christian Sense of Human Suffering". The Polish hospice ethos has from the start also embraced the current of secular humanism, striving for the social development of mature attitudes of dedication to others in need. The social movement for the dying in Poland and all over the world was based on: community spirit, Christian and universally human values and ecumenical openness to all cultures, religions and systems of thinking. In the late 1980s an expansion of the hospice idea took place in Poland. "The numbers of patients in the hospices operating in 1984 were, respectively: *Hospitium Pallotinum* in Gdańsk – 200 patients, TPCh in Cracow – 90 patients in home care; the Hospice in Poznań – 65 patients; the Hospice in Warsaw – 26 patients, TPCh in Białystok – 11 patients; the Hospice in Szczecin – 3, and other hospices starting their operations took care of individuals"⁵¹. New groups of volunteers in local communities made use of the already developed concept of hospice

⁴⁷ Cf. A. Bartoszek, *Man in the Face of Suffering and Dying. Moral Aspects of Palliative Care*. Katowice 2000, pp. 74-75.

⁴⁸ Cf. P. Krakowiak, *The History of the Pallotine Hospice in Gdańsk...*, p. 55.

⁴⁹ Cf. J. Drążkiewicz, op. cit., p. 122.

⁵⁰ Cf. H. Bortnowska, op. cit., pp. 49-55.

⁵¹ Cf. J. Drążkiewicz, op. cit., p. 276.

care⁵². In 1988, 500 patients and families were taken care of in home centres run by medically trained volunteers and non-medical volunteers.

National Hospice Movement Forum

The hospice centres which felt the need to support and inspire each other to work would meet during regular concentration days. These had become Polish Hospice Conferences, dealing with issues related to the development of the hospice movement in Poland and the difficulties arising in the provision of care. The result of these meetings was the appointment of a national advisory body⁵³, namely the National Hospice Movement Forum (OFRH), registered in 1992 in Gdańsk. "The Forum hosted Polish and foreign guests connected with the first modern hospice, St. Christopher's Hospice in London. A lot of discussion was provoked by the group meetings, and special interest was aroused by the topic: "The human attitude to death in the ethico-moral, philosophico-religious and sociological aspects". Each day of debate started with a common prayer, creating a community atmosphere, full of the Samaritan kindness that hospice volunteers show the needy every day"⁵⁴. At the 1st Convention of the OFRH in July 1992, they published the Hospice Charter, defining the field of activity and principal guidelines of the hospice movement. "The National Hospice Movement Forum has originated from the previous meetings of the Hospices, therefore, when discussing its development over the years, we cannot pass these previous meetings over. The now established OFRH wishes to become a meeting platform of all the centres, keeping their autonomy and structures relevant to their specific tasks"⁵⁵. The Forum has set itself the following goals: the improvement and promotion of the hospice idea by strengthening co-operation between hospice centres; the exchange of experiences in hospice work; organising national conventions and scientific, training and information sessions; maintaining contacts with the global hospice movement; joint editing of publications on hospice care; co-operation with other medical, educational and religious centres. The initiator of the establishment of the OFRH was the then National Hospice Chaplain – Father Eugeniusz Dutkiewicz SAC⁵⁶. In this way the grassroots social movement based on voluntary service has acquired an organised structure. The fact of its structuring was intended to help to further awaken social forces and support further hospice centres. Similar activities were also undertaken in other countries, which is evidenced

⁵² Cf. MZiOS, op. cit., p. 1.

⁵³ Cf. J. Drażkiewicz, op. cit., pp. 211-255.

⁵⁴ P. Krakowiak, *Voluntary Service in End-of-Life Care...*, p. 120.

⁵⁵ P. Krakowiak, op. cit., pp. 120-121.

⁵⁶ Cf. P. Krakowiak, A. Stolarczyk (ed.), op. cit., pp. 103-106.

by the national and international organisations dealing with patients approaching the end of life, operating all over the world⁵⁷. The voluntary hospice activities, with the participation of doctors and nurses, as well as representatives of non-medical professions and volunteers willing to support them, have induced medical scientists to take a new look at the last stage of human life. This has led to the emergence of two specializations – palliative medicine and palliative nursing care – developing in Poland in close co-operation with the hospice movement.

⁵⁷ Cf. G.W. Davidson, *The Hospice: Development and Administration*, pp. 10-12.

Origins and development of palliative care in Poland

Origins of palliative medicine in Poland

The origins of palliative medicine in Poland are linked to the city of Poznań, where clinical studies and practical organisational work were undertaken to improve the standard of care of terminal cancer patients, following the example of Canadian and European university centres. The palliative care team in Poznań started its work modelling themselves on the Milanese palliative medicine center⁵⁸. "Since 1987, the year of establishment of the Palliative Care Team, subsequently the Palliative Care Clinical Department at the Oncology Department of the Medical University in Poznań (1990), palliative care units have developed within public healthcare facilities"⁵⁹. Upon the initiative of Prof. Jacek Łuczak, the first palliative care team formed in Poznań⁶⁰, but similar activities combining international clinical knowledge with practical palliative care in a home setting were at the same time conducted informally by Prof. Julian Stolarczyk in Gdańsk. In 1989, he was the initiator of the Consultative Palliative Medicine Outpatient Clinic at the State Clinical Hospital No. 1. Together with his wife, Dr Ewa Śmigieliska-Stolarczyk, they translated and published Dr. Twycross's book, which became the first manual of palliative medicine in Polish⁶¹. In 1995, the Palliative Medicine Department was set up at the Medical University of Gdańsk, with Prof. Krystyna de Walden-Gałuszko as its head.

The palliative medicine community in Poland closely co-operated with the hospice movement, which was thriving then, by organising conferences and training workshops for medical professionals: doctors, nurses and medical students, and for clergymen and specialists in non-medical fields of care. The palliative care team in Poznań along with the Palliative Care Clinical Department at the Oncology Department of the Medical University was the first institution of the kind in Eastern and Central Europe⁶². The significance of the Poznań center was measured by scientific publications, participation in the work of the Ministry of Health and Social Welfare, and finally – the appointment of Prof. Jacek Łuczak as the national consultant in palliative medicine. Its leading position in Eastern

⁵⁸ Cf. J. Łuczak et al, Organisation and operating principles of a palliative care team. *Nowiny Lekarskie* 1990; 59: 1, p. 10.

⁵⁹ MZiOS, op. cit., p. 1.

⁶⁰ Cf. P. Krakowiak, A. Stolarczyk (ed.), op. cit., pp. 105-106.

⁶¹ Cf. R.G. Twycross, S.A. Lack, *Therapeutics in Terminal Cancer*, translation by J. Stolarczyk, E. Śmigieliska-Stolarczyk. Warszawa 1991.

⁶² Cf. P. Krakowiak, op. cit., p. 125.

and Central Europe was confirmed by being awarded the status of the registered seat of the ECEPT (Eastern and Central European Palliative Care Task Force) in 1999. Thanks to the center's international co-operation, it was possible to hold training courses in integrated terminal care in Poland and many post-Soviet countries. A significant step and the culmination of these training courses was the establishment of new medical specializations in Poland: palliative medicine for doctors and palliative care for nurses.

Development of children's palliative care in Poland

Palliative medicine began to gradually divide into narrower disciplines and in 1978 pediatric palliative care was launched in the United States⁶³. The world's first Residential children's hospice, Helen's House, was established in 1982 in Oxford by an English nun and nurse, Sister Franciszka Dominika. The founder of pediatric palliative medicine, Dr Dawid Baum of the Royal Pediatric Society co-operated with her. In 1993, the British children's hospice – Helen's House – was visited by Tomasz Dangel, who formally began children's palliative care in 1994, as part of the Warsaw Children's Hospice. Apart from the treatment of physical pain, a constituent of overwhelming distress, a lot of attention was paid to non-medical support: psychological care, spiritual and religious accompaniment and social aid for the parents and siblings of young patients⁶⁴. The center's achievements in the growth of pediatric palliative care in Poland and Eastern Europe are presented in domestic and international publications⁶⁵. In 2007, the National Pediatric Palliative Care Forum (OFPOP) was set up as an organisation of most centres taking care of terminally ill children in Poland. It fulfills advisory and opinion-forming functions, permitting employers and volunteers to exchange experiences. The activities of hospice centres for children cover over 70% of the area of the country, which places Poland among the leaders in Europe. Children's palliative care is provided by palliative care and pain relief outpatient clinics, home care teams, palliative and hospice care wards, day care wards, supportive teams and Residential children's hospices. All the presented forms of support have a specific range and profile of operation, suited to the needs of a particular community. An important role in the provision of care is played by properly trained volunteers, who are members of the teams accompanying young patients at the end of their lives⁶⁶.

⁶³ Cf. T. Dangel, Home care for dying children [in]: J. Łuczak (ed.), *Palliative Care. Advanced Course for Doctors*. Puszczykowo-Poznań – May 22-26 1995. Poznań 1995.

⁶⁴ Cf. J. Łuczak, *Origins of the Warsaw Children's Hospice against the Hospice Movement in Poland and Europe*. Warszawa 2004, pp. 9-10.

⁶⁵ Cf. M. Wright, D. Clark, The development of paediatric palliative care in Warsaw, Poland. *European Journal of Palliative Care* 2003; 10: 3, pp. 120-123.

⁶⁶ Cf. J. Binnebesel, Z. Bohdan, P. Krakowiak, D. Krzyżanowski, A. Paczkowska, A. Stolarczyk (ed.), *A Chronically Ill Child at Home*. Gdańsk 2012.

Co-operation between the social movement and medical specializations: hospice-palliative care

Integration of social and medical activities in the world

The hospice movement has developed dynamically all over the world⁶⁷, relying on the competences and experiences of palliative medicine. Differences in the approach to the issues of the professionalization of care, the role of volunteers and the social nature of support have frequently given rise to tensions between hospice teams and palliative care centres. The problems were the terminology and domination of medical activities; however, apart from the existing differences, they tried to look for the common traits of the social movement and the new medical profession. The National Hospice Organisation (NHO), operating since 1978, noticing the need to integrate the hospice movement and palliative medicine, was transformed in 2000 into the National Hospice and Palliative Care Organisation (NHPCO)⁶⁸, associating palliative and hospice care centres, and certifying and supervising their activities. In 2001 the Canadian Palliative Care Association (CPCA) was transformed into the Canadian Hospice Palliative Care Association (CHPCA). The unification of terms and definitions was suggested too. The integrating approach is also confirmed by the documents and definitions of the WHO and other international organisations. Despite the existing tendencies to make a distinction between the terms of hospice care and palliative medicine, the WHO definition from 2002 concerning end-of-life care is holistic and takes into account both the achievements of palliative care and the non-medical aspects of significance for the hospice movement. Placing an emphasis on the prevention of the suffering of patients and their families, it points to the need to take joint action for patients and their relatives.

Actions for the integration of hospice-palliative care in Poland

The Gdańsk center was the seat of the National Hospice Chaplain, appointed by the Polish Episcopate Conference in 1989. One of the tasks attributed to the function is ensuring the co-operation of professionals and volunteers and the concern for

⁶⁷ Cf. C. Saunders, R. Kastenbau (ed.), *Hospice Care on the International Scene*. New York 1997.

⁶⁸ Cf. D.N. Ricci, *What's in a name? NHO becomes NHPCO and the end-of-life debate goes mainstream*. *Am. J. Hosp. Palliat. Care* 2000; 17: 3, pp. 155-156.

spiritual and religious, and non-medical aspects of care. In 1992, upon the initiative of the National Hospice Chaplain, the National Hospice Movement Forum (OFRH) was established, with members among palliative medicine representatives, including Prof. Vittorio Ventafrida, President of the European Association for Palliative Care (EAPC) of Milan⁶⁹. The dialog between the hospice movement and palliative medicine permitted team care of terminal patients to develop. The assignment of an earmarked provision of the Ministry of Health and Social Welfare for this purpose in late 1993 was of significance for the integration and development of palliative and hospice care in Poland⁷⁰. They appointed the National Council for Palliative and Hospice Care at the Ministry of Health and Social Welfare of the Republic of Poland, inviting over representatives of communities associated with the voluntary hospice movement, representatives of religious associations and palliative medicine specialists. The 83 palliative and hospice care teams operating at the time in Poland, through participation in the National Council, which is an opinion-forming, consulting and advisory body, were given a public voice. Its goal was to support and coordinate the organisation of palliative care, develop education and chart further development plans. It has developed standards of care and information, formulating the program of under- and postgraduate training of doctors and nurses.

In 1994, the position of national consultant in palliative medicine was created. The Council continued its work until 1998, and as a result the Ministry of Health and Social Welfare approved "The Program of Development of Palliative and Hospice Care in Poland". In the introduction, the document recapitulates the efforts of the people engaged in palliative and hospice care in Poland and regards the introduction of the program as a milestone in the development of palliative and hospice care. "The implementation of the Program will permit us to sanction the former achievements of palliative and hospice care and to carry out nationally uniform development goals/directions and tasks for the organisers of this form of healthcare. The popularization of the idea of palliative care presented in the program will contribute to wider community groups getting interested and involved in it and facilitate the development of volunteer organisations and teams"⁷¹. Its publication and popularization as well as the resulting possibilities, such as the inclusion of palliative and hospice care in the law on healthcare facilities and the mention of the right to die in dignity and peace, have contributed to the total incorporation of the social movement in the healthcare and welfare structures. This concerned,

⁶⁹ Cf. P. Krakowiak, *op. cit.*, pp. 120-121.

⁷⁰ MZIOS, *op. cit.*, p. 2.

⁷¹ MZIOS, *Introduction to the Program of Development of Palliative and Hospice Care in Poland*. Warszawa 1998, pp. I-II.

apart from palliative medicine and care, the psycho-social and spiritual support of terminal patients and their relatives as well⁷². The joint actions have made it possible to develop the care and maintain its traditions, as confirmed by these words: "In 1998 in Poland there were over 200 home care teams and some 100 pain management and palliative care outpatient clinics, and 30 Residential wards (including 12 detached hospices), with 350 beds, 16 support teams, 20 day care centres and 10 teams taking care of the bereaved and orphaned"⁷³.

Another method for the integration of hospices and palliative care wards were the specialist training courses for chaplains conducted in 1999 on the initiative of the National Hospice Chaplain. "The training participants included the Polish Minister of Health, F. Cegielska and Cardinal J. Barragan, President of the Papal Council for Healthcare Ministry. The lecturers were pastoral care practitioners from the US, Germany, Italy and Poland"⁷⁴. Public healthcare facilities did not pay sufficient attention to non-medical elements of care, pastoral care in particular. Training courses for chaplains appeared as a reaction to the emerging trends towards medicalizing care and economizing on the non-medical components and the organisation of voluntary service. The next educational and training activities conducted under the patronage of the National Hospice Chaplain that should be noted were the development of voluntary service and social education on the end of life and palliative and hospice care. The Hospice Foundation was established in 2004 to fulfill these goals. The biggest project relating to the establishment and development of hospice voluntary service was the program "I Like to Help", implemented in 2007-2010. The financial and organisational support of the Hospice Foundation made it possible to recruit and train volunteers in over 100 palliative and hospice centres. The activities conducted in local communities led to an increase in the number of campaign-oriented and medical volunteers and to the development of voluntary service by adults and the elderly. Thanks to their participation in the program "I Like to Help", the palliative and hospice centres set up and extended a network of volunteer centres over 3 years, recognized the power of voluntary commitment and reduced the risk of limiting team care to medical activities only⁷⁵. Although the project "I Like to Help" has been completed, in Poland there still are palliative and hospice centres where voluntary service constantly grows but there are also those where the economies and short-sightedness of their managers may negatively affect the

⁷² J. Łuczak, Open Letter on the Role of Palliative and Hospice Care. *Przegląd Tygodniowy* 17.07.1996; 29, p. 7.

⁷³ MZiOS, op. cit., p. 2.

⁷⁴ P. Krakowiak, op. cit., p. 131.

⁷⁵ Cf. P. Krakowiak, Social and Educational Functions of ..., pp. 132-135.

co-operation of professionals with volunteers. An innovative project called WHAT – Hospice Voluntary Service as a Tool of Acceptance and Tolerance, was designed as part of the development of voluntary service. It was based on the experiences of the Gdańsk hospice, which hired prisoners as volunteers for housekeeping jobs and, after adequate training, for the direct care of the seriously and terminally ill.

An important task carried out by the Hospice Foundation is the social education and psycho-social support of orphaned children and young people whose relatives were taken care of by hospices before death. Social education is carried out through the annual social campaigns of "Hospice is also Life", publications, websites, participation in scientific conferences, community action and presence in the media. In 2006, they set up the Orphaned Children's Fund (FDO), with an orange elephant as its symbol. The fund provides children with social assistance in the form of scholarships, school kits, Christmas or Easter gifts and summer and winter camps. By the end of 2014 the fund had helped 6500 children. In the same year they started the website www.tumbopomaga.pl addressed to bereaved children, young people, their families and the people around them, teachers and educators above all.

The risk of the excessive medicalization of palliative and hospice care has been recognized by doctors and palliative medicine researchers in Poland⁷⁶ and abroad⁷⁷ for a long time. One way of preventing the reduction of team palliative and hospice care to only medical activities is the involvement of psychologists, educators, social workers, chaplains and hospice volunteers, supporting all the professionals in their work and the families of terminal patients⁷⁸.

⁷⁶ Cf. K. de Walden-Gałuszko, M. Majkovicz, Assessment of the Quality of Palliative Care in Theory and in Practice. Gdańsk 2000.

⁷⁷ Cf. C.A. Floriani, F.R. Schramm, Routinization and medicalization of palliative care: Losses, gains and challenges. *Palliat. Support. Care* 2012; 15, pp. 1-9.

⁷⁸ Cf. J. Binnebesel, A. Janowicz, P. Krakowiak, A. Paczkowska (ed.), Non-Medical Aspects of Palliative and Hospice Care. Gdańsk 2010.

Special role and forms of voluntary service in hospice-palliative care in Poland

Voluntary service in team palliative and hospice care in 21st century Poland

The history of the global contemporary hospice movement began with the voluntary involvement of people concerned about the lot of the dying and their relatives. The pillars of the social movement for the terminally ill were: community spirit, relying on Christian and universal human values and ecumenical openness to all the cultures, religions and systems of thought⁷⁹. The modern hospice movement has integrated medical and non-medical elements of care, provided by a team of professionals and volunteers. Nevertheless, even though the glorious episodes in the history of the modern hospice movement in Poland were a reminder of the key role of voluntary service, the integration of voluntary service and medical care activities in the practice of care after 1998 was becoming an increasingly challenging task. Due to insufficient funds for the Residential and home care required by increasing numbers of patients, the managers of the facilities and the members of the overburdened medical teams neglected voluntary service and non-medical elements of care, in the effort to satisfy the formal requirements of contracts for medical services. This led to the progressing medicalization of care and to “economizing” on non-medical elements such as promotion, training and the organisation of hospice voluntary service⁸⁰. Many palliative and hospice centres resigned from voluntary service, newly established facilities relied solely on professional employees, and in the oldest hospices it was a memory of the glorious voluntary involvement in the past rather than actual help.

The difficult situation of hospice volunteers and the neglect in the end-of-life education of society in the early years of the 21st century induced the National Hospice Chaplain to undertake a number of educational and training activities in partnership with the Hospice Foundation he established, inviting all the existing palliative and hospice centres in Poland⁸¹. This permitted over 100 palliative and

⁷⁹ Cf. C. Saunders, D.H. Summers, N. Teller, *Hospice: the living idea*. London 1981, p. 198.

⁸⁰ Cf. P. Krakowiak, *Voluntary Service in End-of-Life Care*. Toruń 2012.

⁸¹ Cf. P. Krakowiak, A. Janowicz, A. Woźniak, *I Like to Help! Program of Development of Hospice Voluntary Service 2007-2010*. Gdańsk 2010.

hospice centres across the country to return to the good traditions of hospice voluntary service.

Currently in Poland there are over 400 palliative and hospice centres, with the most numerous group being home hospice care teams⁸². Today's system of palliative and hospice care is the outcome of long-standing and difficult co-operation between employees and volunteers, scientists, doctors, nurses, psychologists, social workers and chaplains for the benefit of patients and their relatives. A presentation of the existing groups of palliative and hospice care volunteers in Poland, with their coordinators and defined roles in team care, will introduce the tasks assigned to them and the requirements to be fulfilled by the centres wishing to integrate care by recruiting volunteers from local communities.

One of the achievements of contemporary palliative and hospice care is to draw attention to the holistic care provided by a team of employees and volunteers as well as to its non-medical aspects, the psycho-social and spiritual needs of patients and their relatives in particular⁸³. A key role in the team is played by medical professionals (doctors, nurses, physical therapists, etc.) but the work of specialists in non-medical fields (psychologists, social workers, chaplains, etc.) is of great significance in end-of-life care too. Despite the financial and organisational limitations in the healthcare and social welfare system, none of the above-named professions should be missing in the integrated care of terminal patients and their families.

In a home or inpatient care team a significant role is played by the coordinator of voluntary service, whose responsibility is to take action on behalf of volunteers, in co-operation with the center's management and the whole team of medical and non-medical professionals⁸⁴. This role needs to be employment-based and ultimately it should not be fulfilled by team members as an addition to their regular employment or by volunteers. In Anglo-Saxon countries, leaders or managers of voluntary service are employed and use professional tools and handbooks in their work⁸⁵. In Poland, this has also become possible thanks to the handbook for voluntary hospice service coordinators, written under the project I Like to Help⁸⁶. A voluntary service coordinator should take care of the training of volunteers, providing them with support and motivation, and monitoring their team activities. A coordinator

⁸² Cf. www.opiekapaliatywna.org (February 2011).

⁸³ Cf. P. Krakowiak, *Voluntary Service in ...*, pp. 143-150.

⁸⁴ Cf. J.C. Fisher, K.M. Cole, *Leadership and Management of Volunteer Programs. A Guide for Volunteer Administrators*. San Francisco 1993.

⁸⁵ Cf. D. Doyle (ed.), *Volunteers in Hospice and Palliative Care: A Handbook for Volunteer Service Managers*. Oxford 2002.

⁸⁶ Cf. K. de Walden-Gałuszko, Introduction [in:] P. Krakowiak, A. Modlińska, J. Binnebesel (ed.), *A Handbook for Voluntary Service Coordinators*. Gdańsk 2008, p. XXV.

is required to have knowledge and qualifications but also to be able to control stress, have interpersonal skills and adequate personal qualities to develop positive interpersonal relations, which are as necessary as leadership skills and empathy. Other qualities of a good coordinator are respect for volunteers, patience and openness to newcomers, healthy realism and a sense of humor⁸⁷. However, such a person has to be aware above all that volunteers are an important group in the team, playing an essential role in the implementation of the hospice philosophy by accompanying patients, supporting families and working for the team and the institution as a whole.

A review of the skills and roles of volunteers in team care, presented according to the tasks presently assigned to them at the centres in Poland, illustrates the richness of the social involvement of different professional and age groups in direct patient care, in supporting families during illness and bereavement, as well as various forms of social education and in raising the funds needed by the centres to operate.

Voluntary service directly supporting patients and their families

Voluntary service of people with medical educational backgrounds

The voluntary service of people with medical educational backgrounds is open to nurses, doctors, pharmacists and physiotherapists undertaking tasks in the team. Experienced medical professionals volunteer to work for hospices after they retire or to help after their regular working hours. As volunteers, they can perform duties similar to their jobs or undertake completely new tasks such as accompanying patients in home care, supporting bereaved families or carrying out activities allocated by the voluntary service coordinator. The advantage of volunteers with medical backgrounds is their job experience, which is particularly valuable in difficult situations which abound in end-of-life care⁸⁸. The danger, especially for people at retirement age, is carrying the bad habits from their former jobs over into the team or focusing on their specialization, while lacking experience in palliative and hospice care¹³¹. The deeply humanistic or Christian motivation of working or retired specialists in medicine usually allows them to overcome difficulties and effectively serve patients, their families and all the team members. Volunteers – medical professionals, who are both a support for regular employees and guides for the other volunteers in the team, may become a substantial strength in palliative and hospice care teams⁸⁹.

⁸⁷ Cf. D. Doyle (ed.), op. cit.

⁸⁸ A. Modlińska, Medical Voluntary Service [in:] P. Krakowiak, A. Modlińska, J. Binnebesel (ed.), A Coordinator's Handbook..., p. 62.

⁸⁹ Cf. P. Krakowiak, Voluntary Service in ... , pp. 156-157.



Care-providing (medical) voluntary service

Care-providing (formerly known as medical) voluntary service is essentially provided by properly trained adults but in some centres in Poland it could exceptionally be permitted for over 16 year-olds (by parents' permission). Care-providing voluntary service delivers direct care to a patient and their family only after adequate theoretical and practical training in palliative and hospice care. Poland has no uniform system of training for caring volunteers as different centres have developed their own training methods for volunteers. The existing training programs have been compiled in a handbook for voluntary service coordinators, permitting the centres to adapt them to their needs and abilities⁹⁰. The tasks of this group of volunteers include: assistance in patient care in co-operation with the care team, accompanying patients and their families, assistance in minor maintenance jobs and helping with housework. Adult and elderly volunteers, recruited and trained under "Voluntary Service 50+" perform particularly well in these jobs⁹¹. Apart from volunteers trained to work with patients, care-providing teams include volunteers

⁹⁰ Cf. P. Krakowiak, A. Modlińska, J. Binnebesel J. (ed.), A Coordinator's Handbook..., pp. 115-149.

⁹¹ Cf. P. Krakowiak, Social and Educational Functions of Palliative and Hospice Care. Studies in Action 2002-2010. Gdańsk 2012, pp. 114-126.

with medical educational backgrounds (students of medicine, nursing, physical therapy, etc.). Depending on their qualifications, they can be engaged in direct care or fulfill auxiliary roles in a palliative and hospice team⁹².



A care-providing volunteer has to complete theoretical training and clinical traineeship under the supervision of experienced doctors and nurses, and attend interviews with a psychologist and voluntary service coordinator. After the training is completed, the candidate joins the care-providing team for a trial period, and becomes its member after the positive evaluation of the team and having passed an examination. All these elements are necessary for a volunteer to be entrusted the responsible task of caring for the seriously ill and dying. Voluntary service usually starts at a Residential hospice or on a palliative care ward, while more experienced and reliable volunteers become members of a home hospice care team, where they need to be more independent in their work with patients and co-operation with their relatives⁹³.

⁹² Cf. P. Krakowiak, A. Modlińska, J. Binnebesel (ed.), *A Coordinator's Handbook...*, pp. 57-62.

⁹³ Cf. A. Janowicz, *The Role of Informal Carers in End-of-Life Care. The Starting Point for Studies within the Project of the European Palliative Care Academy (EUPCA)*. *Piel. Zdr. Publ.* 2014, 4 (2), pp. 161-167.

Voluntary service in child care

This type of voluntary service is a special kind of commitment, arising from the specificity of the palliative and hospice care of severely ill children⁹⁴. This is what a doctor providing home care to children said about a volunteer prepared for co-operation with a team: "The test of their usefulness is the unconditional ability and attitude of listening to someone else in need. The problem with many volunteers is that they want to fulfill themselves in action while patients sometimes do not expect action but simply being together with them and enjoying the moment. People instinctively fear and escape from silence because it is associated with ineffectiveness, helplessness and inefficacy. However, silence as an attitude, may signify the supreme values of service: acceptance of the value of the moment, empathetic presence, awaiting patients' requests, spiritual attitude and prayer, affirmation of patients (...). Before deciding to go to see a sick child, it is necessary to get to know the specificity of voluntary service in the specific age range.



The key to working in contact with adults may not apply to children, their perception of the world may be completely different, and they experience illness quite

⁹⁴ Cf. T. Dangel, *Pain Relief and Palliative Care in Children*. Warszawa 1998; M. Kostek, *Hospice Voluntary Service as an Impulse to Personal Change?* Lublin 2010.

differently too⁹⁵. Children build their picture of reality on the basis of the reactions of others and responses of adults. Children behave differently at every age. Some of them, having the awareness and experience of death in their family or environment (hospital, school, family), may ask existential questions⁹⁶. The choice of interlocutor is a distinction that few adults can live up to. The experience of accompanying a sick child is a lesson for life – sometimes a volunteer definitively ends their co-operation with the team after a patient's death. Similar to the child's family, they mourn and have to go through all the phases of bereavement before taking on the next patient. These elements of a volunteer's work are their personal record in the final balance of life experiences, a profit and loss account of their work for the hospice⁹⁷.

Voluntary service in bereavement support

Bereavement support is a task for well-prepared volunteers, which differs from care-providing voluntary service and requires good interpersonal skills⁹⁸. Supporting a patient's family, both in their lifetime and after death, is a significant task facing palliative and hospice care. The situation of the bereaved and their needs differ, hence the need for support from psychologists, social workers, chaplains and well-prepared volunteers⁹⁹. The relatives of the deceased are confronted with numerous social and welfare issues, therefore the co-operation of volunteers with social workers and social service centres ensures tangible support¹⁰⁰. Experience in team palliative and hospice care and special training in conducting support groups are necessary for volunteers to be engaged in such activities¹⁰¹.

Voluntary service in support of relatives after the loss of a child calls for various skills. When working with bereaved parents or siblings, volunteers can rely on educational methods and care methods intended to protect, heal and shape a child's emotional sphere. Having completed adequate training, they can participate in the care and educational work of a palliative and hospice center dealing with orphaned children in co-operation with the school and local community. The proper handling, patience and social and emotional support given to the entire

⁹⁵ Z. Bohdan, Hospice Voluntary Service among Children – a Special Challenge and Obligation [in:] P. Krakowiak, A. Modlińska, J. Binnebesel (ed.), *A Coordinator's Handbook...*, pp. 63-64.

⁹⁶ Cf. Kübler-Ross, *Children and Death*. Poznań 2007, pp. 144-162.

⁹⁷ Z. Bohdan, *Hospice Voluntary Service among Children...*, p. 64.

⁹⁸ Cf. P. Krakowiak, *Voluntary Service in...*, pp. 162-164.

⁹⁹ Cf. S. Payne, The role of volunteers in hospice bereavement support in New Zealand. *Palliative Medicine* 2001, 15 (2), pp. 107-115.

¹⁰⁰ Cf. P. Krakowiak, *Loss, Bereavement and Mourning*. Gdańsk 2007, pp. 113-114.

¹⁰¹ Cf. J. Binnebesel, A. Janowicz, P. Krakowiak, A. Paczkowska (ed.), *Non-Medical Aspects of Palliative and Hospice Care*. Gdańsk 2010, pp. 18-27.

family improve their functioning at the difficult time of illness¹⁰². Among the key tasks of the voluntary service for children or bereaved families are care-providing functions which define carers' roles and are indicators of the effectiveness of assistance. These issues are discussed in detail in a handbook published under the project I Like to Help and handed to the palliative and hospice centres and to their partner schools¹⁰³.

Voluntary service engaged in social education and hospice charity campaigns

Voluntary service of fundraising, social education and co-operation with the media

The voluntary service of fundraising, social education and co-operation with the media was developed along with the educational activities offered by the Hospice Foundation to the centres nationwide. Apart from medical and nursing competences, the media messages delivered to the local and national communities covered the issues of non-medical elements and the social commitment of volunteers. The goal of the numerous activities undertaken in 2002-2010 was to get the hospice ethos, which is the foundation of team palliative and hospice care, across to local communities¹⁰⁴. The national educational campaigns described in detail in this book and numerous social education projects have helped to establish co-operation with local media, and thus to make the centres an inherent part of the consciousness of the little homelands they operate in. The initiatives taken by volunteers, usually in co-operation with the voluntary service coordinators and employees of the centres have led to better knowledge of palliative and hospice care in local communities and a rise in the number of applicants for voluntary service and those willing to support team care.

¹⁰² Cf. P. Krakowiak, *Loss, Bereavement and Mourning ...*, pp. 65-70.

¹⁰³ J. Binnebesel, A. Janowicz, P. Krakowiak (ed.), *How to Discuss End of Life and Hospice Voluntary Service with Pupils*. Gdańsk 2009.

¹⁰⁴ Cf. P. Krakowiak, A. Stolarczyk (ed.), *Father Eugeniusz Dutkiewicz SAC. The Father of the Hospice Movement in Poland*. Gdańsk 2007, pp. 236-237.



Campaign-oriented voluntary service

Campaign-oriented voluntary service is available to minors (children and young people), adults and elderly people willing to support palliative and hospice care. This most widely spread form of participation of volunteers from local communities requires basic training in palliative and hospice care and co-operation with the coordinator of voluntary service. Volunteers help with the tasks at the center (in the management office, at the reception, in maintenance jobs) and with the charity and educational campaigns conducted by the facility. Volunteers also include specialists in different areas related to management, marketing and co-operation with the local community.

Campaign-oriented voluntary service comprises **charitable and educational voluntary service**, encompassing a number of local, regional and national activities carried out mostly by children and young people who come over to the palliative and hospice centres with their teachers¹⁰⁵. A lot of educational activities as well as combined fundraising and educational campaigns in the local community rely on this group of volunteers. A key role in this co-operation is played by teachers and educators, coordinating the school volunteers' clubs and closely cooperating with

¹⁰⁵ Cf. www.funduszdzieci.pl (October 2014).

the hospice coordinator of voluntary service or other people at the care center. The **voluntary service of children and young people of school age** is a form of education about approaches and attitudes to serious illness, disability, death and mourning, which requires the involvement and active co-operation of school teachers and headmasters and other educational institutions. Their involvement is a form of voluntary service too. Due to the characteristics of educational institutions, it is necessary to make arrangements with the school management, to have clearly defined goals, an action plan and a schedule of planned activities, and the voluntary service coordinator should regularly co-operate with teachers. The good practices of co-operation with the teachers of several dozen schools in the Tri-City have made it possible to develop a model of educational and training activities in schools and higher education institutions. The educational project prepared during the campaign I Like to Help took the form of a series of workshops for teachers across Poland. Some of them accepted the invitation to participate in the preparation of a handbook with scenarios of activities related to end-of-life care and bereavement support. The patronage over the first Polish publication of the kind was taken by the minister of national education¹⁰⁶. The topicality of the issues of the end of human life and the voluntary service of children and young people is confirmed by the fact that the handbook was translated into Italian by the publishing house of the Papal Salesian University in Rome¹⁰⁷. The hospice communities in Romania and Hungary expressed their interest in these teaching tools for children and young people, developed in the hospice voluntary service community.

¹⁰⁶ Cf. P. Krakowiak, K. Kabasiński, Voluntary Service of Children and Young People [in:] P. Krakowiak, A. Modlińska, J. Binnebesel (ed.), *A Coordinator's Handbook...*, pp. 26-32.

¹⁰⁷ Cf. J. Binnebesel, Z. Formella, A. Janowicz, P. Krakowiak (ed.), *Parlare di cose serie con i bambini a casa e a scuola. La sofferenza e la fine della vita*. Roma 2011.



“Voluntary Service 50+” is a special category, addressed to adult and elderly people, who are often invited to join in campaign-oriented voluntary service first. For this is a space for those who are willing to devote their time and abilities to an institution providing them with end-of-life care. Candidates undergo training and familiarize themselves with the immediate needs of patients and their relatives, eliminating the fear of and reservations about working for a hospice. Indecision in this group is connected with concerns about responsibility and the lack of abilities to help the seriously ill¹⁰⁸. Participation in charity campaigns and co-operation with care team members as well as gradual familiarization with the community, and meeting patients and their families cause some adult campaign-oriented volunteers to join a training course for medical volunteers. It may also happen that medical volunteers, overburdened with terminal care or afflicted by the loss of a patient in their care, ask the coordinator to allow them to continue their work in campaign-oriented voluntary service. The co-existence of two kinds of voluntary service in a center permits the coordinator to take care of those volunteers who devotedly help the dying and need a rest, some support or a change of activity and want to continue being active members of the team. The multigenerational character of a team of

¹⁰⁸ P. Krakowiak, Voluntary Service in... , p. 156-157.

volunteers is also a source of mutual support since the experience and prudence of the adult and elderly members concur with the enthusiasm of the young.



Innovative forms of voluntary service

Voluntary service of the socially maladjusted

The voluntary service of the socially maladjusted was a reply to the stereotypical association of a young volunteer with a good school and a respectable home. Students of vocational senior middle schools of the Voluntary Labor Corps who get poor grades, come from dysfunctional families, have trouble with the law and abuse illegal substances do not seem to be good candidates¹⁰⁹. They live on the margins of society, without any chance of success in life. They believe that being sensitive is a sign of weakness though they tend to suppress their own sensitivity with stimulants¹¹⁰. They are socially maladjusted¹¹¹ but paradoxically their lifestyle

¹⁰⁹ Cf. M. Prokosz (ed.), Deviant Aspects of the Modern World. Warszawa 2004.

¹¹⁰ P. Kwiatkowski, Soft Drugs and their Use by Young People in the Light of Selected Theories [in:] M. Prokosz (ed.), Deviant Aspects..., pp. 100-109.

¹¹¹ P. Gindrich, Psycho-social Components of Maladjustment. Lublin 2007, pp. 11-14.

and concealed sensitivity can be arguments for bringing this “difficult youth” into hospice voluntary service¹¹².



The first stage of co-operation can be campaign-oriented voluntary service, associated with charity campaigns, which are fundamental to the activity of each palliative and hospice center, or with maintenance jobs such as the upkeep of cars or the premises of the center. A hospice driver's duties and co-operation with team members teach them to be punctual and responsible. The last stage of the voluntary service of socially maladjusted young people can be medical voluntary service. Some of them can also serve their prison sentences (if they concern minor offences) in hospice voluntary service. This gives them a chance to avoid further punishment and find the motivation to take up socially acceptable activities. The recruitment of volunteers from groups threatened by exclusion is more difficult. And yet, these volunteers, if trust is placed in them, might become the mainstay of the team, unsparingly giving their time and personal commitment. They frequently describe the center for voluntary service as their other home and can really do much for this home, its residents and patients. And most importantly – they find the sense and purpose of their lives there¹¹³.

¹¹² Cf. J. Kaczowski, Voluntary Service of the Socially Maladjusted [in:] P. Krakowiak, A. Modlińska, J. Binnebesel (ed.), *A Coordinator's Handbook...*, pp. 49-52.

¹¹³ *Ibidem*, pp. 52-53.

Voluntary service of convicts and inmates of penal institutions

It is an official form of employment for prisoners to work as volunteers for the palliative and hospice centres prepared for this kind of co-operation¹¹⁴. They work in the kitchen and in the distribution of meals, which involves the occasional contact with patients. Some volunteers from penal institutions, having completed medical volunteer training, go to work in a palliative and hospice care team. Their responsibility is to assist nurses, mostly with the feeding of patients, and with personal care, and in the daily functioning of the hospice¹¹⁵. Voluntary service at palliative and hospice centres favorably affects the rehabilitation process and the contact with team members, patients and their families is an opportunity to change their conduct and discover the joys of doing good and serving others¹¹⁶. The WHAT project (Hospice Voluntary Service as a Tool for Teaching Acceptance and Tolerance)¹¹⁷, initiated by the Gdańsk hospice, proved a success and a chance for people released from penal institutions. In 2009 the voluntary service of convicts at palliative and hospice centres in Poland was noticed by the Council of Europe¹¹⁸. Even though the project has officially been closed, the co-operation between palliative and hospice centres and penal institutions continues, which best proves that the voluntary service of the socially maladjusted can bring long-term benefits to both parties. The reports from and results of the studies of the therapeutic and rehabilitative role of voluntary service for convicts in palliative and hospice care in Poland can be found in publications on rehabilitation, in a European journal of palliative care¹¹⁹ and a Polish journal for palliative medicine practitioners¹²⁰.

¹¹⁴ Cf. P. Krakowiak, *The History of the Pallotine Hospice in Gdańsk*. Gdańsk 2008 pp. 135-138.

¹¹⁵ Cf. M. Świtala, P. Krakowiak, *Sentenced to care*. Hospice Information Bulletin 2007, 6, p. 7.

¹¹⁶ Cf. R. Socha, *Tam, gdzie miękną twarde*. *Polityka* 2, 13.01.2007, pp. 78-80.

¹¹⁷ Cf. *It All Began in Gdańsk*. Hospice Voluntary Service. Source: <http://sw.gov.pl/pl/okregowy-inspektorat-sluzby-wieziennej-gdansk/zaklad-karny-gdansk--przerobka/news,1651,zaczelo-sie-w-gdansk.html> (May 2012).

¹¹⁸ Cf. B. Gruszczyńska, *The Crystal Scales of Justice* [in:] *Przegląd Więziennictwa Polskiego*, Warszawa 2009, No. 64-65, pp. 9-11.

¹¹⁹ Cf. P. Krakowiak, A. Paczkowska, R. Witkowski, *Prisoners as volunteers in hospice-palliative care in Poland*. *European Journal of Palliative Care* 2012, 19 (5), pp. 246-251.

¹²⁰ Cf. P. Krakowiak, A. Paczkowska, R. Witkowski, *Prisoners as hospice volunteers in Poland*. *Medycyna Paliatywna w Praktyce* 2013, 7 (2), pp. 55-64.



Involvement of voluntary service in the activities of the hospice movement in Poland and Europe

Volunteers were the founders of the modern hospice movements and they are still important partners in team terminal care. At the beginning of the 21st century, owing to a series of educational and training activities coupled with the publication of handbooks and guides, and the preparation of multimedia materials and educational films, volunteers in Poland gained the toolkit they needed to prepare themselves for the mission of voluntary service, and its coordinators gained the aids for the hard work of integrating professional activities and voluntary service. Most of the palliative and hospice centres have undergone the important process of mutual acceptance and starting co-operation between professionals and volunteers. Some centres have employed a voluntary service coordinator on a full-time basis, while others reconcile this responsible task with other responsibilities in the team or they entrust the task to an experienced volunteer. It is self-evident that a palliative and hospice care team is bound to be emotionally and physically burdened with working with the dying and with families coping with the loss of relatives. The appreciation of the role of volunteers in the actual care of the seriously ill and their families, the gratitude of hospice employees for the change in social attitudes towards terminal care and the support of bereaved families have opened

a number of areas of co-operation between employees and volunteers. The history of the contemporary hospice movement in Poland, innovative forms of voluntary service of those threatened by exclusion and the excluded as well as the activities intended to integrate the work of professionals and volunteers in palliative and hospice care all make our experience exceptional on a European and global scale.

Social involvement in terminal care and the inclusion of volunteers in the structures of palliative and hospice care was one of the topics of interest to the students of the first edition of the European Academy of Palliative Care (EUPCA) during their stay in Poland. A group of specialists in various fields, training to become palliative care leaders in their countries highly appreciated the opportunity to get to know the history and the present-day forms of volunteer involvement in team care¹²¹. A lot of EUPCA students, particularly from Eastern Europe, additionally appreciated the fact that all the handbooks, guides and other materials on voluntary service and social education in end-of-life care prepared in Poland could be used in all the places where, for a variety of reasons, the integral vision of palliative and hospice care lacks the precious hands and hearts of volunteers. Thus the process of handing over experiences in and knowledge of the mobilization of social forces and voluntary service education to others has begun. The first joint projects prepared with centres from Romania, Hungary, Croatia, Slovenia and the Ukraine allow us to hope that the Polish example will remind these societies of the need to take care of the dying, and the experiences and practical knowledge will help to find volunteers willing to assist the seriously ill and their families there.

An example of good practices from other countries implemented in Poland is the Fields of Hope campaign, borrowed from Edinburgh in Scotland, which has been successfully conducted for many years. Since 2003 it has been focused on education and training, and its scope covers the whole territory of Poland¹²². By disseminating information on hospice activities, volunteers teach others sensitivity to the terminally ill. The preparations and coordination of nationwide activities last all year round, and each of the centres conducts autonomous projects lasting between several days and several months.

The scale of activities undertaken under the Fields of Hope campaign in Gdańsk, where activities “flourish” intensively for a few successive weeks following Easter, is impressive and demonstrates the degree of social involvement. In the first weekend, they organise artistic events and fundraising volunteers are present everywhere. On the last Saturday and Sunday volunteers participate in the events prepared jointly

¹²¹ Cf. www.eupca.eu/category/reports/ (10.01.2015).

¹²² Cf. Fields of Hope. Participants 2014. <http://polanadziei.pl/uczestnicy.html> (10.01.2015).

with numerous organisations: “Run of Hope”, “March of Hope”, “Motorcycle Rally of Hope”, “Match of Hope” and “Concert of Hope”, which are accompanied by collections during which money is raised by children, young people and their teachers from some 80 schools, forming a substantial group of about 3000 volunteers. In 2014, the campaign in Gdańsk raised the amount of nearly PLN 470,000, while the organisational costs totaled under 10% of the collected funds, most of which was spent on the 120,000 daffodils given out to donators. The involvement of various social groups and multigenerational volunteers, the presence of Fields of Hope in the calendars of events of big cities and small towns, the co-operation of local governments, non-governmental organisations, religious associations, schools and universities seem to be the best illustration of the phenomenon of the hospice voluntary service actively operating in Poland.



New challenges

Transferring the good practices of hospice voluntary service into healthcare facilities and other areas of home and long-term care

Now that over 30 years has passed since home and institutional palliative and hospice care was initiated in Poland, we can give credit to professionals and volunteers, healthcare and welfare institutions, religious associations and non-governmental organisations for their enormous joint effort. We should be happy about our country's unique position in the organisational system of palliative and hospice care, which is recognized in Europe, and about its leading role in this respect in Eastern and Central Europe¹²³. The purpose of this publication is not only to record the history of the activities, institutions and people making up the presented system of care, to present the authors and centres that handed their memories and reports to us and to thank many employees and volunteers not mentioned by name – the silent heroes of palliative and hospice care in Poland. The description of the history of the social movement co-working with professionals is also meant as an inspiration to take up new challenges connected with the demographic changes observed in Europe which concern Poland too. “The Governmental Program for the Social Activity of the Elderly for 2012-2013” defines the tasks facing healthcare, social policy and social services institutions, pointing to the financial and organisational problems in this sector of social life. At the same time, some reflection is needed in connection with the UN Declaration on the improvement of the living conditions of the elderly all over the world, including care of the terminally ill, announced in 2002, which had to wait for 10 years before legislation was passed in Poland¹²⁴. The institutions responding best to the needs of terminal patients in Poland are certainly palliative and hospice centres. Other centres such as residential care homes, nursing and treatment facilities and particularly the home care of terminal patients suffer from numerous deficits in the quality of care, its organisation and integration, as well as the autonomy of patients and informal carers (families and volunteers). For them, a real support and a solution to the problem might be the involvement of volunteers, recruited among children and young people, adult and elderly people, which has been accomplished so efficiently in palliative and hospice care¹²⁵. Comparative

¹²³ Cf. C. Centeno et al., EAPC Atlas of Palliative Care in Europe 2013, p. 234 nn.

¹²⁴ Cf. http://www.unecce.org/pau/age/wg/wg_ageing.html (October 2014).

¹²⁵ Cf. P. Krakowiak, A. Janowicz, A. Woźniak, I Like to Help! The Program of Development of Hospice Voluntary Service 2007-2010. Gdańsk 2010.

analyses¹²⁶, and national and international studies and reports¹²⁷ indicate that the lack of coordination and integration of care-giving activities and the insufficient collaboration between professionals, informal carers and volunteers are reasons for the inadequate fulfillment of the needs of seriously ill patients and their carers, especially in home care. In view of the growing financial problems faced by nursing and treatment institutions, the recruitment of volunteers from local communities may be of key importance. Coordinators of hospice voluntary service, equipped with the educational tools designed for them¹²⁸, who have for years been successfully recruiting, training and introducing volunteers to work with professionals, are qualified to conduct training courses for volunteers in the institutional and home care of the elderly, chronically ill and dying. This is exemplified by the activities undertaken as part of the End-of-Life Strategy by palliative and hospice centres in Great Britain which have been successfully training professionals and volunteers in long-term care for years.



¹²⁶ Cf. P. Krakowiak, *Voluntary Service in ...*, pp. 208-211.

¹²⁷ Cf. M. Augustyn (ed.), *Long-term Care in Poland. Description, Diagnosis, Recommendations*. Warszawa 2010.

¹²⁸ Cf. P. Krakowiak, A. Modlińska, J. Binnebesel (ed.), *The Handbook of a Coordinator of Hospice Voluntary Service*. Gdańsk 2008.

In Poland, such activities were conducted on a wider scale in Pomerania in March 2014, when the Hospice Foundation and the Foundation I Like to Help, inspired by the National Hospice Chaplain, set up the Pomeranian School of Care-Providing Voluntary Service and, together with 5 healthcare and social welfare entities, implemented a pilot project intended to instill the idea of voluntary service in these facilities. The first step was to train voluntary service coordinators, and the next one – to prepare volunteers. The training of volunteers was held at the Father Dutkiewicz SAC Hospice in Gdańsk, the leader in training and co-operation with volunteers in Pomerania. The next project was the introduction of volunteers into the nursing homes in the Pomeranian province as part of the project “Helping is Beautiful – Activation of the Elderly through Care-Providing Voluntary Service”, carried out by the Hospice Foundation in partnership with the Foundation I Like to Help, under the Governmental Program “The Social Activity of the Elderly”.

Education in end-of-life care and in the support of family carers can also be conducted in co-operation with parishes. We can read in church publications that: “The Church knows the problems of old people and strives to help in solving them in a variety of ways. Therefore, it reminds Christians of the obligation to take care of the elderly within family homes and parochial communities. Concern for old people is also a subject of interest for Christian orders and societies, which organise and run nursing homes, various rehabilitation and treatment centres and day care centres for seniors”¹²⁹. Caritas parochial teams and charity groups active in most parishes in Poland can conduct educational classes in terminal care and support informal carers¹³⁰. In local communities there is often the potential to do more, and there are texts discussing the need to take action for the elderly, chronically ill and bereaved in Polish parishes, which can give support and encouragement to co-operate¹³¹. It is worth noting that people studying the issue from the perspective of pastoral theology observe that “the forms of charitable work with elderly people need popularizing in Poland”¹³². Demographic changes and the growing number of chronically ill and old people in their homes call for specific actions to be taken in Polish parishes. The employees and volunteers of palliative and hospice care teams should start or expand co-operation with parishes and non-governmental organisations in order to establish local centres of support for the chronically ill in their homes and for their family carers. The

¹²⁹ W. Przygoda, *op. cit.*, pp. 442-443.

¹³⁰ Cf. A. Michalski, *Późne pytania*, *CarPol* 2002; 9: 4, pp. 19-20.

¹³¹ P. Krakowiak, *From the “Hospice is also Life” Campaign to New Forms of Pastoral Support in Bereavement [in] Let’s Take Good Care of Life. A Church Spreading the Gospel of Hope. The Pastoral Program of the Church in Poland for 2006-2010. Years 2008/2009*, pp. 237-245.

¹³² W. Przygoda, *op. cit.*, p. 442.

National Hospice Chaplain suggested in 2014 that the good practices of team palliative and hospice home care be used in establishing multigenerational voluntary service centres and Parochial Seniors Clubs in each of the parishes of the Toruń Diocese. After volunteers have been trained and introduced into local communities, studies will be conducted and the project mobilizing parishioners to take care of the elderly and chronically ill in home care will be able to become a model for other dioceses, individuals and institutions wishing to improve the quality of care of the terminally ill in Poland.

Establishing a system of support for informal carers

Another urgent task in Poland is the establishment of a system of support for the relatives of terminal patients, defined as informal carers¹³³. Care of the elderly and their support by the family is the cultural norm in Poland – society expects relatives to provide support to the dying, sanctioning the moral obligation by legal regulations. Informal carers in Poland and Europe are predominantly women, who often fall victim to the chronic illness of a relative. Although analyses of the current domestic situation express no faith in the possibility of establishing neighborhood voluntary service or co-operating with parishes¹³⁴, it is possible to prepare and implement a strategy of social commitment to family carers. In the present situation the only group of institutions supporting them are palliative and hospice centres¹³⁵. The palliative and hospice care teams could initiate actions aimed at supporting family and informal carers, particularly in home care. To make this possible, it is necessary to identify practical ways of co-operation between various individuals and institutions, which is effectively carried out by palliative and hospice centres, actively co-operating with local communities and donators. Publications, research and, above all, the transfer of good practices of teamwork in palliative and hospice care should contribute in future to a lesser degree of exclusion of the dying and their carers from local communities. There are already examples of institutional support and the assignment of substantial funds to this form of care in the European Union¹³⁶, which may inspire similar activities undertaken locally, regionally and nationally. This requires faith, solidarity and generosity, which many years ago filled

the souls of the first volunteers of palliative and hospice care in Poland, leading to the thriving of this form of care under difficult economic and political conditions. In the next publication which will be written on the next anniversary, we will find the answer to the question whether we, as their successors and followers, have been able to respond to the urgent needs of terminal patients and their relatives now living in Poland.

¹³³ Cf. S. Bowlby, L. McKie, S. Gregory, I. MacPherson, *Interdependency and Care Over the Lifecourse*. London 2010.

¹³⁴ Cf. P. Krakowiak, *Voluntary Service in End-of-Life Care...*, p. 283.

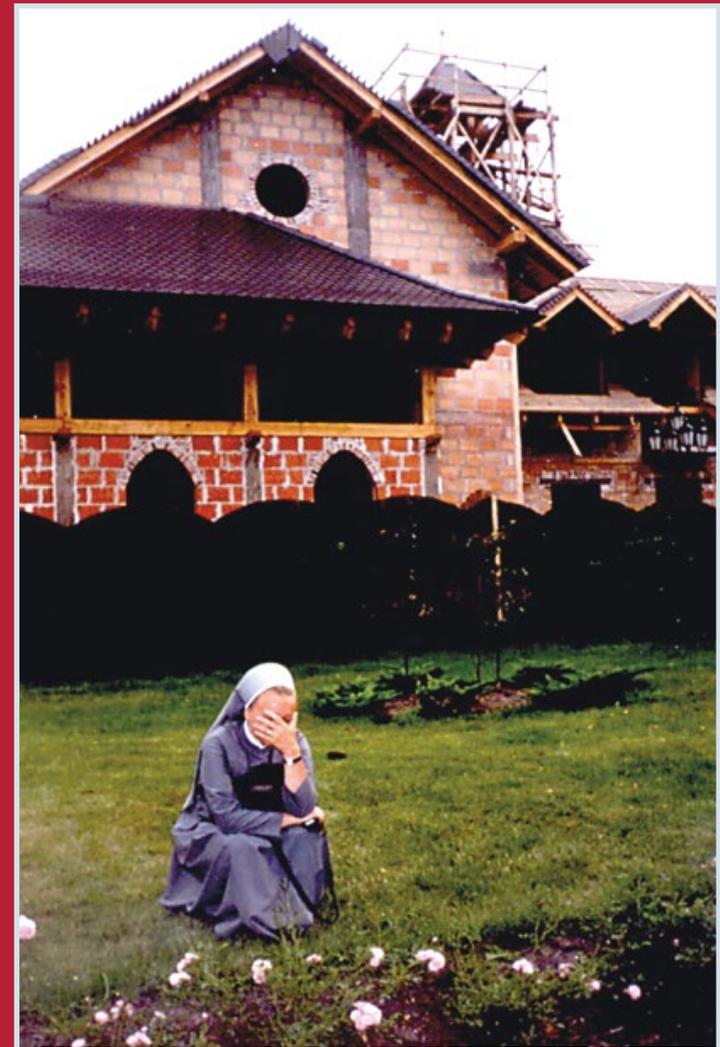
¹³⁵ Cf. M. Raclaw, *Informal Carers – “Invisible” Entities* [in:] M. Raclaw (ed.), *Public Concern, Private Care. Local Communities and the Elderly*. Warszawa 2011, p. 284.

¹³⁶ Cf. CarersUK. *The voice of carers*, <http://www.carersuk.org/>; *Caring for Carers Ireland*: <http://www.caringforcarers.ie/> (November 2014).

Part 2.

PERSONAL REFLECTIONS

Edited by Alicja Stolarczyk



Introduction

The true story of the hospice is not merely a historical account of certain events or actions listed as dates, places, people and figures, which clearly are also important since they order the reality and preserve the memory of things for posterity. However, the story would not be complete without the emotions and experiences of all those who ended up as hospice patients and those who choose to work it as their workplace or found their personal fulfillment there.

We invited people of different professions, ages and functions from within the interdisciplinary hospice team to tell us their personal stories and what they considered vital to the hospice mission. The result are images and testimonies of the time, history, attitudes and values, which although varying in detail, exhibit similar motivation, commitment, responsibility and joy at being a member of the hospice family. Because this is how the first volunteers felt having decided to help patients who had been abandoned by medicine, giving them their skills, time and frequently money if necessary.

Their attitude was characterized by a respect for life, suffering and death, by a willingness to devote themselves, by a sense of being privileged and by openness towards patients, their relatives and each other. They were aware of the enormous effort but also of the great fulfillment. Their work was an antidote in a time of hypocrisy, restricted freedom and general deprivation.

These are extraordinary stories of how being with patients has become permanently engraved on the memories of their carer-friends – a recollection of a dream fulfilled at the last minute, a smile in return for an easing of pain, gratitude for an errand done, a lasting presence and company during death. consistent presence and accompanied dying.

Today things look different: the voluntary social movement has evolved into a systemic provision of healthcare. Palliative medicine and care, relying on the latest achievements in medical science, drugs and appliances, imposes specific require-

ments and enforces compliance with procedures. On the one hand; huge progress, on the other; anxiety about whether we will be able to defend and maintain the spirit and carry forward the message of our progenitors.

These recollections have been arranged in alphabetical order (authors' surnames) with the exception of the collection of thoughts of Father Eugeniusz Dutkiewicz SAC, the father of the hospice movement in Poland, whose commitment to the development of the hospice movement in Poland and to the Hospice in Gdańsk cost him his life. Yet, through the living example of his followers, he still lives in the hearts of all those who knew him and those who received his message.

"...the late Father Dutkiewicz was not a Samaritan who takes the credit for helping the dying but a Samaritan who feels grateful to the patient for having chosen him as the one to show trust and friendship to. It is not me, the healthy one, who gives, and you, the sick one, who receives but it is our common human experience which gives rise to friendship on a path from which nobody can escape"¹³⁷.

Alicja Stolarczyk

¹³⁷ P. Krakowiak, A. Stolarczyk (ed.), *Father Eugeniusz Dutkiewicz SAC, father of the hospice movement in Poland*. Gdańsk 2008, s. 146.

Our Hands Are the Hospice Viaticum

I spent the first years of my priesthood in the vicinity of a big clinical hospital in Gdańsk. Since the then chaplain of the Medical University was often ill, I was called to patients as his replacement. Apart from experiencing the joy of the altar – this table of sacrifice – I also experienced the hospital bed as a place of sacrifice. I noticed that the two places were in a way identical. I saw that close to the altar and by the bedside, people found the ultimate sense of their lives. On the altar – we can say – God saves man. Similarly, on a hospital bed, he is saved by God and by the whole medical staff. The altar and the bed have become the epitomes of two sacred tables to me. (...)

My inspiration for standing by patients, and for establishing the Hospice in particular, was my experience of the home. In my pastoral work I saw the great value of the household, the sacrum of family life. I saw how it affected the children whom I prepared for the First Communion. By contrast, in hospital one is thrown into tumult and clamor. Patients once told me that in hospital they felt like at a diagnostic station. They are passed from one specialist to another, from one test to another. I have seen it at the Medical University, this huge “service station” for patients. I saw first-class professors and nurses trying to soften this hospital tumult with their culture and approach to patients. By their attitude to patients they proved to me that a lot could be done for patients. At the beginning I started looking for some kind of organisation which could take care of patients coming home from hospital. I asked Professor Joanna Penson for help and she found, in a London library, an example of a hospice organisation providing home care to patients. This is how a hospice serving patients in their homes came into being. Patients started to be visited by teams comprising a doctor, a nurse, a clergyman and a volunteer. We launched our activities in December 1983, and already on 11 February in the following year John Paul II published the Apostolic Letter “On the Christian Sense of Human Suffering”. In it the Pope referred not only to the suffering person but also to the one looking after them. He also spoke about the selfless Samaritan who went to see the patient. This gave us an extra incentive to act and assured us of the legitimacy of the work undertaken. (...)

In the Hospice I noticed for the first time that although death came during agony, I could see the radiance of the Resurrected Christ on the dying person’s face. If we enter this sphere, the strength does not flow from us but through Him. The care of patients is not just a question of medicine but also a matter of spirituality. I learnt this from the old professors from Vilnius and Lviv who worked at the Medical Uni-

versity of Gdańsk. Many of them were not deeply religious but there was a great harmony with Hippocrates’s oath about them. (...)

The key to understand all hospice care is to ask yourself the question: when going to see a patient, how do you win their confidence, or even more, their affection? How do you win a patient’s confidence when their condition deteriorates from day to day? This is not easy. (...)

Wouldn’t it be easiest for the patient to blame the doctor for the deterioration of their condition, for the symptomatic methods of treatment? Even the best-informed patient nurtures hope for a momentary improvement. A visit of a hospice team has to keep this hope up and bring a positive element into this difficult time. (...)

This is why another key to the philosophy of this care is teamwork. No single member of this team would be able to help by themselves – it is the diversity of these individuals, their backgrounds, personalities, professions and philosophies that can satisfy a patient’s needs. A patient finds a single confidant in the team but their trust in the latter will spread to all the members of the team. (...) So it is necessary to leave the rush and tumult of contemporary life, one’s private affairs and other patients’ affairs behind. For the patient will notice our hurry, even if it is not verbalized, and this may create a gap between us and the patient. They will then stop telling us about the most important and urgent matters bothering them. (...)

Instead of assumptions and principles, answers to questions about the philosophy of hospice care will always come back to your own personal answers and motivations: why are you a hospice physician or nurse instead of only administering treatment or nursing in palliative or hospice care? And this is the question of **your vocation**. (...)

The necessity of teamwork in a hospice arises from two premises. The first and most fundamental one is to realize that the suffering of a patient in the terminal phase of cancer is the suffering of the whole human being – the body and the spirit. Saunders called this condition “total pain”. (...)

The second premise is the fact that hospice care is not only about cancer treatment but above all about “accompanying” a patient and their family on the journey of suffering that they are going through together. This is not an easy service, and the contact with a dying person often turns into a strong emotional relationship. Constantly encountering patients’ deaths cannot create indifference in the carers’ emotions. In many of the hospice members the phenomenon manifests itself as an emotional burn-out syndrome. (...)

Therefore, the Hospice needs people who will give patients not only their knowledge but also their time, without hurrying. Spending time with a terminal patient makes us realize that they live in their own time reality, different from ours,

contrasting especially with all the haste around us. A patient's time slows down and this rule applies, to a lesser or greater extent, to all patients, including children. (...)

The hospitable reception of a seriously ill person is a form of accompanying them. The spiritual traits of hospitality can be found in the Scripture. Hence our Polish hospitality derives from, as expressed in the saying: "when a guest enters your home, God enters too", although it has a twisted contemporary version: "when a guest enters your home, God knows what for?" (...)

Being hospitable towards a dying person means making a place for them in your life, giving them a spiritual shelter in your heart. (...)

A special dimension of openness and kind-heartedness, that is of hospitality, is the attitude of watching over a dying person.

In hospice care we talk about a discreet and delicate presence by a dying person's side. The delicate presence should be manifested in a specific way. Therefore, simple words, gestures and looks are so important in interpersonal relations. (...)

Religious care is part of the care of the dying. A dying person, if they are conscious, wishes to sort out a lot of personal affairs. Although helpless, they need to settle their accounts and want to have someone to listen to them. At first they want to talk about themselves to excuse themselves as it were, afterwards, they are ready to listen. Then a representative of the Church – a priest – can bring them help more effectively because they find an emotionally open person. In hospice medicine this behavior is called "trustfully offering a helping hand". A priest's task is to create a safe and secure climate so that a patient can openly talk about all their feelings and views. A word from God and the word of God answer a patient's most bothering questions and expectations, bringing them comfort. A priest, as a dying person's carer, will be able to fulfill their task as a travel companion if they stand on the same side with the patient vis-a-vis God. At the same time, a Church priest must surrender their faith at a patient's service. A dying person clearly needs a believer more than a teacher. A priest does not have ready answers about the sense of life, suffering and death but they walk with a dying person towards God. They enable them to realize that in suffering there is a special force bringing man closer to Christ, there is a special grace. (...)

The goal of pastoral care is to bridge the gap between the situation of a patient who discovers the sense of their experience thanks to Christ, and their faith. Owing to the sacraments (penance, the Eucharist and unction), a terminal patient may turn the disease, which is a trial, a visitation and an experience, into an opportunity to experience something unique in their life. It is the merging of the pain of suffering with Christ's agony and thus being resurrected with Christ. (...)

I know how difficult it is for all the hospice workers. Because on the one hand there is a suffering person, with their unique dignity and their needs, and on the other hand there is a person of the Hospice, with a heart filled with hospitality towards their patient. And in the middle – a bargaining ground. With the nomenclature we already know, with a reality of products, services, visits and benefits.

And we – Hospice people – could paraphrase a poem by Father Jan Twardowski – "let us hurry to love people, they leave so quickly" – into "let us hurry – not to love but to make it for the next visit".

But there will be an end to all this. Because when death has your eyes, you will understand what I am writing about. And today, let us – with all our might and hearts – protect patients and ourselves in our Hospices from the services market.

The text is a compilation of fragments of homilies and retreats by Father E. Dutkiewicz SAC, delivered in 1995-2001, and an interview given to Ryszard Bongowski.



Father Eugeniusz Dutkiewicz SAC (1947-2001) – a Pallotine, the father of the first home care team and the hospice movement in Poland. In the 1970s, a chaplain of clinical hospitals in Gdańsk, a priest of the Pallotine church of St. Elizabeth in Gdańsk, a diocesan priest of the health service. A liaison officer (under the pseudonym of "Thin") at the time of Solidarity. In 1984-2002, the manager of the Pallottinum Hospice in Gdańsk. He was the first National Hospice Priest, the founder and president of the management board of the Polish Hospice Movement Forum. In 1993-2002, an adviser at the Ministry of Health and Social Welfare (1993-2002). The initiator and supervisor of the construction of the Hospice Home in Gdańsk, Father E. Dutkiewicz SAC Hospice today.

Romana Antonowicz, Katowice

Availability and Selflessness

My inspiration to serve – not work for – people defenseless in the face of disease has, since my youth, been firm protest against the quality of work in the healthcare system. I had the opportunity to see how, as the disease progressed and helplessness grew, the patient, whether an adult or a child, received worse and worse care and was treated more and more like an object. Physicians, treating knowledge as taboo, hidden behind a palisade of specialist language and official attitude, deprived patients of the right to manage information about their own health and decide about their treatment. I was a young mother when, in response to a press article published on Healthcare Day, I wrote an open letter expressing my protest and reasons for it. Several months later, the director of the Institute of Oncology in Gliwice, with reference to this letter, invited me to co-organise the Provincial Committee for the Fight Against Cancer. To the subsequent meetings of the committee, the Professor invited people who presented new trends in patient care. One of them was Dr Maria Gross, who introduced the hospice idea to the participants, informing them of the hospice under construction in Katowice. The initiators of the meeting with Father E. Dutkiewicz were Dr Gross and Father Stanisław Puchała, PhD (later to become the first chaplain of the Hospice in Katowice).

On this very day I gave up working for the Provincial Committee for the Fight Against Cancer. Then I completed a course organised by the Polish Red Cross nurses and volunteered to work at the Hospice in the process of its formation. This was what I had been looking for since the beginning of my adult life. Then there were meetings with Father Dutkiewicz; we read his letters and we had retreats and meditation days. We listened to his fervent lectures in defense of the weakest. We soaked up the truths for which each of us had been waiting for years with our hearts, minds and every fiber of our beings. One truth was the most important – a dying patient expected someone to STAND BY. To stand by them from the first to the last moment of their lives. Another person to stand by them.

Now everything was up to us, up to me. Instead of consuming energy on the hitherto useless struggle with all the routinized healthcare – serving one unique dying patient who is entrusted to my care. A dying patient whom God put in my path. We were to give them support in their suffering, pain and anxiety. Our task was to prevent loneliness. To accompany and share their pain in this way. To relieve the dying of some of the burden. Such was my inspiration for hospice service.

The principal characteristics of the hospice movement in Poland were: AVAILABILITY for the dying and SELFLESSNESS. “A good Samaritan is a person capable of

making a selfless gift of their self. This relates to everyone who serves the suffering in a selfless, voluntary manner, and becomes involved in Samaritan work, contributing all the time and strength left at their disposal after their professional job”.

Such were the words and the saintly idea of Father Eugeniusz Dutkiewicz, the National Hospice Chaplain, when he was setting up hospices.

Care of the dying (always understood as service, never as work), especially hospice care, is something extraordinary. Father Eugeniusz Dutkiewicz did not say: “Be punctual, available, attentive, etc.” but he would say: “Girls, be extraordinary”. So we tried to perfect this extraordinary attitude to patients for years on end, regardless of what this extraordinariness meant: being there at any time – not when I could but when the patient wanted; not for so long as I could but for so long as he wished, leaving my personal problems behind the patient’s door. When, shortly after I joined hospice service, I was left alone with a dying person, I kept asking myself: “Am I extraordinary to him, am I doing everything I myself would expect in his position?”

In the sixth year of my service I accompanied a middle-aged teacher during another hour of her agony when she unexpectedly spoke, opening her dark eyes wide: “You know, I never expected that my last two weeks would be the best ones in my life”. I froze in an unspeakable sensation of happiness, joy, fulfillment and something I am still unable to define today. I did not manage to hug Romualda when she was still alive.

I then discovered once again that hospice service was the primary sense of my existence.



Romana Antonowicz – PhD Eng, a non-medical volunteer in the Hospice Association in Katowice for 23 years. Organiser of the Hospice (later to become the Association) in Katowice and many hospices in Silesia and Małopolska. Former Secretary and Vice-President of the Polish Hospice Movement Forum. Organiser of the ADSUM Education Center for physicians, nurses and non-medical volunteers in Popowo. Author of numerous publications and lectures on the idea of the

hospice movement and the role of non-medical voluntary service by a dying person’s bed. The founder and – for 5 years running – President of the KROPELKA Association of Friends of Orphaned Children in Katowice, set up for the children of the Hospice Families Community at the Hospice in Katowice. It presently takes care of children from dysfunctional and single-parent families too. According to statutory tasks, child rehabilitation is achieved through intellectual and artistic education and religious and spiritual formation.

Halina Bortnowska, Kraków

Hospice Movement

The origins of the hospice movement in Poland would be best described by the people associated with the Hospice in Nowa Huta, including the participants of the Synodal Team of the Lord's Ark Parish in Bieńczyce. The parish priest was then Father Józef Gorzelany, the distinguished supervisor of the project. The Team reflected on the ways of "showing love", for instance in the family. However, we soon realized that we wanted to show love to patients, too, and not only those in our family. We came across St. Christopher's Hospice in London as our model, and Dr Cicely Saunders. By a lucky coincidence, we had come into direct contact with the initiator of the hospice movement.

The beginning of the Hospice in Nowa Huta fell on hard times. The very beginnings of real involvement in the care of the terminally ill and dying are associated with the figure of Dr Stanisław Kownacki, the manager of the Infectious Disease Ward at the hospital in Nowa Huta, who had for a long time offered free rooms and services to the needy. In effect, a hospice was already operating there and now the Synodal Team gave it the support of volunteers.

I was among the first volunteers. Together with Dr Alicja Lasocka of the Infectious Disease Ward, I did a short internship at St. Christopher's Hospice in London. For 5 years following that I regularly attended to the dying patients on the ward for several hours a day.

Patronage for hospice work and the education of volunteers was also provided by Dr Jan Deszcz, a surgeon, and Dr Janina Kujawska, an oncologist. I will not, of course, name all the people who have contributed to the establishment and development of the Hospice in Nowa Huta. I should also mention the fact that the project received the support of the former Trade Union NSZZ "Solidarność" of the Conglomerate Plant, today under the name of Sendzimir, with the participation of my colleague, Stefan Jurczak. They wanted to donate the union's money for the hospice but martial law prevented the donation. The construction of the Hospice was then practically stopped. The money transferred to the account was spent on a villa in Centralna Street to avoid its devaluation.

The other source of inspiration for the Hospice was contact with Catholic communities in the GDR, and in particular with the well-known patients' chaplain and professional nurse – Father Heinrich Pera, who offered advice and served as a model.

In an attempt to carry my involvement over to editorial work in the "Znak" monthly published under the direction of editor Hanna Malewska, in 1974 I prepared a special double issue on the theme of "The Sense of Illness, the Sense of Death, the

Sense of Life", which even had an extra edition (July/August 1974, 241-242) [see: <http://www.miesiecznik.znak.com.pl/archiwumcyfrowe/70s/1974/241-242.pdf>]. The material from the issues of the monthly covering these topics was collected in a book under the same title published by Znak Publishing House.



Halina Bortnowska – a philosopher, theologian, publicist, member of the ecumenical movement. A long-standing editor of the "Znak" monthly. In the 1970s she co-founded the hospice movement in Poland and the first Polish hospice in Nowa Huta. In 2017-2012 she was the President of the Helsinki Foundation for Human Rights. Winner of the Officer's Cross of the Order of Polonia Restituta (2001) and the Commander's Cross of the Order of Polonia Restituta (2011).

Sister Nikodema (Teresa Czarnul), Gdańsk

As a Team We Can Meet the Challenge

Both in 1984, when the hospice was only beginning to form, and today, the patient's destiny and the human vocation of each of us to mutually offer self-sacrificing help were and are met with an open heart. This is just what the hospice service means for me.

We offer each other a gift: we exchange suffering for relief, for a possibility of recovering, being uplifted, giving a gift of oneself. The hospice is a place where one human being stays by the side of another human being and the passing time takes on a sense. Because life must have some sense.

The question "What is this hospice care about?" was asked in the past and it continues to be asked today. The answer is in the words spoken by a patient voicing their hopes: "I wish I could live on, live my life". Sometimes there are requests for pain relief, and sometimes there are questions about the duration of the disease. Whatever is voiced, notes associated with life and its preservation can always be heard.

A patient waits for the therapeutic team to arrive, expects their situation to change, the unknown to be solved and the drama of the disease to be softened.

Observing the daily activity of the hospice and the number of people engaged in creating a community supporting patients, one can clearly notice a wonderful arrangement: the people pass the fruits of their work and efforts on to one another until they reach the patient, whether at home or in the Residential hospice.

From the start we have always sought effective ways of helping. Father Eugeniusz Dutkiewicz – the founding father of our Hospice – has always referred to the source flowing from the Gospel, from the life and death of Jesus Christ. One of the images he would evoke to those who wanted to understand the situation of the sick and the dying is the vision of Jesus before his agony and death in the Olive Garden. He then asked the disciples and Peter for one hour (Mk 14, 37; Mt 26, 40): "Couldn't you men keep watch with me for one hour?" This request is still valid. It is repeated by our patients, it can be seen on their apprehensive faces.

When we come to the Gethsemane of the patients in our care, it is our duty to give our time. Sometimes we may feel like escaping, a fear difficult to control, and difficulties in becoming involved may appear but we cannot fail to notice the "Hour" in the life of the man whose house – being invited and expected – we entered. Such a deepened evangelical awareness helps us to stay and help.

The pain is great and so is the effort – however, we can answer the appeal by holding together as a team and maintaining a relationship based on respect and friendship.

Let me conclude this reflection with my favourite passage from St. John's Gospel, which is a prayer. When their brother Lazarus falls ill, his sisters send this message to Jesus: "Lord, the one you love is sick" (J 11,3). We can appeal to God on behalf of our sick in the same words. We will then experience how God's visit, our prayer and hospice activities bring effective help to the suffering patient and their family.



Sister Nikodema (Teresa Czarnul) – a Pallotine and a nurse. In 1984-2000, together with Father Eugeniusz Dutkiewicz, SAC, she created the Pallottinum Hospice in Gdańsk. She became involved in palliative and hospice care again in 2012-2014 – as a team member of the Father E. Dutkiewicz SAC Hospice in Gdańsk.

It Happened in Gdańsk

I started my adventure with the hospice in March 1984. This was when I heard about the initiative of home hospice care, which interested me enormously as, being a faithful reader of *Tygodnik Powszechny*, I had followed the efforts of the Cracow team during the construction of a Residential hospice and become familiar with the idea of care through the articles of Halina Bortnowska, among others. I found the idea of "circumventing the state blockade" by organising care in patients' homes excellent and so I decided to immediately get involved in this initiative.

In a way, the time was favorable: in numerous conversations with people who, like me, took up work for the hospice, the same motif repeated itself. In those times of widespread absurdity, hypocritical propaganda and freedom restrictions, the possibility of reasonable joint activity leading to real, unadulterated good, was very promising. I called Prof. Joanna Penson, who wholeheartedly invited me to the team meeting ("We could use a psychiatrist."). The meetings were held once a month in the room of the Pallottine Fathers' Monastic Home in Gdańsk in M. Skłodowskiej-Curie Street. The group consisted of about 20 people. Meetings were jointly conducted by Prof. Joanna Penson and Father Eugeniusz Dutkiewicz. They discussed cases of individual patients, paying special attention to the medical aspects of care, namely the possibility of managing particular symptoms as effectively as possible.

Professor Penson kept in touch with St. Christopher's Hospice in London. Palliative medicine in Great Britain – medically speaking, above all – was much more advanced. We were only beginning to "crawl". The team in those days was made up of enthusiasts: Sister Nikodema Czarnul, Ms Stasia Domaszewicz and Ms Zenobia Zaleska – a nursing instructor in Gdańsk, as well as Dr Anna Budny-Liberek and Dr Jerzy Umiastowski.

I can remember my "initiation" into hospice care. I was entrusted the first patient to whom I was supposed to pay a home visit. I was already an experienced psychiatrist for whom taking a patient's history and talking to a patient were basically no problem. This time it was different: I can remember my apprehension of meeting someone who "was destined for death".

It was customary then (at least when I began my work) for a beginner physician to go on the first visit with a more experienced colleague. I made my first visit with Dr Jerzy Umiastowski. I remember how surprised I was when he started the conversation with the patient with laughter and jokes woven into various threads about symptoms – an optimistic, task-oriented approach to disease. I also noticed

that my colleague gallantly kissed the elderly ailing lady on the hand, which visibly pleased her.

I also remember in detail my next visit "on my own" to another patient. I was told that the patient would be "just perfect" for me as a psychiatrist because the 60-year-old lady with disseminated malignancy came with her husband from central Poland, where several months earlier, on hearing the news of the advanced disease process, they had both decided to commit suicide by poisoning. They were both saved and then decided to change their surroundings. They had come to the coast and asked for hospice care. This time, even though it was no easy matter, I approached both patients without fear. Since the lady had practically no physical symptoms, I concentrated all my efforts on creating a good atmosphere. I would bring them books that we later discussed; we engaged in discussions on the world, people and ultimate things. For a long time the subject of death was non-existent in these conversations. Then it started to appear but somewhat in the background, casually. The lady passed away peacefully, in her husband's presence. It was possible to manage most of the physical symptoms and maintain a calm, sometimes even cheerful atmosphere to the end. They did not tell me about their initial dramatic decision to the end. Evidently, they had felt no need to do so.

As time passed, our team started to grow. We had no prescriptions or – initially – medications. Since every doctor worked somewhere, we "borrowed" prescriptions from our employment facilities. Soon we began to obtain aid from outside. Mr and Mrs Pierre and François Masure, Prof. Penson's friends from France, organised public collections and bought medications and dressing materials with the funds collected. Twice a year they loaded a car and brought them over to us. We called them "Storks" (Cigognes). They arrived regularly for a few years, though unusually for storks, in autumn too.

In 1987, we experienced a big event. During the visit of John Paul II to Gdańsk, we participated in a meeting for our hospice patients at St. Mary's Church (Friday, 12 June 1987). It was a really moving sight: the patients' beds in a row in front of the church altar and the Pope bending over them...

And the hospice kept growing. It was already one of many hospices that started to appear at that time. New colleagues joined us: Ewa Stolarczyk, Andrzej Gryncewicz and Zbigniew Kirkor. I no longer remember many of their names.

At the turn of the 1990s our hospice was very bravely supported by a friendly couple from Great Britain – Guillian and Muire Hunter. They initially engaged in the project of the construction of a Residential hospice, and then extended their support to other hospices in Poland as well. They allocated the collected funds, among others, to scholarships for doctors wishing to broaden their knowledge of

palliative medicine in London. They were very effectively helped in this undertaking by Maciej Kielanowski, a lawyer practicing in Great Britain, the son of Prof. Tadeusz Kielanowski, and Janusz Liban, an anesthesiologist.

I was one of the first scholarship holders during these training sessions and have fond memories of them.

The hospice movement in Poland at the turn of the 1990s developed at a spectacular speed. For a few years we attended formation meetings in Wesoła near Warsaw, which gave the opportunity to concentrate, reflect and make contacts.

The hospice in Gdańsk developed and it became necessary to set up other organisational forms. In one of the meetings, Ewa Stolarczyk and Zbigniew Kirkor suggested changing the organisation of work by establishing the function of a coordinator of patient visits. The idea, after a "trial" period and some minor modifications, was eventually implemented. The hospice was divided into small teams (a physician, a nurse, possibly a non-medical volunteer), as far as possible serving the areas closest to their homes. I worked as a "selector": I made the first calls at patients' homes, qualified them for care and tried to define the types of problems and needs.

At first I drove by myself, which, because of my inborn lack of a sense of direction, gave me quite a lot of difficulty. Later we managed to acquire a car (a neat Peugeot, known as "martynek") with a driver. Mr Jasio Blus had the ability to find the way to even the most hidden places in Gdańsk. Under particularly difficult circumstances, he would announce, "Professor, we have to drive at patrol speed."

Sometimes we paid 5-6 visits a day. The evening was a time for the telephone ritual (connections were quite cheap at that time). I called Sister Nikodema, who was my direct partner, and we decided together what each patient needed and which team would be best for them.

Meanwhile the number of hospice care units in Poland was constantly growing. In May 1991, the Polish Hospice Movement Forum (OFRH) was established. At its first convention, held on 1-3 June 1992 in Gdańsk, the following executive committee was elected: President – Father Eugeniusz Dutkiewicz, SAC, members: Dr Jerzy Drążkiewicz (Oncological Hospice Foundation in Warsaw), Prof. K. de Walden-Gałuszko (Hospitium Pallottinum in Gdańsk), Father Ryszard Mikołajczak (St. Jan Kanty Hospice in Poznań), Dr Jadwiga Pyszkowska (Hospice in Katowice) and Dr Jolanta Stokłosa (Patients' Friends Society "Hospicjum" in Cracow).

The first convention was a big event. It gathered several hundred delegates and the big NOT room in Rajska Street in Gdańsk was filled. There were also our friends from Italy (Prof. Vittorio Ventafridda) and Great Britain (Dr Robert Twycross and Dr Michael Minton). I can also remember some funny incidents. At the end of the first

day of the meeting, at about 6 p.m., we had planned an open-air event with beer and sausages; a Kashubian vocal and dancing band was scheduled to perform. We had arranged coaches to take us out of town. Everything was prepared. And then, I think it was about 4 p.m., clouds started to gather, it got cold and it became clear that the outdoor event would not come off. So I, as the organiser, decided to transfer it to the NOT auditorium. Barrels of beer were rolled inside, sausages and rolls were placed on the tables, only a bonfire was missing. The guests, at first surprised, started to eat, drink and have a good time. The party was swinging, all the more so because the band started to perform lively dances and folk songs on the stage. I was sitting near the stage, dressed for the planned open-air event: in trousers and sandals. At one point the band soloist decided to enjoy himself at my expense. He ran up to me and pulled me onto the stage, making me perform different dancing moves which I did not know of course. I had to improvise. I remember concentrating on a single thought – not to fall and not to show that I had no idea how to dance. This was the most stressful experience I remember from the convention. The rest of my colleagues were happy with this change to the program.

From the perspective of time, I conclude that the OFRH played an important role in the hospice movement: it consolidated the hospice units from all over the country, helped to see problems from a broader perspective and was the seed of subsequent organisational forms. Moreover, it became a stepping stone to professional cooperation with the Ministry of Health, thus making it possible to include palliative and hospice care in the official healthcare structures in the future.

The initiative to establish the National Palliative and Hospice Care Council to the Minister of Health was proposed by Prof. Jacek Łuczak and Father Eugeniusz Dutkiewicz in 1993. The Council in its 4th term of office – preceding the inclusion of palliative and hospice care in the healthcare structures – was made up of: Prof. Jacek Łuczak, MD PhD (President), Prof. Krystyna de Walden-Gałuszko, MD PhD (Vice-President), Jadwiga Pyszkowska, MD PhD (Vice-President), Stanisław Grzybowski, MA (Secretary), Father Bogusław Block, PhD, Bernard Cegłowski, MA, Teresa Falkowska, MD, Zbigniew Kaczmarek, MD, Alicja Kaczorowska, MD, Janina Kujawska-Tenner, MD PhD, Prof. Andrzej Kübler, MD PhD, Bożena Płowiecka, Wiesława Pokropska, MD, Irena Semmler, MA, Andrzej Stachowiak, MD PhD and Jolanta Stokłosa, MD.

We owe the decision to include palliative care in the health care structures mostly to Father Eugeniusz Dutkiewicz, who strongly lobbied in different parliamentary circles for voting this project through. From then on the hospice movement took on a new form, although heated disputes, debates and sometimes conflicts were unavoidable. The supporters of the idea of voluntary service emphasized the role of spirituality in hospice care, criticizing the excessive medicalization of palliative

care. And people involved in establishing palliative care units defended their position, stressing its holistic character and the role of the professional specialization of palliative medicine. In time the disputes fell silent because the benefits drawn from financial support and the possibilities of expanding professional education, among other things, turned out to be unquestionable. The further development of palliative and hospice care unfolded in relative harmony.

In Gdańsk, the transformation of hospice care into palliative and hospice care went peacefully from the beginning. This was to a great extent due to the fact that both Father Dutkiewicz and other members of the OFRH fully accepted these changes. On the basis of relevant provisions of law, a hospice healthcare team was set up with Dr Maria Honory as its medical manager. In my opinion, these were the “golden days” of hospice care, especially at the beginning.

Our group was rather small: we knew each other well and liked each other, I suppose. We had our monthly meetings to discuss patients and learn, and additionally, out of a heartfelt need, we organised private meetings (usually at Dr Honory’s or my house). We spent them talking, joking and singing – I have very good memories of the time.

However, needs increased and there were more and more patients. The former organisational system proved insufficient. In 1996, I stopped going to see patients and slowed down my work pace at the hospice a little. This coincided with my personal situation, which was very difficult. I also started to gradually change the character of work for the hospice. In 1994 we founded the Polish Psycho-Oncological Society in Gdańsk.

The immediate reason for my involvement in the psycho-oncological activity was my experience in working with hospice patients. While talking to them, I came to realize better and better how often they were deeply wounded over the many years of coping with cancer and its treatment. These experiences sometimes cast a shadow over the last stage of the disease, aggravating the suffering. I vividly remember the confession of a patient of mine who often recalled in conversation the awful moments in the earlier period of her disease. She could still vividly recollect the scene of her gynecological examination by a doctor and then again by a few students. She still had the vision of the corridor she walked down from the surgery room to her ward room, crying all the time. She told me that she then felt as if she had been raped.

This memory and other difficult experiences of patients led me to take the decision to help them in their disease before they received palliative care. From the start I tried to introduce psycho-oncological support ideas into the training of hospice teams, with special emphasis on psychologists, physicians, nurses and other

specialists. This training – initially voluntary – later became obligatory, for example in specialization courses, and is still organised for medical staff too.



Krystyna de Walden-Gałuszko – full professor, a specialist in psychiatry and palliative medicine. She worked for 7 years at the Psychiatric Hospital Srebrzysko in Gdańsk, then at the Scientific Research Institute in Gdynia (the Maritime and Tropical Medicine Institute). Since 1978, a lecturer at the University of Gdańsk. In 1997-2005 she headed the Department of Palliative Medicine of the Medical University of Gdańsk, and in 2001-2007 she was the National Consultant in palliative medicine. Involved in the hospice movement in Poland for 20 years. She also contributed to the development of psycho-oncological activity in Poland. Since the foundation of the Polish Psycho-Oncological Society in 1993, she has been its president and has worked very actively by conducting numerous training courses and workshops, and giving psycho-oncological consultations to patients at different stages of cancer. She has written 125 publications, including 9 books concerning the quality of life and the quality of palliative care as well as psycho-oncological problems of patients, their families and medical employees involved in the care of oncological patients.

Redefinition of Wishes

In secondary school I really wanted to study the conservation of painted works of art at the Academy of Fine Arts in Warsaw. I had been preparing myself in Prof. Janusz Eysymont's drawing class for 3 years. At one point, when conscription to the army started to threaten my preparations, I decided to go to a nursing college which I graduated with a diploma. This time in my life proved crucial as in the end I arrived at the decision to give up further attempts at applying for admission to my most desired faculty at the Academy. As a consequence of various redefinitions in my life, I decided to join the Higher Seminary in Warsaw – with the intention of working by patients' beds when I became a priest.

In the fifth year of the seminary, I started my training in the parish of Anin near Warsaw. That was in 1985. I met a Benedictine living there, Father Placyd Galiński – the former abbot from Tyniec. He was the person who first told me about the hospice idea that he had come across in France. Father Placyd often evoked the concept. He was an aged, ailing man who realized his own limitations. I guessed that he wanted to "infect" me with this idea.

One spring day Father Placyd announced that I was going on my first hospice visit. I learnt that he had met a mother whose only 20-year-old son was dying of bone cancer. The boy's father was a well-known and influential diplomat, living away from home. This was an affluent family but at the same time they were poor because of their helplessness in the face of the suffering. They had exhausted all the possibilities available in those days and in those circles, including costly treatments at excellent clinics in the West. However, the disease progressed and made the helplessness even more painful. The first visit we paid to their home was extremely difficult and painful for both Father Placyd and me. Even though I had spent many months on various hospital wards during my training at the nursing college, I had no idea that it was possible to leave a seriously ill, practically dying man without any nursing or medical support whatsoever. Him and his completely lost and powerless mum. Ignacy's – for such was the patient's name – young age deepened the shock.

As soon as I returned to the presbytery, I contacted some people from the academic group. They were fantastic young people committed to helping the sick and disabled, and we had gone together on holiday to Łaźniewo for years. Among them there were also medical students, familiar with hospice ideas, because I had shared with many of them what Father Placyd and I talked about. They understood

what their role and responsibility was at once. Already on the following day they organised themselves in such a way that Ignacy's mum could sleep her sleepless nights off. This woman would fall asleep standing. Thus a model team of hospice volunteers was formed. Ignacy died in mid-summer, and he and his mum had been attended to by the people from the academic group they liked and accepted most. This event gave me a distinct direction to follow in my life.

At the beginning, however, I was preoccupied by the presbyter's holy orders and my duties as a young priest in my first parish. One July day in 1987, in my second parish in Zalesie Górne near Warsaw, I was approached by a parishioner, a professor's wife, Mrs Basia Grzybowa, who told me that a home hospice group was being set up in Warsaw and they were looking for a priest to work with them. She also gave me the phone number of the group's initiator, who turned out to be Ms Kasia Dembińska – the legendary founder of the hospice movement in Warsaw.

I went to my first meeting of the Warsaw Hospice group (such was its original working name) with Father Placyd of course. It was on 15 September 1987 at St. Sigismund's parish in the Warsaw district of Bielany. This was the very beginning of the group as a whole. The meeting was attended by Father Eugeniusz Dutkiewicz and Father Tadeusz Fedorowicz. When it ended, Kasia Dembińska asked me if I was going to be present at every monthly meeting of the hospice group. Then Father Placyd replied that I had to be treated quite seriously and that she should not ask such questions but assign the tasks of a hospice chaplain to me. It was not so easy of course because I was then the curate of a parish building a church in Zalesie Górne. Then Father Dutkiewicz joined in the conversation and suggested that I stayed after the meeting to discuss the matter in peace. In fact our meeting lasted several hours – I left the presbytery well after midnight with the awareness of participating in something extremely important, which would change the worlds of those who are dying. Father Eugeniusz made a huge impression on me. His incredible, loving knowledge of the dying was combined with expertise in the legal and official procedures of those hard times. Moreover, his eyes emanated such an incredible goodness and humbleness. I started to regularly attend the monthly meetings of the Warsaw Hospice, preceded by a Holy Mass I celebrated. These meetings were attended by quite a few volunteers but there were also guests invited by Ms Kasia Dembińska. They included: Halina Hattowska, PhD, Dr Jerzy Jarosz, Dr Zbigniew Wronkowski, Prof. Jerzy Meyza and others. Ms Halina Hattowska constantly alluded, in the discussions, to the necessity of establishing a foundation to collect funds for the construction of a Residential hospice. Ms Kasia Dembińska thought, however, that it was essential to set up an efficient home

hospice. One January evening, Dr Hattowska came to see me in Zalesie to talk about the foundation and the Church's possible assistance in finding a building which could be converted into a Residential hospice. At first it seemed that a suitable building was in Zalesie Górne but later we abandoned the idea. Then we looked at a deserted former building of the Red Cross near the Powiśle station in Warsaw. Dr Hattowska was very enthusiastic about the idea but it proved to be unrealistic also. Finally, St. Christopher's Oncological Hospice Foundation was established by Dr Hanna Hattowska and Dr Jerzy Jarosz in October 1989, and I was invited to join the Foundation Board, in which I served to the end of 1996.

On 27 June 1996, a newly built Residential hospice was opened in Ursynów and I consecrated it on behalf of Cardinal Józef Glemp.

In May 1988, Father Eugeniusz Dutkiewicz came to Zalesie Górne to discuss the organisation of the first convention of Polish hospices. Father Eugeniusz wanted it to convene in Warsaw. Having checked the organisational and financial capacities, we chose a retreat center in Wesola near Warsaw. It turned out to be a great success. The participants in that meeting still remember it as one of the most important ones in the history of the hospice movement. It was held in November 1988. The second Convention of Polish Hospices was also held in Wesola, on 15-17 February 1991.

At the end of June 1989, I was transferred by Cardinal Józef Glemp to St. Sigismund's parish in the Warsaw district of Bielany and was nominated the chaplain of the Warsaw Hospice. From then my flat in 64 Daniłowskiego Street became the headquarters of the hospice – although practically the role was played by the pharmacy distributing gifts in St. Sigismund's Church. This was the realm of Ms Kasia Dembińska. Plenty of her friends engaged in hospice care passed through this place. In time, these fantastic people would become my friends too. I simply have to mention their names: Bogumiła Olech-Buki, Benigna Szeptycka, Dr Ewa Świć, Dr Teresa Falkowska, Sławka Środulska, Krystyna Jasieńska, Irena Dragiewicz, Wanda Brzozowska, Marysia Marek, Ewa Flatau, Helena Gogolewska, Basia Wróblowa, Irmina Głodkiewicz, Włada Piechocka and many others.

On 29 November 1994, the Warsaw Hospice group was registered as an association under the name of the Warsaw Community Hospice (*Warszawskie Hospicjum Społeczne*). Ms Kasia Dembińska was appointed president and she performed the function until 1996. I was appointed her successor and performed the function until June 2002.

On 2 October 1996, by a decree of the Primate of Poland, the Archdiocesan Palliative Home Care Team in Warsaw, which I established, was appointed and I have continued to manage it up to the present.



Father Władysław Duda – a priest, active in the hospice movement since 1989. In 1994, he was nominated the Chaplain of Health Service in the Warsaw Archdiocese. In 1996, he set up the Archdiocesan Palliative Home Care Team in Warsaw, and in 1998, he became president of the Warsaw Community Hospice. In 2004, he was awarded the title of "Man of Service for Warsaw". Two years later, the Chapter of the New Millennium Foundation conferred on him the special award, TOTUS, for his contribution to the formation of the hospice movement.

Anna Głowacka, Poznań

A Handful of Memories and Thoughts

In the early 1980s, after graduating from a nursing college, I took on (quite accidentally) a job on a chemotherapy ward. I met patients at various stages of cancer there. Causal treatment was ineffective. Many of them came back for each subsequent course of cytostatic therapy in poorer health. As death approached, they were afflicted by unbearable symptoms that we were unable to manage. When no medicine worked any longer and the dying patient screamed because of pain or dyspnea, morphine was administered as a last resort – often only fifteen minutes or so before death.

We had no courage either to be open with patients about their current condition. Telling the truth was forbidden – “so as not to take away hope”. It was replaced with empty promises such as “Please don’t worry – it’ll be alright”.

I will never forget the feeling of paralyzing helplessness when the only thing I could offer a dyspneic patient (the treatment methods then used for this symptom did not work) – who spent all night long dying and asking me to end her life – was my helpless presence. When I was studying to become a nurse, it would never have occurred to me that I would one day meet a patient who would, in their multidimensional suffering, beg for death. The inevitability of death was a fact. The bothersome symptoms which were an inherent part of the life scenario of patients dying of cancer were obvious too. One link was missing – relief in this final stage of life.

I had the honor of taking part in forming this link at the Hospital of the Transfiguration in Poznań, where I worked first on the Chemotherapy Ward and then on the Palliative Medicine Ward. It was here that in 1988 Professor Jacek Łuczak started the battle against the suffering of dying patients, which continues until today.

Over 20 years of work in palliative care have permitted me to gain and consolidate a certain amount of knowledge and experience in this area. The features that make palliative care distinctly different from other disciplines of medicine are particular respect for the dignity and autonomy of patients and their families, attention to detail in the daily service of patients, and immediate attempts at satisfying all the needs of patients and their families for it may soon be too late.

The development of multidisciplinary expert knowledge, owing to which effective relief of bothersome symptoms has become possible, is an achievement of contemporary science. However, the fact that the problems of suffering patients and their families have been noticed is an even greater success. I am concerned about situations where the treatment and care of terminal patients is taken up

by incidental people. Despite their qualifications they lack empathy or a sense of special responsibility for the patient and their family.

The lack of understanding by key institutions of the sense of palliative care leads to critical underfinancing, limited access to care for patients and, consequently, depriving patients of the possibility of receiving professional care at the optimum time.

The priority goal of activity should undoubtedly be concern for the continuation of the idea of palliative care. This will be possible provided that we bring into focus the evaluation of the usefulness of people taking up care of terminal patients. Of similar importance are measures aimed at the materialization of funding for palliative care and improving the flexibility of its organisation.



Anna Głowacka – master of nursing, specialist in palliative nursing. For 23 years the ward nurse of the Palliative Medicine Department at the Hospital of the Transfiguration in Poznań. In 1999-2008 – a nurse at the Wielkopolskie Children’s Hospice in Poznań, and since 2012 – the head nurse at the Hospital of the Transfiguration in Poznań and the initiator of the hospital voluntary service. In 2012-2014 – the provincial consultant in palliative nursing. The author of numerous publications on palliative nursing and wound treatment, the co-author of framework programs of post-graduate courses for nurses, a university teacher, a member of the Management Board of the Polish Palliative Care Society Branch in Poznań. A winner of the honorary title for “Services for the Wielkopolskie Province”.

To See a Human Being with Greater Insight

When I finished my studies in the early 1980s, I started working at the 2nd Research Clinic of Surgery in Łąkowa Street in Gdańsk, where I specialized in anesthesiology. One of my teachers was Professor Lewiński, who was keenly interested in the issues of pain and pain therapy. He established a team specializing in regional anesthesia. It was innovative. The Medical University preferred general anesthesia in those days. Doctor Lewiński also got me interested in acupuncture. Under the aegis of "Dziennik Bałtycki" we set up a pain management clinic for local residents. We received multiple awards for this activity. Our center's interest in pain was becoming widely known in the medical community.

At the same time, around 1983, someone from the home-based hospice asked me for consultation about pain therapy. This is how I started helping with pain relief in individual cases of suffering patients. So at first I did not participate in typical hospice care. However, the hospice began to absorb me. I started by providing pain relief to patients, administering various nerve blocks to them and, in the end, I was taking comprehensive care of them. It was sometimes difficult because I, as an anesthesiologist, usually participated in anesthetizing patients in the operating theater. So naturally I had difficulty prescribing antibiotics or take-home medications that are normally prescribed by a general practitioner. I did not need these on a daily basis. I studied. Apart from books, handbooks and training courses, I can remember the hospice team meetings at the parish home in Skłodowska-Curie Street. They were invaluable to me. The first meetings with Professor Penson and other doctors helping patients with their general medical complaints meant a lot to me. We discussed each patient's situation in detail. We deliberated on what kind of treatment to administer. I had one or two patients. This was a purely voluntary activity.

From the perspective of time I realize that my encounter with the hospice was not accidental. I know that although I was satisfied with my career, I felt that something was missing. I missed the direct contact with patients. In my profession it was rare. I saw oncological patients in the operating theater. Then they were discharged and I lost contact with them just when their suffering was only about to begin. I hardly realized the extent of oncological patients' problems. Thanks to the hospice, I was able to see a patient's situation from a broader perspective.

The 1980s were hard times, also in terms of the organisation of hospice care. For example, medications for extradural anesthesia were used within the in-patient healthcare system. We had to obtain them for our patients. In the late 1980s we

started using opioids. I added morphine to extradural anesthesia. It was sometimes necessary to persuade patients' families, patients or pharmacy employees that morphine did not pose a risk of addiction. This happened in the context of drug addiction prevention laws. Besides that, it was the time of "Solidarność" and gifts from France and England. We received plenty of all sorts of medications which could be used in patient treatment. Opioids, however, were supplied very rarely. We did sometimes get buprenorphine in ampules, then inaccessible, or oxycodone, which was registered only in 2008. We tried to cope. Nowadays, we have several types of oral morphine. There are several manufacturers of transdermal patches for pain relief. Access to medications is very good now. They can be individually adjusted to each patient's needs. However, it is always necessary to have the knowledge of these methods and be aware of their existence.

In the late 1980s, the home-based hospice headquarters was moved to a building at 2 Chodowieckiego St. As usual, the team regularly held its meetings. I looked forward to these meetings because they meant, apart from discussions on our patients' situations, lectures by Professor Penson, Professor Gałuszko or Doctor Budny.

The idea of constructing a Residential hospice emerged at this time. The transformations of the home-based hospice and the new plans were, so to speak, passing me by. I was absorbed with the patients.

The 1990s was a period of constant political and economic changes. Laws changed. Therefore, Father Eugeniusz was frequently required to go off the beaten track. There were no standards. It sometimes caused a lot of trouble. Nevertheless, the priest's ideas about the development of our hospice and the hospice movement in Poland were often pioneering. His strong involvement in various aspects of hospice activities led to increasing mental stress. It might have been one of the causes of the sudden, unexpected death of Father Eugeniusz.

In the 1990s the number of patients in hospice care significantly increased. The demand for equipment and indispensable medications grew. Gifts from abroad stopped coming. Everything had to be bought. At first we received money from the city council, and then sickness funds and contracts with the National Health Fund began to appear. Part of the staff started to work at the hospice on regular employment contracts. The developing hospice service required spending more and more time with patients. Hence, the people taking care of hospice patients had to earn money. They also had to account for visits to patients. The hospice became an institution. In my opinion, this harmed the ideas of voluntary service for some time. Not everyone liked the changes within the hospice. Some left. In 2000, a group of employees left and set up the Hospice of Mother Theresa of Calcutta.

The construction of a Residential hospice at 6 Kopernika Street began, though initially the construction plot was in Wileńska Street. However, local residents protested against the proposal. The priest yielded to public pressure. Eventually, it turned out well as the present location is better for our hospice.

In 1992, I gave up my academic post at the Medical University and took up the management of the anesthesiology ward at the Ministry of Internal Affairs and Administration. While I was working there, Father Eugeniusz offered me the job of running the Residential hospice. It was a year before its opening. So I started to visit Residential hospice centres, for example in Poznań and Warsaw. I gathered information on their standards of working and the problems encountered.

At the beginning, the ideas about the operation of the Residential hospice varied. The hospice was built in such a way that on the first floor there were two separate wards: ward A and ward B. There was an idea to organise a public hospice in Wing A, and a commercial, paid hospice in Wing B. It later turned out that such wards could not exist side by side in one place. We were also interested in non-cancer patients with chronic, neurological and cardiological conditions. We wanted to provide paid care to them since they needed to stay at the ward for longer periods than terminally ill patients. This idea also came to nothing. And the idea to establish a home-based hospice and then a Residential one for children was born already after the hospice was opened.

Our hospice was the second center of the kind in the region. The first one was built in Gdynia, and the third one in Sopot. They were followed by Tczew. Still, there are too few of them. As it turns out, the models of care borrowed from Western medicine do not always work here. In the West, for example, the recommended average number of hospice beds is 5 per 100 thousand people. However, the medical culture, the political and financial efficiency, the availability of home-care doctors and public assistance are all different there. In Poland we need more of these beds. The Pomeranian region has one of the highest cancer incidence and mortality rates. There are Residential hospices in multiple regional towns, and still the scope of care offered is insufficient.

It is hard to summarize the hospice's over 30 years of existence in one sentence. There has been: non-stop work, never-ending problems and a sense of significance of all the efforts. We have gained experience but we have never been allowed to get used to a patient's suffering. The care, medically speaking above all, is more and more effective but it is not ideal. We do not reach all the needy and we cannot help everyone at a given moment. The number of patients covered by the National Health Fund contract is far too small for the actual needs. Fortunately, family physicians' knowledge of palliative care is improving. These are positive changes

for the hospice as these physicians are able to solve many of the patients' medical issues. Only the most serious cases are referred to the hospice. What is more, despite numerous administrative and organisational obstacles, the hospice is developing. We are doing the right thing.

The hospice needs such personnel – medical professionals and volunteers – who believe in other values than money and are able to devote more time to patients. It may sound like a cliché but not everyone is fit for this kind of work.



Andrzej Gryncewicz – a medical doctor, an anesthesiologist, a specialist in intensive care and palliative medicine. In 1992-1999 he was the head physician of the Ministry of Internal Affairs and Administration Hospital in Gdańsk Intensive Care Unit, and in 2002-2005 – the provincial consultant in palliative medicine. Since 2004 he has been the medical manager at Father E. Dutkiewicz SAC Hospice in Gdańsk. Co-author of publications on cancer treatment and palliative care.

A two-time winner of the Medical University of Gdańsk President's Prize; awarded the title of "Man of Action 1986" by the Tri-City media. Winner of Wincenty Pallotti's prize in 2010, and of the Mayor of Gdańsk Medal in 2013. In the same year, the President of Poland granted the Gold Cross of Merit to him in recognition of his service for people in need of assistance and support.

A Different World

Ever since I can remember sick people have been present in my life. My mum was for years the only scrub nurse in the hospital in Gołdap. After the war she was involved in the organisation of healthcare in the Regained Territories, and in the rebuilding of the hospital in particular. This is why our family had to be prepared for her being called away to an operation in the operating theater at any time. At home we talked about patients, death, road accidents and unexploded shells. To me, hospital and patients were in a way my natural environment, but I decided to go to medical college only when I was in the first grade of secondary school.

Did I have a premonition that I would work in a hospice? At that time there was no mention of palliative care but I meticulously “picked out” all the books on death and dying in the bookshop. I think that the most important of them was “Death and dying: Current issues in the treatment of the dying person”, edited by Leonard Pearson. One of the chapters entitled “Moment of truth: caring for a dying person” was written by Dr Cicely Saunders. There were other books but this one became embedded deep in my heart and I often go back to the truths revealed in it in conversations with students, doctors or volunteers. Today, three of them continue to be my signposts in patient care. Doctor Saunders wrote that “patients are people like us”. So a patient does not come from nowhere. A patient is a person with a unique life history. He is a person who might have been well until recently. Isn't the fact of falling ill pure chance? Am I likely to fall ill tomorrow, or the day after tomorrow? How will this change my life? Do any of us want to fall ill? Illness does not ask questions, it deprives us of many important things and matters, it brings suffering, helplessness, dependence, lack of hope, and eventually death. These questions called for some special solidarity with sick people, for seeing a brother in them, for accompanying them in their disease. They revealed the patient's enormous needs and the possibilities of helping them. The second thought in Dr Saunders's reasoning which appealed to me was that “death is an absolute puzzle until a man gets closer to it”. And finally the last one: “our attitude to the dying patient largely reflects our attitude to people in general and (...) our view on the meaning of life”. This means that we do not have a monopoly on navigating patients through death. We need to learn how to help by listening to the patient, who knows their needs, emotions and wishes best. So accompanying is a privilege. Moreover, each of us, while helping, works using their individual “self”, and seeks a unique thread of communication with a patient. Sometimes a smile, a conversation and time spent with the patient can be more helpful than the “medicalization” of suffering.

When I had to decide about my future job and specialization at college, I knew that I would work with the seriously ill and I chose oncology. Hence, my participation in the founding group of the emerging hospice in Białystok was a consequence of my career choices.

The meetings organised in the 1990s upon the initiative of Father Eugeniusz Dutkiewicz SAC in Gostyń, and later on in Wesoła near Warsaw and in Gdańsk seem to me particularly important to the development of the hospice movement. It was the time of the establishment of hospice societies and of studying palliative care that mainstream medicine was not keeping up with. I learnt about the use of morphine in chronic pain during meetings at the hospice! I can remember courses, conferences and lectures by foreign guests who introduced us to the issues of palliative care and shared their experiences. In these meetings I first learnt about holistic medicine taking into account the diverse needs of a patient. Nobody had told us about it; nobody had taught us about it before. It was a time of setting up hospice teams in many towns, a time of exchanging experiences and using the potential hidden in people. The idea of holistic therapy caused an influx of outstanding personalities, with high morale and full of dedication, to the hospice movement.

Today, when I look back, I can see the results of this mostly charitable, voluntary work. To give just one example: Białystok – the first Residential hospice in Poland (1992), a new hospice (2002), its newest part (2013), and the long-standing home-based hospice. I can see doctors, nurses, many other specialists and volunteers. I can see dozens of charity, educational and retreat events. When and how have we achieved this? Having no money, with just the good will and hope for Divine Providence. I believe that it would not have been possible without the special spirit which arose from the voluntary service.

As I look to the future, I can see new threats. Palliative care in Poland is still being ignored. I mean both the insufficient funding of this branch of medicine and the administrative barriers (the contracts, limits, queues, reports, all sorts of formal requirements, sometimes contrary to common sense, etc.), which are referred to as “administrative pain”, the fifth component of *Total Pain*. This is just what makes the world of the sick “a different world” where life revolves around problems, where support, funds or security are often lacking. Illness casts a shadow on patients' and their families' lives, not permitting them to live and develop normally. I am thinking about the growing number of candidates for palliative care and the short-sightedness of the National Health Fund (NFZ) vis-a-vis the aging society. Far away on the horizon looms the specter of euthanasia which is being legalized in more and more countries. Palliative care has always been its counterbalance; however, today people doubt the sense of suffering and the value of life unless it is active, productive.

Voices for euthanasia are beginning to be heard also in the hospice community. Whatever are we coming to? Are we in for death only? The hospice community is facing special challenges.

I know that in life there is a time for everything. There was a time for building and organising palliative care. Many of us spared no effort or time to help the sick in the best way possible. The purpose of palliative care is to ensure the optimum quality of life. This is achieved by treating the physical symptoms and satisfying the needs of a sick person to the fullest extent possible. And we need to continue to learn this to improve the quality of care. This also means taking more responsibility for the patient and their family to feel secure, to obtain social and spiritual support, to be accompanied in loneliness and be given an opportunity to sum up their lives. To make it possible, it is necessary to strengthen the bonds within the hospice team, develop and deepen the philosophy of assistance for the patient, strengthen your motivation, cultivate sensitivity and finally, take care of your own spiritual development.

A hospice, above all, has to love life and speak in favor of life – life to the end. In favor of the sanctity of life, its value and its sense. Life that can be creative and beautiful in spite of the gravity of the situation and the proximity of death. And in difficult moments let us remember the words of Father Eugeniusz Dutkiewicz who said that “God is the only place where there is no burnout...”.



Jolanta Iwanowska – MD PhD, specialist in oncological radiotherapy and palliative medicine, graduate from postgraduate studies in psychooncology at the University of Social Sciences and Humanities (SWPS), since the 1980s involved in the hospice movement, member of the founding group of the Patients’ Friends Society in Białystok. In 2000-2009 – president of the Society. For over a dozen years worked as the provincial consultant in palliative medicine. Currently works as Head of the Radiotherapy Department at the Białystok Center for Oncology.

Father Jan Kaczkowski, Puck

Christian Reply

The distinguishing feature of Polish palliative care, apart from its dynamics placing Poland at the forefront in Europe, is the Christian motivation which led to the foundation of most, if not all, of the palliative care and hospice centres. The coherent vision of a human being as an existence from conception to death, additionally seen from the supernatural perspective, whereby death is perceived as a difficult, yet consecutive stage of life – it is nothing else but a Christian vision of a person experiencing their life as a “one-off and individual project”. This uniqueness and individuality of life from the Christian perspective entails both the responsibility of an individual for their own life and choices, and the responsibility of others for a particular individual, especially a suffering one.

Different ideologies, especially contemporary ones, have spoken of equality among people, of respecting dignity and of tolerance. However, these were derived from different premises. Christianity, including Catholic anthropology, derives the inalienable dignity of a human being not only from these words of the Gospel: “whatever you did for one of the least of these brothers and sisters of mine, you did for me” but, above all, from the fundamental fact of Christ’s incarnation. The fact that God became man, assumed a human body, and permeated into biology, has bestowed dignity on all people – also non-believers and people of other faiths. Nothing can take this human dignity away from a human being. We can lose our personal dignity (through our disgraceful acts), personality-related dignity (through loss of self-esteem because of these acts) but we cannot cease to be a person, we cannot dehumanize ourselves or become dehumanized. Even the worst act – crime, murder and the like – will not deprive us of human dignity. The opinion of others on these matters is not constitutive either. The fact that someone, or even the majority, considers others (the sick, the dying) to be persons deprived of dignity, or even ex-persons, does not matter to hospice care, inspired by Catholic teachings.

I am deeply convinced that these are the reasons why the hospice movement in Poland is the practical Christian reply to the contemporary euthanasia-oriented way of thinking.



Father Jan Kaczkowski – a priest, PhD in moral theology, bioethics expert, president of St. Padre Pio Hospice in Puck, co-founder of the Maciej Płazyński Memorial Schools Complex in Puck. Honored by the Knight’s Cross of the Order of Polonia Restituta and the Vatican Order of Curate Infirmos and the Order for Goodness. Honorary citizen of Puck, native of Sopot. In 2014 he was awarded the Bishop Chrapek’s prize “Mark”.

Anna Kaptacz, Częstochowa

Why Hospice?

The origins of the Hospice Care Association in the Częstochowa Region go back to November 1992, when at the emerging nursing self-government – the Regional Chamber of Nurses and Midwives in Częstochowa – the Temporary Organisational Committee of the Association was established and it formulated the first statute, objectives and primary tasks of the organisation. These were the foundations of the existing institution, whose principal goal was holistic and interdisciplinary care of patients in the terminal stage of cancer in the former Częstochowa province. The hospice idea evolved in my heart and mind under the significant influence of different factors, such as the illnesses and deaths of my nearest and dearest. At 16 I lost my father, who died after a brief illness; two years later my beloved grandpa died after a long and serious illness. An important role was also played by my family and school, which had taught me love, care and the right attitudes as well as values in the Christian spirit. My sensitivity to others, especially the weak and disabled, was deepened by the education I received at the Medical Secondary School. It also aroused in me the need to bring help to others in illness, misery and poverty. Work on hospital wards was a lesson of empathy and care, and the nursing self-government became a platform for sharing experiences in the difficult issues of nursing. One of them was the question of chronic pain in cancer patients treated at various healthcare facilities and in their homes. I also had unpleasant experiences associated with it from my workplace, where patients suffered, especially during night duties, and I suffered with them.

In the newly established professional self-government – the Nursing Chamber in Częstochowa – the Council appointed me the first vice-president. I went to the Province Physician to ask for help. At this time Prof. Jacek Łuczak at the Ministry of Health advocated the idea of establishing palliative care centres in all the provinces. This was a green light for close co-operation with the Provincial Health Department and the Province Physician in the development of palliative and hospice care centres in the region of Częstochowa. In 1992, a group of fifteen nurses and a few other residents of Częstochowa interested in the problems of the sick and suffering founded the Temporary Organisational Committee, which I presided. The Association was registered at the District Court in Częstochowa on 16 March 1993. Also in March we were invited to the Department of Palliative Care at the Karol Marcinkowski Medical Academy, “Palium” Hospice in Poznań, for a week-long training course in palliative care conducted by Prof. Jacek Łuczak. I went with a nurse friend Jadwiga and a physician referred by the Employment Agency. Upon return we were assigned a doctor’s surgery at a newly opened district in-patient clinic within the Provincial Hospital Complex where I was employed, for the purpose of the emerging palliative care center.

At the clinic we saw patients and their families but above all we answered phonecalls from patients, their families, neighbors and healthcare employees, who asked us for assistance in home care.

In the morning a retired pharmacy employee, Bogusia, was on duty by the telephone, answering calls, recording new patients, distributing medical equipment and keeping the documentation of the Association.

Physicians and nurses would visit patients after finishing their hospital duties. For 6 years we all worked as volunteers. It was hard but we managed. We had plenty of enthusiasm and motivation derived from our contacts and being close during visits to our patients.

Today there are many people who will regard work for the hospice as an additional source of income. In the first years we used to travel to our patients in our private cars. It was particularly difficult in winter when we had to reach patients waiting for us in their homes far away from the high road and from any settlements. Currently, although we have 6 cars and an ambulance, many employees still commute to patients in private cars. We were waiting for a bigger building for 8 years. Prof. Łuczak helped us to obtain it by calling at the council offices in Częstochowa and we were finally granted the lease of the ruined building of a former kindergarten. We were able to renovate it owing to the incredible determination and assistance of people of goodwill. However, the current situation of the Association is not stable because our city’s authorities intend to construct a road on its present location.

So again it is not easy.



Anna Kaptacz – master of nursing, teacher, academic teacher, healthcare manager. President of the Hospice Care Association in the Częstochowa Region and the Polish Palliative Care Nursing Society. Plenipotentiary of the Minister of Health and Social Welfare for, and co-organiser of the establishment of the District Chamber of Nurses and Midwives in Częstochowa. Organiser of eighteen national and international conferences on palliative care in Częstochowa, as well as workshops and training courses. She actively participates in national organisations dealing with healthcare and social welfare. She has been awarded numerous prizes, e.g. the Silver Cross of Merit awarded by the President of Poland. Two-time winner of the prize of Władysław Biegański awarded by the Mayor of Częstochowa. She also received a medal of the Polish Order of Malta. In 2014 she was awarded a statuette of the Częstochowa Starost “For Services to the District” in the “Health and Social Welfare” category.

Keeping the Hospice Spirit Alive

Fascination (1989-1993). It all began with a meeting with Father Dutkiewicz when I was a theology student in Ołtarzewo near Warsaw. Before that I had worked as a seminary nurse, trained in Warsaw hospitals and helped the disabled in Konstancin. The words spoken by Father Eugeniusz made a huge impression on me. I first visited the Hospice in 2 Chodowieckiego Street in 1989. I can remember the meeting with Sister Nikodema and other Pallotine Sisters, the information I received about hospice care and how friendly they were.

I got to know Father Eugeniusz better in 1991 when I came to Gdańsk to do my holiday training. A year earlier I had spent my holidays in England and I was planning to go there again. I had found a vacancy at St. Christopher's Hospice in London which offered holiday training for theology students. I could speak the language, I had a visa (which still required waiting in long queues then) and I thought that I would go there. But the seminary Rector was not so enthusiastic about my plan. I heard, 'If you are interested in hospices, I will grant your wish but only in part. You will go on a hospice apprenticeship but instead of England I will send you to Gdańsk (...)'.

It was time to start my holiday job at the Hospice. I asked Father Dutkiewicz for an appointment and on the phone I told him that I was mostly interested in gathering materials for my master's thesis and in books on hospice care. He started our meeting with these words: 'If you want to find out what a hospice is, then do not begin with books but with meetings with patients (...)'.

I can remember the first patient I met – Jarek, a young seaman with terminal lung cancer. I later discussed my meeting with him, his wife and children at their home with Father Eugeniusz. There were also several other patients who we went to visit together with the sisters in a Fiat 126p, which belonged to the Hospice. At the end of my apprenticeship in Gdańsk, I was certain that I wanted to write my thesis on hospices, euthanasia and the end of life. All the more so because Father Eugeniusz told me, 'If you need anything, write to me and I'll try to find it for you'. I was glad when he was elected the retreat leader before our holy orders. Father Eugeniusz talked extensively about the joys and hardships of priesthood, to which we were about to be admitted; he also talked about encounters with patients and their families. In the breaks between conferences we had time to talk and dream that we would be assigned to Gdańsk for our ministry. Sure enough, my first decree issued already in the summer allocated me to work in Gdańsk Wrzeszcz, where I was to substitute for the hospice chaplains and help in the Hospice.

Everyday Life (1993-1994). I spent the summer months of 1993 as a chaplain in the clinical departments of the Medical University. Rush, frustration, a few confessions, masses in the hospital chapel – such was the picture of the first days of my priesthood. Father Dutkiewicz had noticed the frustration. I complained to him that I was unable to get through to the patients and I could not interact with the staff although I was no stranger to hospitals and had been seeing patients for years. Gienek listened patiently, hardly asking any questions, only smiling from time to time as though remembering his youth. I do not recall all that he then said to me but I can still remember a few pieces of invaluable advice: 'Always look the patient in the eyes. Talk to them unhurriedly, even if you are pressed for time. Let them feel that they are the most important thing to you while you are talking to each other. In the morning you have to pay a visit to everyone but try and find out who particularly needs you to come back in the afternoon. Gently encourage them to go to confession or take Communion. Never be brusque with them, even if patients give you reason to do so'. I can also remember a piece of advice about the staff: 'As you enter the ward, always walk into the nurses' station first'. I got the impression of gaining more time. The patients felt that I was more at their service and listened to them. I was beginning to remember their names and learning to pick out individual patients in what frequently was a faceless crowd.

I also went to see patients from the Home Hospice. I got a Fiat 126 p and was entrusted the task of visiting patients nominated by the team of the Pallottinum Hospice. The timetable for the day would be extremely busy. During this period I understood what a blessing a hospice was for a seriously ill person. The hospice team always had time for a quiet conversation with them and a cup of tea prepared by their relatives. There was room for friendship between care assistants, patients and their families, for serious conversations and prayer but also for jokes and laughter. The hospital was a completely different place – full of busy people, tests, results, procedures, rounds ... Haste and depressing anonymity.

I also have recollections of the Hospice team meetings – at 10 Chodowieckiego Street, in the homes of Dr Maria Honora and Prof. de Walden-Gałuszko, and in the patients' homes, where we had time for common care and prayer. I can particularly remember the kindness of Dr Ela Jagła and the patience of Sister Barbara, with whom I jointly took care of many patients.

I also quickly realized that work at the Hospice required different skills than that in the hospital chaplaincy. I discovered this in a painful way. Basia was a peer of mine and bed-ridden at home. The Hospice provided her with a special bed, an anti-decubitus mattress and an analgesic pump. I was then given her address and went on a pastoral visit. I went to the patient's bed and sat down in such a way as

to maintain eye contact with her. I started to ask about her spiritual needs; I talked and talked and talked... Basia looked at me in growing disbelief as I was talking and asking questions, without even waiting for her to answer. 'What the hell do you think you're doing?' she sharply interrupted my speech. After this lesson she would speak and I would mostly listen. These meetings gave rise to a friendship. We gained more and more trust in each other. Basia confessed that she was afraid of dying. A dozen or so meetings later, she asked for confession. The pain worsened, the morphine doses increased. Basia's conscious moments were shorter and shorter. She died during the night when her relatives were asleep at her bedside. Looking back at the year's work with the Pallottinum Hospice team, from June 1993 to June 1994, I feel that many other patients and their families are still dear to me.

This was also a time of co-operation with students of the Medical University, teaching at Elementary School No. 15 situated within the parish area and helping in the clinical hospitals of the Medical University of Gdańsk. It was an intense period of diverse pastoral duties and joy with the priestly service, which I wanted to "enjoy to the full", so to speak, knowing of the prospective studies in Rome. I could choose between Canon Law and psychology or pedagogy. I opted for the middle one because during the year of my work for the hospice, I had had to tackle numerous emotionally challenging problems.

Choice (1994-2000). When I studied the psychology of education at the Salesian University in Rome, my ties with the Pallottinum Hospice in Gdańsk loosened. This was also due to the fact that Father Dutkiewicz had told me, 'You won't come back here anyway'. But, as if to spite these words, during my language holidays in Germany, the United States and Canada, I visited the local hospices and asked about voluntary services and psychological and spiritual care. When it was time to choose the topic of my thesis, I decided it would be hospices.

The Faculty Board, before accepting it, asked me to present the reasons for my choice. No-one had undertaken the topic before. I then told them about my work in the hospices and the doubts I had ultimately overcome. Then the oldest and best-respected professor said, 'Take a look at our society. How many children and young people and how many elderly, disabled and sick people are there? Isn't it about time we finally opened up to this phase of human development?' After his speech, the topic of my thesis was unanimously accepted.

I succeeded in defending my psychology thesis related to hospices and during my simultaneous studies of the theology of spirituality, I wrote a thesis on the spiritual accompaniment of the dying. I then became acquainted with the Italian community of palliative medicine and *Fondazione Floriani* in Milan and completed

a post-graduate course in psycho-oncology at the Gemelli University Polyclinic. I was granted a doctoral scholarship from July 1999 at the University of Notre Dame in the United States, where I was also to work as a chaplain at a nearby hospice.

In spring 1999, Father Dutkiewicz came to Rome with a group of friends. When we met, I showed him my hospice theses and told him about my experiences from Italy and other countries. He repeated the same words, 'But you won't come back to us anyway', but this time I sensed a bit of provocation and hope in his words. 'I'll come back if you need me, but what could I do in Gdańsk?' Father Eugeniusz replied, 'We could organise training courses together because, as you know, there'll be a training center at the Hospice – for chaplains and hospice teams, and especially for volunteers'. So I said, 'OK, let's organise a training course in 1999 before I leave for the States – we'll see if we manage to work together and if there's any interest in the idea in Poland'. We agreed on a list of business to attend to and on the distribution of duties. I was responsible for the content-related part and he was responsible for the organisation and financing of the venture.

The meeting took place in Gdańsk in June 1999. There were over 100 participants, including the Vatican "Minister of Health", Cardinal Barragan and the Polish Minister of Health, Franciszka Cegielska. Thanks to international lecturers and the innovative format of teaching and teamwork, the workshops proved a success. Training materials were prepared and Father Eugeniusz and I decided that we would continue these training events. When I was leaving for the United States, this time Gienek asked me a completely different question, 'Will you come back from there?'

Palliative and hospice care in the United States is very well organised. I envied the Americans their educational films, books for employees and volunteers, the website for all the American centres and very good organisation of the volunteers' work. I participated in bereavement support groups and helped as a chaplain. I spent a lot of time at university, working on my dissertation. The extent of assistance offered to students and the overall organisation of research work exceeded the European standards. Similarly, the hospice was a well-organised institution, sensitive to the diverse needs of patients and their community. When I received an offer to stay for good, I really felt like accepting it.

Comeback (2000-2001). Then I received an e-mail from Father Dutkiewicz with a warm message, 'We're waiting for you, we badly need you here! The hospice team and I are looking forward to your return!' I soon got another e-mail, even more resonant with words about the need for me to come back to Poland to work at the Hospice. I decided to return. I knew nothing about the resignation of part of the Pallottinum Hospice team or the planned resignation of the Pallotine Sisters.

In September 2000, I started working at the Pallottinum Hospice as a chaplain and coordinator of the barely existing voluntary service. My first task, set by Father Dutkiewicz, was to complete my almost finished dissertation as soon as possible. During team meetings I saw mostly new faces and felt that something serious had happened. I can remember the meetings with Ela Skowrońska and Dr. Gryniewicz, and the murmurs about the hospice team not being the same as it used to be. I could feel tension, anxiety and even a fear of speaking out. When I shared these observations with Father Eugeniusz, I heard, 'We have to endure this; it is all because of the construction and the financial problems. A little longer and it will all be over'.

Disappointment (2001-2002). Father Eugeniusz encouraged me to co-operate with students of the Medical University of Gdańsk, also to win new hospice volunteers from among them. In 2001, together we organised the 9th International Patient's Day in Gdańsk. Apart from churches, it was celebrated at universities, hospitals and hospices, which was noticed by the world of culture and the mass media. The event was held under the patronage of the Papal Nuncio in Poland and the Chancellor of the Medical University of Gdańsk. The guest lecturers included Cardinal Angelini from the Vatican, Father Henryk Hoser, PhD (the contemporary archbishop of Warsaw and Praga) and professors of the Medical University of Gdańsk and the University of Gdańsk. Krzysztof Zanussi sent his film with a recorded message. We were all happy with the success. I thought that our good relations would improve mutual trust, also with regard to the difficult issues related to the Pallottinum Hospice. I had asked several times what was going on and how I could help. Father Eugeniusz did not want to or could not reveal the nature of the problems to me. Moreover, at the end of February 2001, after the defense of my PhD dissertation and after Patient's Day celebrations, I was given my notice from the Pallottinum Hospice. I knew that he had been forced to take the decision and my work in the hospice was voluntary again.

At the same time, Father Dutkiewicz recommended me as a psychologist at the Department of Oncology and Radiotherapy at the Medical University of Gdańsk. As part of the university chaplaincy, we would jointly conduct training for hospice volunteers there, and continue lectures in workshop form for chaplains and seminarians, in co-operation with the Medical University of Gdańsk. This was a challenge for me since, as a teacher at the Higher Seminary in Ołtarzew, I undertook that I would conduct such lectures not at seminary desks but in the immediate vicinity of the terminally ill and dying. The Seminary Rector gave his permission and so we launched "distance-learning" psychology and pastoral medicine classes, which are still very popular among final-year theology students, tired of theory.

The Master's Death (2002-2003). In 2002, Father Dutkiewicz celebrated the 30th anniversary of his ordination, which was a very solemn event. Soon afterwards, when I was coming back from a session of the Provincial Council in Poznań, I got a call from our parish priest, who informed me that Eugeniusz was dead. I realized that someone close – a friend and a fellow brother – had died. I knew that this was the end of an important epoch, built by an extraordinary individual. At the same time I felt that a challenge was looming ahead of me.

The ceremonial funeral of Father Eugeniusz was attended by thousands of people from the Tri-City and all over Poland, and the Bishop of Gdańsk appointed a temporary management board of the Pallottinum Hospice. A number of meetings were held to clarify the doubts surrounding its ownership and future fate. A series of meetings with the Bishop of Gdańsk and the Pallotines' Provincial resulted in my appointment as Director of the Pallottinum Hospice. I was a "lame" director – not only because of a physical problem in my left knee but also because of my lack of experience. One of my first decisions was to enroll at a post-graduate course in healthcare management at the Technical University of Gdańsk. At the end of December 2002, we managed to conditionally complete the construction of the Hospice Home. Inmates from the prison in Gdańsk Przeróbka helped with the construction work. I received incredible support from students of the Academic Chaplaincy who, when asked for help, arrived in great numbers to tidy up and clean the Hospice Home before the opening.

I recall one special incident from these days. I visited warehouses and supermarkets, begging for free gifts which were necessary for the finishing and cleaning of the Hospice Home. Ela Skowrońska did the same, with the intention of fitting out the ward. We got something everywhere but this was just a drop in the ocean. I was not even let in one of the supermarkets. They were doing a stocktake before a management change and there was some VIP in the office from the headquarters in Warsaw. I insisted on entering in spite of all. Much to my surprise, the VIP from the headquarters turned out to be my fellow student from the Pallotine Seminary who had become a manager of a large retail network. His support proved invaluable for the completion of the Hospice Home.

From 1 February 2003, we started operating as the Residential Hospice, which existed side-by-side with the continuously working Home Hospice team. The first patients started to appear. On 11 February 2003, the week of the opening celebrations of the Father E. Dutkiewicz SAC Hospice Home started. There were concerts, speeches and meetings and thousands of people turned up. During each meeting I stressed that despite being happy about the opening of the Home, I was also aware of its upkeep costs. I asked or sometimes begged for help, which was given to me

by various parties. While I felt the support of part of the Pallottinum Hospice team, I became more and more certain that not everyone was satisfied with the proposed mode of co-operation. Part of the team understood and generously offered me their assistance, while I ceased co-operating with the other part and then met them on dozens of occasions in front of an industrial tribunal. These were extremely difficult weeks and months during which I was bravely supported by Sylwia Pliś from the management office of Caritas. I would like to thank her from the bottom of my heart for her perseverance at such a difficult time. Her management role was taken over by Maria Hojczyk, on the recommendation of Prelate Stanisław Łada. Her calm and composure helped us prevent many a storm.

Volunteers of the Gdańsk Hospice (2003-2004). At the opening of the Hospice Home, I met a lot of friends from the old days. I told them all without exception that I needed every support. I received it in various forms, one of which was to introduce me to people who could help. I owe a great deal to Alicja Milińska, a friend from pilgrimages to Jasna Góra, who introduced me to the employees and superiors from LPP, a Gdańsk company, and they continue to be friends and sponsors of the Hospice. One of them is Sławek Łoboda, a friend and the President of the Hospice Foundation Board. Together with a partner from a law office and Małgorzata Kropielnicka, they managed to remove the burden of endless claims of the creditors of the Pallottinum Hospice from my shoulders. A meeting with Archbishop Gocłowski on a Saturday morning, to which the two lawyers came dressed in smart suits and ... sneakers has gone down in history. We scheduled the meeting right after their morning run after which they showered, changed into their formal suits and discovered that they had forgotten their formal shoes. And it was too late to go back home!

Apart from the volunteer lawyers, the team was joined by a group of wives of Tri-City businessmen, such as Beata Lubianiec, Monika Słupska, Iza Wyszowska, Jola Fańerek and Kasia Dobrzyniecka. Together with the headmasters and teachers of Elementary School No. 15 and dozens of others, we organised our first collection under the name "Daffodil, a Flower of Hope for Hospices". It gave rise to the "Fields of Hope" campaign, annually held in Gdańsk. We also organised the "March for the Hospice", with over 1000 participating children and young people.

The establishment and start-up of a children's hospice was a special challenge. The unfinished part of the Hospice Home seemed to be an ideal place for it. We officially opened the Children's Hospice on 1 June 2003. The honorary guest of the event was the Polish First Lady, Jolanta Kwaśniewska. In everything I did I had the support of others but, at the same time, I had to supervise it all. We jointly came to the decision to end the operation of the Pallottinum Hospice and transfer all the

good hospice traditions to the newly established Father Eugeniusz Dutkiewicz SAC Hospice.

New Hospice and the Hospice Foundation (2004-2007). The hospice team, despite their best intentions, was unable to take proper care of patients while thinking about collections and concerts. This is why, on 21 January 2004, the Hospice Foundation was registered to deal with charitable activities. Its first task was the collection of 1% of income tax, the deduction of which became possible for the first time that year. Thanks to the significant support of the Lions Club Amber from Gdańsk, we collected more than 100,000 zlotys. At the same time, professionally this time, we conducted the Fields of Hope campaign that Grażyna and Leszek Sadowski were in charge of.

In early 2004, Bogna Kozłowska joined the hospice administration, taking over the position of manager. Dr Andrzej Gryniewicz, the medical manager, was responsible for the medical part. We began learning the new principles of operation, settlement and procedure implementation together. More and more applications were coming in for the Home Hospice and the Children's Hospice, and the permanent queues for residential care kept growing. We began assembling a team of doctors, nurses, care assistants and trained volunteers who started helping on the wards. The administration was also responsible for co-operation with the Prison, organising regular work for the inmates. At that time, upon my request, we started training and included prisoners in the patient care team. At first, the team's resistance was marked but in time the prejudice fortunately faded out. We started regular training courses for volunteers; the responsible person was Lidia Rogulska, the first employee of the Hospice Foundation. She was then joined by Kasia Korewo, who completed a course for volunteers and decided to support the Foundation with her graphic artist's talent. The other people involved in the foundation team were Małgorzata and Staszek Serwin and Andrzej Owsiany – who were responsible for the website www.hospicjum.info, the principal channel of communication to the world of the joys and concerns of the Hospice and Hospice Foundation team in 2003–2004.

All the activities undertaken then were regional in scope. However, the function of the National Hospice Chaplain I held obliged me to be active nationwide. In 2003–2004, I conducted over 20 retreat cycles, participated in dozens of meetings, retreat days and scientific conferences, and I still dreamt of doing more, as they do in the hospice organisations in the United States or Great Britain. The first step in this direction was to be the establishment of a Polish hospice portal. I shared my ideas with the representatives of the Polish Hospice Movement Forum but,

confronted by their skepticism, I decided to undertake it on my own, within the Hospice Foundation.

As I developed the nationwide operations, I decided to introduce several major changes in the Father E. Dutkiewicz SAC Hospice. The first one was the appointment of Deputy Director of the Hospice, the next was the reassignment of regional charitable activities from the Hospice Foundation to a new department of the Hospice in charge of voluntary services and educational and training campaigns. The subsequent changes were introduced in the Hospice Foundation, which focused – in the development of educational and training activities – on European grants and programs. They started to publish educational books and films, useful to both palliative and hospice care workers, students of nursing departments and the general public. The Hospice Foundation Library boasts a dozen or so books and about ... educational films, donated to palliative and hospice centres and university and school libraries.

Nationwide Development of the Hospice Voluntary Service (2007-2010). In 2007, in co-operation with the hospice centres from all over Poland, we started a 3-year program of development of the hospice voluntary service, called “I Like to Help”. It was our goal to develop or build anew the structures of hospice voluntary service centres at the palliative and hospice care centres. The program included over 100 centres from all over Poland, while we prepared and conducted a series of training courses, workshops and conferences for various groups of employees and volunteers, and published a dozen or so handbooks and guide books. They included a handbook for hospice voluntary service coordinators and a handbook for volunteers. Together with teachers, we wrote a handbook for schools, which was given the recommendation of the Polish Ministry of Education. The guide book for the bereaved has been used by both hospice workers and volunteers and other people and institutions dealing with those who suffered a loss. Since we live in a world where images reach audiences more effectively than the printed word, we created a number of films and multimedia materials, used in community education, about helping the seriously and terminally ill, and in the promotion of mutual support and voluntary service. I was glad that the measures taken, the tools developed and the methods for the education of society about the end of life were appreciated by the hospice employees and volunteers as well as by the local communities of particular centres and the society as a whole. Thus the dream I had as a student in Western Europe and North America that palliative and hospice care in Poland would be sustained by educational and audiovisual materials as well as understanding and positive attitudes in society had come true. Reports from the palliative and

hospice centres as well as the studies and review of the national campaign “I Like to Help” have confirmed that our goals have been attained.

Over the 3 years of the program “I Like to Help”, its content-related quality and organisation were supervised by the Hospice Foundation team. It was formally and legally supervised by Sławomir Łoboda, and scientifically by Józef Binnebesel. The project coordinator was Jolanta Leśniewska, the content-related coordinator was Anna Janowicz, and the publications edited over the period were supervised by Alicja Stolarczyk as the editor-in-chief. The other people involved in the project activities were also: Natalia Filipionek-Rybińska, Alicja Fornalska, Kamil Kabasiński, Piotr Kławsuś, Agnieszka Paczkowska, Beata Stachowska, Marzena Świłała, Alicja Tuchacz-Kurdziel, Justyna Ziętek, Andrzej Brzóska, Szymon Brzóska, Grzegorz Karbowski, Jacek Rembowski and Barbara Szyńska. Countrywide, the project engaged over 150 voluntary service coordinators, who benefited from the training courses, workshops and e-learning tools prepared and conducted by the Hospice Foundation, and co-created all the activities with us.

In 2010, at the end of the 3-year program, apart from the satisfaction, I also felt tired with this project, which had surpassed my highest expectations. Being involved in many national and international initiatives, I spent less and less time with patients and my team in Gdańsk, which was doubtlessly a loss but also made me worry about the institution which was and still is the foundation of my dedication to the hospice movement. I then made the decision to pass some of the responsibility for the management of the Hospice Foundation onto other people. They included Mirek Szlagor and Alicja Stolarczyk who, as the editor-in-chief of our publishing activities, took over the position of President of the Management Board of the Hospice Foundation.

Preparation of Clergymen and Laypeople for Pastoral Care in the World of Suffering (2009-...). Based on my experiences acquired in nationwide hospice activities, I set about transferring the good practices of palliative and hospice care onto other areas of care of the terminally ill, implemented through both healthcare and social welfare, and by the increasing number of family care assistants in home care. The first area for which I was in particular responsible as the National Hospice Chaplain was spiritual and religious care. During a retreat I conducted along with formation sessions for chaplains in Jasna Góra, the provincial of the Knights Hospitallers, Eugeniusz Kret OH, invited a team of palliative and hospice care experts and myself to prepare a program of studies of team pastoral care for healthcare and social welfare workers. Apart from me, the key organiser of the initiative in Cracow was Dr Marek Krobicki, Director of the Knights Hospitallers Hospital and –

on behalf of the hospice family – Anna Janowicz, Dominik Krzyżanowski and Józef Binnebesel also actively joined in these training programs. In 2009, we obtained the approval of the President of the Papal Council for Healthcare Chaplaincy, Archbishop Zygmunt Zimowski, which permitted us to draft an educational project for clergymen and laypeople called “Saint John the Divine’s School of Pastoral Care”. The launch of the study program was preceded by the publication, in 2011, of “*Dolentium Hominum. Clergymen and Laypeople in the Face of Human Suffering*”. The model of post-graduate studies of team pastoral care was based on experiences of team palliative and hospice care, gathered over the years in the hospice community of Gdańsk. The postgraduate course was taken up by a group of over 40 members of the clergy and laypeople, whom I supervised in my capacity as the study manager and coordinator of pastoral and clinical traineeship in healthcare and social welfare institutions, including hospices. Thus, the educational efforts intended for chaplains in Poland that Father Dutkiewicz and I initiated in Gdańsk were revived. Subsequent editions of the new method of training for spiritual and religious care are conducted by the Knights Hospitallers, in co-operation with the John Paul II Papal University in Cracow. Another form of activity for the spiritual and religious needs of the terminally ill and their relatives was the start in 2011 of collaboration with European scholars studying spiritual needs (Prof. Buessing and Prof. Surzykiewicz from Germany and a group from the Research Institute for Spirituality and Health from Switzerland), as well as scholars and practitioners from the United States (Prof. C.M. Puchalski and her team from the George Washington Institute for Spirituality and Health). In 2014, I became a representative for Eastern Europe in the Global Network for Spirituality and Health (GNSAH) initiative, aimed at inspiring change and promoting holistic care incorporating spiritual needs within the healthcare systems across the world (www.gnsah.org). With our team we prepare translations into Polish and adaptations of spiritual needs identification tools for clergymen and laypeople working in healthcare and social welfare. The questionnaires and surveys are used by palliative and hospice care teams and by all the chaplains of the world of suffering in Poland.

New Challenges in End-of-Life Care (2011-...). The good quality of home-based and institutional palliative and hospice care was my joy, and yet I could not fail to notice the disproportion relating to the methods of care of the terminally ill in the other healthcare and welfare institutions. In 2010, the Foundation ‘I Like to Help’ was established, its primary objective being the transplanting of good practices

from palliative and hospice care to all the areas of institutional and home-based care of people approaching the end of life.

In 2011, I decided to leave the hospice team in Gdańsk, which I had managed for 12 years. It was not easy for me to part with a group of extraordinary friends, both professionals and volunteers. The decision to end our co-operation and move to Warsaw was connected with my academic work commitment and a series of projects regarding non-medical aspects of care in healthcare and social welfare. Collaboration with the academic communities of Cracow, Warsaw and Toruń allows me to raise the topic of end-of-life care during lectures for new audience groups. The lectures and proposals for changes in the system of care are based on the good practices that the teams of hospice employees and volunteers and I implement in Gdańsk and all over the country. As the National Hospice Chaplain, I was granted permission from the superiors of the Polish Episcopate Conference for the next nationwide objective to be the transfer of the good practices of team palliative and hospice care to institutional and home-based healthcare and social welfare.

In 2013, we celebrated the 30th anniversary of the Hospice in Gdańsk. Among the participants were specialists in palliative and hospice care from all parts of Europe. This was possible thanks to the invitation I received in 2012 from the Robert Bosch Foundation to co-create an innovative training program for palliative care leaders in Europe (*Emerging Leaders of Palliative Care in Europe*). It was developed in co-operation with the European Association for Palliative Care and is implemented by 4 European centres: Kings College in London (Great Britain); Paliativ Medicin Klinik in Cologne (Germany), Nicolaus Copernicus University in Toruń (Poland) and Hospice Brasov (Romania). The first edition of the training program in Poland was held in Bydgoszcz and Gdańsk, and an evaluation revealed that participants from all over Europe particularly appreciated the classes on voluntary service and social involvement, organised in the Gdańsk hospice center. It is thanks to the kindness of the Robert Bosch Foundation, which took great interest in the exceptional history of the contemporary hospice movement in Poland, and to their grant, that an English-language version of this publication will be possible.

In view of the necessity to support people in need of assistance at home and their family members taking care of them, in 2013 I started to co-operate with Caritas in the Toruń Diocese on the elaboration and implementation of the project of John Paul II Parochial Seniors’ Clubs. Its goal is to establish voluntary services for dependent, chronically ill and elderly people in local communities. Tools developed and tested in palliative and hospice care are used for the fulfillment of the project. Its results will be handed to the Catholic dioceses and all the individuals and institutions interested in the improvement of the quality of care of those who need it in

local communities. Thus, the knowledge and experience of palliative and hospice care can be transferred to the difficult realities of home end-of-life care in Poland. Successful examples of such a transfer of good practices, which I implemented by means of publications and associated lectures and workshops, are the guidebooks for care assistants of the sick and dependent in their homes: "The Chronically Ill at Home" (2011), "Voluntary Service in End-of-Life Care" (2012) and "The Art of Communication with the Terminally Ill" (2013).

As the National Hospice Chaplain, I strive for the leading centres in Poland to become educational and training centres for professionals and volunteers providing care to the terminally ill. Thanks to co-operation with local governments, it is possible to improve the quality of care provided to these people by offering support to family care assistants and by the establishment of a substitute care system, as well as by the training, recruitment and coordination of volunteers. On the basis of the over 20-years' experience in the foundation of the hospice service, teamwork and voluntary service of the hospice family, I try to instill these practices into long-term care, social welfare and, above all, home care, through academic and popularization work. The Polish society, one of the fastest ageing societies in the European Union, needs a brave strategy modelled on the actions already taken in England, Scotland or Ireland. Through the education of professionals and volunteers, international co-operation, research and exchange of good practices, I would like to continue the mission to serve the terminally ill and their relatives, without losing the hospice spirit but sharing it with professionals and family care assistants.



Father Piotr Krakowiak – a Pallotine, theologian, psychologist, an Associate Professor in social sciences and social work, the National Hospice Chaplain on behalf of the Polish Episcopate Conference. From 1990 associated with the Gdańsk Hospice as a volunteer, chaplain, volunteers' coordinator, psychologist and from 2002 until 2011 its Director. The founder of the Hospice Foundation and President of the Board of the Foundation 'I Like to Help', transplanting hospice good practices to end-of-life home care. Author and co-author of a dozen or so textbooks and guidebooks and numerous articles in the national and international press. Awarded the Vatican Order of Curate Infirmos, the Officer's Cross of the Order of Polonia Restituta and the Golden Badge of the Polish Minister of Justice "For Merits in Penitentiary Work". Elected the Citizen of Gdańsk of 2008 in recognition for his services for hospice-palliative care and the promotion of volunteering in community.

Wojciech Leppert, Poznań

A Doctor's Reflections after 20 Years of Work at an Academic Palliative Medicine Centre

My work in palliative care started in 1992 after I completed a post-graduate internship. It was a source of great satisfaction for me while patients and their families were pleased with my visits and care. What I found important was a holistic approach to patients, not only in medical terms but also taking into account their psychological, social and spiritual problems. What also mattered to me was the academic teaching I had done since 1993 and my research work.

In the 1990s, like the other people employed at our clinic, apart from working on the ward, in the outpatient clinic and home care, I attended specialization courses. In 1996, I obtained a 1st degree specialization in oncological radiotherapy, in 2000 – a doctor's degree and a 2nd degree specialization in cancer chemotherapy and in 2003 – a specialization in clinical oncology. In 2003, being a part of the first group of doctors whose professional and scientific achievements had been recognized as equivalent to the completion of a specialization program, I was awarded the title of specialist in palliative medicine. In 2001–2003 I also worked as a palliative medicine consultant in the Łódź Province. The medical community of Łódź was then famously in conflict with the previous consultant. I was living and working in Poznań then but as an outsider I was able to take a neutral stand and tried to co-operate with everyone. In 2002, I managed to organise a national conference on the 10th anniversary of palliative care in Łódź.

One of my first charges was Ewa, who was treated for pancreatic cancer on our ward for over a year. From time to time we discharged this patient but she would usually come back after a short time. Her major complaint was pain in the abdominal cavity and later on in the knee joint area. An X-ray, and ultimately the post-mortem, did not demonstrate any lesions in the osseous system which could have caused the complaints in the knee joint. We were able to manage the physical pain quite well with an aqueous solution of oral morphine. The patient, however, showed signs of "total pain" – I think that she was unable to come to terms with her progressing and incurable illness. Perhaps the fact that she was alone was of significance too. I can remember that a real authority for her was Dr. Jerzy Gizło – a surgeon who still is our friend, sees hospice patients and frequently performs palliative surgical procedures on his ward.

One of my first patients was a 17-year-old boy diagnosed with osteosarcoma, who had had his lower limb amputated, and who had metastases to the lungs and suffered from acute dyspnea. When I was driving him home in an ambulance, quite far outside Poznań, I administered midazolam and morphine subcutaneously using

a “butterfly” needle for the first time. I can remember that one of the first people to have given me valuable advice then was a good colleague of mine, Dr. Jerzy Furmanowski – an anesthesiologist who took care of patients during ward duties and at home.

Thinking of more recent years, I can vividly recall Jan, a patient I attended to for over a year at home. He had already been ill for several years but his wife gave him continuous support. They were in a difficult situation as a few years earlier their only daughter had died of cancer. Jan complained of pain, which was rather easy to manage by means of opioids. As his fistula developed on the outside, the patient no longer wanted to leave home. Jan passed away a few years ago on our ward after he seriously deteriorated. Time goes by but his wife calls me every year before Christmas with season’s greetings. This is always a very touching experience for me. I suppose that the most essential of all is the fact that even though we can only help to a limited extent, we simply keep a patient and their family company in critical moments.

I would also like to reminisce about Beata, who was taken ill with a malignant brain tumor shortly after she turned 30. The causal treatment lasted several years and was to some extent conducted as part of our care. I took care of Beata at home, on and off for 2 years. The treatment was basically aimed at alleviating the headaches, which was achieved by means of small doses of glucocorticosteroids. Beata had always been a very cheerful person in spite of the serious illness which immobilized her. After several years of care, she peacefully passed away on our ward, surrounded by her family. I recently ran into her husband, Maciej, in a shop, and we exchanged Christmas wishes.

In the 1990s our clinic was located in the Sisters of St Elizabeth cloister in Łąkowa Street in Poznań, where the whole Department of Oncology was based. As our hospital in Łąkowa Street was small, we all knew each other well and were friends. I believe that this fact helped other physicians, who frequently consulted us, to accept palliative care.

I would like to remember the late Prof. Cezary Ramlau, who is rarely spoken and written about in the context of the development of palliative care in Poznań and in Poland at large. He was an oncologist dedicated to his patients, with very broad horizons, who not only contributed to the development of chemotherapy at our Department of Oncology but also considerably helped Prof. Jacek Łuczak to establish the Palliative Care Clinic. It was thanks to Professor Ramlau giving up a part of his Chemotherapy Ward that we were able to acquire rooms in the hospital in Łąkowa Street. Earlier on the Professor helped us find rooms for our office, doctors’ mess, the Pain Management Clinic (the Palliative Medicine Clinic, actually) and the rest and refreshment room – for our sociologists and psychologists. Professor Cezary

Ramlau also organised one of the first Psycho-Oncological Conferences in Kołobrzeg and co-edited the journal “Psycho-Oncology”.

In 1993, a so-called Emergency Team, consisting of a physician, a nurse and a driver, was set up in our clinic. In a sense, this was a pioneering solution since we thus ensured 24-hour care to patients at their homes, which is currently required by the National Health Fund. It was mainly my colleague, Dr Maciej Sopata, who was also responsible for planning ward duties, and I (in charge of the organisation of the work of the clinic) who formed the team. Weekday duties included afternoons and nights (in working hours, home care was provided by staff members paying scheduled visits), and in the holidays they were round-the-clock. While on duty, we carried out the orders of the duty ward physician, who answered calls from patients staying at home. These were often first visits to newly registered patients.

I should also mention the educational activities developing in the 1990s, namely training courses (mostly for nurses), often resulting in the establishment of palliative care units locally, and international conferences. The first such meeting I attended was in Łąd on the Warta near Konin. This was quite an experience – I met a lot of well-known people from our community, such as Dr Janina Kujawska-Tenner and Dr Tomasz Dangel, as well as foreign guests, for example Prof. Robert Twycross. I can remember that he then said that we would be teaching palliative medicine to colleagues from Central and Eastern Europe. I found his words amusing then but today I have to admit that he was right.

The international courses in Puszczykowo were highly popular, also amongst foreign guests. One of the conference guests was Prof. Sam Ahmedzai, head of the Academic Unit of Supportive Care at the University of Sheffield – a man who has greatly contributed to the development of palliative care in Great Britain (in a strictly scientific aspect). A guest in our meetings was also Dr David Oliver of Rochester, Great Britain, who organised palliative care for patients with amyotrophic lateral sclerosis of the spinal cord. Doctor Oliver was also invited to the 1st Convention of the Polish Association for Palliative Medicine, held in 2004 on the Ołowianka Isle in Gdańsk, in the unfinished Philharmonic Hall. The meetings in Puszczykowo were an opportunity to broaden and acquire knowledge from lectures by foreign guests, mostly from Great Britain, but also for the Polish palliative care community to become integrated. They were attended by people from all over Poland, and in the late 1990s also from Central and Eastern Europe.

The 1990s were pioneering years in palliative care. This brings to me memories of the late Col. Dr. Edmund Orszański, who rendered considerable services to the development of palliative care in the Sieradz Region. Doctor Orszański was Head of the Forensic Medicine Department of the Medical University in Łódź, and then

opened the Residential Hospice in Sieradz, which he managed. He was also President of the Hospice Care Association in the Sieradz Region for many years.

Today, like at the beginning, the principal goal of our work is the provision of comprehensive care to patients and their families. Yet it is obvious that its organisation has changed a lot and the possibilities of effective symptomatic treatment of patients as well as educational opportunities – both in specialization, research and clinical work – have increased. Nowadays, anyone can establish their own home hospice or other palliative care units and apply for a contract with the NFZ. This may be the result of not only bureaucratic circumstances but also of insufficient integration of our community and, frequently, particularistic interests. I sometimes have the impression that certain people holding senior positions in administration feel very pleased with themselves yet they really do not quite understand what daily work with patients is about.

Analyzing the present situation and the prospects for development, I think that our community needs deeper reflection on the future organisation of palliative and hospice care. One of the possibilities of development is the consolidation of palliative care with oncology at an earlier stage, which has been discussed in Western Europe and America for a few years. Perhaps placing more stress on the importance of consultations by palliative medicine specialists in hospitals, Palliative Medicine Outpatient Clinics or Hospital Support Teams, who are underpaid or not paid at all by the Fund, would be a good way to make more effective use of the funds now allocated to palliative care by the National Health Fund. Moreover, I think it is worth considering separate financing for some specialist procedures performed on Palliative Medicine Wards as is done in other fields of medicine.

Scientific development is an important issue in our field. We still lack standards of care (in terms of treatment and support, not formal requirements). Multicenter clinical trials, being one of the fundamental sources of current evidence-based knowledge, as a matter of fact, are rarely conducted, (except trials sponsored by pharmaceutical companies perhaps). A positive thing is the growing interest among physicians in membership in the Polish Association for Palliative Medicine, which has undertaken to prepare standards for symptomatic treatment.

Another significant element is under- and post-graduate education. At our department we teach palliative medicine to medical students (in the 5th and 6th year; ethics and deontology classes are conducted in the 3rd year), and palliative care – to nursing and physical therapy students. We run post-graduate training courses in the basics of palliative care for physicians and nurses and palliative medicine specialization courses for physicians. For some 15 years we have taught medicine, and lately also physical therapy, to English-language speaking students. Regrettably, Polish medical universities still do not have a uniform syllabus for palliative care.

They often have too few hours of classes conducted as part of other clinical subjects. There are medical universities with no palliative medicine units at all, in Warsaw for example. Perhaps it would be worth using the current reform of the medicine curriculum to introduce obligatory classes in palliative medicine and care in all the medical universities, for students of medicine and nursing.

Let me add a thought on ethics. It appears to me that we pay too little attention to this during our conferences. Let us take note of what happens in other countries – euthanasia has been legal for quite a long time in the Netherlands, and since recently in Belgium, where a group of pediatricians demand that the possibility of euthanasia in children be legalized. Attempts are being made at the legalization of euthanasia in the French and British Parliaments. In a recently published article, I read that, according to the authors, palliative care in Belgium developed thanks to the introduction of euthanasia, and physicians working in palliative care “only occasionally” perform euthanasia on patients but they assist other physicians and nurses who perform it (Vanden Berghe P., Mullie A., Desmet M., Huysmans G. Assisted dying – the current situation in Flanders: euthanasia embedded in palliative care. *Eur J Palliat Care* 2013; 20 (6): 265–272). I think that our community should speak its mind on this issue since – as our Pope used to say – we have a lot to offer to the lost and secularized Europe and to the world. Our joint protest against euthanasia and assisted suicide was presented by the Polish Association for Palliative Medicine and the Polish Psycho-Oncology Society in the paper: Leppert W., de Walden-Galuszko K., Pyszkowska J., Majkowicz M., Euthanasia and assisted suicide: the view of the Polish Association for Palliative Medicine and Polish Psycho-Oncology Society, published in *Eur J Palliat Care* 2014; 21 (3): 115–118.

Even though the last sentences have slightly pessimistic overtones, I think that we should look optimistically into the future. I should point to the interdisciplinary character of palliative care, which is provided by physicians, nurses, physiotherapists, psychologists, social workers, chaplains and volunteers. There are plenty of educational activities popularizing palliative care in our society. Scientific societies of physicians (the Polish Association for Palliative Medicine) and nurses (the Polish Association for Palliative Care Nursing) set new development trends, for example by organising numerous courses and conferences. New prospects could emerge from the integration of palliative care and oncology and from the introduction of elements of supportive care in cancer and psycho-oncology to clinical practice. A recent approach also proposes the earlier introduction of palliative care, which improves the effectiveness of treatment and brings financial savings.

More and more physicians and nurses are interested in palliative medicine and care. A single degree specialization program is currently being introduced, which will probably make it easier for junior doctors to obtain a degree in this field. More

and more palliative and hospice care centres are being established; interest in scientific studies is growing. The Polish palliative and hospice care community is distinguished by its highly ethical attitude to patients and their families. Policy-makers will certainly have to recognize how important a discipline palliative and hospice care or supportive care in cancer patients is. This gives us the hope that neither these patients nor people with other chronic conditions with a poor prognosis will have to wait for necessary professional medical assistance and psychological, social and spiritual support, and the needs of patients and their families will be satisfied, which will lead to a significant improvement in the quality of life. In our daily clinical work, we can learn a great deal from our encounters with these people.



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pain, supportive and symptomatic treatment and the quality of life of cancer patients. A member of the Supervisory Board of the following journals: “Ból” (Pain), “Medycyna Paliatywna” (Palliative Medicine), “Journal of Autacoids” and “Journal of Symptoms and Signs”; an active member of Polish and international scientific societies: Treasurer of the Executive Board of the Polish Association for Palliative Medicine, President of the Audit Committee of the Polish Psycho-Oncology Society, a member of the Polish Association for the Research of Pain and the Polish Association of Clinical Oncology, Secretary of the Eastern and Central Europe Palliative Task Force (ECEPT), a representative of Eastern and Central European countries in the Executive Board of the European Association for Palliative Care (EAPC), Deputy Chair of the Dyspnea Study Group of the Multinational Association of Supportive Care in Cancer (MASCC) and a member of the International Psycho-Oncology Society (IPOS).

Father Waclaw Leśnikowski, Nysa

Some Thoughts about the Present Situation of the Polish Hospice Movement

I got into hospice care by accident. In 1994, the 19th year of my pastoral service, I was the parish priest in a small parish near Nysa in the region of Opolszczyzna. This was when I learnt that the Bishop Ordinary of our diocese was looking for a person, preferably a volunteer, who would take on the duties of patients’ chaplain at the hospital in Nysa. The changes spurred by the sociopolitical breakthrough in 1989 were in the early stages – chaplains were gradually coming back to the army, to prisons and to hospitals. Personally, I had always tried to be close to patients in my pastoral work. When I visited them at home, I somehow felt that I was useful to those who were usually given little time and attention. Hence the permanent chaplain’s position at the hospital (which until then offered a sacramental service only, though unofficially, “on and off”) seemed to me like a sign from Providence. So I went to the Bishop and only then did I learn that I would have to reconcile the hospital chaplain’s duties with service at a hospice, recently established there. I can remember that I hesitated for a moment. I had doubts whether I would have anything to say to people whose life was already fading away. But eventually I took on the challenge. Later on, from the perspective of the first 6-7 years of this special work, I could say that my accession to the hospice meant stepping into a previously unfamiliar area of pastoral work, opening the door to a completely different world the existence of which I had never been aware. In this new world, I gradually learnt the ideas and principles of palliative care and hospice activities. A few of them became deeply engraved in my memory and heart, and they continue to map out my thinking about these matters.

My first meeting with Prof. Jacek Łuczak from Poznań took place in Łomża in June 1995. It was then that I heard, among a few fundamental principles of understanding and managing palliative care, the most important one of all: a hospice is not a home or a place but it is a team of people realizing a certain “philosophy”, a certain way of handling the terminally ill. Of similar importance to me was a meeting in autumn 1995 in Mysłówice with Dr Jadwiga Pyszkowska, who was then the Provincial Consultant in Palliative Medicine in Katowice and Opole. I learnt from her that, despite the rather superficial conviction, it was not true that medicine could do nothing for a dying patient because “nothing could be done for them any more”. Really a lot can still be done for such a patient and this is the job of hospice care. It was also there, in Mysłówice, that I first and last saw Father Eugeniusz Dutkiewicz,

who was the same age as me (just 41 days older), and later, already after the year 2000, during several visits to Gdańsk, I had the opportunity to get to know his thoughts, analyzing the spirituality of a dying person and the need to provide them with spiritual care. The next moment of crucial importance for my thinking of the hospice were the memorable days in April 2005, when we bid farewell to John Paul II. During a meeting of our Hospice Association, my elder colleague, an experienced priest, shared the following thought with us: what took place in the days and hours directly preceding the Pope's death in his room and around his bed – was exactly a home hospice. His reflection led to a considerable redefinition of my perception of the essence of a hospice: until then I was almost totally preoccupied or even – so to speak – fascinated by everything that was related to the Residential hospice, devoting less attention to the home hospice (which operated in our facility from the start, but in the background) and appreciating it less. Now I realized that the home hospice was, if not number one in importance, at least equivalent to the Residential hospice, as a source of palliative care. This thesis is confirmed by the history of the hospice movement in Poland: almost always everything started with home (parish) teams providing care to the dying. Only in a few hospices was this sequence of events reversed; the hospice in Nysa, for example, started virtually as a Residential ward at the hospital.

The hospice I am talking about celebrated its 20th anniversary in April 2014 and this is also the length of my service as a hospice chaplain, and (since 2001) also its organiser and manager. For years I have been closely following the development of and changes in the hospice movement in Poland, both in the media and directly as a participant in numerous conferences and training events. I do understand that as time passes everything has to change to meet the challenges of the evolving world. Certain changes, however, are worrying. For instance, the acceptable number of beds on a Residential ward is increasing – and this provokes the questions: what will the difference be between the hospice and a bustling and noisy hospital? What will happen to the former standards determining the number of nurses on a ward relatively to the number of beds? The strict requirements of the National Health Fund with respect to formal education standards are growing; the procedures of the National Labor Inspection (PIP) concerning the recording of and remuneration for hours, minutes, almost seconds worked are becoming more rigorous. The result is that people who come to the hospice with certain ideals, to fulfill themselves in service for the dying, perceive it more and more as an impersonal working establishment where you earn a living and strictly observe the provisions of labor law, above all. Quite a lot of new hospices have been established, sometimes, however, the effect hardly has anything in common with a hospice, and the name, commanding respect

and enjoying popularity, serves as an impressive packaging for an imperfect, sloppy reality. The very concept of the hospice, frequently distorted at top government levels in the Ministry of Health and in ministerial circles, is recently beginning to lose its spiritual and even purely humanitarian aspect since it turns out that it does not need a chaplain or a social worker. They say that pain relief alone is sufficient... This is as worrying as the circumstances described above.

It has not been my ambition to describe the condition of palliative care in Poland, nor have I tried to make a diagnosis or – much less – to give any advice to anyone. I am grateful for the opportunity to share my personal thoughts. I wish a lot of strength and God's blessing to all the people who continue to carry the load of organising and fulfilling hospice duties.



Father Waclaw Leśnikowski – a master of theology, in 1975-1997 a lecturer of church music and Latin at the Higher Seminary in Nysa-Opole, and in 1975-1994 a curate and parish priest in the parishes in and near Nysa. A co-founder of the Auxilium Association in Nysa.

I Keep Trying to Surpass Myself

To me, palliative and hospice care, due to its deep spiritual dimension, means an exceptional sphere of concern for the sick and their families. The spiritual aspect is certainly important in every kind of suffering but in this kind of care it is inseparably associated with the mystery of passage to a different dimension of existence, namely death. However, it is not about some fascination with ultimate things, but rather a time of exceptional maturing processes and deep inner transformations of patients and their families. It may sound trivial but I like this service, it gives me a lot of satisfaction because I feel singled out when a patient and their family entrust their pain to me and I have the honor of accompanying a patient along their passage to the other world. There is no routine in this service as everyone copes with dying and death in a different way. It also seems paradoxical that having had so many encounters with death I was able to intensely experience life to the full, that is, to acquire the ability to enjoy small and ordinary events and things, to appreciate what used to pass unnoticed or seemed a burden before. I have learnt to manage my emotions since in this work it is particularly easy to burn out and become numb and emotionally callous.

My choice of this service was influenced by a number of small events but one of them in particular has lodged in my mind and heart. Years ago I used to work at a nursing home for the chronically ill. One of the residents who suffered from advanced Alzheimer's syndrome had a special liking for me. She always enthusiastically reacted when she saw me and introduced me to others as "her classmate". The 50-year age difference was no obstacle to her. One day she suddenly felt unwell. We called a doctor. In spite of the treatment her condition deteriorated. I prayed by her side together with members of the staff. After some time the doctor declared her dead. When I was notifying the family, a frightened employee ran up to me saying that the deceased patient had opened her eyes and said that she had returned from the grave. I entered the room, sat on a chair by her side and held her hand smiling. Looking into my eyes, she said, "I have returned from the grave", and asked, "Come with me?" I told her not to be afraid and walk towards the light because I still had some work to do and that we would meet one day in eternity when my time came. After a while she closed her eyes, this time forever. For some time the staff continued to look worriedly at me and were strangely concerned about my well-being. I still feel this astonishment at being asked to accompany someone on their way – but already on the other side. And I feel the strange peace in my heart,

the composure and the intuition that I am fit as a companion on the difficult road which leads a person to eternity.

Being a nun, I always try to see the Savior's suffering image in a patient. However, when I worked as a nurse, I thought that I knew what was good for a patient. After I got to know the hospice philosophy, my view of a nurse's role completely changed. I understood that it was the patient who was the expert in "being ill" and I was not the person who knew what was best for them. I also felt invited as a patient's special companion in their spiritual struggle and in discovering God in their experiences. I started to realize how lonely a patient was in their suffering and the emerging existential anxiety, which they did not have the courage to tell their family about or they did not know which words to use. I understood that my often exaggerated attention to cleanliness, order and compliance with procedures was a screen behind which I was hiding to avoid the subjects which hurt most and raise doubt, and so as not to hear questions which I had not answered myself. I learnt to say, "I don't know, I am looking for an answer too".

It was already after several years' service for the hospice when I went through a particularly difficult experience. I was seized by the fear of my own death or rather of dying. Despite the fact that I had accompanied many suffering and dying people before, I had not been afraid of my life ending. And suddenly I started to feel it. The pain in my soul because it would have to leave the body in which I felt good, because the body would decompose and death could be preceded by a long-lasting illness and dying could be very difficult. I struggled with it for a few months. I looked for help and a response to my anguish in prayer and from my priest friends engaged in a similar kind of service. I memorized one sentence that I heard then from a priest trying to comfort me: "Have trust in God. You help a lot of dying people. He will not allow you to be left alone at your time of hardship. There will be someone who will help you pass through this gate". Then I realized that what I unconsciously feared most about dying was loneliness. I understood how important it was, while accompanying a patient, for the old way of seeing events, people and things to "die" with them, so that a new outlook and a new way of experiencing reality could "be born".

I was overjoyed to meet Father Piotr Krakowiak, a figure who has had a significant influence on the development of the hospice movement in Poland. I will not enumerate his services to the overall hospice movement as I would certainly omit something. I will describe my personal experience the "force and effect" of which continue until today. In 2001, I participated in the Polish Hospice Movement Forum in Warsaw. We talked about various problems and troubles but also about joys. It was then that, "this Father Piotr", who had recently come from the States, said some strange things about the Polish hospices having to co-operate, keep contact via the

Internet, meet on training courses, get other institutions involved in co-operation and make decision-makers interested in the subject. He pointed to the need to get the media involved and persuade young people to co-operate. It was then unofficially said that he had come from the States and did not know the Polish realities. He soon invited us to Gdańsk to a specialist training course lasting a couple of days, during which we were given a laptop, a multimedia projector and plenty of medical equipment from the Hospice Foundation. The television broadcast a positive image of the Hospice in the Hospice is also Life campaigns, giving inspiration to creative work in the local community. Father Piotr is a professional and a visionary who is able to think long-term and synthetically, and who encourages others to develop and think creatively. Meeting him has given me the encouragement to keep trying to surpass myself in different moments of difficulty. I know that it is worth dreaming and it is necessary to persevere in striving to attain your goals. I know that you need to take up a spiritual quest in order to be able – through personal development – to bring God closer to people.



Sister Lidia Lupa – Sister of Charity of St. Vincent à Paulo, a graduate of the Jagiellonian University Faculty of Nursing and the Papal Theological Academy in Cracow Theology Faculty. She also completed post-graduate studies in Social Welfare Management at the School of Administration in Bielsko-Biała and a post-graduate course in Pastoral Care in the Service of Health and Social Welfare at John Paul II University in Cracow. A co-founder of Blessed Fryderyk Ozanam Home Hospice in Tarnów and a partner of the Slice of Bread Foundation in Tarnów. Currently the head nurse at the Residential Home of L. and A. Helcel in Cracow.

Aleksandra Modlińska, Gdańsk

The Beginnings Were Crazy

First Moments at the Hospice. I was in my sixth year of study when I first encountered the hospice, around February 1995, thanks to Dr Przemysław Kapała, whom I had met before (in October 1994) and who was working for the home hospice and the Medical University of Gdańsk. The home hospice was then located at 2 Chodowieckiego Street. I knew the building very well because I passed it on my way from the tramway to the dormitory. I could see the Pallotine nuns working in the garden, where later on, when I was already part of the team, we liked to rest, talk or even have soup. It was in February 1995 that I came to my first meeting of the hospice team. Soon afterwards I started going to see patients with Ela Lato (an internist), who helped me a lot at the beginning of my service. I can remember Ela's Fiat 126p, a visit to a patient's home somewhere in Suchanino, and I can remember Ela herself, petite and short, jumping on the bed, behind the patient's head, to pull her up. It was the first time (and not the last one in Ela's company) when I thought that I wanted to be a doctor like her. However, the beginnings were not easy. The first three patients I took care of already on my own died precisely on the 10th day of my care. I could not help thinking that perhaps ... I brought bad luck ...

First Contacts with Patients. As a writer once said – *The heart takes pictures* – I can no longer remember most of my patients' names but I do remember many of the faces or situations. A doctor is often obliged to go through a certain test of humbleness. My "test" was a thirty-something woman with breast cancer. She needed a blood transfusion but as a Jehovah witness, she did not agree to have one. Moreover, she was in conflict with her parents who found it hard to accept her decision. I was just a 26-year-old doctor and I had a sense of responsibility and great powerlessness at the same time. The woman's mother called me, asking and begging me to persuade her to do something: I was a doctor, after all. However, I did not manage to persuade the patient. Unfortunately, neither she nor the other Jehovah witnesses looking after her accepted any arguments. Deep inside, I objected to that – "Why? It is the 20th century!" – but it was also a lesson of humbleness and respect for patients' choices.

I can also remember a somewhat funny result of my own medical indications. A patient complaining of recurring sleep problems asked me if, instead of a half, she could take the whole sleeping pill. I decided that there was no need to consult such things and allowed her to take the full dose. On the following day the woman called me saying that "she would never take that again because green and red squirrels had been jumping on her face".

Thanks to the help of Dr Przemysław Kapała and, a little later, Professor Krystyna de Walden-Gałuszko, I was given an offer of co-operation with the Palliative Medicine Department at the former Medical Academy of Gdańsk.

So the beginnings were a bit crazy but I liked the work at the hospice very much from the start and it was accompanied by the conviction that this was exactly what I wanted to do in my life. Today, I continue to work at the Palliative Medicine Department, the Professor will always be my "guru", and my gratitude towards Ela and Przemek remains unchanged.

The Daily Grind of the Hospice Service. The Pallotine nuns did their best to ensure that we were not lacking medical equipment. But I remember that everything was not as taken for granted as today. As a graduate from a nursing college, I knew intravenous cannulas but they were not easily available. I can also remember a meeting with a pharmaceutical company representative who presented extended-release morphine pills. The price of the medicine, quite a basic one today, was so unattainable then that we responded to the salesman's efforts with somewhat ironic smiles. We or our patients simply could not afford the "novelty".

At some point I bought myself a telephone with an answering machine (it was not the cellular phone era yet). This was useful for the patients as they could always leave a message, but to me, I must admit, it was a bit of a nuisance. When I got home I would often listen to messages with requests for urgent visits, frequently to places I had just come back from. I would grab a piece of bread, jump into a tram and rush back to the patients. These conveniences were not always easy to comprehend for the patients in our care. I recall the husband of a seriously ill patient who rang me and – on hearing the recorded message, "Please leave a message", said to the machine, "Good morning, could you please tell Doctor Modlińska, as soon as she comes back, that ..." I was out of Gdańsk then. When I called him back after I got home, I had to patiently listen to the husband, outraged at the lack of reaction from the secretary, namely the lady who he left the message to ... The appearance of mobile phones seemed like salvation to me and the people in my care.

Initially there were no ambulances during night duties so we travelled by taxis – these were our emergency vehicles. A subsequent contract with the medical transportation service required the mutual learning of hospice work procedures. The drivers were not only busy but also, being used to emergency visits of the ambulance service, at first could not quite understand how it was possible to spend an hour or more at a single patient's home. One night, a patient's wife called because the patient was getting worse. It was around three a.m. and we had just returned from the previous call – I went to the staffroom, and the ambulance – to the depot on the other end of town. It is no wonder that the driver was not particularly happy about being called out yet again. On the spot,

it turned out that the patient was in a really critical condition and the wife asked me to bring in a priest. We then worked with two priests who like us had been on call by their phones. Father Wojtek was calm and composed, while Father Piotr was jolly and loud. So each of them had a completely different temperament but the possibility of choice was invaluable since patients' temperaments and expectations differed too. The unusual job for a driver, i.e. being required to bring a priest, made me realize that our drivers had become inseparable members of the team. The Municipal Welfare Center provided us with 6-7 beds or so for patients in need of hospitalization. Still, the efforts aimed at building a Residential hospice continued.

Social Reception. The work of hospice teams was very well received by families. They noticed an enormous difference between our care and that provided by outpatient centres, where physicians came to visit them only when they managed to find a break from the patients crowding in waiting rooms, and community nurses often limited themselves to measuring blood pressure or giving injections ordered by physicians. Admittedly, in the initial years it was quite difficult to persuade physicians to help in a field which was new to them. And people were positively surprised by the fact that the care was free, that somebody arrived immediately after their call and that somebody bothered about their emotional, social and spiritual needs.

There is something lofty about the hospice idea, which people are beginning to see clearer and clearer and the medical staff are attracted to more and more. I can remember a story related to a patient who was hospitalized before he got to our hospice (Residential at that point). The patient's wife told the head nurse, "You know, that nurse also works at the hospital but here she is GOOD".

According to my academic experience, in every 250-300 last-year students of medicine, a dozen or so show interest in hospice work, and one, sometimes two, actually sign up for the service. Students soon realize that this is not a road to a brilliant career but extremely difficult and exhausting work. In contrast, non-medical communities, primary, middle and secondary school pupils as well as senior citizens volunteer to work for the hospice.



Aleksandra Modlińska – MD, PhD, a specialist in palliative medicine and diabetology. For several years the Provincial Consultant in Palliative Medicine in the Pomeranian Province. A lecturer at the Palliative Medicine Department of the Medical University of Gdańsk and Medical Director at St. Joseph's Caritas Hospice Home in Sopot.

History of the Hospice Movement in Wrocław

I heard the word “hospice” for the first time from Father Eugeniusz Dutkiewicz in 1984, during a university retreat at the Wawrzyny chaplaincy. When I learnt that he was a hospital chaplain, I went to ask him about the view of the Church on determining brain death. He competently explained everything to me and started telling me, incidentally, about a home hospice being built in Gdańsk. I was not very interested – martial law had just been suspended and we were focused on continuing the activity of Solidarity. A little later, after a retreat for the health service conducted by Father Kornas, he told me and Dr Jerzy Szkarłat about a hospice retreat in Gostyń. We went there and I was in shock. I had expected it to be very serious and sad, and I met young joyful people, happy about being able to help the most needy. During the retreat I also heard a lecture by Prof. Jacek Łuczak (a cardiologist and anesthesiologist I already knew well) on cancer pain management by means of an oral morphine solution. To me, an experienced anesthesiologist by then, this was a novelty. Patients with terminal cancer were then left practically to their own devices, because “cancer had to hurt”. I made a decision through prayer! The hospice idea of the fusion of accompanying the terminally ill and the possibility of bringing specific relief made me feel that I simply had to take it up.

After returning to Wrocław we began forming a community of people – physicians, nurses and non-medical volunteers – who started visiting patients. It was – for me at least – a practical continuation of the idea of Solidarity. At the start we were a completely informal group and had to co-operate with family doctors who could make out prescriptions for the patients in our care. And it emerged that they were very interested in the idea too, and asked for lectures and training. All of us started to train. We would go to hospice meetings conducted by Prof. Łuczak, Father Eugeniusz Dutkiewicz and Father Ryszard Mikołajczak.

However, we learnt the most from our patients. I will never forget Stanisław, living by himself, who was paralyzed because of metastases to the spine. A neighbor fetched him lunch, and a nurse from the local clinic dropped by too. Attending to Staś was very difficult because he lay in a wide double bed and would not let us fold it up because he “talked to his wife, Kasia”, who had died several years earlier. He taught us that the patient’s will and feelings were more important than our comfort and nursing procedures (don’t we lack it sometimes nowadays?). He would address the young female doctor taking care of him as “my little flower” or “my sunshine”. One of the volunteers who came to see him was a young engineer, Tomek (presently Dominican Tomasz, Prior of the Monastery in Czortkovo in the Ukraine). One day

Tomek called me, “What shall I do, Stasiu asked for a bottle of beer?” “What? Buy it.” “Then I’m coming to get the money from you because I haven’t got any...”. Stasiu told us about his distant relatives living in Szczecin. One day we got a letter from them, which was not very complimentary about him, presenting him as a bad person and an alcoholic. They thanked us a lot for taking on his care in spite of that (!). I took the letter away just in time before it was read to Staś. When he felt that he was dying, he asked a volunteer to ring them. Over the phone he said how much he loved them and that “on the other side” he would remember about them too. I still have the creeps at the thought of what would have happened if he had learnt the contents of the letter “for the sake of justice”. This was the next lesson – to build, not to destroy relationships, even if we do not always accept them. I have written about Staś at length because the first patients are remembered most vividly.

In 1988, our informal group was transformed into a Catholic association called St. Veronica’s Hospice (the gesture of her wiping Jesus’s face is still a symbol of service for the dying to me). Our chaplain was Father Janusz Prajzner of the Holy Family Parish and Prof. Ludwika Sadowska was the President.

In 1993, due to the endeavors of Prof. Łuczak and Father Dutkiewicz, the Ministry of Health assigned a certain amount of money to palliative and hospice care and distributed it among the province leaders. The possibility emerged to include palliative and hospice care in the health care system. The management of St. Veronica’s Hospice did not want it to be transformed into a health care facility, whereas the director of the Lower Silesia Oncology Center, Dr Marek Pudełko, was willing to set up a home palliative care team and offered its organisation to me. And so, on 1 December 1993, a multidisciplinary team of physicians, nurses, psychologists, physiotherapists and social workers – a dozen or so people – was formed. Volunteers joined them very soon, after completing our courses. Our first patient was admitted on 14 January 1994. Fortunately, right after the hospice team was formed, in December, we participated in a 3-day course organised by Prof. Łuczak in Opole, which greatly helped in the consolidation of our group. At the very beginning, most of the staff also followed individual training at Father Dutkiewicz’s Hospice in Gdańsk and at Prof. Łuczak’s in Poznań. In addition, we participated in probably all the congresses and conventions held in Poland and abroad, and some of us trained individually in London.

Of course the team has grown and is now much better qualified medically. The nurses are specialized in palliative care, and most of them have completed qualification courses.

At the Hospice there is an active group of non-medical volunteers, too. Regrettably, on 7 February 2011, Benia – Bernadeta Bocian – died. For 6 years she had been

working very actively as a voluntary service coordinator, closely cooperating with the Hospice Foundation under the project called "I Like to Help". She was 46 when she died after a 2-year battle against cancer, during which she never stopped her activity. Her funeral was like a kind of "Fields of Hope". The coffin was decorated with a wreath of yellow daffodils and we presented a daffodil to each participant in the ceremony too. (This was a miracle as well – it was mid-February and daffodils appeared in the flower market for the first time on the day of the funeral). Benia left us a very wise message: "What is my advice to others? Firstly, to be yourself. Secondly, to place yourself at the very end and always give priority to others and their needs. One more piece of advice: to notice everything around us. To see the beauty in it and to notice the good side. To try to leave a piece of yourself behind". Our voluntary service continues to flourish, and Benia's work must not go to waste.

As a team we have published some 50 papers and convention reports. We have trained over 400 physicians and nurses during basic courses, which pays off now in good co-operation with primary health care physicians and nurses as well as with the hospitals in Wrocław and its vicinity. We provide care to some 1200 patients every year. Certainly we are coping with the typical difficulties in our line of work: too little money, too much bureaucracy, the standards and limits imposed by the National Health Fund, and, unfortunately, more and more demanding patients and their families, expecting a miraculous healing. For the last 20 years the progress in oncology has been enormous and treatments are getting more and more aggressive and longer. Both patients and their families often will not accept the fact that there will be no more courses of chemo. And yet, in the haste (so contradictory with the hospice idea), fatigue and sometimes nervousness, we try not to forget that it is the patient that matters most and our responsibility, apart from symptom-relieving treatment, is emotional, spiritual and social support, and – first and foremost – keeping them company and "hospitality of the heart". The activity of our team, still a part of the Lower Silesian Center of Oncology, is supported by the Wrocław Palliative Care Society named after the late Dr Jerzy Szkarłat, one of the pioneers of palliative care in Wrocław.

Palliative care is flourishing across Lower Silesia. In 1994, a home care team was set up in Wałbrzych, and then new teams and Residential hospices appeared every year. Today, most districts are provided for in a basic scope, although the demand is of course much higher. In the Lower Silesian Province there are 47 palliative medicine specialists (probably the highest number in Poland), three quarters of whom work in palliative care on a full-time basis. The medical managers of the majority of facilities are palliative medicine specialists. In spite of the difficulties, all the cen-

tres ensure high-quality care, and thanks to the participation of volunteers, they frequently organise campaigns promoting the idea of palliative and hospice care.



Anna Orońska – MD, PhD, specialist in anesthesiology, intensive care and palliative medicine. A long-standing lecturer at the Anesthesiology and Intensive Therapy Department at the Medical University of Wrocław, where she initiated palliative medicine classes for students. In 1993-2012, manageress of the Home Hospice at the Lower Silesian Oncology Center. Palliative medicine consultant for the Lower Silesian Province. Author and co-author of approximately 50 publications and convention reports in palliative medicine as well as numerous lectures during courses and conferences. Member of the Management Board of Jerzy Szkarłat Palliative Care Society in Wrocław. Deputy Commissioner for Professional Liability at the Lower Silesian Chamber of Physicians. She was awarded the Gold Cross of Merit and the Order of Ecce Homo.

Janina Mirończuk, Toruń

The Light

When I worked as a teacher at the Medical Schools Complex in Toruń and together with students visited cancer patients at their homes, I would meet families left alone at the time when their nearest and dearest were dying in great pain. At this time, my uncle was dying of larynx cancer. He was badly disfigured after major surgery within the facial cranium, his esophagus was obstructed, and they had prescribed him only Metamizole tablets against the pain.

In the meantime, news of the emerging foundations of the hospice movement and the activity of Prof. Jacek Łuczak had begun to spread. The fantastic time of volunteer work ensued. In the school, I set up a hospice club and went to see patients with its members. A physician joined to help us. After graduating, the girls took care of the patients on a voluntary basis for a year. In 1993, I officially established the Light Hospice. Light – because it symbolizes God to whom we direct ourselves, Light – because it dispels darkness, Light – because it gives hope and a sense of security, Light – because people who devotedly look after others are like it, too.

During my palliative and hospice work I have met wonderful teachers: Father Eugeniusz Dutkiewicz, Father Romuald Biniak and Jola Stokłosa. They are the ones who have taught me the values of the hospice movement, stressing the danger of focusing only on the medical aspect of care. I have remembered the words Father Dutkiewicz said on the first day of the gathering in 1994, which have become my motto in hospice care: “Evaluate what your words, your touch and your presence mean to a patient”.

My teachers have shown me what the most important is in terminal care: a human being is not just the body – aching and disabled – but also the spirit and psyche. If we want to help a suffering person, we have to attend to all the spheres of human life. It is necessary to take care of the patient’s family, and even the best specialist care will not replace a friendly companion. Cancer pain can and has to be eliminated; when it pierces the body, it is hard to talk about God.

In my life God comes first. My greatest satisfaction is preparing a sick person to meet God, and the family to properly say goodbye. My first experiences of talking to patients were sometimes terrifying. Too often in their minds there were images of a punishing God, the Grim Reaper waiting for a human soul.

Sometimes it sufficed to say that if we both believed in the same God, then he was a loving and merciful God. I very often refer to the Prophet Isaiah’s words: “Though the mountains be shaken and the hills be removed, yet my unfailing love for you will not be shaken”. Can there be more beautiful words expressing God’s love of

man? The Chaplet of Divine Mercy has always solved the dilemmas of leaving this world since God will not give us a stone if we ask for bread. Talking about an Angel walking with us to the end gives comfort and peace of mind.

Some patients lived as if God did not exist and died as if they had never lived but the hospice gave them the same support and my personal satisfaction was even greater. I do not believe in the burnout syndrome. Father Dutkiewicz talked about it. According to him, the source of problems in the functioning of a hospice team can be a wrong leader, lack of support or, very rarely, the patient or their family.

Someone who commits themselves to the hospice idea needs to redefine their own life. I have “drawn” my children into the hospice too and today, looking back, I think it was a good decision. Lord, thank you for giving me the opportunity to work in a hospice.



Janina Mirończuk – a master of nursing, a specialist in community medicine. In 1978-1982, an assistant at, and later, the manageress of the Provincial Center for the Development of Medical Professionals in Toruń; for 10 years, from 1982 – the Provincial Nurse and Secretary of the Professional Liability Board. In 1991-2001 – a teacher of the trade at the Medical Vocational School in Toruń. The founder and manageress of the Palliative Care Center – The Light Hospice in Toruń (1992-2010), and since 2002, the director of the Apallic Syndrome Care and Treatment Center in Toruń. In 2003, she established the Light Foundation. An organiser of numerous national conferences on palliative and hospice care, a winner of numerous prizes, such as the Honorary Golden Badge of the Polish Nursing Society (1989), the Prize of the Minister of Health and Social Welfare for establishing a facility for terminal cancer patients (1989), the special distinction of the TOTUS Prize in the category of “Promotion of the Human Being, Charity and Educational Work” (2007) for the establishment of the Light Hospice in Toruń and many years of work for the chronically and terminally ill. A co-author of the booklet “There is Life in a Coma”.

Ad Fontes

It is not supposed to be a doctor's or nurse's visit or one of any other kind – it is about keeping a suffering brother company.

Father Eugeniusz Dutkiewicz, SAC

Dilemmas. The first hospice in Poland was established in 1983 – 16 years after the first hospice in the world (in London), but it was for completely different reasons and following a different principle. A Pallotine priest from Gdańsk, Eugeniusz Dutkiewicz, was not familiar with any literature on the subject of hospice care but he used all means necessary to alleviate the consequences of martial law which affected his charges, who were oppositionists and patients at the Medical Academy.

As for the oppositionists, he took care of the internees' families and supplied the necessary underground contacts to those who remained underground. It proved more difficult to provide care to the patients for whom, being the chaplain at the Medical Academy, he felt responsible. The situation in hospitals was becoming dramatic. The closure of borders led to a shortage of medications and all sanitary materials, which in turn resulted in the deterioration of the condition of the chronically ill and their massive influx into hospitals. In these circumstances it became necessary to discharge bedridden patients to their homes.

The victims of these sudden discharges were patients – as it appeared and used to be described then – “for whom nothing else could be done”. They would be sent away to empty, unheated homes, with nobody to bring them a cup of tea. In despair, they begged Father Dutkiewicz, their carer in hospital, for help, and he began visiting them in their homes.

So it was then that Father Dutkiewicz, facing the misery and the medical, psychological and spiritual neglect of these patients, came up with the idea of organising comprehensive, informal aid for them. I think that visiting patients doomed to dying in solitude made Father Dutkiewicz realize how much medicine and a devoted friend could still offer to these patients.

At the beginning he visited patients by himself. He comforted them with his presence and words alone. However, he soon decided that he needed assistance to ensure complete care to patients. Doctors and nurses were essential but all people of goodwill who could and would selflessly devote their time to the dying

were important too. Shortly, Father Dutkiewicz infected many people in his own parish, where he then worked as the parish priest, with enthusiasm for this truly indispensable work.

Inception of the Hospice. In 1983, the group of volunteers, including members of medical staff as well as students, lecturers, actors, journalists, teachers, housewives, drivers and others, was large enough to enable Father Dutkiewicz to establish the Pallottinum Hospice – the first home hospice in Poland. Why a home hospice? Because apart from the group of people willing to work, Father had nothing. We could not even dream of any infrastructure whatsoever. Martial law banned all legal organisations so this volunteer group of the Pallottinum Hospice was also formed on a quasi-conspiratorial basis.

1983, the year of the establishment of the Pallottinum Hospice, was not an easy period in our history. Martial law created the necessity to help the imprisoned and those who remained underground. For many of us, including Father Dutkiewicz, it was a time of surveillance, searches or even short-term arrests. At that time Father served as the liaison between the people who were underground and the National Committee. Many of the contemporary hospice activists additionally co-operated with Father in work underground as at the same time they belonged to the underground structures of Solidarity. The meetings of the hospice group took place at the Pallotine monastic home in Skłodowskiej-Curie Street. They would discuss patient-related issues, talk, allocate duties and at the same time exchange underground newspapers and the so-called underground literature.

When visiting patients we embarked on studying hospice medicine intensively. In those days we could only draw knowledge of palliative medicine from abroad. It was extremely scant and limited to a modified method of morphine administration. But this was a breakthrough already! While previously it had been administered in the event of pain only, it was now possible to prevent pain from appearing. I can remember the huge change, the joy and satisfaction. Our patients were no longer suffering! So medicine was of some use to them.

The Pallotine Hospice was an ideological creation developed by Father Dutkiewicz. Organisationally speaking, it could not have lasted in the realities of a normally functioning state since all its employees were volunteers and they had to work elsewhere to earn a living. Additionally, each patient was provided almost round-the-clock care at home by a team of 3-4 people. Hence, they had few patients in their care and the applications, because of the unfamiliarity with this form of care, were also few and far between.

The obligatory spiritual, moral and medical procedures were being prepared from the very beginning. For us, physicians, the foundation was Anglo-Saxon literature and visits to St. Christopher's Hospice in London.

The training of hospice staff by Father Dutkiewicz consisted of weekly conferences in which every patient's case was examined in detail – their life, family, spiritual, medical and financial situation. Hence the patient's needs, wishes and dreams were defined and we strived to fulfill them as far as possible. The will of the patient as the only person with insight into dying always played the decisive role.

Father Dutkiewicz. Father Dutkiewicz was an exceptional person. With his puny, emaciated figure (in the Solidarity underground organisation his pseudonym was "Thin"), he seemed to be suffering. But this body concealed a mighty Spirit, great sensitivity, understanding of human fate and a will to bring help in every misfortune and to every person in need.

I have witnessed Father Dutkiewicz meeting a patient for the first time on many occasions. He was an unrivalled master of hospice care. He did not have to acquire a master's title in any school – this was an inborn gift and a life mission. To us, the observers, there was some mystery about it, since the moment Father Eugeniusz sat on a patient's bed, the latter – as Professor Stolarczyk accurately put it – "became his". There were no barriers of belief, political convictions or age – for everyone, Father Dutkiewicz instantly became an indispensable support, someone in whom absolute trust was placed. Father Dutkiewicz founded a model of a genuine hospice worker to be followed on the basis of his attitude.

How was it possible that deep understanding, trust and friendship instantly appeared between himself and his patients?

A patient and their family were no longer lonely, they had someone to rely on. We will not penetrate the mystery of Father Dutkiewicz and it will be very hard to imitate him but on the basis of his behavior towards patients and the things he said and wrote about the hospice, we should try to recreate the hospice testament he has left us.

He certainly loved his patients, who were very dear to his heart. He said that we had to devote time to them, all the time they needed. In his work he combined humbleness in the face of death and suffering with the power of belief and mission. He would show respect and attentiveness to every patient. He did not judge or classify them, he would simply stand by their side – not to sympathize with or console them but to miraculously take over part of their suffering. In order to liberate them from the suffering.

And finally, Father Dutkiewicz was a Samaritan who does not give himself credit for helping the dying but feels grateful towards the patient for having chosen him, for having given him trust and acceptance. It is not I – the healthy one – who gives and you – the sick one – who receives but we share a common human fate from which friendship is born, on the path that we all have to pass through.

Father Dutkiewicz, in agreement with the parish priests of neighboring, and then more distant towns, launched the establishment of further hospices, with which we could share our experience and knowledge.

The hospice movement emerging in Pomerania received a lot of support from His Excellency the Archbishop Tadeusz Gocłowski. Thanks to the Archbishop's initiative and efforts, the great, memorable meeting of hospice patients and workers from all over Poland with John Paul II was made possible.

Hospice Care. Hospice care seems to differ from general medical care in almost every respect.

Firstly, in every other branch of medicine the aim is to cure a patient, whereas in the hospice this is impossible. We know that unnecessary examinations or treatment often cause unbearable and needless suffering.

Secondly, it is not the physician or hospice team who decide about the treatment. The decision is left to the patient, who is the only person who knows this disease, namely dying. Their dying...

Thirdly, it is necessary to tell the truth. Presently, a hospice patient who has gone through regular treatment is usually well-informed about their disease. However, in spite of everything, truth in the hospice becomes a different, delicate matter and similar delicacy is expected from everyone. "Telling the truth about the prognosis requires keeping a difficult balance between honesty, hope and empathy" (J. Groopman). The truth has to leave room for hope – not for life but for the fulfillment of the patient's will, desires and dreams, as far as possible.

Fourthly, a hospice worker must be their patient's friend and brother, while such relationships between the physician and the patient are not good in other branches of medicine. The physician should maintain a certain distance to remain the authority on disease and for their orders to be complied with. This is why Hippocrates advised against treating one's family. To put it in Father Eugeniusz Dutkiewicz's words: "Hospitality of the heart is required in the hospice".

Volunteers. The old way of working, based on voluntary contribution alone, has led to the understanding of the great importance of volunteers in the hospice today. I can see several reasons why the hospice cannot do without volunteers.

The fundamental reason is the TIME offered by a volunteer and other reasons associated with it are: getting to know a patient's personality and respecting their autonomy. Father Dutkiewicz would always say: "It is not a visit to a patient, it is about standing by the patient and accompanying them". Today, when the world rushes at a dizzying speed and procedures allot 10 minutes per patient, can anyone but a dedicated volunteer stand by a patient? And a patient has their own perception of time which passes slowly. Being able to have real contact with them, and the patient expressing their needs and expectations has to take time. If we look at our watch while a patient is talking, they will clearly see that there is something else on our minds and that we are not really interested in them. They will stop communicating with us, we will lose touch with them. Getting to know them, understanding their needs or, much less, making friends with them, will become out of reach.

And finally, the last thing. A volunteer's role is to defend a patient against any kind of paternalism. This disease called dying is really, thoroughly known to the patient alone, therefore they should be in charge of every team of people attending to them. It is their will and needs that are decisive. Any pressure exerted on a patient is unacceptable and can be justified only in exceptional cases, for their good. So only a volunteer who does not count the hours spent and is capable of attending to a patient with kindness and friendliness can become the foundation of a hospice.

Future. These days hospice activity is at risk of being confronted by demands for the legalization of euthanasia. The highly humanitarian idea of the hospice movement is in total contradiction with the acceptance of a medical employee's participation in the planned taking of a patient's life. This entails a huge challenge for hospice medicine and an imperative to improve at a fast pace so that patients neither require nor want euthanasia. I think there is still a lot to be done in this field and I count on the medicine of the future. I hope that the spectacular progress

in science will also encompass palliative and hospice medicine, contributing to the discovery of new solutions, including those related to terminal care ...



Joanna Muszkowska-Penson – a professor of medicine, a soldier of the Armed Combat Union in Warsaw, a prisoner of the concentration camp in Ravensbrück. In 1980-1991, manageress of the Internal Diseases Ward at the Provincial Hospital in Gdańsk. In August 1980 she was involved in the provision of medical aid to the strikers at the Lenin Shipyard in Gdańsk. From then up to 1990, the personal doctor and interpreter of Lech Wałęsa. From September 1980, a member of the Company Branch of the Solidarity Trade Union at the Provincial Hospital, and from 1981 – a member of the Veterans' Club at the Independent Self-Governing Trade Union Solidarity. From 13.12.1981 to July 1982 she hid the Young Poland Movement activists in her flat. During martial law, she organised medical care for underground activists in hiding. In May and August 1988, she worked as a physician during the strikes at the Gdańsk Shipyard and Port. An Honorary member of the Solidarity Union of the Gdańsk Port. Since 1983, she has been actively involved in the development of the hospice movement in Poland; co-organiser of the first home hospice in Pomerania (the present Father E. Dutkiewicz SAC Hospice in Gdańsk). She has worked at President Lech Wałęsa's Office since 2006.

Father Stanisław Puchała, Katowice

Home Hospice in Katowice

The hospice has been an important life experience for me. It has unexpectedly enriched my priesthood and understanding of being at the service of people. It has allowed me to see the importance of “being by somebody’s side” at the moment of their passage from the earthly dimension to the eternal one.

Before the holidays in 1987, I met two doctors, employees of the Silesian Medical University – Dr Maria Gros and Prof. Grzegorz Opala, at the Central Academic Chaplaincy Center in Katowice. I then heard about their wish to establish a hospice for people suffering from cancer in Katowice. They had heard of such initiatives being taken in Gdańsk.

We did not know then what a hospice was and how to get around to organising one. So we decided to go back to the roots and extended an invitation to Father Eugeniusz Dutkiewicz SAC from Gdańsk, the founder of Poland’s first home hospice, to come over and tell us about the core of hospice activity and give us advice on how to set up a hospice. Father Eugeniusz appeared on a Sunday in October 1987, gave Mass in the academic church in the cathedral crypt, delivered a touching and inspiring homily, and then met those interested in hospice issues at the Academic Chaplaincy Center. The meeting was constructive and fruitful. Father Eugeniusz endeared himself to us with his warmth, lucidity, clarity of thought and the depth and sensibility of his faith. Thanks to his words, we understood what direction our search and activity should take. The people, motivated by Father Eugeniusz’s words and testimony, would meet again and again ... The setting up of the hospice community was supported by Ms Teresa Trzeciak, manageress of the Dean’s Office of the Academy of Economics in Katowice, who was involved in the Academic Teachers’ Chaplaincy. We also started to receive information about patients in need of assistance. So the Academic Chaplaincy naturally became a meeting place of doctors, nurses and volunteers – anyone who felt a need to help patients in a terminal condition.

This is how I, an academic priest, became the first chaplain of the Home Hospice in Katowice. We started our work. Dr Maria Gros, who as a physician identified the situation of the terminally ill in their homes, cleared the way. Then followed the team – nurses, volunteers and the chaplain.

I can remember the first patients and the conversations we had, the holy masses at their homes and the anointing. I can remember the mutual support the volunteers gave each other during the Wednesday meetings, which we would start with a Holy Mass at the Academic Chaplaincy Center chapel at 16

Wita Stwosza Street. Without the Divine presence we would feel most powerless. With His support, light and grace, we went to accompany and help the patients with their difficult daily living. To take care, nurse, talk and pray. To give them and their families strength.

In the first years of its existence, the hospice was a community of selflessly working volunteers. It was made up of: 2 chaplains, 10 doctors, 6 nurses, a psychologist, 17 non-medical volunteers, 5 medical students, a biologist, a masseuse and a physiotherapist. Care was provided at patients’ homes only. For several years, the monthly meetings of volunteers, held for the purpose of internal training and necessary reinforcement and the performance of weekly duties, were held at the diocesan Academic Chaplaincy Center. In addition, we participated in national conventions and retreats organised upon the initiative of Father Eugeniusz Dutkiewicz SAC, the national chaplain of the hospice movement.

As we gained experience in the hospice service, we were also able to share it with other people who felt the need to organise hospice services in their communities. We received doctors and volunteers from neighboring towns who asked for information and help.

In the 1990s the Home Hospice in Katowice, like the other centres in Poland, was given a legal personality, its own premises – initially in Plebiscytowa Street, and then in Sienkiewicza Street, and a storeroom for medical equipment and materials. There was also a change to the structure of patient services, which were no longer provided by volunteers alone but also by people permanently employed at the hospice.

Volunteers working in the hospice are individuals who are sensitive to human suffering. The nature of their service, performed in the Samaritan spirit, is rooted in their faith and respect for human beings, and in their sincere empathy with others’ physical and spiritual pain. On entering a patient’s home, a volunteer becomes like a member of their family, carries out all the tasks related to the patient’s care that the situation requires, also those requested by the patient himself and their family, provided that they comply with the attending physician’s orders. Accompanying a terminally ill patient is a difficult task but it is also an enriching gift for the person attending to them.

The home hospice activities inspired the establishment of a Residential hospice in Katowice. As a result, John Paul II Hospice was established in Różyckiego Street in Katowice, as a gift for the Anniversary Year 2000 in the Katowice archdiocese.

Today, I thank the Lord for my encounters with those patients, volunteers, physicians and nurses – the good, fantastic people of the Katowice Hospice, whom I cherish in my memory and of whom I think with heartfelt gratitude.



Father Stanisław Puchała – a priest of the Katowice Archdiocese, a doctor of theology, a prelate of His Holiness, an honorary dean of the Katowice-Śródmieście Deanery, a parish priest of the cathedral parish of Christ the King in Katowice, a member of: the Archdiocese Church Music Committee, the Priests' Council and the Association of Henryk Sławik – Memory and Work, a chaplain of the matrimonial retreat, Śląsko-Dąbrowska Solidarity Union and the Program Boards of Radio Katowice and the Silesia Song and Dance Group. He was a youth chaplain, a diocese academic chaplain in Katowice, a chaplain of researchers, the first chaplain of the Katowice Hospice and a radio presenter on Radio Katowice. He is an *ad casum* delegate of the Katowice archbishop and an inspector of deanery parishes in the Katowice Archdiocese. In 2007, he was awarded the Commodore's Cross of the Order of Polonia Restituta. An author and co-author of numerous publications.

Sister Michaela Rak, Wilno

Love, Gratitude, Memory

In recent days I received a number of messages about the death of my loved ones – from Vilnius, Gorzów Wielkopolski and other places. This is why I decided to write down my reflections on the hospice service at St. Camillus' Hospice in Gorzów Wielkopolski, and in recent years in Vilnius.

Twenty years of joint service with the hospice teams in Gorzów Wielkopolski and Vilnius is a very, very long time.

Assembling a team of employees and volunteers, organising furnishings, equipment, vehicles and renovations, planning training courses and social campaigns, promotion of the hospice idea, public collections, concerts, unity walks, fêtes, sports competitions, balls, television and radio programs, publications, scientific conferences, public debates, liturgical ceremonies, trips to the forest and waterside, dances and bonfires, and celebrations at the table. Co-operation with various state and local government institutions, universities, schools, political and community organisations, leaders of cultural life, the army, the police and the fire service, sportspeople, and representatives of entrepreneurs and business circles. Contacts with foreign centres and the implementation of international projects. Such a lot happened over the past years!

Each year there were dozens, and as time passed – hundreds and thousands of first names and surnames... And above all, thousands of lives, testimonies and personalities with a full scale of experiences and feelings. The diversity of meetings and mutual relations, the sharing of a common space constituting what we call "life".

I have often stressed the fact that God exceptionally wove the possibility of experiencing suffering, transitoriness and death into my monastic calling. But along with these experiences was the inseparable experience of closeness, affection, openness, support and solidarity. The experiencing of depth and richness of the word, and above all the richness of deeds which are manifestations of such words as "I want", "I can", "I am", "I'll help" and "we'll manage together".

When I look back at these past moments, I can see people's faces, their experiences, the meaning of the words, the multiplicity of topics and issues come back to me. It is impossible to recall them all. After so many years together I wish so much that I could tell the stories, share them, as it were call them onto the center-stage. Everyone with whom I had the chance of living through these years deserves a special place on that stage. However, the stage is huge and I am unable to contain it in a single written memory. I can remember the first "Thank you for having you" spoken by a sick person. I can remember the scent of violets I felt after the death of

someone else, the money given for the hospice in a park, a Harley rider donating his whole year's profit for the upkeep of the center, a wooden angel given as a wall decoration or the gold, which became material for the Merciful Samaritan's badge for Donors. I would constantly find this Merciful Samaritan in the people coming to the hospice, in the hearts open to bringing help. I can remember the kindergarten children dancing for patients, the daffodils in blossom during the "Fields of Hope" as a token of unity with the hospice. Until now I hold in my heart a patient's gaze and request: "I'm afraid. When I die, please hug me and die with me". In the mirror of my memory I can see a nurse, a psychologist and I wrapping up and supporting a woman because she said: "I want to die standing". I can remember the request: "It is Good Friday – don't give me morphine because I want to suffer with Jesus". I can remember a patient's bed covered in 100-zloty banknotes torn to pieces, his cordial smile and the words, worth a Nobel prize: "Money divides and kills, and I want love and peace".

I reminisce about the secondary school leaving examination (*matura*) held at our Hospice. A special commission was appointed for the occasion and a secretary was hired to write down what the sick boy dictated her – his hands were already too weak to write. He shared with us his thoughts on the value of suffering, juxtaposing them with those of writers of literature. He got an A and we had learnt the value of suffering and life from him! In my heart and ears I can hear a 22-year-old boy crying: "Only you, here in the Hospice, started to treat me like a man, and not like a case and a nosological unit – I'll tell the whole world about it!" And he said it later to a journalist in front of a camera. Soon afterwards he died.

I can remember the death of a Muslim woman who requested to be taken to the chapel and to my asking why, as she was a Muslim, she replied: "Sister, we are so close to each other because we have one God, so please take me there". I can also remember the funeral ceremony of a woman from the Jehovah Witness community and the words of thanks I heard during the ceremony: "We only call Jehovah's Witnesses sisters and brothers but we call you, people from the Hospice, sisters and brothers because you can love like a sister or a brother".

I cannot fail to evoke the request of 16-year-old Jola from the Vilnius Hospice. She said: "I want to die with Jesus and all the sacraments but I haven't been confirmed" and she took the confirmation. She later said: "I have a dream. I would like to organise a mini-disco in one of those decorated limos in which newlyweds ride in the streets of Vilnius". She wanted popcorn, lemonade, chocolates, good loud music and the people she selected to be in the limousine. And so it happened, only Jola did not go – she was too weak. Her siblings went instead of her. When they returned, she

was happy to hear their impressions, and 5 days later she passed away. She was so happy to have fulfilled her dream!

I remember a patient's wedding and the wedding dances during which the gentlemen held the bride in their arms while dancing because she could no longer walk by herself. The wedding night was extraordinary and the honeymoon journey home was an exceptional one because the newlyweds were driven in an ambulance with the light and signal on to let everybody know that the young couple was inside it and their love gave them strength and healed.

Neither the book "Heaven for an Acrobat" (*Niebo dla akrobaty*) by Jan Grzegorzcyk nor my stage on which I tried to evoke various stories could embrace the past years of hospice life. Let our memories and hearts keep telling the rest ...

It was a beautiful time – I thank you all for it! When I was leaving for Vilnius in 2008, I got a white gypsum rosary as a farewell gift made by the patients and staff themselves. I hung it on the wall in the Vilnius hospice office and I look at it every day. Each bead, each element of it bears a first name and a surname. Each bed in the Hospice, each home address of a patient brings back memories of their eyes, words, hearts... I meet you when I come to the tabernacle and direct my heart and thoughts to God. Many of you have already passed the borders of eternity but the rosary reminds me that important things last. Love, gratitude and memory last. They characterize the past years in the Hospice and continue to fill my heart today.



Sister Michaela Rak – MA in theology and law, a nun for 30 years. General Curate of the Congregation of Sisters of Merciful Jesus, manager of St. Camillus' Hospice in Gorzów Wlkp., founder and director of the first Lithuanian hospice, the Hospice of Blessed Father Michał Sopoćko in Vilnius. In 2007, she was awarded the "Human to Human" prize of the Zielona Góra-Gorzów Diocese, and in 2013 – the prize of St. Camillus' Hospice Association for her contribution to hospice work and an Honorary Badge for her services for the Lubuskie Province.

It Is More of a Mission than a Job to Me

To me, palliative and hospice care has always meant a form of care of the sick which brings them relief, inner peace and a sense of integration with their immediate environment. At the same time, it is the most demanding form of care – in terms of knowledge, skills and attitudes. At the beginning it was a personal challenge, then it became a professional one as it required me to improve my methods of working with patients at the end of their lives. I felt that apart from the skills acquired at nursing school I had the right amount of inner resources – empathy, concern, openness to others and a willingness to help. This is the difficult part of patient care but it is highly rewarding at the same time. It is a real art to give yourself and become yourself through contact with a patient whose life is drawing to an end, often in dramatic circumstances. I am convinced that a human being cannot be left alone in such moments. I came to understand it with the help of my “mentor”, the late Col. Józef Stańczak, MD PhD – a physician who started palliative and hospice care in Łódź in 1991. He was the one who inspired me to improve my nursing skills and to take my own initiative. The beginnings were difficult but highly satisfying as, together with other nurses – Barbara Kałużna and Anna Dzwonnik, medical doctor Teresa Uszyńska, and representatives of other professions, we managed to establish the Home Hospice in the District of Pabianice and to provide care to 14 patients. A long time has passed since, yet I am still convinced of the exceptional character of palliative and hospice care and I never give up in my efforts.

When I am overcome by doubts and bitterness because of the difficulties encountered, I remember the words that Father Eugeniusz Dutkiewicz often used to say: “You can do it. You have a clearly defined goal, which is the benefit of a human being at the end of their road”. This is more of a mission than a job to me. It gives me strength to take up further activities. My strength is the patient who sometimes gives more to me than they take from me. This is an absolute phenomenon of palliative and hospice care, which has changed my point of view, and probably that of anyone who ever took care of a terminal patient, on various issues of the contemporary world as well as personal life.

Palliative and hospice care has gone a long way in its development. The changes are huge but they are not always and not fully satisfying. You would like to say these words: “Please let us not forget our own history, its contribution to palliative and hospice care, let us not squander the discoveries, thoughts and reflections of all those who have contributed to its development. Let their words, actions and publications continue to be our signposts. Let the contemporary advances of palliative medicine serve only as a perfect complement and let them not distort the idea of care. Let the greatest value of palliative and hospice care always be its holistic attitude to the fulfillment of a patient’s

needs and expectations – the biological, psychological, social and spiritual ones. Let it be exceptional through the fact of providing care not only to a patient but also to the members of their family. Not only during illness but also after a patient’s death. Let it be distinguished by: availability, continuity, empathy, team co-operation for the benefit of a patient and their family, appreciating the role of a volunteer and an informal care person”.

When I am asked about the difficult and moving moments in my work with terminal patients, I reply that there have been quite a lot of moments filled with emotion and each of them has remained with me forever. They have changed my attitude to various worldly things which of course are important but – when compared to health, life and death, in the face of the suffering of others – are not the most important. I only know one thing – patients wait for me, they feel that they can trust me and I give them a sense of security. I still remember how Stefan, at first a man highly mistrustful of everybody, became a gentle and friendly person. How he waited for me and welcomed me with joy, and I tried to alleviate his suffering. Another moving experience I had was the nursing of 14-year-old Rafał, who graced me by permitting me to take care of his aching body, to take blood samples and administer medications. He showed me his trust by opening up his soul and confessing that he had not said his penance yet, which was very important to him. It made him feel very anxious. Upon my initiative, together with his mother and brother, we all said the rosary, having lit a blessed candle. This brought him relief, his eyes filled with joy and a smile appeared on his face. He was perfectly aware that he was dying and wanted to say goodbye in this way.

My palliative and hospice work has been eventful but I still find it the most satisfactory to see a patient smile in spite of their pain, the grimace of suffering on their face relax when my treatments bring relief and their calm eyes at the time of approaching death. I feel calm when the family are prepared for the death of their close one and they accompany them and keep watch over them during the great mystery of passage to the other side.



Elżbieta Ruta – a graduate of the Faculty of Nursing of the Medical University of Łódź, a specialist in palliative care nursing. Since 1 July 2012, the Provincial Consultant in Palliative Care Nursing in the Łódź province. A co-founder and President of the Hospice Care Association in the Pabianice District, which set up the Palliative Care Center, i.e. a team of specialized doctors and nurses providing free care to patients in their homes or other locations. The head nurse in the hospice, and winner of the title “The Hero of the Year 2000”.

Elżbieta Skowrońska, Gdańsk
Serving Patients as a Team

My adventure with the hospice began in 1986. I was then a nurse with very little work experience. I came from Lublin and settled in a hostel for nurses located within the Pallotine parish managed by Father Dutkiewicz. When he found out that I was a nurse, he told me about the hospice and invited me to join the team. I was afraid of joining because I had never had any contact with terminal patients and frankly speaking, I really feared the experience. My decision was influenced by my willingness to sensibly fill my free time and meet new people since I was feeling a bit lonely in Gdańsk.

The volunteer doctors who worked at the hospice at the start included Prof. Pen-son, Prof. Jaśkiewicz and Prof. Stolarczyk with his wife Ewa, who were later joined by Prof. de Walden-Gałuszko. There was also Dr Umiastowski – a fantastic man of great class. The doctors formed an elite group which was reckoned with at the Medical University and the person who had encouraged them to work as volunteers was Father Dutkiewicz, who was then the chaplain of the university and a very popular public figure. Initially, people would volunteer to work for the hospice not only because of the nature of the work but also because of the priest's personality.

The voluntary team's meetings were held in Skłodowskiej-Curie Street in the building now housing the parochial house (it was the seat of the Pallotine Sisters' home then). We used to meet every first Thursday of the month in the dining room. After mass was said, we gathered to talk. The meetings were not only intended to communicate current news or administrative information but also to sort out patients' problems. The team was sometimes unable to cope with a patient's symptoms. We would then debate together what could be done. We were a support group for each other.

At the beginning, because of my shyness, I did not like attending these meetings. I was afraid that someone would ask me something and that I would have to speak. I did not like speaking in public. Besides, I was a junior nurse and felt embarrassed in the company of higher-rank professionals. Later I naturally managed to break the ice. During the first hospice meeting I made a closer acquaintance with the wonderful Ela Lato, who was a student then, later to become a fantastic doctor. There was also Doctor Mirosław Pietrzak, a student then, who currently works at the Residential hospice in Gdynia. I think that initially my voluntary work was my means of meeting people.

When I began my work for the hospice, I would take care of one or two patients. Then there were more of them – even three or four patients living in different areas

of the Tri-City. When I lived in Dębowa Street in Gdańsk, I took care of a patient in Sopot Kamienny Potok, for example. And when I lived in Sopot, I happened to travel twice a day to a patient in Gdańsk Brzeźno. I frequently paid night visits too. I can remember a patient I went to see every day at 5 a.m. before work, to administer him an IV drip because he was unable to take any fluids orally. The commuting took me a lot of time but I could afford the travelling expenses thanks to being employed at a hospital.

We worked in teams consisting of a physician and two nurses. We tried to organise ourselves so that a single team managed the same patient to avoid too much staff rotation, which was not easy sometimes. At first it was Father Dutkiewicz who supervised it but he later handed the organisation of patient care teams over to Sister Nikodema, who kept a journal of applications from patients waiting to be admitted into care. Sister would ring us to organise the care and I still do not know how but she always managed to reach us. She continued until 2000. Then the Pallotines left and moved to Malczewskiego Street.

Sioster Nikodema was a nurse herself so she understood our commitment to the work and realized how hard it was. She could understand that we were sometimes emotionally exhausted. She was a sort of a lightning conductor for us. A lot of people who had problems with patients or some moral dilemmas related to patient care would call her. She would always listen to them and give advice if she could. She did not refuse help or time to anybody, she just watched over the hospice workers. As a participant in the foundation of the home hospice from the start, she knew all the volunteers and employees, their characters and abilities. She also knew where we lived and took this into account when assigning patients to us. If several of my patients died around the same time, she would not assign any more to me for some time. It was extremely important to relax and prevent burn-out. The Thursday meetings served this purpose, too.

I managed my first patient together with Doctor Umiastowski. I remember the doctor as someone who treated patients and employees with great respect. He taught me how to listen to patients. As a young, inexperienced nurse, I tried to divert a patient's attention away from the illness, I distracted them by talking as I thought that this was the right thing to do. Only Doctor Umiastowski explained to me that I'd better let them talk and listen to them. Perhaps this was an expression of my fear of raising difficult questions that I did not know the answers to. Actually, we as a team used to protect patients from the truth. There was a belief that if a patient was unaware of how advanced the disease was, then it was our task to deliberately keep them in their ignorance. Only after many years of experience did we realize that this was not entirely good. After some time we noticed how much

harm this had done. There was often a lot of resentment and grudges, and plenty of disturbed family relations. We were learning from our own mistakes because palliative care was still in its infancy.

In the late 1980s the team meetings were moved to 2 Chodowieckiego Street. The nuns rented a building there whose owners were living abroad. We would drop by the place to talk, drink coffee and stock up on medications, syringes or needles for the nurse bags. There was also a pharmacy supervised by Sister Agnieszka. These were the headquarters so to speak and the Pallotine sisters were like the heart of hospice life. They could be relied on at any time.

From the establishment of the hospice in 1992, all the work was done by volunteers. Everything was based on voluntary service. As more and more people got to know about the hospice and the demand for hospice care grew, we admitted more and more people. Those who worked exclusively as volunteers could not be as flexible as full-time employees. They had to work for a living, support a family. There were occasions when there was nobody to be sent to patients. Someone already had an appointment, someone had their birthday or a hospital duty. So there emerged a natural need to engage permanent employees. I was then on maternity leave but wanted to return to work and Father Dutkiewicz invited me for an interview. Thus I became the first regular employee. Initially, I felt really strange with that. I was soon joined by a nurse, Marysia Łączkowska, and then by a doctor, Ms Ela Jagła. Later on, they hired more employees.

In the past we had much fewer possibilities for managing pain or other disease symptoms. We did not have the medications we have today. Such equipment as Venflons or infusion pumps were not available. All we had was oral morphine, which acted for four hours. We would mix it with water and lemon. If a patient suffered from obstruction and could not take oral medications, it was necessary to teach the family how to make subcutaneous injections because the effect of morphine lasts for four hours only. No nurse would be able to call so often.

Formerly, our care was mostly focused on accompanying a patient and their family. The soothing of symptoms, drug administration or applying dressings were of course of great importance but the most important task was to give a patient a sense of security by being with them when they needed us. We would spend plenty of time with patients and were at their beck and call. We believed that this was the only way to help a patient and give their relatives a sense of security – not only medically but also emotionally.

Due to a shortage of medications and dressings, they had to be organised. A lot of funds came from foreign sponsors. In France we had friends who collected funds

for our Hospice and twice a year we received donations from them, namely dressing materials, infusion fluids, medications and adult diapers – which were a rarity then.

At that time the plans for the construction of a Residential hospice were in the making too. Father Dutkiewicz believed that a patient should die at home, surrounded by their family, because this is where they felt the most secure. In time we became convinced, however, that some patients who had no-one to take care of them at home or experienced great difficulties with pain relief and its on-going control, needed some other place. Such patients were referred to a department at the nursing home, which had a couple of hospice beds. They were provided care by the hospice doctors working there. Thus the uniformity and continuity of care was maintained between the home and the Residential hospice.

We continued our service at the hospice seat at 10 Chodowieckiego Street. The Pallotine Sisters moved into it but soon, because of the poor condition of the building, they moved to a monastic home in Malczewskiego Street. At 10 Chodowieckiego Street a complete refurbishment started and after its completion the house was ceremonially opened and blessed by a bishop. Now the Sisters could move back into it. Delegated to provide terminal care only and assist the hospice team, they formed a separate community.

There was a time when we had ambulances at our disposal and they were used for transporting patients but also by our staff. Thus a nurse or doctor could get to a patient faster. Not everyone had a car of their own. During the day there were three ambulances available for use at different times, while one was assigned for night calls. If I had to go to see a patient, all I had to do was to call a dispatcher who directed an ambulance to a given address. At last I could feel safe because I no longer had to travel by bus or tram alone at night. In difficult neighborhoods, such as Orunia or Nowy Port, I even asked the driver to accompany me to the patient's house. If I knew that the visit would last longer, I released the ambulance for someone else to use. Thanks to the ambulances, more frequent contact with the hospice in Chodowieckiego Street was possible too. A patient who urgently needed a medication or device could get it quickly. At the beginning the ambulance service was financed by the Health Department, as a sort of concession to hospice care. Afterwards we had to pay for it. We could not afford it so we ended the co-operation.

At some point our team was informed that the construction of a Residential hospice had begun. We realized that this would require a considerable financial outlay. We were required to increase the number of patient visits or provide care to more patients. This was the consequence of a contract according to which each visit at a patient's home was paid for. We had more patients in our charge, which meant a tremendous effort. I have a feeling that this was when for the first time

some of us started to forget about the quality of care; it was the number of visits that had become important. I think that this was the beginning of the departure from the essence of the hospice, namely accompanying a patient. Employees' salaries depended on the number of services and it started to look like piecework. I can remember my colleagues talking about getting higher pay. Some would then view me as a person who worked less effectively than others since I had fewer patients, however, I simply devoted more time to them. I could not work differently, without accompanying patients. A similar "problem" affected those who, like me, had worked almost from the beginning of the home hospice and who were no strangers to hospice service.

The construction of the hospice, in which Father Dutkiewicz was engaged both physically and emotionally, was haunted by a host of problems. He found it extremely difficult to share his worries and had less and less time for the team. This was to the employees' disadvantage, especially for those who were only beginning their work for the hospice. New staff members started to pay more attention to the medical aspects of care. The meetings were invariably held every month but they dealt with more administrative business and fewer matters related to patients as such. I think that we paid a very high price for the establishment of the Residential hospice, which is, however, much needed. These changes happened in the late 1990s.

Father Eugeniusz is not with us any longer. Now we, those who had been with him from the start, bear the responsibility of passing the idea of hospice care on to new workers. This is an incredibly difficult task since we do not have the charisma Father had. Sometimes we fail. In the home hospice there used to be a very good practice. A new nurse or doctor was supervised by an experienced member of the hospice team. We used to learn from each other. The specificity of the hospice team, its strength and the feature distinguishing us from teams in hospitals or clinics is interdisciplinarity. Those who start their work in a hospice have to learn it.

On 11 February 2003, the Residential hospice in 6 Kopernika Street was opened with ceremony. The first patient had been admitted a few days earlier, on 2 February. It was a necessity. We had signed a contract with the National Health Fund, and the hospice was not complete yet. Without patients we could have lost the chance of acquiring the funds provided for in the contract. Finishing works continued downstairs but the ward upstairs was all ready. The first patient was a lady, Zosia, who was greeted with flowers by the manager, Father Piotr Krakowiak, and the entire team. She moved into room number 9, next door to the treatment room.

For three months only one wing of the ward worked. The rest was empty because the necessary staff had not been found. A few nurses who agreed to move from the home hospice to the Residential one and Sister Anita Łuka were not enough. The

first line-up included Maria Mularczyk, Joasia Trzpił, Grażynka Kowalczyk, Renata Orlińska-Blus and myself. Gradually, new people were employed. Some of them did not last out and quit. They found the work to be too hard, too demanding. It was not until three months later that enough staff had been gathered. I sometimes asked medical students to help us watch over the patients.

At first I kept worrying that patients would lack things. The money was not sufficient to provide everything. So I asked various institutions for support. It was hard for me, although I knew that it was not for myself. I do not know if I will ever be free of this anxiety or if I will one day be assured that we have sufficient stocks of disinfectants, medications, sheets, towels, pull-up diapers and other daily necessities for patients. These are mundane needs but one cannot imagine patient care without them. The funds from the NFZ are not enough for everything.

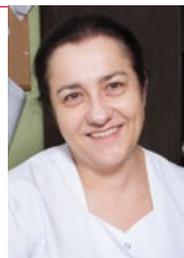
The people directly engaged in patient care did not participate in debates on the hospice construction plans. Later it turned out that certain aspects of the building could have been designed differently. Certainly a lot of emphasis was placed on the building aesthetics. This is of great significance for patients and people visiting them.

From the start we did not want the rhythm of patient care to copy hospital procedures. Therefore, we do not wake patients up at a set time – they set it themselves. We do not have to bathe all the patients before the ward round either. We do not measure temperature at the same time. We have placed the quality of care first. We have adjusted the activities connected with patient care to the patient's activity and their capabilities in this respect.

The hospice was intended for a smaller number of patients. Due to the large number of people waiting for admission into the Residential hospice, single rooms have now become double ones. Unfortunately, there is still a queue waiting for admission into the ward and for the home hospice. I do realize what the families asking us for help for their relatives feel. Time is not on a terminal patient's side.

After over 30 years of operation of our hospice, I can see thousands of patients whom we have helped to live with dignity to the end. It has proved possible thanks to a multitude of fantastic people who have been bound to our hospice as volunteers and professionally. Today we have much better resources, which have improved patient care. People taking up work at the hospice can use the experience and patterns worked out by a generation of hospice pioneers. We were, so to speak, groping in the dark at a time when no-one had heard about palliative medicine yet. But looking at things from the perspective of time, despite the difficult moments and inevitable mistakes, I am glad to have been given the chance to be part of the creation of this new quality – care for patients at the end of life.

During its 30-year-long history, the Gdańsk hospice has gone through many transformations, ups and downs, and it is still developing. Many things are changing, hopefully for the better. My greatest concern is about the increasing numbers of fixed procedures, and consequently, documents, which are time-consuming and preoccupying for those caring for the dying. Let's hope that the idea of hospice care, focusing on humanity above all, is not lost.



Elżbieta Skowrońska – master of nursing, specialist in palliative care nursing. Since 1994, the head nurse of Father E. Dutkiewicz SAC Hospice, and from 2012 – the provincial consultant in palliative care nursing. Since the inception of the Polish Palliative Care Nursing Society she has been a member of its Management. Additionally, a member of the Hospice Foundation Board since its inception.

Jolanta Stokłosa, Kraków

I Trust

I wondered what I could write now, thirty years on, about the beginnings of my activities at The Patients' Friends Society in Cracow – Hospice, which I joined in 1983 and started helping as a volunteer in 1984.

It was not until 1984 that I, as a native of Cracow, found out about the existence of the hospice and the assistance it provided to terminal cancer patients. The idea of establishing a hospice home and hospice care in my town emerged in the Synodical Study Team during the Cracow Synode in 1972-1979. The organisers of the Team were Halina Bortnowska, MA (an editor of ZNAK) and Father Józef Gorzelany (the parish priest of Our Lady the Queen of Poland Parish and the architect of the Lord's Ark Church). I learnt about The Patients' Friends Society – Hospice by accident in 1983 at the Dominicans' in Cracow, where public aid campaigns were organised during martial law. Various leaflets were scattered in the cloisters and one of them gave details of the establishment and activities of the Society. In June 1982, my Mum died of cancer, in great pain. Reading the appeal for help the Society addressed to the public, I decided to become a member and during the general meeting in May 1984 I volunteered to participate in the work of the Formation and Information Commission. My encounters with the people of the Cracow Hospice, which began in September 1984 at the Commission meeting, have continued until today. From the very beginning of my activities I was convinced of the need for a hospice providing not only professional medical care but also comprehensive care to patients and their families. I believe that no-one should feel utterly helpless while accompanying a near and dear one who is dying. This helplessness was my motivation behind the decision to help those who were implementing the hospice idea in Cracow. In my profession, and now that I have retired, I try to make myself useful in the organisation of end-of-life care of patients so that they can die without pain, fully taken care of by doctors, nurses, psychologists and physical therapists. It is also important that before death they have the chance to see a priest in whom they could trustingly confide the story of their encounters with God, and that their families may always find friendly hospice employees and volunteers who would help them cope with the loss. In spite of the numerous problems and difficulties that hospice associations have recently been wrestling with, I trust that they will continue to attract people wishing to give themselves to the service of those in need.



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Ewa Śmigielka-Stolarczyk, Gdańsk

London Inspirations

The initiator of the hospice movement in England and overseas, Cicely Saunders, came to Gdańsk in 1978 – probably at the invitation of the Medical Academy authorities – to give a lecture on palliative medicine. My husband, a medical doctor and professor of the Academy, who at that time already attended to the terminally ill, was very interested in both the lecture and in Cicely as a person. So I presume that before or after the lecture he invited her over to our house. The first thing that struck me when she entered was her impressive height. She must have noticed my surprise as she said, *Yes, I’m a giant*. It amused us very much and introduced a nice and casual atmosphere. The meeting was not a continuation of the lecture, an academic discussion or an opportunity to learn helping techniques. She talked about herself, her husband and painting. We also learnt that there was a group of volunteers from all over the world who came to St. Christopher’s Hospice in London to do their traineeship. Perhaps Father Eugeniusz Dutkiewicz attended this friendly meeting too.

A home-based hospice was being organised in Gdańsk too. I did not take any interest in that back then. My husband might have known more of these plans. He was not involved in the organisation of the hospice himself although he probably discussed hospice issues with Father Eugeniusz. The two of them were quite different personalities though. I suppose that close co-operation between them would not have been possible as it would require harmonization. They respected and esteemed each other but I do not think that they could have worked together. For Father Eugeniusz, such a person was certainly his medical consultant and advisor, Professor Penson. Eugeniusz was a frequent guest in our house. We really appreciated the Christmas Eves and Easter breakfasts spent together. He was then no longer Father Dutkiewicz, a public person, but just Gienek, a member of the family.

I think that the most valuable contribution that my husband and I made to hospice care was the translation of the second edition of Robert G. Twycross and Sylvia A. Lack’s handbook: “Therapeutics in terminal cancer”. My husband translated one half of the book and I translated the other. The book was published by a medical publishing house PZWL in 1991 under the Polish title: “Leczenie terminalnej fazy choroby nowotworowej”. The book was indeed important at the time, when access to foreign literature was limited. I do hope that it was useful to physicians and other people. In Poland, it was probably the first serious publication on palliative care, presented in an extremely practical manner. The handbook

was modern, its contents divided according to symptoms and presented very concisely, in points, which was not common in Polish specialist literature. After it came out in print, we had the opportunity to play host to Professor Twycross, who was very pleased with the faithful translation of his book.

At the turn of the 1980s and 1990s I visited England several times in connection with hospice matters. I was as it were drawn into it because I could speak English fairly well and Gienek was only learning it. Through Kasia and Jacek Krenz and their friends in London we got in touch with Gillian and Muir Hunter. They were lovely people, British people born and bred, the type you can only see in films or read about in novels today. Their social status was rather high. Mr Hunter was a titled retired MP and a lawyer. They were very keen on getting engaged in helping the hospice in Gdańsk. For this purpose they set up a foundation in London. They went about it very professionally, which we did not quite understand. We were living in a communist country, and nobody knew such forms of help. No wonder that various problems began to appear in Polish-English relations. Most of them were not directly dependent on the people but on the political system. Everything functioned with difficulty. There were problems with traveling and with transfers of funds. The Hunters also enquired about our plans for building a Residential hospice. There was already a project by Jacek Krenz. I accompanied him during the visit to the Pallotine provincial in Warsaw, from whom they wanted to find out who would support the future hospice home after it was built. These were very logical questions. The answers we gave were not satisfactory for their ordered way of thinking. To us, people raised in communism, it seemed that things “will get done by themselves”. We were unable to give them any specific information. We were not prepared for such co-operation. Now, if such an opportunity arose, many things would already be obvious, we would find a common language. Because of these difficulties the Hunters limited their help to individual actions. And so they financed travel to London for people engaged in the hospice movement to enable them to train in British hospices. I think they even organised an auction or a charity ball to collect money for the hospice. To me, personally, they were really friendly. I visited their London home and a manor house outside London. We made friends.

Thanks to the Hunters' help in the late 1980s, Gienek and ourselves attended an international convention on palliative medicine in London. There, I was approached by Tony Brown, the organiser of the International Palliative Care Convention in Australia, who invited us to Australia. I explained that the invitation should be addressed to the boss, namely Father Eugeniusz, for whom I was interpreting. Besides, it was impossible for us to go because of the expense. Tony

Brown said that they would collect the money to enable us both to come over. He asked for the mailing address. After I returned to Poland, I forgot about the offer because it sounded unreal. Some time later, however, I started getting letters from Australia with information on the funds collected and the program of the stay. Again, it was prepared in a very professional way. Slightly astonished, not quite believing in what was happening, we flew to Adelaide in September 1990. I stayed in a guesthouse of a Catholic Female Congregation the name of which I cannot recall. The meetings and sessions that we attended proved valuable. During the stay we also got to know several hospices in Australia and Tasmania. It was interesting since we saw the organisational diversity of home-based and Residential hospices. There were hospices in separate hospital wards or houses specially built or adjusted for this purpose – they varied a great deal. The trip was fruitful but we did not count on any financial support. Australian hospices were struggling for survival themselves. Apart from its educational value, the journey had other advantages too. Australia was such an exotic place for us. I remember that I crossed a vast golf course on my way to a morning meeting. It was a very odd and beautiful place – a vastness of lush green grass and gentlemen with caddie carts and clubs leisurely walking across it and contemplating holes in the ground – has the ball fallen into them or not? We also saw kangaroos and koala bears. We still have a teddy koala brought from this trip. Its price was disproportionate to its worth. I remember that Gienek's face twisted with annoyance when I bought it, even though I did so with my private money, of course. But the teddy proved a fantastic souvenir from the journey and then a mascot for my grandson.

In those difficult years we received various gifts. Among them was a cargo of medications for the hospice, independently of the efforts of the Hunters' foundation. The truck was driven by John Dobson, a British Parliament reporter, a friend of Kasia and Jacek Krenz, with whom we made very good friends too. The cargo was not addressed directly to the hospice but it turned out the most convenient to pass it to the Pallotines. I was also invited to visit the Hospice in Birmingham, where I was taken good care of by Mary Ellis.

In 1987 I started working in the home-based hospice, mainly for egoistic reasons. I thought that it would do me good if I did something demanding. This was my useful way of occupying my thoughts during this rather difficult period in my life. This work had always seemed important, noble and beautiful to me. Working with someone who is close to meeting God in person, who is getting through to the other side, is something extraordinary. I was hoping that my patient, once he faces the Almighty, would perhaps whisper Him a good word about me too. I was convinced that in these ultimate situations special relations

were formed, there was much more truth, masks vanished because they no longer had any sense and issues of minor importance disappeared. You found yourself in a reality where untruth was not desirable. You were in an important place where you could learn and help a lot.

I also had the time and strength to undertake this task as I was working in a hospital as a radiologist and was not overburdened with examinations. In those years radiology did not use such a broad range of diagnostic methods as today. After work at the Provincial Hospital I did not come home exhausted. So I told Eugeniusz that I wanted to take up patient care. He was very glad to hear it. I had been working for 5 years before my job at the radiology unit started to become more intensive. At some point it was no longer possible to reconcile the two jobs in time.

It was also a time when Gienek was visibly coping with more and more difficulties and it was hard for him. But he usually did not feel like talking about it. At our home he preferred to get away from it all and talk about more pleasant things. It is impossible not to feel grief and pain after his passing. He had so many plans. However, after more time had passed, we thought that God, by calling Gienek away, might have liberated him from various dreadful troubles. Everyone lives only temporarily here on earth and has specific tasks to fulfill which are later taken over by someone else. Eugeniusz's task was to build an extraordinary home for a Residential hospice in Gdańsk and to lay the ground for further development of hospice care here and across the country. He did it wonderfully, with panache. Father Piotr is now working on adding more structure to this work.

When I worked for the home-based hospice, I used to go to visit patients according to their needs, sometimes every day or even more frequently. I always had one patient at a time, which permitted me to fully concentrate on him/her. The patient very much stepped in my reality, my daily routine. It was difficult. I often experienced anxiety and suffered to see that I could not help him/her as much as I wanted. I also feared an emergency call at night to go and attend to an unpredictable and dramatic situation which I would not be able to handle. Sometimes I interfered too strongly wanting to improve something, which was not necessary, and in effect I tired rather than helped the patient, which of course depressed me.

I would often ask my husband for advice regarding patients and I would pray for them. Patients surprised me by the depth of their faith. I sometimes witnessed God's real personal intervention in a person's soul. I found out that faith was not something distant. The grace of faith acts within a person. Bits and pieces of

this action can be seen but the vast majority happens in hiding, between the soul and God.

I also took notes about each patient. They were not medical notes but rather impressions, records of emotions and experiences connected with the patients in my care. Thanks to these notes, I can give a more detailed account of a few of the patients or quote their words. (The patients' names have been changed.)

Mr Władysław W. was my first patient. He was 75 years old. I took care of him for a few days only. He died in July 1987. Jurek Umiastowski accompanied me when I went to see my first hospice patient. I am very grateful to him for it. The patient gave me two red roses from his garden. I put one of them for the Mother of God of Ostra Brama at St. Ann's Chapel in the Church of the Holy Trinity, and I took the other one home.

Krzysztof D. was 27 years old. I took care of him from 02.12.1987 to 07.03.1988. Before he fell ill, he travelled around Poland and did different manual jobs. He was a rare guest at home. He was christened at the age of eight. Apart from that he had had no contact with the Church even though the windows in his house overlooked a church building. Before his illness he had been a non-believer. He once asked Sister Bożena, *Sister, please tell me about Jesus. I don't know anything about him.* This proves that it is possible not to come into contact with religion in a country considered a very Catholic one. He also said, *He had to wait so many years before I humbled myself. I bear no grudge about my illness.* As the bone pains worsened, it seemed that irradiation could alleviate them a little. So he spent a few days in the clinic (29.03–04.03). At some point he said to Sister Bożena, *I can't stand it any longer.* And after a moment of silence he added, *No, if these three days are necessary for my salvation, then I have to hold out.*

On Sunday the 6th of March 1988, Father Adam celebrated a mass at his home, in which we all participated. This was the first and last Eucharist in his life. He died the day after.

The inner transformations that Krzysztof underwent during his illness seem simply unthinkable. A non-believer all his life can suddenly see a connection between his suffering and salvation, can understand that lack of humility separated him from God, has no resentment for what is happening to him and wants to learn more about God. I think that looking at Krzysztof's last days, even a fervent non-believer would start to believe. Such deep spiritual thoughts do not come to mind by themselves. This is explainable only by an irresistible force of Grace in the patient's heart. Krzysztof was dying in terrible dyspnea – maybe today we would be able to help him better.

Another patient of mine, Mr Franciszek A., whom I took care of from 7.05.1988 to 15.07.1988, once told me a beautiful story: *Do you know that I transported the Mother of God of Matemblewo for injections? No-one wanted to, they were afraid of the secret police. I took on the task (...). I took her in a wagon to a professor for three months because she was being eaten by some worms. Then I brought her back (...).*

Oh well – I said then – if you transported the Mother of God herself for injections, then she will help you with the disease. And Franciszek replied: *She sure will. When I go to sleep, we look into each other's eyes. I look at her and she looks at me.* Having said this, his eyes lingered on the picture of the Mother of God of Częstochowa above his bed.

On a different occasion he announced: *I have praised you in the whole district of Przymorze.* He was pleased with my help. One day he asked his son-in-law to paint the wall by the entrance to his block of flats so that "it looks nice when Doctor Ewa enters". It also turned out that he knew my mum who was a radiologist and diagnosed him with a stomach ulcer that nobody else, as he maintained, "was able to feel out". One day I went to see him on his name day. I brought him a medicine in a green heart-shaped box tied with a red ribbon. I sat beside him on the bed, kissed him on the cheek and he kissed my hand. It was a moving moment.

Joanna B. – I will remember her till the end of my life. I came to see Joasia on 12.10.1988. She died on 02.03.1989 in the early morning. She was 24 and had big blue eyes. Father Adam took me to her. We managed to help her medically a little. Mary Ellis from the hospice in Birmingham and Gillian Hunter from London, who were then on a visit to Gdańsk, also came to see Joanna. She made an overwhelming impression on them. The holy mass was celebrated by Father Adam. She was extremely patient in her illness. Although we saw each other almost every day, we never became really close to each other. However, one day I lent her "The Story of a Soul" by St. Therese of the Infant Jesus to read because she felt very close to her. I got the book back after she died. Inside I found a note written by Joasia and left there accidentally: *Letter to the Mother of God. I am writing after a long break. You know everything I want to write anyway. But it is such a pleasure for me. I am reading "The Story of a Soul" again. And my Mother is happy in the Father's home. I love you. I cannot talk about it.*

She must have had very deep communication with the Mother of God, although she did not reveal her inner feelings at all. She experienced dying and contact with God in a religious manner but she showed us calm and a smile on the outside. I was very moved by finding this note. Joanna wanted to share a fragment of her rich inner life with me. I have learnt a lot from her; she has given me a lot.

A year ago I became one of the people who shared experiences with my former patients' families. During my husband's terminal illness we too found support in the home-based hospice of Father Dutkiewicz. Jola Jacewicz, a nurse who had been working with him in patient care, devoted a lot of her time and effort to him. Father Piotr and Father Jędrzej often visited us with Holy Communion. The telephone numbers to the hospice duty physician and to Doctor Andrzej Gryncewicz written in large print uplifted me a lot. I knew that in an emergency I would call and get help. In June 2007, Julian's health significantly deteriorated, dyspnea on exertion and walking difficulties worsened so much that he had to move in a wheelchair, assisted by another person. I accompanied him in everything and I was there for him. All my time and strength after work at the ultrasonography room were at his disposal. This was another task that I adopted – a difficult and very honorable one. The love between us was revived and deepened. We both noticed it and talked about it a little. In the beginning of September 2007, my husband told me: "I've grown somewhat oversensitive and susceptible, and you give me such calm and wise support. It allows me to sleep so well and for the time being, dying is blessed" You could have hired somebody to take care of me for money but you didn't. You didn't sell me". Julian died on 17 September 2007 at 6 p.m. A few hours earlier he took Holy Communion from Father Piotr, repeating aloud three times: „Glory to the Father, the Son and the Holy Spirit...“

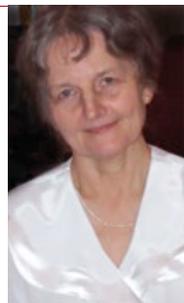
What do I wish for the Hospice for the next years of operation?

I hope the staff have time for patients and the Hospice remains a friendly and warm place for people so that every patient feels noticed and loved. This work should not be undertaken by physicians if they do not have enough time, if this is their third or fourth job. A physician must not be distant for a patient because the patient is badly affected by it.

I also hope the Hospice keeps up with all the developments in medicine, to be effective in fighting symptoms of diseases. This is as important as giving loving care to patients.

I also hope that it never loses touch with the Grace of God. The fact that it is managed by a priest makes a lot of things possible and easier. There is the daily Eucharist in a beautiful chapel, there are requiem services and patients can request sacraments practically at any time. And similarly to patients who are taken care of spiritually, hospice employees should be taken care of, but in a different way. Perhaps meeting over the Gospel and joint prayer could be a form of sharing, mutual reinforcement and growth.

Finally, I would like to express my gratitude to Agnieszka Paczkowska of the Hospice Foundation, the conversation with whom during an interview significantly contributed to my writing of this memoir.



Ewa Śmigielska-Stolarczyk – MD, radiologist, in 1987-1992 voluntarily worked as a physician at the Pallottinum Hospice. Together with her husband, Prof. Julian Stolarczyk, PhD, she translated Robert G. Twycross and Sylvia A. Lack's book, "Therapeutics in terminal cancer", published by PZWL in 1991 under the title: "Leczenie terminalnej fazy choroby nowotworowej". Befriended by Father Eugeniusz Dutkiewicz, she supported the first developments of the hospice idea in Gdańsk.

Zbigniew Żylicz, Basel

Memories of the Origins of the Hospice Movement in Poland and Europe

Already as a medical student in Gdańsk (1973-1979), I often traveled to visit friends in England. I practically studied only English and American books, which later proved really helpful in finding employment in the West. During one of my walks around London I came across the sign of the London Medical Group foundation, whose activities, addressed mostly to medical students, were focused on the problems of contemporary medical ethics. I managed to meet the foundation director, an Anglican priest, Dr Edward Shotter, whom I asked for the possibility of visiting a couple of hospitals to see how doctors in England work. When I learnt that references were necessary, I obtained them with the help of my English friends, including Lord David Owen himself, Secretary of State, later to become the famous envoy of the British Government to the Middle East. Ted (Shotter), as we already were on first-name terms, presented me with the program of my visits to various London hospitals. I was supposed to take part in discussions and seminars for medical students. I remember attending a fabulous lecture of Prof. Hugh Jolly, on the topic of bringing up small children. Later I bought his work, *The Book of Child Care: Complete Guide for Today's Parents*, on the basis of which all of our five children were brought up. I visited a venereal diseases clinic, a labor ward, I saw several surgical operations, and in the end I was invited to St. Christopher's Hospice in Sydenham near London.

At St. Christopher's Hospice I met Dame Cicely Saunders, a doctor with incredible charisma (although she was already about 65 then), in whose life several Poles played an important role. During the war, when Cicely was working as a nurse, and then as a social worker, she took care of Dawid Taśma, a Polish Jew, who miraculously escaped from the Warsaw ghetto and got to London. Dawid was dying of cancer, missed his lost homeland and he clung to Cicely. He told her about his life and about the things he wanted to achieve. Soon before he died, he left her a will and some money. He wanted Cicely to build a home where she would take care of the terminally ill as well as she had taken care of him ("This money will suffice for a window in your house"). Cicely has tried to fulfill Dawid's last will all her life. Right after the war, in 1948, she took care of another Polish refugee who had cancer, a Polish pilot, Antoni Michniewicz. Antoni and Cicely's friendship went beyond the frames of professional care. On his death bed, Antoni married Cicely and died a few days afterwards. For the first time in her life, Cicely went through the bereavement of

someone she had loved with all her heart. Many years later, when St. Christopher's Hospice had already opened, Cicely entered one of the thousand art galleries in London. Her attention was suddenly drawn to a painting called *Resurrection*. The painter's name was unfamiliar but she liked the painting very much. She wanted to buy it and hang it in the hospice. She was going to negotiate the price... When she visited the gallery again, she met the painter, Prof. Marian Bohusz-Szyszko, a Cracow painter, who was also driven away to England by the war. The professor asked her if she liked the painting. Naturally. This is how the conversation started and it ended with Cicely being given the painting as a gift. It still hangs in a prominent place in the Hospice. Cicely fell in love with the professor and they lived together for many years until his advanced age. He died in her care in the Hospice at 95.

When I arrived at St. Christopher's Hospice in 1976, I was received with all due ceremony. Soon after my internship began, I got news from my mum in Gdańsk that my grandma was dying. So I said goodbye to Cicely and all my new colleagues, shouldered a rucksack and marched to the station. When I was already sitting in the carriage, I saw a familiar face on the train standing nearby. This was Joanna Pepke (today Dr Pepke-Żaba), a medical student too but from Warsaw. In a few minutes I told her about my "internship" at the hospice and about Cicely. Joanna "stepped into the breach" after me and did a similar internship. She was the one who invited Cicely to visit Poland, Cracow in particular. Cicely was keen to meet the Professor's family who lived there.

After Joanna returned to Warsaw, we met to prepare Cicely's visit to Poland together. It was 1978, the time of Communism. It was not easy but luckily Joanna had a lot of contacts among the teachers of the Medical Academy in Warsaw. Cicely visited several Polish towns: Gdańsk, Warsaw and Cracow, where she gave lectures for the local physicians. I accompanied her everywhere, taking notes and talking until late at night – to her and other interesting people who came to the dinners. Owing to Joanna's efforts, Cicely's visit was quite official. The Ministry of Health even provided a black volga with a driver for her. How terrified he was when Cicely, on the way from Warsaw to Cracow, asked him to go via Częstochowa because she had to go and see Jasna Góra! In Cracow, apart from giving a lecture at the Jagiellonian University, Cicely spoke in the church of Nowa Huta, which was already planning to build a hospice (presently St. Lazarus's Hospice). This is where I met a volunteer, Halina Bortnowska – a philosopher, theologian and journalist in one person. We became very good friends and decided to write a book based on notes from lectures and various discussions. The book was published in 1981 by ZNAK under the title: "The Sense of Sickness, the Sense of Death, the Sense of Life". It was a collection of miscellaneous essays on sickness, life, death and palliative care. It included my

chapter on the hospice and on Cicely. My experiences and thoughts, practically my program for life. I was incredibly proud of it. When the book came out, I was already living in Holland. It was in a way the culmination of the thoughts of numerous people in Poland who contemplated building hospices and palliative care facilities at the time. I managed to meet many of them and made friends with some.

One of the people who meant a lot to me was Professor Julian Stolarczyk of the Medical University of Gdańsk. In the past the Professor was famed for having persuaded me in 15 minutes of the need to study medicine. However, not only had he won me over to the profession but was my Master to the end of his life. He even gave me a job at his Department of Physiopathology where I conducted classes with students for a short time. My Master, apart from working at the Department of Physiopathology, fulfilled himself by taking care of patients in their homes. I accompanied him on some visits, sometimes I went by myself and consulted him afterwards. It really boosted my confidence.

After graduation I went to Holland with my Dutch wife and our eldest son, Stanisław. I kept in touch with Professor Stolarczyk and visited him from time to time. I even sent him my dissertation, defended at the university of Nijmegen. He sniffed at it a little, saying that it was too theoretical. He thought that I should have committed myself to clinical practice and not pharmacology. I was later extremely grateful to him when he took care of my dying mum. I remember thinking that death was distant, that it would not happen just now and something could still be done. Perhaps I could obtain some new cytostatic from Holland ..., perhaps ... Right before my mum's death I went to an oncological convention in San Francisco. When I was there it turned out that her condition had got very serious. When I called her, she spoke very slowly, with effort. I heard, "If you want to say goodbye to me, you have to drop everything and come over". I panicked and called my elder brother, Maciek, who was "not far away", at the Salt Lake City University in Utah. We decided to drop everything and fly to Gdańsk. I traveled for over 16 hours, in zigzags, because I had to stop over in Amsterdam to exchange passports – the Dutch one into a Polish one. At the airport my wife, Joke, told me the sad news that my mum had died. She died when I was flying over Greenland... I cannot speak about it without getting emotional until today. This was when I said to myself: "Someone else was taking care of my mother when I was away, and she needed the care most of all. Now I will take care of other people's parents as if every one of them was my own mother". The pain after losing a closest one was overwhelming. Incidentally, I noticed that before I had hastily flown away from the States to Poland, I had left a few important utensils at the hotel. For example, I had no shaving cream so I had to buy some. I can still remember that it was Yardley of London. Already after the funeral

I reproached myself for getting “back to normal” so soon after my mum’s death. It even seemed to me that I had not loved her too much and that I stopped thinking about her. However, when, some 3 months later, I ran out of the cream bought on the funeral day, I realized that every morning during shaving I thought about Mum, about how much she loved us and ... what a nice smell this cream had. When it finished, I went around all the shops in Holland but I never found such a cream. At some point I came to the conclusion that I no longer needed the cream and that my mourning had ended with the last tube ... I often tell this story to students and fellow doctors. It is a manner of experiencing bereavement.

In those days in Holland nobody had heard of palliative medicine so I built my career with the blocks which were available and which were to prove useful in my subsequent leap to palliative medicine. I started off with a specialization in internal medicine (as Prof. Stolarczyk advised me), then in oncology. Then followed clinical pharmacology and geriatrics. At the University of Groningen, where I specialized in medical oncology, I had a serious conflict with my supervisors. Once when I was on duty, I admitted a dying patient whom we knew well from the oncology ward. She was so confused and disorientated that I could not let her go home. On Saturday the patient took the place allotted to a young patient with testicle cancer, scheduled to start chemotherapy on Monday morning. I supposed that the patient would die on Sunday but she did not. What I learned from Cicely and what applied in the woman’s case made her calm down although she continued to be unconscious. My senior colleague, who took over ward duty from me on Monday, did something that determined my whole life thereafter. He asked the family to leave the room and probably opened the IV drip stopper so the medication was administered in a few minutes instead of 48 hours. The patient died in less than an hour. When I found out about it from the despairing family and terrified nurses, I handed in my notice. I became jobless overnight and I already had a house, a wife and five children then. I fell into serious depression.

At the time I was working on my first book about palliative medicine. I was writing it together with a friend from Gdańsk, Dr Andrzej Zapaśnik. I invited him to our house in Haren in Holland. Incidentally, I did not hide that I needed his help in painting our house, which had to be put on sale urgently. I remember standing on a ladder and hearing the phone ring. It was the head nurse from the ward on which I had worked a few weeks before. Some people had come to see me and asked where I was. These were the husband and son of a former patient of mine. I liked the charming lady, who died right after I quit work at the hospital, and we had often talked about “serious matters”. I asked the family to come over to Haren and visit me at home. I remember that I was smudged with paint and wearing dirty

dungarees when I shook hands with these respectable and distinguished people. I invited them in for coffee. They told me how impressed they were by my care of their wife and mother. When we finished talking, they handed me an envelope with one and a half million guilders (in the form of a commitment letter, not cash!). I understood that I had been saved! The Lord was watching over me! He had not abandoned me in my depression and with poor prospects for the future. I believed that I could start building my hospice very soon... But three years had to pass before the hospice opened and started to admit patients.

In the first place I had to find a partner who would contribute double the amount to the budget (such was the will of my benefactors who still do not wish their personal data to be disclosed). The partner turned out to be the Salvation Army, which owned a beautiful villa in a tiny town of Rozendaal near Arnhem. The Army already ran several homes for the chronically ill but they had no experience with hospices. A pioneering period started: renovation of the building, staff recruitment, training, waiting for the first patients. In addition, there was the resistance of many doctors from the neighboring Arnhem who associated palliative care with a dying facility. Maybe they thought that euthanasia was the only solution for critically ill patients? It was still an illegal practice then but was performed quite often.

The hospice launched its activity on 1 January 1994. Gradually the number of patients increased. I was the only physician at the hospice and the manager of the one-person medical department. For the first 2 years I was practically never off duty. I was sometimes substituted by my family physician friend. We had 9 beds. There was no room for more in the villa. Apart from working with Residential patients, I visited patients in their homes and in hospital. In time the local family physicians grew very enthusiastic about the idea of hospice and palliative care. The thirteen years during which I worked in Rozendaal were probably the most important in my career.

In 1995 in Holland they made a documentary about a man who had euthanasia in Amsterdam. It brought about a revolution. The supporters of euthanasia were convinced that the patient and the physician attending him were right. The film was also shown in England. After its broadcasting, a few people sat in the BBC studio for a discussion. Among them was Cicely and the then Minister of Health, Ms Els Borst. As expected, Cicely severely criticized the message of the film and surprised the Minister with the information that there were hospices in Holland too, e.g. in Rozendaal. Already on the following day the Minister called us and invited herself for a visit. She was a hematologist herself and took care of her dying husband at home. The visit was extraordinary and fraught with consequences. The Minister, who was affiliated with a party supporting the legalization of euthanasia in Hol-

land, said that we must not think of euthanasia without palliative care. In her time, considerable funds in the Kingdom's budget were allocated to the development and transformation of hospices. The Minister did not want a separate system for hospices but she wanted to integrate them into the overall healthcare system. At present there are over 100 hospices in Holland and they usually form part of Homes for the Chronically Ill. Our hospice obtained the financial support that it badly needed but at the cost of integration into the existing system. It turned out that in the new arrangement there was no longer a place for a specialist like me as family doctors and long-term care doctors were to take over the service. And so, after 13 years of work, I was unemployed again but this time I was able to prepare for it mentally. I planned to move to the university, where I joined the preparations for a new Palliative Medicine Department and gave up to 400 hours a year of classes for students and junior lecturers during specialization. I then had a record of over 100 academic publications, several books and plenty of chapters in course books (written in 4 languages!). I thought that I was two steps away from fulfilling my dream. But fate brought me something else. The professor's chair was given to an anesthesiologist, in my view completely unfamiliar with palliative care. I took offence and announced that I had just received a job offer in England. In fact, a friend who used to be my student and was living in England had then written in a letter that a hospice in the county of Kent was looking for a specialist in palliative medicine.

After moving to England I worked in a few hospices before I settled down for good in Hull on the North Sea, where I worked as the medical director in the local facility for 6 years. Then I moved to the Hospice in Basel, where I have worked until now. In 2006, I was awarded a high distinction by Queen Beatrix of the Netherlands. This distinction is equivalent to an elevation to the peerage in England. The Queen had always spoken warmly of hospices and even visited some of them in person. She was the only person in the Kingdom who could not say anything about euthanasia. She could only award distinctions to people who disapproved of ending life.

The most important moment in my medical career was an invitation in 2008 to make a speech in the Vatican in the presence of Pope Benedict XVI and the cardinals. The lecture was organised as part of a conference of the Papal Science Academy and it was preceded by 2 weeks of preparations, discussions and conferences with bishops and cardinals. After my mock speech, one of the archbishops burst into tears. He confessed to me that a close friend of his, also a Vatican dignitary, was dying of cancer in the Gemelli Clinic in Rome. He wailed with pain but did not get morphine because in their view (Anno 2007!) it would be euthanasia. The Vatican dignitaries and the Pope attentively listened to my report but there was no discussion

afterwards. I had a feeling that the Vatican did not quite understand what we did in hospices and did not trust us. I may be wrong but such was my sensation then.

I have been working at hospices for over 20 years, trying to do my best for patients. I am going to retire next year. Let me conclude by quoting a statement that I once heard from Halina Bortnowska: "In my prayers I asked for a lot and all the time I had the feeling that I got nothing. But now, looking back, it seems to me that I got much more than I could bear".



Zbigniew Żylicz – MD PhD, a graduate of the Medical University of Gdańsk. After receiving his diploma he moved with his family to Holland, where he specialized in internal diseases, medical oncology, clinical pharmacology and geriatrics. From 1994 the initiator and medical director of one of the first hospices in Holland: Rozenheuvel Hospice in Rozendaal. From 2005 he worked in England, as the medical director of the Dove House Hospice in Hull, among other places. In 2007 he was officially registered as a specialist in palliative medicine. Since 2011 he has lived and worked in Basel (Switzerland) as a specialist in palliative medicine at Palliativzentrum Hildegrad and a palliative medicine consultant at the university hospital in Basel. The author/editor of three books, the author of over 50 chapters in scientific books and course books, the author or co-author of over 150 scientific and educational articles. In 2006 he was awarded the Oranje Nassau Officer's Cross by Queen Beatrix of the Netherlands.

Part 3.
THE HISTORY
OF HOSPICE-PALLIATIVE
CARE CENTRES

Edited by Anna Janowicz



Introduction

This chapter is based on materials sent in by centres that have responded to our invitation. Each of them received a form comprising 3 questions. The first one asked for a short presentation of the history of the establishment of the center or home care team, the second one – the key areas of care and forms of co-operation with the local community, and in the last one we asked them to point out any achievements that the team regards as special. The information obtained from 70 centres fully represents the character of the Polish hospice movement, encompassing both teams with extensive experience, operating for over 20 or 30 years and those which were set up fairly recently. Among them is one of the largest, surface-wise, hospices in Europe (in Katowice); there is “probably the only country hospice in Poland, with its seat and area of activity in the countryside” (in Nowa Wola); there is a modern, still developing facility – the Sue Ryder Home (in Bydgoszcz); and there is the winner of the 2nd place in Europe among centres recruiting patients for clinical trials on cancer pain management (in Gliwice).

According to the records of the Polish Hospice Forum of July 2013, in Poland there are 486 palliative and hospice centres (hospices run by non-governmental associations and foundations, religious orders and Caritas, public facilities and facilities run by individual and corporate entities). Seventeen of them declare care of sick children to be their main form of activity and 34 of them offer such care along with other forms of activity. More centres are coming, offering perinatal hospice care aimed at helping the parents and siblings of an unborn child with a detected lethal defect and providing sick children with proper care, focused on ensuring them comfortable living conditions and the right to a good death. The first center to have launched such activities was the Warsaw Children’s Hospice Foundation, followed by the centres in Gdańsk, Wrocław, Katowice and Łódź.

Two hundred and thirty six centres offer home care exclusively, 86 provide home care combined with a palliative medicine outpatient clinic. The vast majority of the

Polish centres and home care teams have concluded contracts with the National Health Fund and their services are free of charge.

The stories submitted present a variety of paths leading to the establishment and development of hospice teams and homes or palliative departments. Struggles with organisational and financial obstacles have not stopped these people, so full of passion and dedication, on their way to the achievement of their goals. The country has been changing since the 1980s, yet the persistence has remained the same. What was most important in this history of palliative and hospice care was mutual support and learning about the organisation of end-of-life care. The first hospice teams in Cracow and Gdańsk, the palliative medicine ward in Poznań and the children’s hospice in Warsaw invited doctors, nurses, chaplains and other members of the new teams or visited them at emerging centres. The need for mutual support and the sharing of knowledge and experience resulted in the establishment of organisations and associations of employees and volunteers. The oldest one is the Polish Hospice Movement Forum (the Polish Hospice Forum today), followed by: the Polish Association for Palliative Medicine, the Polish Association for Palliative Care Nursing, the Polish Forum of Pediatric Palliative Care and the Polish Association for Palliative Care. There are also foundations and associations operating at the centres whose goal is to support particular facilities. One non-governmental organisation operating on a national scale is the Hospice Foundation based in Gdańsk.

The hospices and palliative care departments making up the palliative and hospice movement first and foremost provide care to terminal adult patients and their relatives, and terminally ill children and their families. Many of them additionally engage in educational activities, promulgating the idea of hospice care and volunteer services in local communities, thus changing the existing stereotypes. Many also run teaching and research activities and work with universities. All of them, regardless of the form of activity, experience and duration, form a community of professionals and volunteers working to ensure thousands of patients a respectable end of life.

Anna Janowicz

Kraków

Patients' Friends' Society – St. Lazarus's Hospice

www.hospicjum.krakow.pl

Establishment date: March 2nd 1981 – charter meeting, September 29th 1981 – legal registration

Founders: Halina Bortnowska, Father Józef Gorzelany, Jan Deszcz, Janina Kujawska-Tenner

Key leaders: Halina Bortnowska, Father Józef Gorzelany, Jan Deszcz, Maria Leńczyk, Janina Kujawska-Tenner, Krystyna Smolak, Marian Anczyk, Teresa Rawczyńska, Ewa Bodek, Tomasz Grądalski, Renata Połomska, Anna Arciszewska, Jolanta Stokłosa

Forms of care: residential hospice, home care, palliative medicine outpatient clinic, lymphatic oedema outpatient clinic, long-term care

*Those who pass away,
Pain that will not pass and seems to fill up the days and the nights,
Helplessness, new humiliation every now and again, the indifference of the people around,
Powerless, despairing relatives...
Generally, we try not to think about this.
We try to forget that it can befall us too.
Maybe it's time we faced the truth?
Science will not wipe out the necessity of death
but our solidarity with the dying
may bring relief, support and calm.
Pain can be prevented.
Humiliation can be spared.
It is possible to EFFECTIVELY SYMPATHIZE WITH THE DYING!*

The Commission for Formation and Information, 1984

The hospice idea emerged in the course of discussions between Dawid Taśma and Cicely Saunders in 1947 in a London hospital, while in Poland it first appeared in the 1970s within the Study Team of the Lord's Ark Church in Kraków Nowa Huta.

In May 1972, Cardinal Karol Wojtyła convened the Cracow Synod to familiarize the congregation of the Cracow archdiocese with the work of the Second Vatican Council. The parochial study teams formed during the Synod actively participated by

organising meetings on the apostolate of love and pastoral care of patients, among other issues, and by sending the conclusions drawn up to the Central Committee.

The Synodal Study Team of the Lord's Ark was established on the initiative of Father Józef Gorzelany, the parish priest of the Lord's Ark Church in Nowa Huta, and Halina Bortnowska, an editor in "Tygodnik Powszechny" and "Znak". Its first meeting was held on 18 November 1972.

The Team's work was focused on contemplating the Holy Scripture, exchanging views and organising meetings with groups of various denominations arriving from home and abroad to help with the construction of the church. During one of the meetings, the Team members, while contemplating Christ's prayer in the Olive Garden, asked Prelate Józef Gorzelany how to keep vigil with Christ today. They then concluded that it could be done by being with the terminally ill. In the following meetings they analyzed, in particular, the issues of love and compassion, the realization of which became starting points on the road leading to the formation of the Hospice.

Their participation in the work of the Cracow Synod resulted in the Team's selfless involvement in supporting the staff of the Infectious Diseases Ward of the Stefan Żeromski Hospital in Nowa Huta, managed by Dr Stanisław Kownacki. The Team members served not only patients on the ward but also those already discharged home. They believed that keeping patients company and serving them was the finest school of understanding the sense of one's own existence and of actively practicing charity.



The activity of this first Polish team of hospice volunteers was based on the principles written down by Hanna Chrzanowska in the 1960s in Cracow. Hanna Chrzanowska brought help to the chronically and terminally ill at their homes together with members of parochial nursing teams formed in every parish upon the initiative of Cardinal Karol Wojtyła.

In 1978, Dr Cicely Saunders – the founder of the world's first modern hospice in London and at the same time the originator of the global hospice movement – visited Poland. She traveled to three cities – Gdańsk, Warsaw and Cracow – giving lectures on the topics of hospice care and cancer pain management for doctors. Her address at the Institute of Oncology in Cracow made the doctors working there take an interest in the hospice idea. During her stay in Cracow, Dr Saunders also met the members of the Synodal Team at the Lord's Ark. Their meeting gave rise to the idea of visiting the incurably and terminally ill discharged from the Institute. In 1980, Dr Maria Leńczyk and Dr Wiesław went on their first voluntary home visits.

The social transformations that followed the inception of the Solidarity movement in 1980 gave the impulse to set up an association which took over from the Synodal Team the organisation and management of patient care and the initiative to build a hospice home. 2 March 1981 was the date of the founding meeting of the Patients' Friends' Society – the Hospice, which was registered on 29 September 1981. Dr Janina Kujawska-Tenner, MD PhD, was appointed president of the first management board.

The construction site, granted for perpetual usufruct by the City of Cracow in 1982, and the architectural design created two years later by Wojciech Pietrzyk, had to wait for a long time before work was carried out. It was not until 1990 that the construction began and it was completed on 14 December 1996.

The care of patients at the Infectious Diseases Ward of the S. Żeromski Hospital and at patients' homes was continued by the Society's Hospice Care Team appointed in 1982. Its goal was to provide care to the terminally ill at their homes on a voluntary basis. It was agreed that the Team's activities would initially be limited to the care of a few patients from Cracow. The Team included physicians, nurses and the Society members who had completed appropriate training.

In 1994, during the 3rd convention of the hospice movement, Dr Maria Leńczyk said: "The Samaritan idea of the hospice was met with the full approval of all those we spoke to. Its implementation, however, was not simple. At first the efforts of the Management Board were focused on the construction of a home – a hospice. At the same time we started to prepare people who expressed readiness to devote themselves to working by the side of the terminally ill".

The meeting of the Management Board in December 1982 was devoted to the issue of volunteer training. It was decided that the training activities would be divided into 2 parts. The first one would be the recruitment of volunteers and their training, and the second one would be the organisation and management of care. A lot of attention was paid not only to the carers' theoretical but also practical training at a patient's bed. The Team coordinator's function was entrusted to Teresa Rawczyńska, and in the winter of 1982/1983 the first training session was organised for volunteers.

On 17 October 1985, the conditions of the activity of the Hospice Care Team were established. The most important condition was the completion of a course and the proper ethical attitude, and the principal goal was the acquisition of physicians and community nurses. They decided to prepare a leaflet for patients and their families with information on a volunteer's scope of responsibilities. The leaflet included information on free care and stated that the care was not provided as a substitute for community nurses. A specimen authorization for volunteers was prepared. It was also decided that volunteers would be covered by civil liability insurance.

From 1986 on, courses for voluntary patient carers were held at the consultation outpatient clinic of the Institute of Oncology at 11 Garncarska St., and in 1986-1996 – at the Society's premises at 28 Wężyka St. Lectures were given by guest physicians or other healthcare employees, and classes were conducted by nurses (Janina Tippe-Piątkowska, MA, registered nurse Maria Sacha).



The organisation of care was completed in 1986 and the Team started to provide regular care to patients, admitting volunteers who had completed courses in previous years to work. Care was provided to 31 patients. Special duties were organised to offer counseling to the families of the terminally ill (over 120 consultations a year).

In 1993, the management board set up a non-public healthcare facility, registered at the Province Leader's Office under the name of the "Pain Management and Palliative Care Outpatient Clinic". In the first half of 1993, the Clinic operated on a voluntary basis, and then, due to the increased number of patients, the Society decided to employ physicians and a nurse. Volunteers from the Hospice Care Team were engaged to work at the Clinic. In 1998, after the construction of the hospice home was completed, the scope of care was extended by adding a Residential ward (30 beds).



Currently, the Society additionally implements and gives advice on projects subsidized by the Małopolskie Province, related to rehabilitation, the prevention of exclusion of the elderly, and the organisation and promotion of voluntary service. It co-operates with local authorities, the John Paul II Center "Have No Fear" (*Nie lękajcie się*), Caritas of the Cracow Archdiocese, 12 Cracow schools of higher education and 3 seminaries. Students and seminarians alike do their internships and traineeships at the Hospice. For many years the Society has also co-operated with over 80 schools and kindergartens in the Małopolskie Province.

The Society's special achievements include the ongoing training of physicians, nurses and other members of hospice teams, the management of the palliative medicine specialization and the education of professionals on the treatment of lymphedema. Of note is also the Society's contribution to the work of the OFRH, the Polish Hospice Forum and the Palliative and Hospice Care Council at the Ministry of Health in 1993-2002, and its present consultation of social legislation on palliative and hospice care.

It is noteworthy that the chief physicians of St. Lazarus's Hospice had for 10 years played the role of provincial consultants in palliative medicine. Since 1998 the Society has coordinated the national Fields of Hope campaign, aimed at promoting palliative and hospice care and fund-raising.

Hospice care, provided by the Patients' Friends' Society St. Lazarus's Hospice for 30 years already, has become a permanent element of the landscape of Cracow. The support offered to patients and their families is professional and highly rated by its beneficiaries. In their letters to the management board, the patients' families emphasize "the tender, tactful and understanding attitude of the staff to the dying, combined with professional medical knowledge".

Jolanta Stokłosa

Father Eugeniusz Dutkiewicz SAC Hospice

www.hospicjum.info.pl

Establishment date: informally in autumn 1983, formally in February 1984 by decree of the Gdańsk Bishop, Father Lech Kaczmarek

Founders: Father Eugeniusz Dutkiewicz SAC, Joanna Muszkowska-Penson

Key leaders: Krystyna de Walden-Gałuszko, Maria Honory, Anna Budny-Liberek, Sister Nikodema (Teresa Czarnul), Elżbieta Skowrońska, Andrzej Gryniewicz, Father Piotr Krakowiak SAC

Forms of care: home hospice, Residential hospice, home hospice for children, perinatal hospice care, palliative medicine outpatient clinic

I have a high regard for the hospice which took up its service in Gdańsk and radiates onto other cities and towns. It emerged from the shared concern of patients and the doctors standing by their beds for an appropriate place and conditions for patients reaching the end of their lives. This concern is expressed in the joint caring for and keeping vigil over a patient at home, in the heartfelt and selfless "offering of oneself".

John Paul II during the 3rd pilgrimage to Poland, 1987¹³⁸.

The origins of the hospice movement in Gdańsk are connected with a Pallotine, Father Eugeniusz Dutkiewicz, and a group of volunteers from the Medical University and other communities, and go back to the days of the burgeoning social movement Solidarity. The period of economic collapse and the martial law that followed it considerably decreased the standard of care in the Polish healthcare system, at a time when Father Eugeniusz was working as a hospital chaplain in the teaching hospitals of the Medical University of Gdańsk in 1976-1980. There were not enough medications for patients whose prognosis was good, much less for those whom doctors did not know how to help or thought that there was no way of helping. A co-founder of the hospice in Gdańsk, Prof. Joanna Muszkowska-Penson¹³⁹, talks about how the idea to set up a hospice originated: "Father Eugeniusz, as a chaplain of the Medical University, decided to organise a hospice. He had then witnessed people dying in crowded hospital corridors, lonely and screened off from the rest of the living. He had also seen the sadness of dying in empty, hungry and cold homes

¹³⁸ P. Krakowiak, A. Stolarczyk (ed.), Father Eugeniusz Dutkiewicz SAC. The Father of the Hospice Movement in Poland, Gdańsk 2008, pp. 51-52.

¹³⁹ Op. cit., pp. 80-81.

where there was nobody to attend to patients all day long. Patients in a serious, «hopeless» condition had to be discharged to make room for those with a better prognosis. Mainstream medicine had not yet properly understood the Hippocratic Oath saying that a patient must not be abandoned until death. However, the chaplain of the Medical University knew it and did not leave his dying patients but assisted them at their homes after their discharge from hospital. He thus became the forerunner in Poland and one of first founders in the world of a home hospice".



Pope John Paul II in Gdańsk in 1987 – a meeting with patients and the healthcare community at St. Mary's Basilica

The Gdańsk Hospice started to operate in autumn 1983. The first patients it took into care were Father Eugeniusz's aunt and soon afterwards – Lech Bądkowski – one of the authors of the August Agreements and the social contracts in 1980. The first team was made up of: Prof. Joanna Muszkowska-Penson, the nurse Stanisława Domasiewicz and Father Eugeniusz, who then played the roles of the Healthcare Chaplain in the Gdańsk Archdiocese and the chaplain of the Teaching Hospital in Gdańsk. The Hospice took on the Latin name "Hospitium Pallottinum", alluding to the medieval tradition of medical and spiritual assistance. This was also confirmed by the Latin words complementing the original name: *Assistenza Palliativa et Pastoralis*. The hospice logo with the caring figure of the Good Samaritan leaning over a patient was designed by Irena Kuran-Bogucka.

The first seat was the Monastic Home of Pallotine Fathers in Gdańsk-Wrzeszcz, and it was later moved to the home of the Sisters of the Catholic Apostolate Congregation (Pallotine Sisters).

"In the beginning he would visit the dying by himself but he soon realized that he needed assistants to deliver comprehensive care to patients. Of the greatest importance were doctors and nurses but also all the people of good will who wanted to selflessly devote their time to the dying. He soon managed to infect many with his enthusiasm and passion for this highly needed activity in his own parish which he then managed, and later in other distant places as well. In 1983, the group of volunteers, including medical workers, students, lecturers, actors, journalists, teachers, housewives, drivers and more, was big enough for Father Dutkiewicz to set up the Pallotinum Hospice – the first home hospice in Poland. Why a home hospice? Well, because apart from a group of enthusiasts willing to work, Father had nothing. They could not even dream of any material infrastructure whatsoever"¹⁴⁰.

Father Dutkiewicz received support for the hospice activities in Gdańsk from: Prof. of Medicine Julian Stolarczyk, Prof. of Medicine Krystyna de Walden-Gałuszko, Dr Anna Liberek, MD PhD and Dr Jerzy Umiastowski, MD PhD, the community of the Medical University of Gdańsk, the congregations of the Pallotine Fathers and Pallotine Sisters as well as many other Tri-City communities.



¹⁴⁰ Op. cit., p. 81.

Similarly to the center in Cracow, Cicely Saunders made an impact on the group's activities in Gdańsk. She came to Gdańsk in 1978 at the invitation of the Medical University, with a presentation on palliative medicine. To Father Eugeniusz Dutkiewicz and other people involved in the formation of a team supporting the sick and dying, the work of Dr Saunders was an excellent model and a source of inspiration.

Initially, the care provided by the hospice team was purely voluntary. The team met once a month to discuss current business and patient-related issues, paying special attention to the methods of managing bothersome disease symptoms. Volunteers would learn how to take care of the terminally ill from the few reference books available then, from each other and from patients, carefully responding to their needs. As much attention was paid to medical and nursing care as to the accompanying approach to patients and their families.

In 1989, Father Dutkiewicz SAC was nominated the National Hospice Chaplain by the Polish Episcopacy Conference. He was the initiator of the Polish Hospice Movement Forum, which he became the first president of and which formed a strong group of representatives within the National Council for Palliative and Hospice Care established by the Minister of Health and Social Welfare. Father Dutkiewicz together with Prof. Jacek Łuczak strongly sought to include palliative care in the healthcare structures and in the health insurance system, and to enter analgesics for the terminally ill onto the list of free medications.

In 1992, Father Dutkiewicz became the Director of the NZOZ Provincial Hospice Care Center in Gdańsk, comprising, apart from a home hospice, a pain management outpatient clinic, a palliative medicine outpatient clinic and an outpatient clinic with a duty psychiatrist. Religious and spiritual care was provided by priests and Pallotine sisters working in the capacity of nurses, pharmacists and home care coordinators, for 24 hours a day.

Thanks to the commitment of the whole hospice team, Father Eugeniusz was able to get engaged in helping with the setting up of other hospices and to participate in retreats and concentration days for chaplains, volunteers and medical professionals. Most of the hospices founded in the 1980s and early 1990s operated in parishes, and their work was based on voluntary service. Father Dutkiewicz would visit new teams or invite them to the Pallotinum Hospice in Gdańsk. He also gave lectures during which he spoke about the "Polish model of hospice care" characterized by the strong involvement of the Church, about the ethos of Solidarity, and the selfless service of doctors, nurses and hospice volunteers. His lectures and

the information he brought from behind the iron curtain were received with great interest. He lectured in Great Britain, Italy, France and even in faraway Australia¹⁴¹.

In 1999, Gdańsk was the venue of the first international meeting dedicated to hospice and healthcare chaplains and the social welfare service in Poland. It differed from a typical conference as it took the form of interactive workshops attended by lecturers from the United States, Italy and Germany. Among the topics discussed was the need for specialist training for chaplains preparing them for teamwork with professionals and volunteers who are a potential support in spiritual and religious care¹⁴². As a result, they adopted a new formula for the training of candidates for hospice and hospital chaplains – successfully applied in the Hospice in Gdańsk from 2000. Lectures in pastoral psychology and medicine as well as pastoral and clinical traineeships serve to present collaborative pastoral hospice work, which encourages people to join in the care of the terminally ill and their families.¹⁴³

Apart from actions for the hospice movement and the development of home care in Gdańsk and Poland at large, Father Dutkiewicz embarked on efforts to construct a Residential hospice. Long-standing experience proved that although at the end of their lives a majority of patients prefer to stay at home with their relatives, this is not always possible. Loneliness, the family being unable to take up care or the inability to manage symptoms at home were the reasons behind the decision to build a hospice. The first ambitious project of a Residential hospice from the early 1990s, suggested by Jacek Krenz, fell through because of organisational and financial problems¹⁴⁴. The next project was an adaptation of the first idea of a hospice home, and construction work at a new site at 6 Kopernika St., allocated by the city of Gdańsk, began in 1997. The premature and unexpected death of Father Dutkiewicz on 11 September 2002 prevented him from personally fulfilling his plans and goals, namely the putting into operation of the Residential facility offering educational and training functions for the Polish hospice movement as a whole.

His successor, Father Piotr Krakowiak SAC, previously connected with the hospice as a volunteer, a volunteers' coordinator, a chaplain and a psychologist, undertook to continue the work of hospice care in Gdańsk, with the support of the hospice team and volunteers. On 11 February 2003, the Hospice Home was ceremonially consecrated and opened, the hospice was named after its founder, Father Euge-

nusz Dutkiewicz SAC, and it became an internal unit of the Catholic Apostolate Association (Pallotine Fathers).



Several months on, the Children's Ward was opened and it became the precursor of the home hospice care team for children, still in operation. Funds were needed to complete the work, furnish the hospice and organise care. One way of acquiring them were charity campaigns conducted in Pomerania, with the biggest one called "Fields of Hope", adopted from Scotland by the Cracow center. The effects of these local and regional initiatives showed how strongly such campaigns were able to interest the media, local communities and the people in charge of this form of support.¹⁴⁵

In 2003, Father Krakowiak was nominated the National Hospice Chaplain at the Polish Episcopacy Conference. His responsibilities included taking care of the palliative and hospice care teams all over Poland. He would get to know them during meetings and retreats, which gave an opportunity to talk about the teams' daily concerns, organisational problems and needs. In response to these the idea to set up an organisation supporting palliative and hospice centres developed. This role was fulfilled by the Hospice Foundation (HF), established in 2004. In 2004-2011, the teams of the Foundation and the Gdańsk Hospice jointly carried out a variety of regional and national projects. They were aimed at popularizing the hospice idea and voluntary work in society, social education about the end of life and the integration

¹⁴¹ P. Krakowiak, A. Janowicz (ed.) *The History of the Pallotine Hospice in Gdańsk. Thirty Years in the Service of the Dying, 1983-2013*, Gdańsk 2013, p.165.

¹⁴² Cf. P. Krakowiak, E. Dutkiewicz (ed.) *Pastoral Work in Healthcare in Poland. Achievements and Challenges*, Gdańsk 1999.

¹⁴³ P. Krakowiak, A. Janowicz (ed.) *The History of the Pallotine Hospice...*, pp.174-175.

¹⁴⁴ Cf. P. Krakowiak, A. Stolarczyk, *Father Eugeniusz Dutkiewicz...* p. 105.

¹⁴⁵ P. Krakowiak, *Social and Educational Functions of Palliative and Hospice Care*, Gdańsk 2012, pp. 18-21.

of the palliative and hospice community. These were achieved through social campaigns, free publications for hospices, Internet sites, conferences and workshops.

Father Krakowiak ended his co-operation with the Hospice Foundation in 2011. Since then Father Jędrzej Orłowski SAC, a long-standing chaplain and volunteer, has been the center director.

In February 2013, the Father Dutkiewicz SAC Hospice opened a Perinatal Hospice, the second one to be opened after the Warsaw facility. The goal of care is psychological and spiritual support for pregnant women with diagnosed lethal fetal defects, and for their relatives – from the first minutes of being told that the child will be seriously and incurably ill.



The Father E. Dutkiewicz SAC Hospice actively collaborates with the Medical University of Gdańsk – the Faculty of Health Sciences, the Department of Nursing and Obstetrics and Physical Therapy, organising student traineeships for nurses and physiotherapists. Future medical care assistants from the Gdańsk and Pomeranian vocational colleges, doing their internships in hospices, are also a numerous group. Of significance for the development of palliative medicine and the dissemination of the hospice idea is also the co-operation with the Palliative Medicine Department headed by Prof. Monika Lichodziejwska-Niemierko, MD, PhD. Since 2009 the Gdańsk hospice has been a leading clinical study center managed by Dr Magdalena Korożan, who, in co-operation with the Medical Manager of the Hospice, Dr Andrzej Gryniewicz, has formed a team of doctors and nurses taking care of the patients included in the studies. Until the end of 2013, the Hospice conducted 12 clinical trials under which over 50 patients obtained free access to the latest pharmaceutical treatments. They

are currently conducting four trials on pain management in the course of cancer and on the improvement of the quality of life in terminally ill patients. Dr Magdalena Korożan is currently the national coordinator of two trials and represents the Hospice internationally, by participating in conferences and symposia across Europe.

Thanks to the strong commitment of the research team, the Gdańsk center was awarded the title of the world's best recruiting center in five big trials and successfully passed numerous internal and external audits. The co-operation of the Father E. Dutkiewicz SAC Hospice in Gdańsk with the Obstetrics Department of the University Clinical Center is also important for the development of hospice perinatal care. This innovative form of care showed, already in the first months of operation, that women's needs for support from various specialists are great and that it was necessary for the hospice to work closely with hospitals.

Today, the Father E. Dutkiewicz SAC Hospice runs the Hospice Home for Adults and Children, the Home Hospice for Adults, the Home Hospice for Children, the Hospice Perinatal Care and the Palliative Care Outpatient Clinic. Care is provided to some 1000 patients, adults and children, each year. There are also support groups for adults and children in bereavement. The hospice employs approx. 100 people under various forms of employment and there is a large group of cooperating volunteers supervised by the voluntary service coordinator. Over 100 trained workers support the medical staff in Residential and home care, in administrative work, charity tasks and training and in the maintenance of the center's website: www.hospicjum.info. A special group of volunteers who have served the Gdańsk center for over 10 years already are inmates of the penitentiary in Gdańsk-Przeróbka. The co-operation with the prison service educators and inmates, which started in 2002, has positive effects on patients, Residential care assistants and the volunteers themselves. By helping the seriously ill they benefit from the opportunity for rehabilitation by encountering fundamental human dilemmas emerging in the face of suffering, death and mourning. The project of prisoners' voluntary service at the hospice, initiated in Gdańsk, is now being implemented in 41 palliative and hospice facilities in Poland as well as in Social Welfare Homes. This innovative rehabilitation project was awarded the prestigious prize of the Crystal Scales of Justice by the Council of Europe in 2009¹⁴⁶.

The Gdańsk hospice has been awarded twice for its activity:

- ◆ the Lech Bądkowski Prize of the Mayor of Gdańsk for the Pallotinum Hospice for activity in 2002
- ◆ the honorary prize of the Province Marshal Mieczysław Struk for services for the Pomeranian Province, March 2013.

Material prepared by: Bogna Kozłowska, Alicja Stolarczyk

¹⁴⁶ Cf. P. Krakowiak, Voluntary Service in End-of-Life Care, Toruń 2012.

St. Jan Kanty Hospice

Establishment date: 1986 r., 1993 r. – registration of the Association of St. Jan Kanty Hospice

Founder: Father Ryszard Mikołajczak

Key leaders: Father Ryszard Mikołajczak, Andrzej Świderczuk, Grażyna Zengteler

Forms of care: home hospice

The Polish hospice movement today should not be without an awareness of its own origins, without remembering those ardent people who devoted so much to patients without expecting anything in return.

Hanna Bylińska

The modern hospice movement in Poland started to develop in the 1980s, and Poznań was one of the three centres where this happened first. From the very beginning, hospice care in Poznań was diversified. Very early on, in 1986 already, two independent centres had been set up there, and they took up pioneering work, making a significant impact on the Polish hospice movement and the formation of the domestic model of palliative and hospice care.

The Poznań group of the medical community chaplaincy, which founded a shelter in St. Jan Kanty Parish, started with a revival of the work ethics of doctors and with reflecting on the vocation of people helping the suffering and on the broadening of their education¹⁴⁷. In 1986, they launched home care for the terminally ill, based on the voluntary activities of doctors, nurses and people not associated with the medical profession. The group chaplain was Father Ryszard Mikołajczak, while their inspiration was certainly contact with the leaders of the already operating hospices in Gdańsk and Cracow. In March 1986, Poznań played host to Halina Bortnowska, a journalist, who gave a lecture on the Polish hospice model. In the same year, on 13 May and 16 July, meetings were held with Father Eugeniusz Dutkiewicz. In August, the team took the first patient into care. In October, Father Eugeniusz and Father Ryszard celebrated mass in memory of the first deceased patient. The work developed dynamically and the number of patients admitted into care consistently

¹⁴⁷ A. Bartoszek, *Człowiek w obliczu cierpienia i umierania. Moralne aspekty opieki paliatywnej* (Man in the Face of Suffering and Dying. Moral Aspects of Palliative Care), Księgarnia św. Jacka, Katowice 2000.

increased in each consecutive year (1986 – 9; 1987 – 31; 1988 – 73; 1989 – 87; 1990 – 103; 1991 – 118).

In 1993, the activities of the group were formalized through the registration of the Association of St. Jan Kanty Hospice, which became the founding body of a non-public health care facility. The Hospice never provided and still does not provide residential care. Pursuant to the decision of its members, it continues to be based exclusively on voluntary service. In the first 15 years of its existence, 265 volunteers – doctors, nurses and people of other professions – worked for the hospice. An important undertaking of the St. Jan Kanty Hospice community has been the organisation, since as early as 1987, of retreat days in Gostyń, which have played an important educational and integrating role. Their character has varied. At first, more attention was paid to medical issues but in time, as access to reference books improved, the training offer broadened, and the meetings became retreats, in the strict sense of the word (the spiritual aspects of the hospice service were discussed, above all). The meetings were highly popular and attracted audiences of 100-200 from all over the country each year. Some of the meetings were international. In 1992, the Gostyń Days were combined with the 1st European Pastoral Conference of Hospice Care, attended by a group of 30 chaplains from Scottish, English, German and Irish hospices. The retreat days for the centres in Southern Poland were a special kind of a nationwide commitment by St. Jan Kanty Hospice, organised annually in Limanowa, and sporadically in other towns¹⁴⁸.

Speaking of the importance of St. Jan Kanty Hospice, it should be stressed above all that it is still based exclusively on voluntary work. This is an extraordinary phenomenon in the Polish hospice movement, admired by foreign and Polish observers¹⁴⁹. Keeping to this path – by a joint decision – takes on symbolic dimensions. You could say that the hospice members, regarding their work as a spiritual mission, a kind of vocation, have remained faithful to it.

Material prepared by: Halina Bogusz, Jacek Łuczak

¹⁴⁸ Ibidem; H. Bylińska, *Niepomocni pomocnicy. O Hospicjum św. Jana Kantego* (Unhelpful Helpers. On St. Jan Kanty Hospice), Hospicjum św. Jana Kantego, Poznań 2003.

¹⁴⁹ J. Drązkiewicz (ed.), *W stronę człowieka umierającego. O ruchu hospicjów w Polsce* (Towards the Dying Person. On the Hospice Movement in Poland), Wydawnictwo Uniwersytetu Warszawskiego, Warszawa 1989.

Establishment date: 1988 – home care team, 1990 – the first Palliative Care Ward in Poland

Founder: Jacek Łuczak

Key leader: Jacek Łuczak

St. Jan Kanty Hospice was the first facility of its kind in Poznań – but not the last one. Almost at the same time, also in 1986, the first organisational structures to include palliative and hospice activities were formed within the healthcare system. They were to become an international center which significantly contributed to the shaping of the Polish hospice model and to Poland's taking an important position in European palliative care.

This activity is directly related to Prof. Jacek Łuczak – a specialist in internal medicine, cardiology and anesthesiology, the dean of the Medical Faculty of the Medical University in Solidarity times (appointed in 1981 and dismissed 9 months after the announcement of martial law). Shortly after he was appointed Dean, Associate Prof. Łuczak declared that he wanted to take measures to improve the conditions of dying patients. He had already had the personal experience of accompanying the dying Roman Rochatka, MD PhD, a co-founder of the Cardiological Resuscitation Ward at the Transfiguration Hospital, and a patient, Ms Antonina Mazur. During his medical visits (1983-1985) the Professor would meet the patient's relative, Father Zbigniew Pawlak, with whom – at Antonina's suggestion and with her co-operation – he prepared for taking care of the seriously ill and dying. Initially, Prof. Łuczak was above all interested in the methods of pain relief in terminal patients with malignant tumors and would voluntarily go on home visits with nurses and nursing students. What helped him in his work was the experience gained during his two years' work as an anesthesiologist in Sweden and his training at *Finsen Institute* in Copenhagen. All that led to the establishment of the Pain Management Outpatient Clinic within the Oncology Department, which was transformed, in 1987, into an outpatient clinic with an "ambulance team", making it possible to provide home care to patients. In 1988, after a 3-week training course at the WHO pain management and palliative care center of Prof. Vittorio Ventafridda in Milan, an interdisciplinary palliative home care team, based on the Milanese model, was set up in Poznań. Apart from doctors and nurses, patients and their relatives could rely on the assistance of social workers, psychologists, a chaplain and volunteers.

During the 1st Congress of the European Association for Palliative Care held in Milan, Prof. Łuczak presented the initial experience of the home care provided by St. Jan Kanty Hospice and his own team. There, he met Elizabeth Kübler-Ross and the palliative care leader, Prof. Robert Twycross of Oxford. These contacts and the help of Zbigniew Żylicz, MD PhD, a Polish physician developing palliative care in the Netherlands, made it possible to organise the 1st International Congress on Palliative Care in Poznań in autumn 1988. The Professor's further efforts led to the establishment of the first Palliative Care Ward in Poland in 1990. The seven-bed ward was located in a building in Łąkowa Street. A year later, the Department of Palliative Care, Anesthesiology and Intensive Oncological Therapy was set up and it implemented an original 30-hour palliative care training program for 5th-year students of the Medical Faculty. A team of the Department teachers, trained at a leading WHO palliative care center in Oxford, started to organise field training in the fundamentals of palliative care for the medical staff of local outpatient clinics in Poznań, in the province and in all the Polish provinces in succession, inviting those interested in establishing palliative care teams to attend. In 1997, the first Polish day care center, Joanna Drażba Day Care Center, was established.



In 2001, all the activities were moved from Łąkowa Street to a big building in the Rus Estate, converted with funds from the Ministry of Health, donated to the Medical University by the city council of Poznań, and called *Hospicjum Palium*. The Palliative Care Ward was enlarged to include 15 beds (and a children's hostel), and its activities were oriented to the treatment of patients with chronic pain, chronic

wounds and lymphatic edema (outpatient clinics and the Physical Therapy Room for all these specializations). Based on modern Western European models, the ward was supplied with modern decor and fittings, and the ambulance team closely co-operated with the Palliative Care Ward of the Palliative Medicine Outpatient Clinic (later called the Home Hospice), taking care of a constantly growing number of patients (in 1990 – 300, in 1993 – 850). Given a lecture room and modernly equipped seminar rooms, the center became a model facility on a national and Eastern and Central European scale. In 2002, the Palliative Care Outpatient Clinic was separated from the Academic Department of Oncology and transformed into the Academic and Clinical Department of Palliative Medicine.



In 1993, thanks to the efforts of Prof. Łuczak, Father Dutkiewicz and other hospice movement leaders, the National Council for Palliative Care was formed at the Ministry of Health and throughout all its terms was presided by Prof. Łuczak, appointed the national specialist in palliative medicine by the minister of health in 1994. The Council's work led to the drafting of a Program of Development of Palliative Care in Poland, approved by the minister of health in 1998, and, most importantly, the establishment of a medical specialization in palliative medicine and a nursing specialization in palliative care, the funding of the education of doctors and nurses, and the foundation of many new centres, including palliative care wards in public hospitals¹⁵⁰.

¹⁵⁰ A. Bartoszek, op. cit.

The Poznań center has played a highly significant role in the field of education – from popularizing the hospice idea in society through the education of volunteers and students to post-graduate courses for medical specialists and nurses with the participation of outstanding international experts¹⁵¹. Annual courses in the leading British hospices played an essential role in training, organised by the Poznań center in co-operation with the Oxford center. The project was implemented owing to funds from the Open Society Institute in New York, received via the Soros Foundation. In Poland, the funds were transferred by the Stefan Batory Foundation, cooperating with the Polish Society for Palliative Care, founded in Poznań in 1989, and by the Polish Hospice Fund (since 1990 managed by Muir Hunter and Gillian Petrie Hunter).

Thus, palliative and hospice care has been incorporated into the structures of public healthcare and into academic centres. All of these actions have contributed to Poland's achievement of a high position in European palliative care¹⁵². This led to the establishment, in 1999 in Geneva, of an international organisation called the Eastern and Central Europe Palliative Care Task Force (ECEPT), among others. The organisation, seated in Poznań, has helped to train numerous teams from Eastern and Central Europe. The Poznań center has often been pointed out by Western experts in the field as a model one¹⁵³ and in 2008 – as the first one in Poland – it was awarded a certificate by the European Society of Medical Oncology (ESMO).

Poznań surely holds a special place on the Polish map of hospices. It has developed, in an extremely efficient and creative manner, two parallel currents of activity. The first one – where assisting patients is regarded as a Christian vocation – has implemented, with professional concern, though on a small scale, the accompanying of dying patients and their families. The second, academic current, of significant international momentum and national impact, has first of all brought about the inclusion of palliative care into the organisational structures of public healthcare. The center, owing to extensive research, and educational and social activities, has become a showcase facility that gives inspiration not only to Polish but also to foreign centres providing palliative care, especially in Eastern and Central Europe.

Material prepared by: Halina Bogusz, Jacek Łuczak

¹⁵¹ H. Bogusz, A. Kotlińska-Lemieszek, J. Łuczak, Historia opieki paliatywnej w Wielkopolsce. Część II. Edukacja w poznańskim ośrodku akademickim 1988–2002 (The History of Palliative Care in Wielkopolska. Part II. Education at the Academic Center in Poznań in 1988–2002), *Medycyna Paliatywna* 2013, 5 (3), pp. 129–135.

¹⁵² J. Drązkiewicz (red.), op. cit.

¹⁵³ D. Clark, M. Wright, *Transitions in End of Life Care Hospice and Related Developments in Eastern Europe and Central Asia*, Open University Press, Buckingham Philadelphia 2003; *EAPC Atlas of Palliative Care in Europe*, Glasgow Navarra 2013.

St. Urszula Ledóchowska Hospice

www.hospicjum.org.pl

Establishment date: 1987

Founders: Grażyna Przybylska-Wendt, Urszula and Tomasz Korga, Krystyna Jakubowska, Anna Wilczyńska, Barbara Grabarczyk, Wanda Czekaj, Anna Kozera, Maria Żurowska, Czesław Hajduk, Janina Wikło, Teresa Sobczak, Lidia Kruszyńska, Teresa Wrońska, Janina Proboszcz

Key leaders: Grażyna Przybylska-Wendt, Urszula and Tomasz Korga, Krystyna Jakubowska, Anna Wilczyńska, Father Teofil Kapuściński, Father Tadeusz Kołodziejczyk

Forms of care: home hospice, residential hospice, children's home care, care and treatment facility for adults

History and Forms of Operation

The Hospice and Palliative Association "Hospicjum Płockie" of St. Urszula Ledóchowska is one of the oldest hospices in Poland. It was founded in January 1987 as the eighth one in Poland. Its goal was to bring help in all kinds of suffering experienced by people in the last stage of their lives. The Association members dealt with the management of pain and other symptoms and with tackling patients' psychological, social and spiritual problems. From the very start, care was provided by a team including a doctor, a nurse and a chaplain (all volunteers). Its members closely co-operated with their charges' families and carers. In subsequent years, the team was joined by: a psychologist, a therapist, a physical therapist, a social worker and other people not associated with healthcare. Only such a team, made up of medical and non-medical staff, was able to provide comprehensive care to patients and education in patient care to relatives and to help them cope with the problems associated with incurable and progressing illness.

At first the Association members would take care of patients in their homes. In the initial years their number was in the range of 20-40 patients a year. From 1990 a tremendous need to extend the activities and establish a Residential unit began to be felt. Unfortunately, it was only possible for the idea to come to fruition 7 years later, owing to financial aid from the municipal authorities. In 1993, the Association was granted its headquarters at 19 Bielska Street from the council, which nowadays is the medical equipment warehouse. A unit equipped with 7 beds for patients was then established in a building located on the premises of Caritas in the Płock Diocese.

As a home and Residential hospice, the Association has helped some 350 patients and their families each year since 1997. Its activities were financed by the Mazovian Regional Health Fund in Warsaw, and subsequently by the National Health Fund, according to tendering rates. From the very beginning, the Association has also been supported by the city council of Płock, the Health and Social Welfare Department and companies, private sponsors and non-governmental organisations. In January 2005, a health and care facility (ZOL) for adults was launched.

Presently, approximately 500 patients and their families a year use the Association's services. Looking back on our past activities, we notice that the problems of cancer patients affect the society at large and they keep growing. The next step, arising from the needs of the public in our area, was the establishment of Residential care for apallic patients. A pavilion built in 2004 was designed for this purpose. In taking on this challenge, we were aware that the services we provided would involve taking care of these patients' families in particular. As regards the patients themselves, we concentrate on specialist medical care, nursing and rehabilitation.

We are the only facility in Płock offering a home hospice service for children. We provide assistance to the youngest patients, their families and their healthy siblings.

Material prepared by: Elżbieta Michalczuk

Kielce

St. Francis of Assisi Catholic Home Hospice for Children and Adults

www.katolickiehospicjumkielce.pl

Establishment date: September 1988

Founders: Ewa Banasińska, Bishop Piotr Skucha

Key leaders: Ewa Banasińska, Wiesława Chabik, Agata Mazur, Joanna Grzesik, Irena Drab, Danuta Lewicka-Zabielska, Marlena Chudzik, Iwona Napora, Mariusz Pająk

Forms of care: home hospice for adults and children

History and Forms of Operation

St. Francis of Assisi Home Hospice has operated in Kielce since September 1988, but until 1994, it was an informal group under the leadership of Bishop Piotr Skucha. Then, by a decree of the Bishop Ordinary, it was transformed into the Community Club of Caritas of the Kielce Diocese. In 2003, its members – hospice volunteers – decided to start their own independent organisation. On 16 September 2003, the Association Founding Committee was appointed, and on 21 October, Bishop Kazimierz Ryczan approved the Association as a Catholic organisation under the name of St. Francis of Assisi Home Hospice for Children and Adults, operating according to its statutes. On 5 April, the District Court in Kielce entered the Association in the National Court Register. Since then our activity has been governed by the Association Law of 07.04.1989 and by the Law on the Relationship between the State and the Catholic Church of 17.05.1989. Our successive assistants on behalf of the Church were: Bishop Piotr Skucha, Father Karol Stach, Father Adam Pajda, Father Leszek Sztandera, Father Stanisław Król and Father Grzegorz Pańczyk. The present Church assistant of the Association is Father Marcei Frączek.

The hospice does not employ any regular employees, it is based solely on voluntary work. Our service is about keeping people who are in the terminal stage of illness company. We also support our patients' families and the bereaved, especially orphaned children. We provide care to about 90 people each year.

In 1993, the representatives of our Hospice attended a training course conducted in Kielce by Prof. Jacek Łuczak of Poznań, President of the National Council of Palliative and Hospice Care, on the topic of "Holistic Palliative Care in the Advanced Stage of Cancer". Thanks to Krystyna Podosek, we managed to run a course in bed-ridden patient care four times (in 1996-1999). Our Hospice also organised

2 hospice conferences (in 1986 and 2002). In 2001, by courtesy of the Managing Director, Dr Stanisław Gózdź, we entered into permanent co-operation with the Świętokrzyskie Oncology Center. By courtesy of the Manager, Dr. Leszek Mierzwa, we provided special care and support for terminal patients hospitalized on the Palliative Care Unit, which we have continued until today.

In 2009, after a 10-year interval, we resumed the training of non-medical volunteers in the fundamentals of hospice and palliative patient care and nursing, conducted by Mariusz Pająk, Master of Nursing. We also re-started the program of training in psycho-oncology, managed by Paweł Grzybek, MA, at the Świętokrzyskie Oncology Center, in the psychology of communication and psychotherapy, among other subjects. The provision of care is now possible owing to, among others, the implementation of the task entitled "The provision of palliative care to at least 20 terminal and chronic patients and the training of at least 5 volunteers", commissioned by the Mayor of the City of Kielce, as part of the open bidding contests for non-governmental organisations.

Co-operation with the Local Community

Our Hospice has been a member of the Polish Hospice Movement Forum (OFRH) since its establishment. It is currently a member of the Polish Hospice Forum. We also co-operate with the Hospice Foundation in Gdańsk. From the start (i.e. for 10 years) we have participated in the annual national social and educational campaign "Hospice is also Life", and since 2006 – in the national campaign "Fields of Hope".

At the turn of the year 2006/2007, we entered into co-operation with Centrum Wolontariatu (Volunteers' Center), an association in Kielce, where our volunteers learn the basics of the voluntary service. In 2007, we were asked to participate in the training of people applying to the Center who wish to work for patients.

We try not to say "no" to journalists and reporters: we have visited the headquarters of Radio Kielce three times, giving interviews on voluntary work, home hospice and the long-awaited Residential hospice as well as the world-wide campaign "Voices for Hospice". We have hosted Telewizja Kielce in our volunteer community twice. We have also given interviews to the journalists of "Echa Dnia", "Gazeta Wyborcza" and "Niedziela Kielecka" several times.

One of our volunteers – Mariusz Pająk – in 2007 defended a master's thesis on our Hospice, entitled "The Evaluation of the Activity of the St. Francis of Assisi Catholic Home Hospice for Children and Adults in Kielce". It is worth noting that his bachelor's thesis, defended in 2005, was also based on materials related to our service ("The Role of the Voluntary Service in Terminal Care at the St. Francis of

Assisi Catholic Home Hospice for Children and Adults in Kielce”). Each year we also try to help (through discussions and questionnaires) those students who want to use our experience in their theses.

Until now we have managed to organise 6 charity campaigns (for St. Nicholas’ Day and Children’s Day) for children on the Oncology Department in Kielce and in the care of our Hospice (orphaned children). This is the responsibility of our campaign volunteer – mgr Marlena Chudzik – who acquires funds for such campaigns through, among other ways, collections run at the university, by consent of the Dean of the Faculty of Humanities of the Jan Kochanowski University in Kielce, Prof. dr. hab. Janusz Detka.

We provide special care to orphaned children and families of the deceased, offering them not only our presence but also financial support. According to a tradition observed for several years now, our Hospice volunteers organised a Christmas Eve meeting for the patients of the Świętokrzyskie Oncology Center. After a meeting with the patients and staff in the Center’s lecture hall (attended by the Center Director, Dr Stanisław Gózdź and Bishop Kazimierz Gurda, PhD), the volunteers went to the hospital wards to see all those who were unable to attend the meeting due to poor health. The volunteers and the Bishop also visited the terminal patients on the Palliative Care Ward and the sick children at the Wł. Buszkowski Children’s Hospital.

Material prepared by: Mariusz Pajak

Gliwice

Non-Public Health Care Facility – Divine Mercy Hospice

www.hospicjum.gliwice.pl

Establishment date: 21 June 1989

Founders: Adam Wędrychowicz, Zygmunt Suchański, Father Franciszek Żurawski, Teresa Rajaska

Key leaders: Zygmunt Suchański, Artur Pakosz, Father Franciszek Żurawski, Leszek Strzelecki, Elżbieta Bańka-Puto

Forms of care: palliative medicine ward, palliative home care team, palliative medicine outpatient clinic

History and Forms of Activity

The name of the Hospice in Gliwice originates from the painting of Merciful Jesus “I Trust You, Jesus”, consecrated in 1992 in the Vatican by Pope John Paul II and placed in the hospice chapel as the main motif of its altar. At first, Divine Mercy was only the name of the chapel but in time the name came to be used for the whole Hospice building. (Please note, however, that it is also known as the House of Relief from Suffering).

The Hospice in Gliwice was modelled on the hospices in Cracow and Mysłowice. In autumn 1988, a group of people wishing to bring help to the terminally ill gathered in the Holy Cross Elevation Parish. On 21 June 1989, the founding meeting of the Hospice Patients’ Friends’ Society was held. Barely 15 people remained until June 1990; among them were Adam Wędrychowicz, Zygmunt Suchański, Janina Olender and Father Franciszek Żurawski. That year the group started the Hospice Patients’ Friends’ Society. Thanks to the goodwill of the Redemptorist Fathers, the Hospice Outpatient Clinic was opened in the Parish Home at 4 Daszyńskiego St.

Simultaneously, they began looking for a location for its seat. Eventually, the former dormitory of the Secondary School of Economics at 29 Daszyńskiego St. was selected and the Mayor of Gliwice was requested to donate the delapidated building, which he soon did. It was a building from the 1920s which did not comply with any binding standards and needed a general conversion. So they started applying for funds for this highly expensive refurbishment, which began in 1991 with the consecration by Pope John Paul II of the foundation stone for the building conversion. Due to the extent of the refurbishment work and the enormity of the costs, it was completed only 12 years later.



At the end of 1999, despite the difficult financial situation of the Hospice, the possibility of opening a 7-bed ward on the ground floor of the building arose. The plan was executed and on 1 April 2000 the Hospice admitted the first patient. He was a seventy-something man with prostate cancer.

A contract was signed with the then Silesian Regional Health Fund. A professional team, made up of nurses, doctors, a chaplain and a social worker, was set up, and it designed and managed the outpatient, Residential and home care system. Despite the fact that the situation of the Hospice slightly improved after the opening, it was still short of funds for the completion of refurbishing work on the upper floors and for supplying the building with the necessary equipment. To remedy this situation, the Patients' Friends' Society organised numerous charity campaigns, including an annual November 1st collection in Gliwice cemeteries, which today gathers over 300 participants. They also sold donations, hospice calendars and postcards. All these efforts made it possible to finally complete the conversion and refurbishment works in mid-2005. This was the year when the Gliwice Hospice was awarded the status of a public benefit organisation, which authorized the donation to it of 1% of income tax.

Although the Divine Mercy Hospice in Gliwice now has a 24-bed palliative medicine ward, the number of beds in the Residential hospice is still insufficient.

In the first year of operation, Residential care was provided to 136 patients, 5 years later there were already 474 of them and it continues to be the same until today. In 2012, the Home Care Hospice Team provided care to 900 people. In 2010, due to the increased number of patients and inadequate living conditions, the Management Board of the Hospice Patients' Friends' Society decided to buy a building at 31

Daszyńskiego St. for a palliative care outpatient clinic, a home hospice and offices. The building was opened in autumn 2011.

We are one of the largest hospices in Southern Poland. Our center provides 24-hour comprehensive palliative and hospice care in all possible forms. We work together with the Oncology Institute in Gliwice, conducting bidirectional consultations. We were in the 2nd place in Europe among the centres recruiting patients for a clinical trial on cancer pain management. We conduct content-related supervision over the bachelor's theses of student nurses of the Silesian Medical University in Katowice on palliative care (case studies of patients of the palliative care ward). The Gliwice Hospice, as one of the few or perhaps the only one, has a professional IT system for the handling and management of voluntary work, which serves as a database, social networking site and an "information board" in one.

Material prepared by: Aneta Korzuśnik-Nowak

Lublin

Lublin Patients' Friends' Society – The Good Samaritan's Hospice

www.hospicjum-samarytanin.pl

Date of establishment: 1989

Founders: Jerzy Pęszyński (deceased), Maria Drygała, Kazimiera Adamczyk, Andrzej Duński, Elżbieta Zdanowicz

Forms of care: residential hospice, home care team, palliative medicine outpatient clinic

History and Forms of Activity

In April 1989, our attention was caught by an article in "Przekrój" entitled "Your Window at the Hospice", where the author, Ewa Owsiany, described the activities of the Cracow Hospice. Having discussed the subject among friends and acquaintances, we discovered that each of us had had experiences prompting us to try and establish an association bringing comprehensive assistance to people afflicted by a progressing cancer resistant to treatment.

Through the Health Department in Cracow we managed to get in touch with the President of the Patients' Friends' Society, Dr. Jan Deszcz. Soon afterwards, 3 people went to a meeting in Cracow: Maria Drygała, Master of Nursing, Jerzy Kalasiewicz, MD PhD (gynecologist and obstetrician) and Dr Beata Kościańska (oncologist). They were given a warm welcome there, and Dr Jan Deszcz and Jolanta Stokłosa (then Secretary, now President of the Cracow Hospice) gave them organisational advice and showed them forms and legal regulations. It should be noted that their friendliness, warmth, knowledge of the hospice movement and personal traits, including their unique attitude towards a dying patient, to a large extent assured us of the soundness of the initiative.

On 11 October 1989, the Civil Court in Lublin issued a decision on the registration of "HOSPICJUM" The Patients' Friends' Society in Lublin as a charity association with a legal personality. The first General Meeting, held on 16 December 1989, was attended by 68 people – members of the Society. They appointed the Management Board, comprising: Prof. Jerzy Pęszyński, MD PhD – President (deceased), Maria Drygała, MA – Vice-President for Organisational Matters, Dr. Kazimiera Adamczyk – Vice-President for Business Matters, Andrzej Duński, MA – Secretary and Elżbieta Zdanowicz – Treasurer.

The Society had no seat of its own. We had a place to work by courtesy of the Society for the Prevention of Disability, the PAX Association and – for the longest time, from January 1991 to December 1994, the Polish Social Welfare Committee which played

host to us at 4 Lipowa St. in Lublin. General Meetings were organised at the Regional Chamber of Physicians, friendly towards us from the start, at 4 Cicha St. in Lublin.

Out of necessity, the hospice duties were held once a week. We engaged in the first form of our activity, that is home care of patients, from the start of the Society. We took the first patient into care in February 1990. At the same time, we started looking for our own premises and funds for statutory activities.

Volunteers, to be able to take care of terminal patients, needed proper training. In June 1990, the first course was organised for them. We used the lecture rooms of the Professor Stanisław Liebhart Medical College and the Oncological Health Care Complex in Lublin. The first course was completed by 16 people, while the next 4 courses were attended by 52 people. Courses for volunteers are free, and the healthcare professionals conducting them are not paid for their work.

After applying to the Municipal Board and Council of Lublin for premises for the Society, in August 1993 we were invited to take over a building in need of complete refurbishment in 11a Bernardyńska St. After a preliminary evaluation of the building we decided that it met our needs. On 20 June 1997, the first patient was admitted to the Hospice Care Home. This was a 50-year-old man, in great pain, without a home. At our Home he received comprehensive care and found the time for contemplation. He asked for a prayer book, the volunteers found his family and he was reconciled with a daughter he had not even brought up, before passing away.

Organisational and administrative matters were handled by the Society's Management Board for free, and the Hospice Manager's position was taken over by Zofia Dmitruk, a master of nursing.

In the press ("Niedziela" 4.01.98), we were able to read: "At the far end of Bernardyńska Street there is a white building with a red-tiled roof. In the town center, yet in a quiet place, it is the seat of the Patients' Friends' Society – The Hospice. Ring the bell just once, the door will open and the guest will be welcomed with a smile. I thought that it would be sad and grim but I was surprised: it is clean and sunny. The first thing that occurs to me is that the place does not smell like a hospital, although there are 5 rooms occupied by the terminally ill. They are taken care of by friendly and kind staff".

Out of concern for our patients' welfare, we prepared "The Patient's and Their Family's Rights" and "The Hospice Employee's Code of Ethics" derived from Christian values, and our guiding thought became the words of John Paul II: "... When people suffer, when a human being suffers, another human being is needed by the suffering one's side. Close to them".

The Hospice activities were supported by Prof. Jacek Łuczak, MD PhD, who ensured that we broadened our hospice knowledge, while Dr Jolanta Stokłosa, President of the Hospice in Cracow, helped us with organisational matters.

The growing number of people in need of hospice care led to the decision taken in 2005 on the extension of the Hospice. The Hospice building and plot leased from the City Council were given on lease to the Lublin Patients' Friends' Society – The Good Samaritan's Hospice for a symbolic 1 zloty in a notarial deed.

After a lot of official business and documentation were dealt with, the extension started in March 2011 and was completed in September 2013, and the adaptation of the new pavilion was started. In effect, the Residential Hospice will have 20 beds (10 beds previously), a full-scope Palliative Medicine Outpatient Clinic and home care will be provided by 6 ambulance teams (3 teams so far). The Residential hospice will provide care to some 340 patients, while the home hospice – to 420 terminal cancer patients a year. There are 20 volunteers in serving the hospice on a regular basis, and organisational and administrative affairs are handled by the Society's Management Board on a voluntary basis. Patient care is provided by 48 people (including 23 people with employment contracts and 23 people with other types of contract). They are: doctors, nurses, chaplains, a psychologist, a physiotherapist, and support and administrative employees.

As a support for bereaved families, apart from individual contacts with the chaplain, psychologist and other people, as necessary, prayer meetings are organised each month. During holy mass the deceased patients are remembered and candles are lit in their memory.

Co-operation with the Local Community

On Patient's Day, at Christmas or Easter, we organise meetings with patients' families and representatives of the local community. We successfully co-operate with the Local Government from which we receive special assistance with the organisation of conferences, concerts and charity events, as well as with school pupils participating in large numbers in collections, such as "Fields of Hope", and in the preparation of special hospice celebrations. Maintenance and housekeeping work for the Hospice is done on a voluntary basis by the inmates of the Remand Center with which we have been co-operating for several years.

At our Hospice we organise internships and classes for students of the Medical University and for nurses participating in training courses, employed at other healthcare units.

Material prepared by: Regina Jakubowicz, Maria Drygała

Warszawa

St. Christopher's Oncological Hospice Foundation

www.fho.org.pl

Date of establishment: 1989/1990

Founders: Jerzy Jarosz, Halina Hattowska and Hanna Tchórzewska-Korba, Jerzy Drażkiewicz, Roma Perestaj, Jerzy Górnicki, Witold Ignaczuk, Marek Kos

Key leaders: Halina Hattowska, Jerzy Jarosz, Hanna Tchórzewska-Korba, Ryszard Szaniawski, Dorota Jasińska-Wiśniewska

Forms of care: residential hospice, home hospice, pain management clinic, palliative medicine outpatient clinic, pain clinic

History and Forms of Activity

The origins of the Hospice date back to 1983–1990, when it ran non-formalized voluntary activity (medical home care – J. Jarosz, MD PhD), combined with work at the Center for Oncology in Warsaw. In 1987, training for physicians was organised and a medical base for volunteer doctors was started.

In 1989, the fusion of 3 currents: the charity activity of Associate Professor Halina Hattowska (a retired Associate Professor of the Medical University of Warsaw), the scientific activity of Dr Jerzy Drażkiewicz (the University of Warsaw) – a sociologist studying the Polish hospice movement, and the home care provided by Jerzy Jarosz, MD PhD (independent voluntary service and the Center for Oncology in Warsaw), gave rise to the idea of establishing a comprehensive professional system of care for cancer patients and spreading the hospice idea. A year later, the Foundation was set up and the first medical employees were engaged (nurse Jolanta Kłodecka). The Foundation developed its activities in 2 directions. One was the development of home care, the other was financial support for the other Warsaw hospices run by volunteers. In 1994, the construction of the hospice began, and it took 2 years to be completed. The new inpatient hospice had 23 beds. More than 10 years later, it was enlarged and can now accommodate 37 patients. Every month the team takes care of about 210 patients in their homes, and of about 90 patients at the hospice. They provide psychological assistance to patients and their families, also during the bereavement period, welfare services, physical therapy, the services of the Pain Management Clinic and the Palliative Medicine Clinic, as well as canine-assisted therapy. The center team is supported by volunteers who help with ward duties and with administration. They include volunteers serving prison sentences.



In 2013, we opened the Pain Management and Palliative Medicine Outpatient Clinic and the Center for Academic Research and Clinical Trials, approved for conducting medical specialization training (3-6 places). It offers basic courses for palliative medicine doctors, specialization courses for oncologists and a broad range of specialization and continuing development courses for nurses. The Center co-operates with the University of Physical Education in the field of physiotherapist training and with the Polish Academy of Sciences and the Warsaw Medical University in student training. Scientific co-operation with the Polish Academy of Sciences is focused on the creation of new solutions in pain therapy and home care (telemedicine).

The Oncological Hospice in Warsaw organised the first specialization examination for palliative medicine doctors in Poland. A significant part of the development of the Oncological Hospice was the promotion of co-operation between palliative care and oncology. From 1987, the Pain Management Outpatient Clinic of the Center for Oncology served as a center for volunteer doctors operating in Warsaw (patients were given prescription and information leaflets with the Clinic's stamp). In 1985–1990, most young doctors of the Center worked as volunteers of the hospice movement. The co-operation with the Center gave rise to the so-called "Warsaw model", and then to the accreditation granted by the European Society for Medical Oncology (ESMO) – "A Center Integrating Oncology with Palliative Care". In co-operation with the World Atomic Physics Agency and the World Health Organisation, the Foundation also organises training for doctors and nurses from other countries (the Ukraine, Belarus, Lithuania).



Co-operation with the Local Community

The Center is permanently in contact with the local community, building lasting relations with the entities active in the district of Ursynów. As part of this co-operation, it has prepared 1-percent campaigns combined with social education since 2004, and since March 2013, the campaign called "PLN 16.60 a month to live" (currently "PLN 18.60 a month to live"), and since 2012, it has organised a picnic under the name "Demystifying the Hospice", aimed at raising social awareness.

Demystifying the Hospice (June 2013)

Since 2012, the Oncological Hospice Foundation has organised holy masses on 25 July for the hospice patients at the local parish.

Material prepared by: Karolina Chojka-Bartoszko, Jerzy Jarosz

Bydgoszcz

Blessed Father Jerzy Popiełuszko Hospice at the Saint Polish Martyr Brothers Parish

www.hospicjum.bydgoszcz.pl

Date of establishment: 1990

Founders: Father Romuald Biniak, Jerzy Tujakowski, Mariola Bartkowska, Zofia Chmielewska, Teresa Chodyna, Maria Danilczuk, Hanna Duda, Maria Ellerik, Ewa Gostomska, Małgorzata Krajnik, Anna Kuźmińska, Iwona Lenikiewicz, Czesława Mieszkuć-Mieszkowska, Lidia Montowska, Andrzej Poziemski, Jacek Rączewski, Małgorzata Sawilska, Andrzej Stachowiak, Jarosława Świącicka, Jadwiga Zander, Halina Ziętak (group of initiators)

Key leaders: Father Romuald Biniak, Jerzy Tujakowski, Małgorzata Krajnik, Czesława Mieszkuć-Mieszkowska, Jadwiga Zander, Andrzej Stachowiak, Father Józef Kubalewski

Forms of care: home hospice, residential ward, day care ward, palliative medicine outpatient clinic, nutrition counselling center

History and Forms of Activity

On a Sunday in March the priest announced at the Saint Polish Martyr Brothers Church in the district of Wyzyny that all those who wanted to serve the seriously ill were requested to come to a meeting. About 100 people turned up, a Management Board was appointed and so it began...

The Hospice is a church organisation and it is also a public benefit organisation. Since 1990, it has operated as a home hospice and since 1992 – as a Residential hospice too.

In 1998, a day care ward for terminal cancer patients was established, and in the following years – the Palliative Medicine Outpatient Clinic and the Nutrition Counselling Center. The authorities of the city of Bydgoszcz gave us the Hospice building. We built a new pavilion where in 2012 the Center for Medical and Spiritual Support, an equipment rental service and garages were located.



Co-operation with the Local Community

The Hospice takes part in the national campaign "Fields of Hope" and organises meetings for patients' children and orphaned children several times a year (Children's Day, trips to the Family Park and to the cinema, St. Nicolas' Day meeting). During Lent and in November holy masses are given for bereaved families.

We also run training courses for medical students and volunteers.

Material prepared by: Czesława Mieszkuć-Mieszkowska

Katowice

Cordis Hospice Social Society

www.hospicjumcordis.pl

Date of establishment: Christmas Eve, 1990

Founder: Jolanta Grabowska-Markowska

Key leader: Jolanta Grabowska-Markowska

Forms of care: home and residential hospice for adults and children

History and Forms of Activity

The Cordis Hospice was founded on Christmas Eve in 1999. For the first 4 years of its existence, its activity involved a voluntary service for terminal patients at their homes by a group of ten or so people of diverse professions. Their big dream was to set up a hospice home, and they fulfilled it on 19 February 1994. This is when a Residential hospice called "Gościna Serca św. Teresy od Dzieciątka Jezus" was established in a small building at St. Maksymilian Kolbe Church in Mysłowice, in the religious education rooms, adapted for the purpose.

The following years of work at the Cordis Hospice demonstrated a need to provide care to very young patients too. Therefore, on 21 November 1998, the Children's Hospice Home (Hospicyjny Dziecięcy Dom Opatrzności Bożej Aniołków Stróżów „Betlejem”) was established at the Cordis Hospice Social Society. Over the next years of work, the Hospice building in Mysłowice proved not only too small but it did not conform to European requirements either. A search for a new location started. A former hospital building at 2 T. Ociepki St. in Katowice proved to be the perfect place. On 6 June 2009, the construction of a new hospice home was officially begun. After 2 years of the employees' and volunteers' efforts and thanks to EU funds, the Cordis Hospice gained a new location, fully adapted for the needs of the disabled and equipped with modern medical and rehabilitation equipment thanks to people of goodwill.

The Cordis Hospice is presently one of the biggest Residential hospices in Europe. The total area of the building is 6 thousand square meters. Our key tasks have for 22 years been: the management of pain and other somatic symptoms associated with cancer, the improvement of patients' quality of life and their general condition through physiotherapy, the alleviation of mental and spiritual suffering, comprehensive assistance for the family and supporting them at the time of patient care and in bereavement. We also conduct teaching and training activities. The essence of all

of our work is at the same time an objection to euthanasia. The Cordis Hospice provides inpatient and home care to patients living in the Silesian Province. The team of doctors and nurses commutes to sick children living within a radius of up to 100 km.



Water therapy in the garden of the Cordis Hospice

We were the first Residential hospice in Southern Poland. In the new location our patients have access to all the amenities: specialist outpatient clinics, physiotherapy rooms, individual and family psychotherapy and music therapy rooms, and children have a Multisensory Room. We were one of the first to fulfill patients' dreams. Since last year we have put into practice the idea of an international voluntary service and we invite volunteers from around the world to exchange experiences in patient care.



The Epiphany at the Cordis Hospice

Co-operation with the Local Community

The Hospice regularly organises charity campaigns through which it not only collects additional funds but also propagates the idea of hospice care and presents the proper ways of supporting patients and their families. Each year our work is noticed and approved of by more local community leaders, who support the Hospice and promote its activities.

We regularly hold training courses in palliative care and co-operate with Silesian schools, universities and cultural institutions on a permanent basis.

Material prepared by: Izabela Życzkowska

Radom

St. Joseph's Home Hospice Care Team

www.radom.caritas.pl

Date of establishment: November 1990

Founder: Father Eugeniusz Klimiński SAC

Key leader: Ewa Ways

Form of care: home hospice

History and Forms of Activity

We have operated as St. Joseph's Home Hospice Care Team since November 1990. We have often come across the question why should you stand by someone who is dying? Why is keeping them company in the last days, hours and moments of life so important? This thought has inspired us to serve the terminally ill in their homes – we have seen how much they needed our presence, not only them but also their families, often lost in their helplessness.

In this period we were very strongly supported by Father Eugeniusz Dutkiewicz SAC, who came to Radom, and then invited us to Gdańsk, where we were able to get to know hospice work in practice. In 1993, we acquired legal personality, were incorporated in the diocesan structures of Caritas and have operated in this form until today.

Our services cover the whole city and we work closely with the Pain Management Clinic. Our patients are not only cancer patients but also patients in the terminal stages of other conditions. In our work we can observe feelings of despair, hopelessness, doubtfulness, loneliness and helplessness in patients and their families. At such moments we are with them to the very end and we never know how long our presence will last – months, weeks, hours ... Quite a lot depends on the quality of our "being".

From the beginning, the representatives of St. Joseph's Home Hospice Care Team have met every quarter with the bereaved families and friends during masses for our deceased patients. Volunteers are an important part of the team, and participate in training courses, drawing on the experience of others.

Prizes

In 2008, the team representatives were awarded the 1st Ubi Caritas Prize.

Material prepared by: Teresa Urban

Włocławek

NZOZ (Non-Public Health Care Center) Home Care Team of the Polish Association for Palliative Care, Włocławek branch (Home Hospice for Adults and Children with a Palliative Medicine Outpatient Clinic)

www.ptop.wloclawek.pl

Date of establishment: 1990

Founders: Zbigniew Kaczmarek, Wojciech Jakubowski, Bogusława Szewczyk-Modrzejewska, Grażyna Rzekanowska, Tadeusz Dziadak, Marian Śniadowski, Ewa Błaszczuk, Wincenty Olejnik, Merril Mokrzycki, Małgorzata Tyczkowska, Barbara Tyczkowska, Katarzyna Pawlak

Key leaders: Zbigniew Kaczmarek, Ewa Błaszczuk, Tadeusz Dziadak, Marian Śniadowski, Stanisław Polanowski, Grażyna Koślińska, Irena Rudnicka, Elżbieta Czyżewska, Aneta Budziszewska, Andrzej Okoniewski, Andrzej Nikoniuk, Joanna Jałoszyńska, Ewa Kaczmarek, Marta Rozbicka

Forms of care: home hospice for adults and children, palliative medicine outpatient clinic

History and Forms of Activity

The history of the center began in 1990. This is when an informal group of St. Joseph's Home Hospice formed and 5 years later it acquired legal personality. In 1993, the Provincial Hospital in Włocławek acquired a Palliative Care Ward and a Pain Management Clinic. In 1995-2000, the branch in Włocławek was the first location of the Polish Society for Palliative Care. In 1997, the NZOZ Home Care Team of the Polish Association for Palliative Care, Włocławek branch, was established, and in 2000 a building for the Hospice was purchased. The extension of the Home Hospice building made it possible to open the Pain Management and Palliative Medicine Outpatient Clinic.

Co-operation with the Local Community

The Hospice co-operates with the Social Welfare Center. The team activities are greatly facilitated by equipment subsidies and the possibility to acquire ambulance vehicles.

The Hospice also co-operates with the Orphaned Children's Fund and helps adults in bereavement by organising psychological support groups for them.

In 2003, with the help of the Polish Society for Palliative Care, Włocławek branch, and the Sue Ryder Home in Bydgoszcz, it was possible to prepare an educational program for secondary pupils of the Kujawsko-Pomorskie Province, entitled "School against Cancer".

Prizes

In 1994, Zbigniew Kaczmarek, MD PhD, was awarded the prize of the Minister of Health, Jacek Żochowski, for the organisation of the Palliative Care Ward and Pain Management Clinic at the Provincial Hospital in Włocławek in the previous year. This was the second hospital ward operating within the public health care system in Poland.

Material prepared by: Zbigniew Kaczmarek

Patients' Friends' Society – St. Juda Tadeusz HOSPICE

www.hospicjumwejherowo.org

Establishment date: 13 June 1991

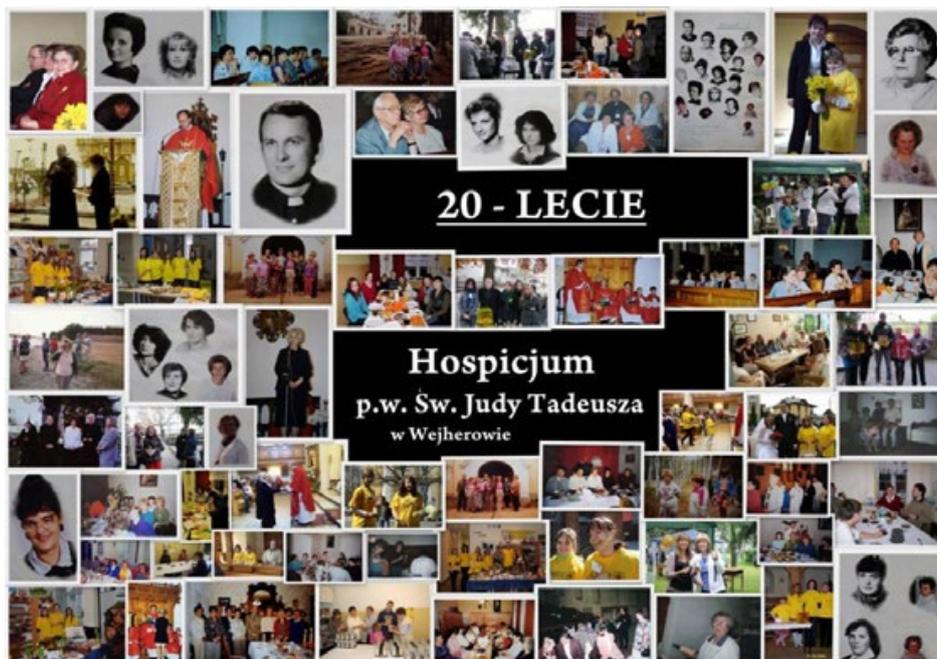
Founders: Maria Kossowska, Father Marian Dettlaff

Key leaders: Teresa Dzięcielska, Krystyna Pyrz, Jadwiga Moździerska

Forms of care: home hospice

History and Forms of Activity

St. Juda Tadeusz Home Hospice was established on the initiative of Maria Kossowska with the full approval of the Parish Priest, Marian Dettlaff. The group was formed on 13 June 1991 at St. Leon the Great Parish in Wejherowo. From the very start, the Home Hospice fully operated on a voluntary basis. In late 2001, the Patients' Friends' Society – St. Juda Tadeusz Hospice was set up and it still continues to implement the idea of home care for patients.



Co-operation with the Local Community

The Society joined the national campaign "Hospice is also Life", in which it actively participated. We organised the following campaigns: "Let's Sing for Hospices", "Voices for Hospices", "Fields of Hope", and "Remembrance Candle" – the income from which was allocated to the purchase of medical equipment. The campaigns we take part in are always aimed at presenting the importance of hospice care to society and encouraging young people to become volunteers – instilling in them the willingness to allow someone else to lean on them or the willingness to dedicate their time to them. It teaches them to stand by, listen and just "be there".



In 2012, we managed to obtain the status of a public benefit organisation.

We co-operate with the District and Municipal Library of A. Majakowski and the Wejherowo Cultural Center. We also receive support from the parishes located in Wejherowo and the Wejherowo district as well as from the citizens of Wejherowo and adjacent towns, without which the functioning of our facility would be impossible.

Our Hospice was among the first hospices to appear in Pomerania. Its employees and volunteers have been trying to spread the hospice idea for 22 years.

Material prepared by: Teresa Dzięcielska

Bielsko-Biała
St. Kamil's Hospice
www.hospicjum.sds.pl

Establishment date: 1992

Founder: Anna Byrczek

Key leader: Anna Byrczek

Forms of care: home hospice, palliative care outpatient clinic

History and Forms of Activity

A significant part of the origins of the Hospice and the learning of the principles of hospice service came from co-operation with Father Eugeniusz Dutkiewicz, the National Hospice Chaplain, and Dr Jadwiga Pyszkowska, PhD, the provincial consultant in palliative medicine. In 2008, the Hospice was an informal group of volunteers, working at the Holy Virgin Mary the Queen of Poland Parish of Salvatorian Fathers in Bielsko-Biała, at 15 NMP Królowej Polski St. It was supported by Caritas in the Bielsko-Żywiec Diocese and the healthcare units in Bielsko. It also co-operated with the Beskidzka Chamber of Physicians. In March 2009, the St. Kamil's Hospice in Bielsko-Biała Association, continuing the activities of the informal hospice group, was entered in the National Court Register. Two years later, the St. Kamil's Hospice in Bielsko-Biała Non-Public Health Care Facility, whose founding body was the Association, was entered in the Register of Health Care Facilities. In 2012, the St. Kamil's Hospice in Bielsko-Biała Association was entered in the Register of Entities Engaged in Health Care Activities. The activities are conducted within the Palliative Outpatient Clinic and the Palliative Home Care Team.

The Hospice provides home care to terminal cancer patients residing in the town of Bielsko-Biała and the vicinity, offering them medical assistance. It provides psychological and spiritual support to patients and their families. The care provided to patients is free. The Hospice also runs a free-of-charge rental service of medical equipment for its patients. Since its inception the Hospice has provided care to some 3500 patients. On average, it takes care of some 50 patients at a time.

The Hospice incorporates: the Hospice Prayer Movement and the Support Group for those having suffered the death of a close one. The whole Hospice Team meets every month to discuss current problems in their daily work with patients; there are also meetings of volunteers and the bereaved, and training meetings at the

Beskidzka Chamber of Physicians, from which we have rented a lecture room free of charge for many years.

Co-operation with the Local Community

The Hospice closely co-operates with the Beskidzka Chamber of Physicians, the Railway Hospital in Wilkowce, primary care physicians, public administration and the Local Government of Bielsko-Biała.

We receive massive support from the Holy Virgin Mary the Queen of Poland Parish in Bielsko Biała and the Salvatorian Congregation, Caritas in the Bielsko and Żywiec Diocese, the Local Government of Bielsko-Biała and other Donors and Benefactors.

About 70 volunteers work for the Hospice. They are physicians, people without a medical background and chaplains. We organise concentration days and retreats for all those interested once a year. There are also training courses for those interested in becoming hospice volunteers. Trips and pilgrimages of volunteers and hospice families are organised too. We promulgate hospice ideas in the local community, through annual open days, among other ways.

Prizes

In 2008, the Hospice was awarded the national prize "St. Kamil's Crystal Heart" (for love of the fellow man, dedicated service and exemplary conduct of the Hospice workers). It was also awarded the Special Prize of the Award Committee for Skills and Competences.

Material prepared by: Zbigniew Olszowski

Łomża

Patients' Friends' Society – Hospice of the Holy Spirit

www.hospicjum.lomza.pl

Establishment date: 1992

Founders: Teresa Steckiewicz, Halina Sokołowska

Key leader: Teresa Steckiewicz

Forms of care: home hospice, residential hospice, nursing and treatment facility

History and Forms of Activity

The name assumed by the Society comes from the name of a hospital (Holy Spirit Hospital), which was changed in Communist times. This evokes the historical memory of the town since every resident of Łomża knows that there used to be such a hospital.

The Society was established by nurses: Teresa Steckiewicz, who then was a councillor of Łomża, and Halina Sokołowska, President of the Chambers of Nurses. In 1992, the Society received its Statutes. A meeting of the founding members, around 50 of them at the time, was organised. They appointed the Management Board of the Society, including: Teresa Steckiewicz (nurse) – President, Bogdan Szumski (physician) – Vice-President, Radosław Ambroziak (Parish Priest) – Vice-President, Halina Sokołowska (nurse) – Secretary, Helena Remez (accountant) – Treasurer. Any changes in the Management Board were introduced in the General Meetings held every 4 years.

In the beginning, the Society, for lack of premises, kept its documents at the office of the Chambers of Nurses, in the keeping of Halina Sokołowska. After registration at Court and gaining legal validity, we started looking for rooms which would be fitting for a Residential hospice in order to commence our statutory activities. We applied for premises to the city authorities. The Management Board was favorable to us and we were given the indefinite use of a detached one-story connector building in the Alcohol Dependence Therapies building, with an independent entrance. There were two rooms fit for 3-person patient rooms and a room for the nurses' station, a bathroom with a dirty utility room and a toilet. The hall served as a TV room and a little chapel. The basement was adapted to house a kitchen, a linen store, a food store, an office room and a doctors' room.

In 1992, we went to Gdańsk on the 1st Convention of the Polish Hospice Movement Forum, attended by foreign guests, an initiative of Father Eugeniusz Dutkiewicz of the Gdańsk Hospice. We brought back from this knowledge and information from other emerging hospices on how to develop our activities. We also joined the National Hospice Movement Forum and from then on we participated in all the training courses and conventions organised by it. In 1995, we organised a training event in Łomża for hospice teams from all over Poland, led by the team of Prof. Jacek Łuczak of Poznań. There were over 120 participants.

At first, very little was known of the activities of our movement in the region, not only in Łomża but in the entire province. Therefore, this form of care needed to be publicized by the local media – in the press and television.

The Hospice furnishings consisted of borrowed hospital beds, cupboards and an oxygen bottle. The first patient was admitted on 1 December 1993. In the first years of operation we managed with 6 beds but in time the demand for our care started to increase. The team then had to face various organisational problems. The basement kitchen had no direct connection with the ward, and meals had to be taken outside the building. But the most important thing for the staff was the fact that the Hospice existed and, as time passed, it became better and better equipped. There were more and more friendly people and donors who supported this noble idea. We felt that our patron, the Holy Spirit, was constantly guiding and looking after us.

The news of the establishment of a hospice in Łomża spread across the whole province. The number of applications for home visits and residential care increased. It started to become crowded. We began to push the town authorities to grant us a detached one-story barrack, abandoned by the Provincial Association of Folk Sports Teams in Łomża. It was possible to adapt it and build one story with a loft on top of it, which would increase the number of beds from 6 to 15. The barrack was allocated to us but it turned out that we could not get a building permit. After 3 years of endeavors and struggling with officials, thanks to the help of the architect Alicja Mieszkowska, we managed to make changes in the zoning plan and replace sports facilities with service facilities. The effect was a beautiful multi-story building with a loft. We also managed to arrange 2 hotel rooms with bathrooms for patients' families.

The first money we earned for the conversion of the building came from the membership fees of the Patients' Friends' Society in Łomża – Hospice. We received PLN 100,000 from the Town Council and PLN 100,000 in compensatory funds. The hollow brick factory PREFBET in Śniadów gave us free hollow bricks. We needed an immense amount. We took bank loans and held street collections. Courts granted us

compensatory funds for this purpose. We gained very strong support and approval from the residents of Łomża and private enterprises. And so, through community effort, the beautiful Hospice of the Holy Spirit was built in the Narew Valley, by the river. New jobs were created and more regular volunteers – both consultants and auxiliary staff – were recruited. When PFRON (the National Fund for the Rehabilitation of the Disabled) refused to subsidize the costs of an elevator, we applied to the Polish and Swiss Commission for PLN-Denominated Funds in Warsaw and were granted a non-repayable subsidy of PLN 73,000 for this purpose.

In 2002, we added an annex to the Statutes, extending the scope of our activities by adding the Nursing and Treatment Facility – thus establishing the Hospice Home of the Patients' Friends' Society in Łomża – Hospice of the Holy Spirit, which comprised: the Residential Hospice, the Home Hospice and the Nursing and Treatment Facility.

We have an ambulance team. Our Home Hospice provides care to patients living within a 30-km radius of the town. Home visits and medical procedures at patients' homes are carried out by nurses. We also run a free rental service of rehabilitation equipment. We have the status of a public benefit organisation.

Material prepared by: Teresa Steckiewicz

Chojnice

Hospice Friends' Society

www.tph.org.pl

Establishment date: 1993

Founders: Małgorzata Kaczmarek, Bernadeta Klunder, Stanisław and Barbara Stachowicz, Father Henryk Cyrzan

Key leaders: Małgorzata Kaczmarek, Bernadeta Klunder, Stanisław and Barbara Stachowicz

Forms of care: home hospice

History and Forms of Activity

In 1993, a group of people of goodwill gathered in a religious education room. There were representatives of various professions (doctors, nurses, teachers), interested in the establishment of hospice care. The meeting was chaired by the Parish Priest of the Annunciation Parish – Henryk Cyrzan. He was the person who set the wheels in motion. Bishop Jan Bernard Szlaga issued a decree on the Home Hospice of the Annunciation. The group included 2 doctors – Bernadeta Klunder and Małgorzata Kaczmarek, and the socially active retired teachers – Stanisław and Barbara Stachowicz. These people made up the Hospice Friends' Society.



In 1993-2000, palliative care was provided on a voluntary basis. Funds were acquired from the municipal budget, meetings were held in the religious education

room, and the parish priest let us a room for the storage of dressing materials and medications.

In 2001-2002, we established relations with the Independent Public Rural Outpatient Clinic in the Municipality of Chojnice. This was the beginning of the financing of palliative care and we have always been able to rely on the support of the clinic manager, Jan Kowalski. The team was confronted with further challenges. Not all the patients could stay at home; it was necessary to ensure them decent conditions, which entailed establishing a Residential hospice. Since a new hospital had been built, the old buildings of the former pulmonology ward could serve this role.

In 2003, we co-created the Residential hospice. The Bishop came for the opening, Father Henryk Cyrzan became the spiritual leader and Małgorzata Kaczmarek – the medical manager. The other staff members were Doctor Bernadeta Klunder and the nurses, Mirosława Sikorska and Hanna Toda. We were supported by Mr and Mrs Stachowicz all the time. We also gained more and more volunteers.



In 2003-2005, apart from the Residential hospice, we continued to run the home hospice and organise charity campaigns intended to acquire funds and sensitize the local community to palliative care issues.

In 2005, the Hospice Friends' Society was founded. The organisation was set up by people who had worked in palliative care from the start: the physicians, Małgorzata Kaczmarek and Bernadeta Klunder, the nurses, Mirosława Sikorska and Hanna Toda, and new people who later joined the hospice team.

In 2005-2010, the Society operated on a voluntary basis, without support from the National Health Fund or a contract. Since 2011 we have cooperated with the Independent Public Rural Outpatient Clinic in the Municipality of Chojnice, still managed by Jan Kowalski. We managed to obtain a contract for palliative care, now covering 3 employees of the Home Hospice and 57 appointments at the Palliative Outpatient Clinic. The area of activity is Chojnice and the Chojnice District. The President of the Society is Dr Małgorzata Kaczmarek.

Co-operation with the Local Community

The Society co-operates with schools in Chojnice, parishes in and outside Chojnice, the Cultural Center, Occupational Therapy Workshops, the Day Care Center and the Community Center for Mutual Aid, with companies and institutions in Chojnice and its environs.

We continue to run charity campaigns aimed at acquiring funds for equipment and medications. We provide care to some 25-30 patients a month and even the funds from the National Health Fund are not sufficient to meet the financial needs of the organisation.

Material prepared by: Kamila Remus

Lublin

St. John of Dukla Oncology Center of the Lublin Region (COZL)

www.cozl.pl

Establishment date: 1953, 1993 – the Palliative Care Outpatient Clinic and the Ambulance Team

Founders: Mieczysław Kwiatkowski, Prof. Jerzy Pęszyński, Janusz Stocki, Ryszard Patyra, Maria Karasiewicz, Jacek Dmitruk

Key leaders – COZL directors: Mieczysław Kwiatkowski, Ryszard Patyra, Jan Kondratowicz-Kucewicz, Elżbieta Starosławska

History and Forms of Activity

In May 1953, the Provincial Oncology Outpatient Clinic was established under the national Plan for the Organisation of the Fight against Cancer of 1952, which marked the beginning of oncology in Lublin. 19 March 1958 saw the opening of the Provincial Center for Oncology in Lublin, with a 40-bed hospital facility. This was the third oncological center to be founded in Poland, after those in Wrocław and Poznań.

In the early 1990s nurses of the oncological hospital started to receive training in palliative care. The first training course was completed by Henryka Osik in November 1992. In those days the nurses of OS ZOZ would go to see terminal patients after leaving work at the hospital. Their work was supervised and coordinated by Dr Beata Kościńska, and then by Dr Danuta Siwek.

In 1993, the Palliative and Hospice Care Council was set up within the Ministry of Health. Pursuant to its directive and on the initiative of Prof. Jerzy Pęszyński, the Palliative Care Outpatient Clinic and Ambulance Team was set up in November 1993. It then employed three physicians and two nurses, whose former job responsibilities had been broadened. In 1996 and 1998, the oncological center in Lublin held two National Conferences on Palliative and Hospice Care.

On 1 February 1999, Dr Danuta Siwek became the manageress of the clinic. The employees of the Palliative Outpatient Clinic participated in the training courses organised by scientific societies and in conferences, joined campaigns and co-operated with other hospice and palliative centres. The cancer pain management program was an inherent part of the “Program for the Development of Palliative and Hospice Care in Poland”, hence the physicians of the Palliative Outpatient Care Clinic trained to help patients with cancer pain, and they passed the knowledge

on to the medical community and the public by organising the annual “Pain Management Week” in co-operation with the media.

In 2005, the Palliative Medicine Department at the Center for Oncology, M. Skłodowska-Curie Institute in Warsaw, evaluated the level of palliative care at oncological facilities and the implementation of the task executed under the health policy program called “the National Program for the Fight against Cancer, Task: the Program for the Development of Palliative Care”. They found that the COZL was one of the leading centres with the best-developed palliative care structures and forms of activity.

The work of the ambulance team of the Palliative Care Outpatient Clinic involved weekly or fortnightly home visits to patients by a physician-and-nurse team while nurse-only visits were paid almost on a daily basis. The COZL also organised courses for volunteers, who helped the Palliative Care Outpatient Clinic with its work at patients’ homes. They were conducted by physicians such as Dr Danuta Siwek and Dr Justyna Horbowska, a psychologist, a priest and a legal advisor. They were aimed at familiarizing volunteers with all the aspects of care of patients and families.

On 8 April 2008, the first patient of the Center for Oncology was admitted into volunteer home care. On 13 June 2008, Hospital Support Teams were set up within the Palliative Medicine Outpatient Clinic and the Long-Term Home Care Team.

In 2009, the Provincial Consultant in Palliative Medicine for the Lubelskie province, Dr Wiesław Palucha, approved the application for the funding of medical equipment for the COZL Palliative Medicine Outpatient Clinic and the clinic was granted the financing from the Ministry of Health. It met all the requirements for centres implementing the Program for the Development of Palliative Care. It provided oncological treatment integrated with palliative treatment and had the capacity to provide specialist medical and nursing care in the assessment and management of pain and other physical symptoms of cancer.

The current manager of the Palliative Medicine Outpatient Clinic with the Long-Term Home Care Team at St. John of Dukla Oncology Center of the Lublin Region (COZL) is Dr Mariusz Salamacha. The Clinic offers professional care to cancer patients focused on bringing relief in distress by the alleviation of symptoms. Patients and their families are invited to call at the clinic for ambulatory patients to get medical advice during and after their therapy as well as advice on the management of bothersome symptoms: pain, vomiting, dyspnea, diarrhea, etc. Only bedridden patients living in Lublin and the environs are offered home visits by a medical and nursing team, which is supported in its work by the Long-Term Nursing Care Team and the Psychological Counseling Center. Patients requiring urgent care are referred to relevant hospital wards or the Good Samaritan’s Hospice.

On 11 September 1998, the Oncological Specialist Healthcare Team assumed the name of the Center for Oncology of the Lublin Region. On 17 July 2010, it was named after St. John of Dukla, the patron's relics were transferred to the hospital chapel, and it was informed of the COZL being granted funds from the state earmarked budget provision for the implementation of the task: "The development and modernization of the COZL", with the participation of the Lublin Province Local Government. Today the Center has 194 beds. Each year it provides treatment to some 35 thousand patients.

The Center holds an intensive co-operation relationship with other scientific units, including medical universities, in the area of clinical programs and scientific therapeutic programs related to the particular types and scopes of the medical services provided.

Co-operation with the Local Community

The COZL implements tasks related to health education and disease prevention, encouraging the residents to follow healthy lifestyles and undergo regular medical examinations. The Center participates in Residential and mobile screening tests for breast and reproductive system cancers, colon cancer, lung cancer and provides genetic screening tests.

The Center for the Prevention of Cancer and Health Promotion co-organises events popularizing health-promoting behaviors addressed to various social groups and aimed at the fight against cancer, such as the "Open Doors Day", the "Pink Ribbon March", the "Healthy Municipality Campaign", "Women to Women" and "Be Healthy, Mum – Get Tested". The COZL often lends its mobile mammography and cytology unit (Cytomammobus) for the campaigns. It also holds training courses and conferences for physicians of various specializations, family doctors, nurses, Primary Healthcare nurses, midwives and school students from the Lublin Province (preparing students for the nationwide project called "Mam Haka na Raka" {I Put Cancer in Check}, lectures and training courses popularizing the regulations of the European Cancer Fighting Program). It co-operates with the Provincial SANEPID (Sanitary and Epidemiological Service), the Department of Education, the Medical University, the Town Hall of Lublin and the Province Governor's Office. Last but not least, the Center distributes training and educational materials.

Material prepared by: Elżbieta Starosławska

Częstochowa

Hospice Care Association in the Częstochowa Region

www.hospicjum-czestochowa.pl

Establishment date: 1992

Founders: Anna Kaptacz, Jadwiga Tomalska, Józef Świątek

Key leader: Anna Kaptacz

Forms of care: home hospice, Residential hospice, inpatient ward

History and Forms of Activity

The Hospice Care Association in the Częstochowa Region was set up in 1992 as an association of people wishing to help and provide holistic and multidisciplinary care to patients in the terminal stage of chronic or incurable diseases. Anna Kaptacz, 1st term Vice-President of the Regional Chamber of Nurses and Midwives in Częstochowa, with a group of friends sensitive to the pain and suffering of patients discharged from hospitals, decided to help them. A non-governmental organisation – a non-profit association – was established. On 16 March 1993, as a result of the strenuous efforts of the Founding Committee, the Association was entered in the National Court Register under number 56401. During its first years the Association was seated, by courtesy of the Director of the W. Orłowski Provincial Polyclinical Hospital in Częstochowa, in a small doctor's surgery at the District Outpatient Clinic at 17/19 Dekabrystów St. The Association started by registering patients who stayed at their homes and needed assistance in the management of pain and other symptoms. Already in the first year of operation, volunteers reached 86 patients and their families. In May 1993, the 1st General Meeting of the Association Members was held, and 80 people attended. A 7-member Management Board and an Auditing Committee were elected from among them. Anna Kaptacz was appointed President and she has continued to fulfil the function until now. The meeting also agreed on a long-term strategic plan of action, including: the establishment of Non-Public Health Care Units, the acquisition of premises for medical activities and the purchase of means of transport and medical equipment.

The Management, and President Anna Kaptacz in particular, tried to let everybody know that the Association had been established and was functioning. The organisation, its goals and objectives were presented to government and local government bodies, health care employees and the community of the Częstochowa region. In its name the Association defined its area of activity – the Częstochowa

Region (formerly a province), i.e. the town and country districts of Częstochowa, Myszków, Kłobuck, Lubliniec, Radomsko and Pajęczno. In the first years of activity, a major role was played by Prof. Jacek Łuczak, who became a teacher and patron of emerging hospice care in the Częstochowa Region.

In 1994, the Association helped 125 patients. The great interest in the services provided among patients suffering in their homes and the ever-increasing number of medical volunteers eager to help forced the Management Board to make efforts to find a larger building. After a long search, thanks to the help of the hospice friends, we managed to rent a house at 44 Czarnieckiego St. at a small price. The building was to serve just as a temporary seat of the Association, hoping that a new seat would soon be granted by the City Hall of Częstochowa, but these plans had to be revised since this happened as late as in January 2001. The rented building was partly adapted by the Association. The palliative outpatient clinic and the home hospice for children and adults were moved into it. It also contained a palliative day care ward (which continues to function despite lack of funding from the NFZ), a training center for nurses and volunteers, a storeroom and a rental service of medical and rehabilitation equipment.



Prof. Jacek Łuczak at the first conference

In July 1995, the Management Board decided to create the first job position. This step was necessary to conclude employment contracts with the District Employment Agencies for: nurses, doctors and an office and maintenance worker. Owing to co-operation with the District Employment Agencies, in 1999 the Association

was ready to sign a contract with the Regional Healthcare Fund and to finance regular employees, which significantly contributed to the faster development of palliative and hospice care. In 1996 already, care was provided to 520 patients and the qualifications of the staff were constantly improved. On 2-4 June 1996, the first scientific conference was organised: "Holistic Palliative Care in Advanced Cancer", with Prof. Jacek Łuczak as the scientific manager.

For the organisers – the Association members – the participants' interest became a motive for organising subsequent, annual conferences in Jasna Góra on a national and international scale, attracting several hundred participants. There have been 17 conferences up to now. On the last day of each conference there is a hospice pilgrimage to Jasna Góra.

The following years brought a constant and very intensive development of the Association. At the end of the 20th century its structure comprised: the Palliative Care Team – Palium in Częstochowa (since 1993), NZOZ Palliative Care Team – Palium in Lubliniec (since 1998), the Palliative Care Unit – Palium in Myszków (since 1999) and the Non-Public Nursing Aid and Care Unit in Częstochowa (since 1999). In 2000, the Association reported 60,000 completed home visits and was regarded by the then National consultant, Prof. Jacek Łuczak, as the largest home care organisation not only in Poland but in Europe as well. In 2001, the Association set up the Non-Public Health Care Facility – the Medical Supplies Center Hosp-Med, which today is no longer a health care facility but a limited liability company.



Opening ceremony of the new seat of the Association (2002)

On 15 September 2010, a long-awaited 8-bed palliative ward was opened in a building at 45a Krakowska St., rented out by the City Hall of Częstochowa and refurbished by the Association. The first patients were admitted to the ward on 3 January 2011, after signing a contract with the National Health Fund. After moving human resources and administration to a separate room in the Association building at 45a Krakowska St., further rooms were adapted and the palliative ward was enlarged to 14 beds. In 2012, palliative care was provided to 1696 adults, and the Home Hospice for children took care of 54 children and their families at the time of illness and bereavement.

Presently the Association provides its patients with specialist medical equipment and has its own transport, which makes it possible to rapidly respond to every call. The level of education among the medical staff is up to the highest national standards.

Co-operation with the Local Community

Throughout all the years of its operation, the Association primarily provided specialist palliative care. At the same time it undertook multiple activities promoting the hospice idea in society, starting with kindergarten children, through pupils and teenagers up to adults. The Association takes part in international and national campaigns such as "Hospice is also Life", "Fields of Hope", "I Like to Help" and "Voices for Hospices", as a part of which charity events are organised for all the residents of Częstochowa and its vicinity. Stars have performed for the Association, such as: Violetta Villas, Agata Marcewicz-Szymańska, Anna Popek, Magdalena Schejbal, Krzysztof Krawczyk, Zbigniew Wodecki, Artur Barciś, Universe, New Life'm, Eleni and Śląsk Song and Dance Ensemble. Thanks to such people and events, the hospice idea has become more familiar to a lot of people living in the Częstochowa Region, and the Association logos have become recognizable.

At a time when the needy and suffering are being pushed to the margins of life, the activity of the Hospice Care Association in the Częstochowa Region is of special importance and offers a unique challenge for those who decide to give a helping hand and bring relief in suffering. Palliative and hospice care plays a vital role in society by helping sick, often lonely and abandoned people to live their lives in dignity to the very end.

Material prepared by: Anna Kaptacz

Koszalin

St. Maximilian Kolbe's Hospice

www.hospicjum.koszalin.pl

Establishment date: 23 March 1993

Founder: Irena Werner

Key leaders: Irena Werner, Irena Wąsowska, Małgorzata Chmielewska, Andrzej Melka, Jadwiga Ostrowska, Krystyna Marcinkowska, Krystyna Wierzchowiecka

Forms of care: residential hospice, home hospice

History and Forms of Activity

The idea to set up a hospice in Koszalin was conceived by several members of the Catholic Intelligentsia Club, among whom was Irena Werner. In 1990 the Club invited Father Eugeniusz Dutkiewicz to Koszalin to lead a retreat, during which he painted an engaging picture of the hospice idea. The event as well as conferences on the new model of care of the terminally ill during the Congress of Hospice Teams in Wesola, in which Irena Werner participated, motivated her and a group of friends to take energetic measures aimed at establishing a hospice in Koszalin.



Irena Werner

The group of people wishing to help patients began growing larger and larger. In December 1992, the hospice team did not yet have a legal personality but consisted of 24 members. St. Maximilian Kolbe's Hospice in Koszalin was registered on 23 March 1993 and was the second center in the Western Pomeranian Province providing care to the terminally ill. In the first years of its activity it was able to provide home care only to a dozen or so patients a year. This activity was exclusively based on the voluntary work of the hospice team members. The Association had no funds and it was not possible to employ medical staff on a permanent basis. Its members actively participated in national conferences and training events organised in Gdańsk and Koszalin, which were conducted by Prof. Jacek Łuczak, Prof. Krystyna de Walden-Gałuszko and Father Eugeniusz Dutkiewicz, among others.

The passing of legislation authorizing private healthcare facilities was a landmark event for hospices in Poland. The Koszalin Hospice decided to take the opportunity to contract medical services and in 1998 the Hospice Health Care Facility was established, with plans for home and residential care. Thanks to the sympathetic attitude of the city and provincial authorities and to several sponsors, the 6-bed Hospice received professional equipment. Małgorzata Chmielewska was appointed the Facility Director, and Doctor Andrzej Melka – the voluntary medical manager.



The Residential Hospice is presently located at 80 Zdobywców Wału Pomorskiego Str. It provides medical care to residents of Koszalin and municipalities in the district. Oncological patients are admitted on a priority basis. They receive residential or home care and frequently both forms, depending on the stage of their disease and living and family conditions. Presently, both forms of hospice care are provided to

over 500 patients per annum, on average. Apart from medical services provided by physicians and nurses, care is also provided by a physiotherapist, a psychologist, a social worker and a priest. If a patient or their family wishes, care is provided by volunteers, too. At the Association headquarters at 3A Kasprowicza St., necessary medical equipment can be rented for patients in home care every day.

Putting into operation its own Residential center was a special achievement of the Association. The City of Koszalin undertook to complete the investment together with the Hospice. The construction took 3 years (2006-2009). The people who particularly contributed to the construction of the Residential hospice were: Krystyna Wierzchowicka – President of the Hospice, Małgorzata Chmielewska – Director of HZOZ, Paweł Michalak – a Polish senator, Ryszard Szulc – a volunteer. The appeal for support for the Residential hospice gained response from a lot of individuals, companies and organisations offering tangible support in the form of financial aid, aid in kind and various types of services. On 21 December 2009, the first patients appeared in the new building at 80 Zdobywców Wału Pomorskiego Str. A brass tube with a list of donors who contributed to its construction was set in a heart-shaped granite stone. To commemorate all those involved in the construction, a memory plaque was made and the building was given the name "Our Hospice" as a token of gratitude to society. Credit for the fact that there is a facility where there is a family atmosphere, where a patient is taken care of by a professional team and that meets the highest standards should go to a multitude of people of good will.

The financing of the Hospice Health Care Facility by the National Health Fund has been insufficient from its inception. Funding the day-to-day activities of the Facility is the responsibility of the Association. The Hospice undertakes numerous initiatives and efforts to supplement the lacking funds for hospice activities and thereby ensure the proper standard of care. For many years it has relied on the financial support of regular sponsors and donors, including individuals, companies and organisations. The Association members organise several to a dozen or so public collections each year. The collections for the Hospice are very actively supported by officials, politicians, representatives of the mass media and secondary school students of Koszalin.

In 2013, the Association celebrated its 20th anniversary and the 15th anniversary of the Hospice Health Care Facility.

Co-operation with the Local Community

The Koszalin Hospice has for several years actively participated in national and global campaigns for hospices such as "Voices for Hospices", "Fields of Hope" and

“Hospice is also Life”. As part of the campaigns it organises charity concerts, debates and conferences on palliative care and support for orphaned children, conducts support groups for the bereaved and mobilizes volunteers from the 50+ age group.

The Hospice regularly co-operates with public administration at different levels. Since 1997 it has benefited from subsidies for the implementation of public tasks from the local government and has co-operated in socially useful activities.

The Association volunteers help in various ways, by taking care of patients at the center and in patients’ homes, doing maintenance work and office work, organising public collections and participating in them. There are a dozen or so volunteers directly attending to patients, about 50 are involved in other activities of the Association and there are about 360 “campaign” volunteers. The Association employs a voluntary service coordinator who organises regular training courses for volunteers, manages the Volunteer’s Club, establishes contacts with educationalists and school volunteer clubs and acquires sponsors.

The Hospice co-operates very successfully with social welfare centres, the St. Albert Help Society or the Shooting Association Strzelec in Koszalin. The Hospice has for years relied on the support of the Higher Seminary, the Prison and many local companies and individuals.

Prizes

The efforts of the Koszalin Hospice are appreciated. In late 2004 it was awarded a special prize from the Minister of Labor and Welfare Policy for exceptional determination in helping patients. Also the Mayor of Koszalin, Mirosław Mikietyński, appreciated the achievements of the Hospice and awarded it the prize of Koszalin Eagle 2005 “for disinterested help to others”. Members of the Association are also awarded and appreciated as individuals involved in the development of the hospice idea. In 2013, on the initiative of Mayor Piotr Jedliński, the City Council awarded the Association a Medal for Merits for Koszalin, in recognition of the great contribution of the organisation in terminal care. The medal was collected by President Maria Okońska. Medals for Merits were also given to: Krystyna Wierzchowiecka – a longstanding President of the Association and Małgorzata Chmielewska – the first Director of the Hospice Health Care Facility.

Material prepared by: Dorota Badurak

Jastrzębie-Zdrój

Father Eugeniusz Dutkiewicz Association at St. Catherine’s Parish

www.hospicjum-jastrzebie.pl

Establishment date: May 1993

Founders: Father Waclaw Basiak, Jolanta Kosta, Eugenia Ploch

Key leaders: Jolanta Kosta, Waclaw Basiak, Eugenia Ploch, Elżbieta Wątroba-Sember, Barbara Galczak, Krystyna Niemiec, Julian Kędzia, Grażyna Kuczera

Forms of care: home hospice

History and Forms of Activity

The idea to set up a Home Hospice was favorably received by the medical community of Jastrzębie-Zdrój. The group of Hospice volunteers then included doctors, nurses and non-medical volunteers – altogether 20 people, whose willingness to help others proved invaluable.

The goals of the Association are: fulfillment of tasks related to social welfare and charity activity; activities for the disabled, support and organisation of voluntary service, consisting of: medical and spiritual assistance for terminal cancer patients and their families (by their consent), unification of people of good will wishing to voluntarily help patients and take care of them; promulgation of the idea of hospice and palliative care and voluntary service as well as participation in their organisation.

It accomplishes its goals through: taking care of patients at their homes, medically (relief of physical pain and disease symptoms, nursing), psychologically, spiritually and socially; giving medical, nursing and psychological advice to patients’ family members; accompanying patients and their relatives at the time of illness. The Association promotes the voluntary service and organises courses, conferences and seminars for its members.

Hospice activities are performed by a home care team. It is made up of doctors, nurses, a chaplain and non-medical volunteers, totalling about 40 people. The key characteristics of the hospice team members are: friendliness, warmth and openness to the needs of the suffering. The volunteers include old age pensioners, professionally active people, students and secondary school students. It should be stressed that all the members of the team work gratuitously – without being paid. Hospice care is free for patients and their families. The Hospice is a public benefit organisation and supports itself with public contributions and donations. Part of

the funds are acquired through such programs as the 1-percent campaign, the November collection in cemeteries and the 'Fields of Hope' campaign.

The Hospice also runs a free-of-charge rental service of medical and rehabilitation equipment for its patients. Patients have multifunctional beds, oxygen concentrators, anti-decubitus mattresses, aspirators, wheelchairs, personal hygiene products, intravenous drip sets, etc.

Volunteers of the Home Hospice take care of terminal cancer patients at their homes – in the environment they know and where they feel best, where their relatives are present all the time and not only on a short hospital visit. They help those who need help irrespective of their views or religion.

The Hospice provides care to patients from the town of Jastrzębie-Zdrój. It is the only hospice in the area that offers organised care of the terminally ill. Since the beginning of its operations, care has been provided to 1427 patients and their families. In Jastrzębie-Zdrój there is no Residential hospice.

Prizes

For its 20th anniversary the Hospice Team was awarded the Golden Badge of Honor for Merit for the Silesian Province from the Regional Parliament of the Silesian Province.

Material prepared by: Grażyna Kuczera

Tychy

St. Calixte I Hospice Social Society

www.hospicjum.tychy.pl

Establishment date: 14 October 1993

Key leader: Ilona Słomian

Founders: Urszula Pawlik, Father Engelbert Ramola, Jerzy Labus

Forms of care: home hospice, palliative care outpatient clinic

History and Forms of Activity

On 14 October 1993, on the day of remembrance of St. Calixte I, the first documented meeting of the then informal group of people wishing to help patients in the terminal stage of cancer took place. The meeting was attended by a dozen or so people who had heard of plans to establish a hospice in Tychy. The news was distributed by all the parishes of Tychy. A holy mass was celebrated at the Mother of God of Częstochowa Chapel at the Parish of St. John the Baptist's Beheading in Tychy. During this meeting 24 people signed a membership declaration. Draft statutes and the venue of the next meetings were agreed upon. The day has become historic since it has been acknowledged as the day of the establishment of the Hospice in Tychy.

On 14 December 1993, the Hospice was entered in the register of associations at the Registry Court in Katowice and the Civic Department of the Province Governor's Office in Katowice. A month later the first General Meeting of the members of the St. Calixte I Hospice Social Society in Tychy was held, which elected the Management Board. In the same year the Society joined the National Hospice Movement Forum.

On 20 February 1997, the Society inaugurated the Palliative Consultation and Treatment Outpatient Clinic, located at the Hospice headquarters, and the Non-Public Health Care Unit. Doctor Urszula Pawlik became manageress of the Outpatient Clinic. On 18 April 2001, the NZOZ St. Calixte I Hospice opened 2 units: the Palliative Treatment Outpatient Clinic and the Hospice Home Care Team. In late August the Society was entered in the National Court Register. In February 2002, its headquarters were moved from St. John the Baptist's Parish to St. Benedict Abbot's Parish with Father Józef Domber as the Parish Priest. Father Mirosław Pelc became the Hospice Chaplain. The ceremony of opening and consecrating the new headquarters of the Hospice in Tychy took place on 15 April 2002. A special mass

was celebrated by Bishop Gerard Bernacki. In 2005, the Hospice was awarded the status of a public benefit organisation.

The St. Calixte I Hospice Social Society in Tychy supports terminal cancer patients and their families while they look after them and after their death. It ensures specialist medical, nursing, psychological, rehabilitation and voluntary care in an outpatient setting and at patients' homes. It organises recruitment procedures and conducts training courses in patient care for candidates for volunteers as well as training courses, workshops and training and team-building trips for volunteers. It takes action aimed at recruiting volunteers and promulgating the hospice idea in municipal, national and global campaigns. It co-operates with health centres, the City Hall of Tychy, the National Health Fund, other institutions and cultural centres in Tychy and schools.

The most important achievement of the St. Calixte I Hospice Social Society in Tychy is the possibility of care offered to patients and of support for their families. We provide patients with interdisciplinary care provided by doctors, nurses, a psychologist, physiotherapists and volunteers. Up to now hospice care has been provided to some 2330 patients.

The Society's special achievement is the commencement of the construction of the Hospice Home in Żorska Street in Tychy. The City Council passed a resolution on a no-bid handover of plots of land for use for the Hospice. The City Hall approved the construction design and granted permission to build the Hospice Home. In 2009, construction work began. The Architects' Bureau AB-Project in Tychy prepared the design of the Hospice Home for free, including the bills of quantities and cost estimates of both the whole and specific parts of the project. Professional supervision of the site was performed free of charge by: Grzegorz Pocięgiel – building site inspector, Marek Felisiak – electrical work inspector, and Piotr Pieprzyca – specialist in public procurement, at each stage of the construction. The cost was estimated at PLN 10 M. To complete the construction we still need about PLN 3 M. The funds we have collected so far on the construction account come from 1-percent campaigns, annual collections on All Saints' Day, 'Fields of Hope' campaigns and various other campaigns as well as from individual donors who regularly support our activities. We are also subsidized by the City Hall of Tychy.

Material prepared by: Justyna Rutkowska

Bydgoszcz

Non-Public Health Care Unit (NZOZ) Sue Ryder Home

www.domsueryder.org.pl

Establishment date: 1994

Founders: the center was established thanks to an agreement between the Bydgoszcz Province Leader and the Sue Ryder Foundation; its founder was Margaret Susan Cheshire, Baroness Ryder of Warsaw, known as Sue Ryder

Key leaders: Andrzej Stachowiak, Aleksandra Burchacka

Forms of care: residential hospice, home hospice for adults and children, nursing and treatment facility, physiotherapy room, manual therapy, pain treatment outpatient clinic, palliative medicine outpatient clinic, speech therapy outpatient clinic, nutrition outpatient clinic, day care ward, enteral nutrition therapy, psycho-geriatric outpatient clinic, home-based mechanical ventilation for children and adults, community treatment in psycho-geriatrics

History and Forms of Activity

The Sue Ryder Home was established in 1994. Initially, it operated as a 30-bed Palliative Care Ward integrated with the Oncological Hospital in Bydgoszcz. In 2000, it became an independent care entity. It developed intensively, especially in the field of home, palliative and long-term care. In mid-2010 it was transformed into a commercial law company with employees' interest, run by Pallmed Sp. z o.o., under the name of the Non-Public Health Care Unit Sue Ryder Home. The center became a very efficient, independent and comprehensive unit for round-the-clock care of patients (adults and children) with cancer and other diseases, covering over 5000 people from Bydgoszcz and the region, throughout the day and night. NZOZ provides medical services to both adults and children who require specialist palliative, psycho-geriatric and long-term care, mechanical ventilation, rehabilitation, outpatient care, speech therapy, pain management and nutrition therapy, as well as support in orphanhood or difficult social or economic situations.

The NZOZ Sue Ryder Home organises residential care at: the 18-bed Palliative Care Ward, the 8-bed Nursing and Treatment Facility, the Day Care Psycho-Geriatric Ward and the Center for Psycho-Neurology of Old Age. In the area of outpatient care we provide services at: the Psycho-Neurology Center (the Alzheimer's Center, the Parkinson Center and the Psycho-Geriatric Outpatient Clinic), the Physiotherapy and Manual Therapy Room, the Pain Management Outpatient Clinic, the Palliative

Medicine Clinic, the Speech Therapy Clinic, the Nutrition Outpatient Clinic and the Clinical Trial Room. Home care is provided in the following forms: the Home Hospice for Adults and Children, Sue Ryder care assistants, the Enteral Nutrition Therapy (in 2 provinces), and home-based mechanical ventilation for children and adults (in 13 provinces). Of all the institutions offering ventilation treatment at home, we have the broadest range of activity, and the Home-Based Ventilation Treatment Team takes care of almost 500 patients. We also have a rental service of medical equipment.

The Sue Ryder Psycho-Neurology Center has operated since 2001 as a pioneering entity that comprehensively diagnoses and treats patients with dementia, and supports and helps care assistants by organising the Day Care Ward and Community Care. Professional care at the entity is provided by a multidisciplinary team including: neurologists, psychiatrists, palliative medicine specialists, anesthesiologists, psychologists and other specialists, nurses, palliative care nurses, occupational and community therapists, physiotherapists, social workers, speech therapists and care assistants.

Kinesiotherapy, conducted at patients' homes and inpatient units, is developing rapidly. We treat pain in the spine, joints and muscles. Patients' rehabilitation is based on standard physiotherapeutic procedures and specialist methods such as manual therapy, clavotherapy and shock wave treatments. We are also concerned with the proper prevention and education of our patients after their physiotherapeutic treatments.

The operation of the Hospice in Bydgoszcz is supported by the Sue Ryder Society, the Sue Ryder Foundation and numerous donors of gifts and 1% of tax. The Society was established in 1997 on the initiative of the employees and supporters of the Sue Ryder Home in Bydgoszcz. Its main goals include: financial support for the development of the services of the Sue Ryder Home in Bydgoszcz, education of health care and palliative care staff, and promotion of the idea of palliative care in society. The Sue Ryder Society is located at the Scientific and Educational Center in Solec Kujawski. It runs 3 charity shops with articles given by donors and organises long-term home nursing care and the Day Care Center for the elderly. Collected funds are a supplementary source of funding for our efforts to ensure high-quality care for patients.

Apart from specialist palliative and long-term care, the Hospice conducts its own research and studies ordered by pharmaceutical companies. Clinical trials focus on the search for new methods of treatment for: pain, constipation, Alzheimer's disease, Parkinson's disease and mild cognitive disorders, and for methods of improvement of the quality of life and quality of care. At present we are conducting 10 study projects related to research and clinical activities. We co-operate with the

Marie Curie Palliative Medicine Institute in Liverpool in the area of implementation of the guidelines of the Liverpool Care Pathway (LCP).

The patients of the Sue Ryder Home are presently helped by about 70 volunteers. The center is also the initiator and organiser of monthly meetings of support groups for families and people in mourning for their close ones who received care from the center.

In 1999, the Sue Ryder Society set up the Polish School of Palliative Medicine, which organises specialist courses and conferences for doctors, nurses, psychologists, volunteers, chaplains and managers. The Sue Ryder Home is accredited by the Minister of Health for specialization courses in palliative medicine. Each year, a dozen or so doctors from all over Poland follow intensive training in this field.

Co-operation with the Local Community

The entity strives to popularize the idea of palliative care and to inform the local community of its availability in the region. For instance, since 1999 it has organised a charity concert "Voices for the Hospice", in co-operation with the Sue Ryder Society, which is held annually at the Pomeranian Philharmonic.

Material prepared by: Andrzej Stachowiak

Ciechanów

Specialist Provincial Hospital in Ciechanów, Palliative and Hospice Ward, Home Hospice

www.szpitalciechanow.com.pl

Establishment date: 1994

Forms of care: home hospice, palliative care outpatient clinic

History and Forms of Activity

Palliative care in Ciechanów started in 1994. Prof. Jacek Łuczak significantly helped in its organisation. At first, the only form of care was the Home Palliative Care at the Hospital in Ciechanów. In 2000, the Palliative Hospice Care Ward with the Home Care Team was formed. Its activity covers the town of Ciechanów and the neighboring communes.

Co-operation with the Local Community

From the beginning we have co-operated with kindergartens, schools, universities, cultural centres, social welfare centres, parishes and institutions based within our area of activity.

The Palliative and Hospice Care Ward has for 10 years co-operated with the Hospice Foundation in Gdańsk, which trains hospice centres in Poland, and helps and supports them. Owing to this cooperation we have 2 trained volunteer coordinators, we hold the annual social campaigns – Hospice is also Life and Patients Days, and we organise Christmas Eve for patients and their families. We take care of orphaned families and support them, children in particular. Funds from the Orphaned Children's Fund enable children's dreams to be fulfilled. Our broad-based activities help the local community understand the idea and philosophy of hospices.

Material prepared by: Anna Igrał

Nysa

St. Arnold Janssen's Hospice, Auxilium Association

www.hospicjum-auxilium.pl

Establishment date: 1994 – the Hospice; 2000 – the Association

Founders: the Independent Public Health Care Unit in Nysa (1994-2000) and the Auxilium Association (from 2001)

Key leaders: Norbert Krajczy, Father Waclaw Leśnikowski

Forms of care: home hospice, Residential hospice, palliative outpatient clinic

History and Forms of Activity

The Hospice was established at the Independent Public Health Care Unit in Nysa in April 1994. In September 2000, the Auxilium Association was founded and in January 2001 it took over the Hospice. It purchased the building where the Hospice runs its activities and it presently comprises: the Home Hospice, the Residential Hospice and the Inpatient Ward. For years we have been undertaking the standard measures required for the provision of palliative care. They have included: the refurbishment, conversion and extension of the hospice building and permanent medical, administrative, financial and economic training of the Management Board, physicians, nurses, orderlies and auxiliary workers. We support the bereaved and strive to ensure continuous spiritual formation of the hospice staff by organising concentration days and sharing moral reflections during staff meetings.



The first seat – 1994, and a new room, Hospice – 2008

Co-operation with the Local Community

By co-operating with schools, we try to raise the awareness of the needs of the elderly, sick and dying in our society. We promote the voluntary service of mature people in direct hospice care and that of young people in open-air campaigns. The Association co-operates with the Commune Office, secondary schools, chaplains, parochial communities and the Community Center in Nysa.



Fields of Hope in Paczkowo

Material prepared by: Father Waclaw Leśnikowski

Świdnica

Patients' Friends' Society "Hospice"

www.hospicjum-auxilium.pl

Establishment date: 1994

Founders: a group of nurses and midwives of the Health Care Unit in Świdnica

Key leaders: 5 members of the management board and the volunteers' coordinator

Forms of care: home hospice

History and Forms of Activity

The establishment of a medical facility providing care to terminally ill patients was the idea of a group of nurses and midwives of the Health Care Unit in Świdnica, who on 12 May 1993 addressed a letter to the Health Commission of the Town Council of Świdnica concerning the establishment of a "hospice" facility. After the positive approval of the councillors, the initiative group of founders of the Patients' Friends' Society "Hospice" was organised on 2 November 1993. It consisted of 17 people, including nurses, midwives, doctors and clergymen. On 30 November 1993, the group held its first meeting, during which the founding committee of the Society was elected. On 17 March 1994 the Patients' Friends' Society "Hospice" was registered as an association and awarded a legal personality. In April, there was the first General Meeting of the Members of the Society, which then counted 19 members. It elected the Society authorities and the first President of the Management Board, who was Jadwiga Bałtakis, a Polish Senator at the time.

The home hospice in Świdnica provides care to patients from the town and municipality of Świdnica, and the communes of Marcinowice and Jaworzyna Śląska. We are open to co-operation with the other communes of the Świdnica district.

Material prepared by: Grażyna Kobiałka

Wałbrzych

NZOZ Hospice and Palliative Outpatient Clinic

www.opiekapaliatywna.hb.pl

Establishment date: 1994

Founders: Lila Łukasik, Marek Karolczak

Key leaders: Lila Łukasik, Marek Karolczak, Teresa Nowak, Jolanta Mnich

Forms of care: home hospice, residential hospice, palliative outpatient clinic

History and Forms of Activity

In 1992, two nurses – Lila Łukasik and Marek Karolczak – concerned about the lot of the terminally ill, undertook the difficult task of organising a facility offering support for this group of patients. The turning point was a meeting of the initiators with MP Jan Lityński. He offered them his support and every assistance. They submitted an application to the Minister of Health and the provincial physician for budgeting the funds for the operation of the facility. In 1993, 4 future hospice employees went on a training course to the Palliative Care Clinic in Poznań, managed by Prof. Jacek Łuczak. A key moment in the history of palliative care in Wałbrzych was the appointment of Lila Łukasik as the provincial plenipotentiary for palliative care. In May 1993, the founders of the Polish Palliative Care Society, Wałbrzych branch, filed an application at the court; the decision on the registration was taken in October of the same year. Funds for the facility were credited to the account of the outpatient clinic on 30 December 1993, with an order for their utilization by the end of the year. On the request of the Provincial Physician and by permission of the management of the Dr A. Sokołowski Hospital in Wałbrzych, the Palliative Medicine Outpatient Clinic was given premises for its activities in the area of home palliative care in the city of Wałbrzych.

In 1997, the Polish Palliative Care Society, Wałbrzych branch, bought a former kindergarten building from the municipality of Wałbrzych for a symbolic zloty, and the building now houses the Home Hospice. NZOZ the Hospice and Palliative Care Outpatient Clinic keeps improving and extending its activities onto the neighboring municipalities and districts.

In 2007, the John Paul II Residential Hospice was established. It admits over 220 patients every year. Ever since, the Hospice and Palliative Care Outpatient Unit has provided comprehensive care to patients at the end of their lives, within the Palliative Medicine Outpatient Clinic, the Home Hospice and the Residential Hospice. The

idea to organise the Palliative Care Outpatient Clinic (the Home Hospice) arose in 1992, when this was a completely innovative form of support for terminal patients.



Co-operation with the Local Community

The Association actively participates in the community life of the town and region. For the residents' benefit it co-operates with the local government, non-governmental organisations and the church. It carries out numerous tasks commissioned by the municipality of Wałbrzych, the district of Wałbrzych and the Ministry of Labor and Welfare Policy under the Government Program – the Civic Initiatives Fund. It co-operates with schools and school volunteers' clubs. It looks to promote the hospice care idea, both among adults and school children. It helps patients and their families by satisfying their social and psychological needs. It supports orphaned children, offering them team-building trips and financial aid for the poorest families. It organises support groups for the bereaved and many other forms of support.

Prizes

For its services to residents, the Polish Palliative Care Society, Wałbrzych branch, was awarded the title of "Merit for the City of Wałbrzych".

Material prepared by: Marek Karolczak

Warsaw Children's Hospice Foundation

www.hospicjum.waw.pl

Establishment date: 1994 (2001 – establishment of the Warsaw Children's Hospice Foundation)

Founder: Tomasz Dangel

Key leaders: Tomasz Dangel, Artur Januszaniec

Forms of care: home hospice for children, perinatal hospice

History and Forms of Activity

The Warsaw Children's Hospice (WHD) started to operate at the Mother and Child Institute on 1 September 1994. "Until 1994, when the WHD was formed as the first specialist pediatric home hospice in Eastern and Central Europe, the palliative and hospice care centres in Poland, prepared for work with adults, mainly with advanced cancer, had only sporadically taken care of dying children and young people"¹⁵⁴.

The statutory goals of the Foundation are:

1. Free support of and palliative care for children, young people and young adults with life-limiting diseases and their families.

Palliative care for children and young people with life-limiting diseases is an active and comprehensive approach, encompassing physical, emotional, social and spiritual elements. It focuses on the improvement of the quality of life of children and on supporting the family. It includes the management of unpleasant symptoms, bringing relief to the family, and care at the time of dying and in bereavement. The goal of palliative care is not to prolong or shorten life but to improve its quality. In cases of prenatal diagnoses of grave irreversible fetal defects or incurable life-threatening diseases, palliative care for the family begins at the child's birth.

2. Support in mourning for the families of children, young people and young adults who died due to reasons other than life-limiting diseases.

3. Free development and introduction of the model of home palliative care for children, young people and young adults in Poland and abroad.

The organisational and educational activity of WHD, a model center for pediatric palliative care, significantly affects the establishment in Poland of other children's hospices and pediatric palliative care wards within hospices for adults and it may

¹⁵⁴ Łuczak J., The Origin of the Activity of the Warsaw Children's Hospice against the Background of the Hospice Movement in Poland and Europe. *Pediatric Palliative Care*. 12th ed., Warsaw 2004, p. 9.

improve the quality of care for children with life-limiting diseases through the participation of medical staff of oncological, neurological and other pediatric centres in relevant training. The opinion-forming activities of the WHD (the education of society in the broad sense), prepared in a modern and professional way, using the mass media, help to promote the palliative and hospice idea, sensitize society to the needs of the suffering, may positively change the image of hospices in society and play an important role in the acquisition of funds for activities.

As a leading pediatric palliative care center in Eastern and Central Europe, the WHD plays a major role in the region but also in other European countries in the theoretical and practical training of doctors and nurses gathering experience in the field. It co-operates with the existing centres and helps in the organisation of home care teams.



WHD team (2013)

'The establishment by Dr Dangel, a pediatric anesthesiologist, of a model home hospice, the development of standards based on British models, the establishment of a foundation supplying funds for the activity of the WHD and the introduction of post-graduate training in pediatric palliative care (POP) have all affected the establishment of pediatric teams and departments at hospices for adults, based on similar principles. The acquisition of funds, mainly from the Open Society Institute NY, and the training of staff have made it possible to establish, on the basis of the WHD, a European training center intended primarily but not only for Eastern and

Central European countries'. (Łuczak J., The Origin of the Activity of the Warsaw Children's Hospice against the Background of the Hospice Movement in Poland and Europe. Pediatric Palliative Care. 12th ed., Warsaw 2004, p. 8).

In 2006, the Foundation launched a program of financial aid for newly established hospices for children in Poland, which in 2006-2013 covered 7 hospices (in Szczecin, Opole, Cracow, Gdańsk, Białystok, Rzeszów and Tychy). On the Foundation's initiative, the Polish Pediatric Society in 2011 issued guidelines for doctors, 'Abandonment of and withdrawal from persistent life supporting treatment in children' and in 2014 established the Palliative Pediatric Medicine Section.

Material prepared by: Marta Kwaśniewska

Gorzów Wielkopolski **St. Kamil's Hospice**

www.hospicjum-gorzow.pl

Establishment date: Association and Home Hospice – 18 June 1993; Residential Hospice – 23 May 1995

Founders: Father Piotr Kęпка, Barbara Gordziewicz, Danuta Laskowska, Alicja Michalska-Kiełbik, Jacek Zajączek, Father Andrzej Madej, Ryszard Kowalewski, Kamil Paszyński, Zofia Lech, Bogusława Serafin, Krystyna Winiarz, Krzysztof Wruk, Elżbieta Płonka, Danuta Wilk, Anna Paroń, Jan Winiarz

Key leaders: Sister Edyta Jaszul, Sister Michaela Rak, Jacek Zajączek, Marek Lewandowski, Tadeusz Lżykowski

Forms of care: home hospice, home hospice for children, residential hospice, day care unit, physiotherapy unit

History and Forms of Activity

The St. Kamil's Hospice Association was established in 1993. Initially, the name stood for a group of enthusiasts who undertook to set up a care facility for cancer patients. It was exclusively home care provided by a team (a priest, a doctor, a nurse and a volunteer) visiting patients who needed support in their suffering at their homes. As the years passed, the Hospice grew and the city authorities donated a former nursery building to it.



*The birthday party of Ania, the first patient of the Residential Hospice (July 1995).
In the background the first chaplains: Father Władysław Pawlik
(on the left-hand side) and Father Jerzy Szakiel.*

Today – apart from the administration – there are 5 hospice units: the Residential Hospice with 15 beds, the Home Hospice providing care to some 40 patients

a month, the Oscar and Rose Home Hospice for Children, providing care to some 10 children a month, and the Physiotherapy and Day Care Unit with some 20 patients each day. In addition, the Hospice had the Psychological Counselling Center (until 30 June 2013) and the Palliative Medicine Outpatient Clinic (until June 2010).



S. Michaela Rak, 1999 r.

As part of its free public benefit activities, the Hospice offers assistance to people suffering from cancer and other incurable, resistant-to-causal-treatment, progressing diseases, through medical, legal and psychological care and spiritual support (suited to patients' individual needs), including the prevention of pain and other somatic symptoms and their relief, the alleviation of psychological and spiritual suffering and welfare support. The Hospice is also responsible for assisting the families of the severely ill in their care, supporting the families and people in difficult life situations and equalizing their opportunities.

The Hospice engages in charitable activities and health promotion and takes efforts for the disabled. Its goals are: uniting people of good will who are willing to provide disinterested care and support, including the promotion and organisation of voluntary services; acting for the professional and social integration and reintegration of people threatened by social exclusion; organising leisure for children and young people; acting for European integration and development of contacts and co-operation between societies, and the promotion of Poland abroad; acting for the family, motherhood, parenthood, the promulgation and protection of children's rights; and counteracting addictions and social pathologies. As part of payable social benefit activities, the Hospice supports people at retirement age (within the Day Care Unit) and the disabled (up to 50% of the rehabilitation activities within the Physiotherapy Unit).

Diversity in forms of care for patients and their families is the mission of St. Kamil's Hospice. It is based on the concept of personal treatment for every individual, regardless of their beliefs, views or religion. Over the 20 years of the Association's activities, support has been provided to over 7000 cancer patients and to over 45,000 people in total.

A recent particular success of the facility was certainly the opening of the Oscar and Rose Home Hospice for Children, and the support for orphaned children and young people under the Swallow Project. It provides care to young people who lost their close ones, especially due to cancer. Its implementation prevents the social exclusion of children and young people, ensuring them security and multidimensional development. The efforts taken by employees and volunteers help them regain their mental balance and develop their talents and abilities. The assistance offered to the beneficiaries of the Swallow Project includes individual sessions with a psychologist (according to individual needs), a support group and socio-therapeutic group workshops (held on a regular basis) aimed at helping through the bereavement process, getting to know one's emotions, acquiring the skills of coping with difficult situations, etc. They also organise general interest and activation classes focusing on talent development and learning new abilities (e.g. during art, music and dance classes) as well as social meetings to celebrate various holidays, birthdays and other occasions.

Co-operation with the Local Community

The Hospice has held various concerts as a token of gratitude to donors. Some of the artists who performed on the stages of Gorzów are: Natalia Kukulska, Marek Torzewski, Eleni, Stanisław Sojka, Mieczysław Szcześniak, Mieczysław Hryniewicz, Grupa Mozarta, The Gypsy Music Theater "Terno" or the Artistic Band "Buziaki". The Hospice co-operates with schools, kindergartens, cultural institutions, entrepreneurs and numerous employment establishments in Gorzów. On the 15th anniversary of the Association, the Znak Publishing House published Jan Grzegorzczak's book, "Heaven for an Acrobat". In this fictional work the author depicts the unusual everyday reality of the hospice. The author drew his inspiration from stories told by the patients of St. Kamil's Hospice in Gorzów Wielkopolski.

The hospice has initiated hospice care popularization action (debates, conferences, training events) and co-operated with the Pomeranian Medical University in Szczecin. It still co-operates with the German association Häusliche Kinderkrankenpflege Brandenburg .e.V. of Marxdorf.

Material prepared by: Marek Lewandowski

Wołomin

Divine Providence Hospice of Orionist Fathers

www.hospicjumopatrznosci.org

Establishment date: 18 March 1995

Founder: Congregation of the Little Work of Divine Providence

Key leaders: Father Tadeusz Szeszko FDP, Father Krzysztof Miś FDP,
Father Marek Wasztyl FDP

Forms of care: residential hospice

History and Forms of Activity

The Divine Providence Hospice began its service on 18 March 1995 at St. Joseph the Worker's Parish in Wołomin. It was founded by the Orionist Fathers' Congregation of the Little Work of Divine Providence. When opening the Hospice, the Congregation Superiors were above all guided by the charisma of their Founder, St. Luigi Orione, who wrote: "On behalf of Divine Providence – regardless of age, nationality or religion – I opened my arms and heart to the healthy and to the sick alike; I would like to give the divine balm of faith along with bread for the body to all, particularly to our suffering and forsaken brothers". The director of the newly formed Hospice was Father Marek Wasztyl.

At the time of opening, the Residential ward had 12 beds. As time passed, the demand for hospice care proved to be so great that the Provincial Governor's Office decided to raise the number of beds. On 20 February 1996, a contract for the care of 20 patients was concluded with the Warsaw Provincial Governor. In 1997, the scope of care was enlarged, and the Home Hospice, providing care to 15 patients from the area of Wołomin, was put into operation. From 5 January 1999, after the health care reform, the Hospice activities were financed by the Mazovian Health Care Fund (presently the National Health Fund). In 1999, the ward was enlarged by 6 beds and home care was provided to 25 patients. On 21 May 2002, Father Marek Wasztyl ended his term as director and was succeeded by Father Dariusz Czupryński, who has continued St. Luigi Orione's charisma until today. On 31 December 2002, the Home Hospice was dissolved. Home care is now provided to patients by the Warsaw Home Hospice of the Marian Fathers.

In 2008, the Hospice became a public benefit organisation, which allows it to apply for transfers of 1% of income tax in its favor.

The center carries out its goals and objectives within the Residential palliative care ward, which nowadays provides care to 25 patients. They have at their disposal: two-bed rooms, a chapel, a ward kitchenette, an auditorium, a patio and a garden surrounding the building. Care is provided by doctors, nurses, a chaplain, psychologists, a social worker and a physiotherapist. Non-medical workers and volunteers participate in the care too. The team is made up of 50 employees and 25 volunteers. Since 2004 the Hospice has employed palliative medicine consultants. The doctors holding this specialty are Dr Mirosława Padzik-Grzesińska, Dr Halina Mickiewicz and Dr Ewa Świć.

In July 2011, the Hospice was granted the quality certificate ISO 9001:2009. It attests that the Hospice has implemented and applies the quality management system with respect to comprehensive palliative care of terminal cancer patients and patients with other incurable conditions.

The Hospice helps those patients who can no longer stay in hospitals, their homes or nursing homes because of symptoms concomitant with the disease such as pain, dyspnea, wounds, hemorrhages, bedsores or the inability to attend to their physiological needs without assistance. Apart from medical, psychological and social care, patients are provided with spiritual assistance. The hospice team accompanies a patient and their family in their difficult time, supporting them with prayer and helping them to prepare well for meeting God the Father.



15th anniversary of the Hospice (March 2010)

The presence of volunteers is vital to our Hospice. Their help has been one of the pillars of the Hospice since it started to operate. It is largely thanks to volunteers that the Hospice is more of a home for patients than a medical facility.

An important part of the Hospice activities is the care of orphaned families. Its principal goals are: making the society realize the problems faced by orphaned children whose family members died in hospices, making them realize the needs

of orphaned children, extending the activities to include the care of such children, and psychological support of the bereaved. Each year the Hospice takes part in campaigns aimed at helping children and their families regain balance and forget their mourning. They include: "Kids Smile on Children's Day", "We Make Dreams Come True" and "Colorful Pencil Case". Together with the children's guardians, we prepare a list of dream gifts and necessities to buy for Children's Day, Christmas and the start of school. Thanks to the contribution of many people of good will, we can fulfill children's dreams at least in part. In addition, the scholarship program of the Orphaned Children's Fund of the Hospice Foundation in Gdańsk serves to support education and talent development, especially for children whose families are in a difficult material situation.



Hospice volunteers (February 2014)

Co-operation with the Local Community

The Divine Providence Hospice collaborates with the local community by liaising with schools, offices, non-governmental organisations, the Municipal Community Center and the Social Welfare Center. The facility is engaged in educational activities related to palliative and hospice care and hospice voluntary service at schools. Since 2004 it has participated in the national social and educational campaign "Hospice is also Life".

Prizes

On 4 March 2010, Dr Wiesław Kowalewicz, the Hospice chief physician, was awarded the Golden Cross of Merit granted by the President of Poland Lech Kaczyński for his contribution to the development of palliative and hospice care in Poland. On 18 March 2010, Father Dariusz Czupryński, PhD, the Hospice director, was awarded the Golden Cross of Merit granted by the President of Poland Lech Kaczyński for his contribution to the development of palliative and hospice care in Poland.

Material prepared by: Małgorzata Rowicka

Hospice and Palliative Care Association The Hospice

www.hospicjum-chorzow.pl

Establishment date: February 1996

Founders: Urszula Sikocińska and the initiative group comprising: Barbara Kopczyńska, Wanda Ucka, Grzegorz Olszewski, Father Marek Wójcicki, Janina Kierat

Key leaders: Barbara Kopczyńska, Zuzanna Maćkowska, Zofia Niepokój, Elwira Mikrut, Joanna Flakus, Sylwia Skrzypiec, Zofia Gabrych, Zofia Osada, Elżbieta Piekarska, Father Marek Wójcicki, Father Janusz Kopeć, Father Wojciech Szymczak, Father Michał Kuś, Father Ryszard Noras, Father Piotr Masarczyk, Father Michał Orlik, Grzegorz Olszewski, Lucyna Obrochta, Krystyna Pawleta, Dorota Rosiek, Jolanta Łamik, Danuta Bartoszek, Antoni Sorichta, Halina Krawczyk, Róża Til, Elżbieta Sitek, Alina Szafranowicz, Lilianna Motyka, Florian Lesik, Father Krzysztof Tabath, Anna Buczek, Father Antoni Bartoszek, Father Wojciech Bartoszek, Zofia Niepokój, Teresa Garnarczyk, Zuzanna Maćkowska, Elżbieta Sitek, Joanna Tabor, Jacek Kurek.

Forms of care: home hospice, palliative care outpatient clinic, palliative care ward

History and Forms of Activity

The preparations for the organisation of a unit engaged in the comprehensive assistance of patients and their relatives were began by: Urszula Sikocińska, Barbara Kopczyńska and Father Marek Wójcicki, in their meetings held at St. Anthony's Parish. In time, the group of people with the required predispositions, professions and willingness to work voluntarily for the hospice and take part in training became larger and larger. The beginning of operation was a time of the training and preparation of teams of doctors, a chaplain, nurses and representatives of non-medical professions and the establishment of a founding committee of the Association. The first headquarters of the Association were in the private apartment of its president. At the same time, efforts were made to gain an establishment where applications could be accepted and to acquire funds for care. The small but regular subsidies from the City Hall of Chorzów and the Province Governor's Office in Katowice were a considerable support. The Sisters of Charity granted us the use of their premises.

On 6 May 1996, the hospice home care team was put into operation. In 1997, the Non-Public Health Care Facility "The Palliative Treatment Consultation Clinic" was founded at St. Jadwiga's parish home, and then was moved to Dr Rostek Hospital in Chorzów. The clinic often changed its location – from the Hospital it moved to the building of Energomontaż in Katowicka St., and then it was located at 25

Szpitalna St., thanks to the kindness of Dr Zenon Machowski. The years 1998-2001 were a time of gaining experience in hospice and palliative care and forming care teams. In 1999, the Association joined the Polish Hospice Movement Forum. It also started co-operating with the Palliative Medicine Department of the Silesian Medical University on students' educational tasks related to home care and counselling in palliative care.

The Association gained volunteers for the processing of applications, the promotion of its activities and fund-raising. Collections were held at parishes and the funds from them were allocated to the Hospice; a campaign promoting hospice ideas was conducted. More and more patient applications came in. The doctors, nurses, chaplain and physiotherapists were helped by trained non-medical volunteers. The sense of our mission to ensure each of our patients the necessary comprehensive medical, spiritual and psychological care motivated us to take efforts to organise a Residential hospice. In 2003, co-operation was initiated with the Hospice of NZOZ Dom PCK in Piastowski Square in Chorzów. The Hospice set up a small ward there, providing palliative and hospice care to patients requiring round-the-clock care (6 beds). However, after just under one and a half years, the ward was dissolved. Intensive efforts resulted in the lease, from the Municipal Hospitals Group, of a historical, almost centenarian building in need of major refurbishment and adjustments in order to serve as the headquarters of the Residential Hospice and the Association. The construction design including the project architect's supervision was completed with great dedication by the designers' team of Inwestproject and the architect Anna Buczek. They contributed to the establishment of the facility by acting as consultants and improving the design, free of charge. The contractor, ARCH INSTAL, carried out the project from September 2004 to May 2005. The refurbishment was partly financed with funds previously saved up and the rest was paid off in monthly instalments. Upon the order of the City Hall of Chorzów, the roof of the building was refurbished and a ramp was constructed at the ward entrance at the expense of the city. A sponsor (a private gardening enterprise) put the garden in order. The Association established the Non-Public Health Care Facility "the Chorzów Hospice" with 3 organisational units: the Home Care Team, the Palliative Care Outpatient Clinic and the Palliative Care Ward. Dr Barbara Kopczyńska became its director. In August 2005, after signing a contract with the National Health Fund, the Palliative Care Ward (12 beds) was put into operation. In November 2005, the Association was awarded the status of a public benefit organisation.



Dr Barbara Kopczyńska – Director of the Hospice in Chorzów and President of the Association in front of the Residential Hospice building (the whole ground floor) and the headquarters of the Association (2006).

As the cubic capacity of the leased building was too small to fulfill the requirements of the Ministry of Health, a decision was taken in 2010 to give the Hospice a new building. In 2010-2013 we implemented the project with our own funds. The new building still needs additional equipment and the adjacent land needs to be developed. In late September 2013, the Silesian Province Government decided to subsidize further extension with the European fund reserves for 2007-2013. On 17 October 2013, the Katowice Archbishop Wiktor Skworc ceremonially opened and consecrated a small chapel and the rooms in the new building, including a palliative medicine outpatient clinic, a psychology outpatient clinic, a silence room, a medical equipment storeroom and rooms of the Life Affirmation Center. The Center was established in 2010 on the initiative of the Association management and a sympathizer of the hospice idea, Jacek Kurek, PhD Humanities, to order and develop the non-medical activities of the Association. Dr Kurek defined the goals and forms of its activities in the following way: "With the assistance of works of culture and art, from the perspective of philosophical reflection, it will show the value of life – each life, therefore the word "affirmation" is so justified in the hospice because it is a place where the highest price of human life is so vividly seen. The affirmation of life also means the promulgation of the hospice idea of helping the fellow man. The Life Affirmation Center has the objective of conducting social and

cultural activities for the promotion of life and culture in the metropolitan and postindustrial community of Upper Silesia".

An indispensable component of hospice care is the spiritual support of patients and their families, which would not be possible without the spiritual formation of the hospice team. Their formation is deepened during concentration days and retreats. Our activities are supported by prayers of the Prayer Group members. The families of deceased Hospice patients are invited on each first Monday of the month for a holy mass dedicated to those who died in the previous month. The family may stay in touch with the hospice team for as long as they need. Professional individual support at the time of mourning is offered by hospice psychologists (there is now a psychologist's room in the new building).



Pastoral visit of Archbishop Damian Zimoń – a meeting with the Association members, volunteers and the Hospice employees (2006).

We take special care of orphaned children, whom we have been meeting for 4 years during an event called "Farewell to Summer", Children's Day and other occasional meetings. We organise holiday camps and group trips to the theater or cinema. Thanks to Hospice Foundation subsidies, a few of the children receive scholarships for extra-curricular activities.

Apart from its main care activities, a significant achievement of the Hospice in Chorzów is its accreditation to conduct specialist training, which allows medical, nursing and rehabilitation students of the Silesian Medical University to do their practical training and doctors to complete their specialization internships. Our center has run state specialization examinations in palliative medicine several times. We are a member of the Polish Hospice Forum.

Co-operation with the Local Community

We co-operate with the local community during tenders for social policy tasks co-financed by the City of Chorzów and the Silesian Province. Since our participation in the second edition of Hospice is also Life we have continued co-operation with the Hospice Foundation. Each year we take up subsequent topics of the campaign; Voices for Hospices concerts have now become a tradition. We have participated in the 3-year program of voluntary service development, "I Like to Help". At the Hospice there is a Voluntary Work Center managed by coordinators: Joanna Tabor as an employee and Elżbieta Sitek as a volunteer. They organise monthly meetings for volunteers. Since 2006 we have regularly participated in the Fields of Hope campaign in which young people, pupils and teachers of Chorzów schools take part.

On Volunteer's Day, together with the Association for the Family, we reward outstanding volunteers with the Smiles prize and sponsors with the Open Heart prize.

Prizes

In 2005, Barbara Kopczyńska was granted the title of the Citizen of the Year of Chorzów and the statuette "The Tree Man" by Hanna Stawiarska. In 2006, the Mayor of Chorzów, Marek Kopel handed president Grzegorz Olszewski and vice-president of the management board, Barbara Kopczyńska, diplomas with acknowledgements and a statuette of the city patron, St. Florian, for the 10th anniversary of the Association. The Association is a 2-time winner of the Mayor of Chorzów prize for Social Worker's Day for special achievements in the implementation of the social policy of the City of Chorzów: in 2007 – in the team category, and in 2011 – in the individual category (awarded to the Association Secretary, Elżbieta Sitek). In 2007, the Association became a winner of the Pro Publico Bono competition for the best civic work in the category of health and social welfare for "the Opening and Proper Operation of the Palliative Care Ward in Chorzów". The medal and the 10 thousand zloty prize were the first contributions to the account of the Hospice development. The medal of Edward Hanke awarded by the Mayor of Chorzów for achievements in healthcare was handed in 2010 to Dr Barbara Kopczyńska, and in 2013 – to Joanna Tabor, the office manager and coordinator of voluntary service.

Material prepared by: Elżbieta Sitek

Sosnowiec

St. Thomas the Apostle Hospice

www.hospicjum.sosnowiec.pl

Establishment date: 1996

Founders: Father Jan Szkoc, Maria Hanuszkiewicz, Andrzej Kopeć, Małgorzata Czapla

Key leaders: Małgorzata Czapla, Ewa Mężyk, Beata Bandura, Marzena Swoboda-Dzideczek, Andrzej Klimczak

Forms of care: home hospice, palliative care outpatient clinic

History and Forms of Activity

In 1996, St. Thomas the Apostle's Parish was the venue of a meeting of an informal group that initiated terminal care, at first among the parishioners, and later extending over the whole town. A year later, the District Court in Katowice registered the Association, and in 1999 – the Non-Public Health Care Facility St. Thomas the Apostle's Hospice. In the following year they signed their first contract with the National Health Fund for palliative care services.

In order to employ nurses on an emergency employment basis, they started to co-operate with an Employment Agency. They also recruited volunteers by organising parish meetings. The hospice also co-operated with the Town Hall on tenders for the support of medical services for terminally ill residents. A passenger car donated in 2004 improved the mobility of the Team. 2005 was a blooming period – nurse duties at weekends, on holidays and at night were introduced. In 2007, the Hospice was awarded the status of a public benefit organisation. In 2008-2009, several people were employed, which was a significant support for the volunteers in the fulfillment of statutory goals. In 2008, the Team moved to a new seat, which enabled them to broaden their scope of care. In addition to home care, they opened the Palliative Care Outpatient Clinic. Since 2010, funds have been raised for the construction of a Residential hospice with a day care center and a rehabilitation center. In 2012, 4 hospice physicians obtained the qualification of palliative medicine consultants.

The home care provided by the Team comprises comprehensive medical care, rehabilitation, and psychological and spiritual care of the terminally ill. Care is also provided by the outpatient clinic to ambulatory patients who use the clinic's counselling services and support on site or in justified cases – at home.

Co-operation with the Local Community

The Hospice engages in social activities in the local community, such as the Fields of Hope campaign, conducted from 2008. Each year we broaden our scope, and the number of participating entities increases. Currently, there are about 80 participating educational institutions: kindergartens, schools of all levels, higher education institutions, associations, clubs and educational centres. The campaign comprises numerous festivities, charity events such as The Run for the Hospice organised by the teachers of ZSO no. 15, art competitions, charity concerts and public collections. From October to May we run a series of training courses and information and educational meetings. The campaign's finale is the grand March of Hope in the streets of the town, with a few thousand participating children and young people. The program is highly popular among the whole local community and was placed under the honorary patronage of the Mayor of Sosnowiec and the Bishop of the Sosnowiec Diocese. The second campaign we participate in is Hospice is also Life. We joined it in 2004 and have continued co-operating with the Hospice Foundation in this respect.



The other campaigns are: "Hope in Place of Flowers", in which guests at weddings, baptisms and nameday or birthday parties can, instead of flowers, give their equivalent value as a donation for the construction of the Residential Hospice in Sosnowiec. Thus they can help to "build hope". The company Prooptimum of Sosnowiec, in return for used toners, pays sums of money by way of donations on behalf of the entities returning the toners. Since 2008, each year on 23-26 August, together with the pilgrims from the Sosnowiec Diocese, we walk to the top of Jasna

Góra. We pray together but we also take care of their health and fitness. The pilgrims on the pilgrimage route are accompanied by a hospice car, properly equipped with necessary medications, and during stops doctors and nurses cater for all the needs of the weary wanderers. In addition, the volunteers and employees assist the sick and disabled in making a pilgrimage to Częstochowa during the National Pilgrimage of the Sick event. Thanks to the initiative of the University Chaplain of the Sosnowiec Diocese, Father Paweł Sobierajski, New Year's concerts for the Hospice have been organised at Christmas since 2001. Since 2004 we have participated in the international initiative Voices for Hospices, organised for World Hospice and Palliative Care Days, and the national campaign Hospice is also Life.

There is one more tradition we have cherished since 2010. Every year in May, charity concerts of the artistic community of Silesia and the Coal Basin are organised at Teatr Zagłębia. The event is hosted by actors from Teatr Zagłębia who not only perform on stage but play the role of waiters during the interval, inviting guests to taste pastries.

We have also since 2010 co-organised together with the Town Hall annual concerts of stars at the Jan Kiepura Town Club. We acquire the funds from a competition for an artistic event held by the town. The invited artists include: Raz, Dwa, Trzy (a band), Stanisław Sojka and Edyta Geppert. Hospice singing has remained for good in the minds of the residents of Sosnowiec – schools take the initiative by themselves to organise traditional annual concerts for our Hospice. Examples include the concert "Niwka Builds Hope" prepared by Middle School No. 1 and concerts already held twice by Stanisław Staszic Secondary School of General Education No. 4 and Elementary School No. 23.

Prizes

In 2009, our volunteer, Anna Rządziejewicz, was granted the Silver Cross of Merit for charity activities from the President of Poland Lech Kaczyński. In 2013, our Hospice was the winner of the competition "Misericors in egenes – the Charitable among the Needy", organised by the Foundation for the Support of Human Resources "Our Coal Basin".

Material prepared by: Małgorzata Leśniewska

Jaworzno

St. Brother Albert Homo-Homini Hospice

www.jaworzno-hospicjum.pl

Establishment date: 7 August 1997

Founders: Helena Pulchny, Joanna Faron, Czesława Tyl

Key leaders: Helena Pulchny, Father Janusz Glanowski, Maria Bryła, Danuta Chwirut, Joanna Faron

Forms of care: home hospice, residential hospice, palliative outpatient clinic

History and Forms of Activity

The Hospice was founded in August 1997. Its activity was exclusively based on voluntary work. Two years later it signed its first contract with the National Health Fund. In 2000, the Team received a new seat in the Miners' Outpatient Clinic and the collections at the Jaworzno parishes permitted it to buy a car. In March 2003, the Municipality of Jaworzno gave the Association a plot for the construction of a Residential Hospice. In autumn 2005, the Team first took part in the campaigns: "Fields of Hope" and "Hospice is also Life".

In April 2007, they signed an agreement with the Mayor for the co-funding of the construction of the Hospice. In 2008, the foundation stone was set. A Branch of the Home Hospice was also opened in Chrzanów. The opening ceremony of the Residential Hospice took place on 16 October 2009, and in January of the following year the first patients were admitted to the ward. Since March 2012 the Home Hospice in Chrzanów has had a new seat, and since May 2013 it has run a Palliative Care Outpatient Clinic.

The principal area of activity is health care and promotion – care of cancer patients and their families provided by the Home Hospice, the Residential Hospice, the Palliative Care Outpatient Clinic in Jaworzno, and the Home Hospice and Palliative Care Outpatient Clinic in Chrzanów.

Co-operation with the Local Community

The team organises debates, conferences and lectures for healthcare staff, residents, patients and their families. They also offer the therapy "Fighting Cancer Together" according to Simonton's method.

As part of children's and young people's education, they conduct lessons and meetings at schools and kindergartens. Through regular volunteer training, meetings

with School Volunteers' Clubs and the organisation of events with the campaign volunteers' community, they promote and develop the idea of the voluntary service. The Hospice also collaborates with the media: the paper "Co Tydzień", TV channel "Telewizja dla Ciebie", "Dziennik Zachodni" journal, "Niedziela" Catholic Weekly, Radio eM and Radio Katowice.

It also co-operates with the Occupational Therapy Workshops for the Mentally Disabled, by presenting the artistic output of the Workshop participants to the patients at the Hospice and the bereaved families.

In co-operation with the Municipal Center for Culture and Sports and the Town Hall, it has organised annual autumn charity concerts since 2002. Each year on Patients' Day there are conferences for patients and their families at the St. Adalbert's and St. Catherine's collegiate church.

Material prepared by: Joanna Faron

Mrągowo

St. Adalbert's Home Hospice

www.hospicjum.mragowo.pl

Establishment date: 2 March 1997

Founders: Jan Adam Kmonk (deceased), Julian Osiecki, Father Wiesław Świdziński

Key leaders: Henryka Lenkiewicz, Marianna Pluta

Forms of care: home hospice

History and Forms of Activity

An important figure in the history of St. Adalbert's Home Hospice in Mrągowo is its first president and co-organiser, the late Dr Jan Adam Kmonk who, together with the present long-standing vice-president of the Hospice, Julian Osiecki, spear-headed the establishment of an association for cancer patients. They found people for whom helping patients had become the essence of life too. They were able to rely on the spiritual support of Father Wiesław Świdziński, the medical knowledge of Józef Ząbek, the diligence of Mieczysław Banach and the knowledge of nursing of Henryka Lenkiewicz. Further members and volunteers united by the idea of disinterested help to patients would subsequently join the Association and give their time to others.



In the Hospice chronicle you can read the following words about Jan Adam Kmonk: "For to him it did not matter whether the one who needed help was a poor and ailing man or someone important on the pedestal of life. He used to do everything out of the same love. (...) He used to help the terminally ill, hold them by the hand when they were reconciling themselves with their destiny".

In 2012 the organisation celebrated its 15th anniversary. Its statutory goals include: the provision of medical, spiritual and financial support, adjusted to individual needs, to the seriously and chronically ill in a terminal condition, hereinafter referred to as "hospice care"; assisting the families of the seriously ill in their care of them, the purchase of wreaths and obituaries, psychological or financial support after death (e.g. holiday camps for orphaned children); recruiting people of good will, ready to voluntarily provide the above care and assistance pursuant to the statutes.

Our volunteers support families in their care of patients; we rent the equipment required for daily functioning and supporting patient care. We train candidates for hospice volunteers and promulgate the idea of disinterested help for the needy. The participants of training have included secondary school students from Mrągowo. Many participants have taken up co-operation with the Hospice in various areas of its activities. We also provide psychological support, give thematic lectures and organise meetings.



Our activities cover the municipalities of the Mrągowo District. We very successfully co-operate with the Town Hall in Mrągowo, which supports our organisation in multiple ways. We have succeeded in extending hospice care into the countryside, which is an achievement in the development of our operations.

Our achievement is the increased interest in hospice voluntary service in the Mrągowo District, also among young people who attend training courses and join campaign-oriented voluntary service through our hospice voluntary service coordinators at secondary schools.

We are the only association in the district which provides care support to cancer patients *sensu stricto*.

The acquisition of the status of a public benefit organisation and hence the right to benefit from 1% of tax permits us to purchase specialist, equipment and patient aids which are so expensive that most families cannot afford them (e.g. electronically adjustable beds, medical aspirators, oxygen concentrators). The greatest help for families and patients are the beds which facilitate daily functioning and care.

Another achievement of St. Adalbert's Home Hospice in Mrągowo is the fact that it has already been operating for 16 years and continues to develop its operations, inviting new people and institutions to co-operate.

Material prepared by: Daria Woźniel

Tarnowskie Góry

Queen of Peace Hospice Association

www.hospicjumkrolowapokoju.tarnogorski.pl

Establishment date: 1997

Key leaders: Eleonora Grajczyk, Eugeniusz Sobota, Marek Gluck

Forms of care: home hospice, residential hospice

History and Forms of Activity

The Association has been in operation for over 16 years. The idea to establish it came up as a grass-roots initiative, an unquestionable need of residents, kindly supported by Father Jan Frysz, the parish priest of the Mother of God Queen of Peace Parish, who let rooms for the meetings of volunteers. This was the informal beginning of our Association. In 1997, it was entered in the register of association of the Province Governor's Office in Katowice as the Queen of Peace Hospice. In the first general meeting, the management board was appointed and efforts were made to register its composition in the Registry Court. We still met at the Mother of God Queen of Peace Parish and used the room of Caritas of the Gliwice Diocese. In 2000, the Non-Public Health Care Unit the Queen of Peace Palliative and Hospice Care Team was established. It signed a contract with the National Health Fund thanks to which the Hospice was given the necessary funds for its activities. In autumn 2000, a contract for the lending for use of rooms in the eastern wing of the Chemical and Medical Schools building was concluded with the County Administrative Office in Tarnowskie Góry. There began a major refurbishment which was mainly sponsored by local companies and individual donors but also financed by the volunteers themselves. On 21 February 2001, the rooms were ceremonially consecrated by the auxiliary bishop of the Gliwice diocese, Father Gerard Kusz. There were moments of reflection, reverie and, of course, joy – at all the goodness in people that we succeeded in using for the benefit of others.

In 2004, we were awarded the status of a public benefit organisation. Being awarded a certificate for the implementation of the hospice idea in terminal care from the National Hospice Movement Forum was a major event for the Queen of Peace Hospice Association. In 2004-2012, the Hospice kept on developing and increasing the number of its volunteers and members. Numerous campaigns and training events were organised. In May 2012, after years of effort, we opened the Palliative Care Ward together with the Ministers to the Sick, i.e. the Camillian Fathers.

This was a big event in our region. Patients are provided professional round-the-clock care, they bear no costs and may go back to their homes at any time.

Nowadays, the Association has 28 members and a dozen or so volunteers, who work in accordance with the Act on Public Benefit and Voluntary Work. For 14 years, all the doctors taking care of patients have been volunteers. For 2 years, the President of the Queen of Peace Hospice Association has been Eugeniusz Sobota and its Vice-President has been Dr Marek Gluck, MD PhD.



The Association gathers people willing to help in the symptomatic treatment of terminal cancer patients. The Hospice Management Board places strong emphasis on the education of volunteers, who take part in many training courses across the country. We have qualified medical and nursing staff. The medical manager is Dr Olaf Lubas, who is specialized in palliative medicine. There are also 3 nurses with palliative care specialization.

Among the volunteers there is a Camillian, Father Mariusz Wardęga, who became the Hospice chaplain by decree of Jan Wiczorek, JE. He is a graduate of a 2-year postgraduate course in hospice care at the Catholic University of Lublin.

According to the Statutes, the Hospice takes care of patients at their homes. Volunteers take care of patients' families too, providing various forms of assistance, depending on a patient's social status. After a patient is reported at the Association, a team is assembled, and it may comprise a doctor, a nurse, a psychologist, a chaplain, a physiotherapist and a non-medical volunteer, depending on a patient's needs. Patients can rent medical equipment free of charge: oxygen concentrators, specialist beds, wheelchairs, walkers of all types, and nursing and medical supplies.

On every last Monday of the month there are meetings of all those engaged in the service of patients and a holy mass is given at the Hospice. These meetings give spiritual support to volunteers. As part of their spiritual education, volunteers also participate in concentration days and retreats prepared by partnering hospices.

At least once a year a recreational and educational meeting (a picnic) is organised for orphaned families and volunteers. Such meetings are held at the local parishes and elsewhere and their aim is the integration of the "entire hospice family".



Co-operation with the Local Community

The Queen of Peace Hospice Association co-organised the 2-day symposium, "Volunteers in the Service of People", in Tarnowskie Góry, during which lectures were given by speakers from Silesia and beyond. They also organised the conference entitled "We Have to Help Each Other", during which lecturers from the Silesian University discussed the issues of helping the needy. In connection with the conference motto, regular concerts were held at the Wiśniowy Sad Restaurant, promoting the idea of the hospice movement in the local community.

The Hospice participated in the 3-year I Like to Help campaign, under which talks were given in the schools of Tarnowskie Góry. Thus campaign-oriented volunteers were recruited for the Fields of Hope campaign. "Yellow fields of hope" always bloom in several spots in the town and in front of our headquarters. By token of gratitude, young people are invited to concerts held at the Community Center.

In 2011, the Association took part in the national campaign "Hospice is also Life", during which the activities of the Hospice were presented in lectures at the Universities of the Third Age and parochial senior citizens' clubs in Tarnowskie Góry.

They have organised the Hospice All Souls' Day for several years. It is always combined with a classical music concert, a rosary and a mass during which we remember those who died – our patients and volunteers of the Hospice.

Our wish is that the idea of serving the needy is not pushed to the margin, and the professionalism and great dedication of large groups of people with the passion of charitable service for others form the basis of the hospice mission.

Material prepared by: Eleonora Grajczyk

Cieszyn

Patients' Friends' Association St. Luke the Evangelist Hospice

www.hospicjum.home.pl

Establishment date: July 1998

Founders: Father Mirosław Szewieczek, Tadeusz Niwiński, Janina Kiswa-Bruell

Key leaders: Dorota Kania, Joanna Piotrowska-Cieślak, Ireneusz Praski, Mariola Sufa, Halina Sajdok-Żyła, Nina Łanda, Jolanta Płonka

Forms of care: home hospice

History and Forms of Activity

The hospice provides home-based palliative care. We take care of terminal cancer patients, mostly from the Cieszyn county. We offer medical, nursing, psychological and spiritual assistance. We have run a medical equipment store and free rental service of wheelchairs, beds, walkers etc. (over 70 rentals a year) for over 10 years. We financially support patients' transport to healthcare centres. We take care of 18 orphaned children and bereaved families.

We are the first hospice in the region of Cieszyn Silesia. We have helped some 500 patients so far.



The 15th anniversary of the Hospice, October 2013. The Association volunteers at the ceremony in the Town Hall, with the Honorary President, Tadeusz Niwiński.

Co-operation with the Local Community

We co-operate with the local administrative unit and the municipality of Cieszyn, and – in a special way – with the Franciscan Monastery in Cieszyn.

We engage in campaign-oriented voluntary service, particularly at the Nicolaus Copernicus Secondary School of General Education No. 2 in Cieszyn. The school has held St. Valentine's concerts for the Hospice for a dozen or so years. Together with the elementary schools of Cieszyn, we conduct the Fields of Hope campaign.



Material prepared by: Dorota Kania

Poznań

Wielkopolskie Association of Palliative Care Volunteers "Home Hospice"

www.hospicjum-domowe.poznan.pl

Establishment date: 8 January 1998

Founders: Anna Jakrzewska-Sawińska, Jadwiga Olejnik, Stanisław Grzybowski

Key leaders: Anna Jakrzewska-Sawińska, Krzysztof Sawiński

Forms of care: home hospice for adults, home hospice for children, geriatric hospice, palliative medicine outpatient clinic, long-term care of mechanically ventilated adults and children, pain management clinic, geriatric outpatient clinic, home oxygen therapy and enteral nutrition outpatient clinic

History and Forms of Activity

The Association was registered on 17 March 1998. We soon started to apply for a seat and, thanks to the city authorities, succeeded in obtaining one in June 1998. Our seat for the next 11 years became the premises at No. 3, 27 Grudnia Street in Poznań, which was refurbished and equipped with the support of corporate and individual donors, and, as a matter of course, volunteers. A breakthrough happened in the year 2000 when new possibilities for the financing of the Home Hospice managed by the Association opened after a healthcare reform.

As it wanted to fulfill the statutory goals in the best possible way, the Association established 3 Non-Public Health Care Facilities (now transformed into healthcare entity enterprises). The first one was the Wielkopolskie Hospice for Adults, established in 1998, followed by the Wielkopolskie Hospice for Children as the third entity of its kind in Poland, and lastly the Center for Healthcare Services and Preventive Tests, with a geriatric outpatient clinic and a pain management clinic, was established in January 2000. In reply to the observed social demand and to ensure improved and more comprehensive care, over the years we gradually extended our medical activities, opening new outpatient clinics.

In April 2009, thanks to the generosity of the residents of Wielkopolska and Poznań, especially the Pater family who gave us a part of the building, the Association moved to a new seat at 4 Bednarska Street in Poznań, which now houses all the activities.



Since 2004, we have had the status of a public benefit organisation. Our activity is based on contracts with the National Health Fund and subsidies from the City of Poznań, the Local Government of the Wielkopolskie Province and the Ministry of Labor and Social Policy. The care provided is free.

The object of the statutory activities of the Association is care of terminal patients, accompanying patients in their last days and assisting families at the time of illness and bereavement, as well as activities for the elderly, such as healthcare and health promotion, and medical, financial and psychological support for patients in a difficult life situation and for their families. These tasks are carried out by the healthcare entity enterprises we manage: the Wielkopolskie Hospice for Adults, the Wielkopolskie Hospice for Children and the Center for Healthcare Services and Preventive Tests. Owing to contracts concluded with the National Health Fund, we provide care to our patients in the following scope: home hospice for adults, home hospice for children, palliative medicine outpatient clinic, long-term home care of mechanically ventilated adults and children, pain management clinic, geriatric outpatient clinic, home oxygen therapy and enteral nutrition outpatient clinic. Care is provided by an interdisciplinary team of doctors, nurses, psychologists, neuropsychologists, physiotherapists and volunteers.

The Association is actively engaged in working on the improvement of the care and quality of life of the chronically and terminally ill and the elderly, and in the

development of systems of interdisciplinary palliative and geriatric/gerontological care. For this purpose we collaborate with local institutions and organisations, and central and local government units, implementing public tasks related to the implementation of model solutions for the care and support of the elderly, their families and care assistants, by promoting rehabilitation activities aimed at the activation of the motor function in the 60+ and maintaining their self-reliance at the highest level possible. We run the Poznań Senior Citizens' Center where we provide services within the center for geriatrics and gerontology (counselling, medical care, specialist consultations).

We carry out a comprehensive program for the improvement of the quality of life and living standards of the elderly by educational and sports activities, with emphasis on the development of personal and interpersonal resources. The above activities would not be possible without the funding from the City Hall of Poznań, the Wielkopolskie Province Local Government and the Ministry of Labor and Social Policy.

From the beginning we have managed a geriatric hospice, unique on a national scale.

In 2007-2008 we participated in the development of the standards of palliative and hospice care for children and adults at the Ministry of Health. We also took part in the development of proposals of standards for the provision of medical services in geriatrics, which were published and distributed in the medical community.

Together with the City Hall of Poznań, we prepared a Memorandum addressed to the Polish Government, the Sejm, the Senate, the Ministry of Health and the National Health Fund on the changes needed in geriatric care, including improved availability of palliative care to the elderly. It was also thanks to our efforts that in 2008 they abolished the percentage division into cancer and non-cancer patients in the process of admission to a home hospice. We still actively support the extension of the binding list of conditions which qualify for the hospice care of adults suffering from non-cancer diseases.

We currently participate in the work of the Board for Senior Citizens Policy at the Ministry of Labor and Social Policy, co-creating the project of Poland's senior citizens policy for 2014-2020.



We regularly participate in national and international scientific conferences and congresses, presenting the activities and achievements of our center, particularly in the field of geriatric palliative care. We have presented our work in Leon, St. Petersburg, Vienna, Paris, Lubeck and Bratislava. Since 2005 we have organised international scientific and educational conferences on palliative and geriatric/gerontological care and released scientific publications with conference speeches.

It is worth noting that we were among the first to deal with the home care of patients who required assisted ventilation and we introduced mechanical ventilation into palliative care.

Material prepared by: Anna Ziółkowska

Warszawa

NZOZ (Non-Public Healthcare Facility) Home Hospice Center of the Marian Fathers' Congregation

www.hospicjum-domowe.waw.pl

Establishment date: 28 July 1998

Founder: Marian Fathers' Congregation

Key leader: Father Andrzej Dziedziul MIC

Forms of care: home hospice, palliative care outpatient clinic

History and Forms of Activity

The Center was set up as a Healthcare Facility in co-operation with the parallel Home Hospice Association in operation from 1993. It was based on the experience of people who had already worked for 25 years (from 1988) at the first hospice at St. Stanisław's Church. Nowadays, it runs the Home Hospice and the Palliative Medicine Outpatient Clinic. In 2013 it provided care to some 400 patients and 100 patients passed away every month. It employs competent and well-educated medical staff (including numerous doctors). Despite various difficulties and the frequent lack of money for exceeded limits, we do not delay patient admissions.

The Hospice supports the bereaved, by organising all-year activities with orphaned children as well as summer and winter camps. They are also attended by widows and widowers – this is the best form of support for the entire bereaved family.

Co-operation with the Local Community

Our educational activities include training courses for doctors and volunteers, conferences and activities for children and young people. The Hospice co-operates with some 150 schools and kindergartens each year. It is worth noting that there are volunteers working together with the hospice team.

For years we have co-operated with local governments and numerous public benefit organisations. The Hospice takes part in the work on amendments to the law on healthcare activities in Poland and chairs the Public Benefit Organisations Health Commission in Warsaw. It actively participates in the activities of the Polish Hospice Forum aimed at the development of an integral vision of hospice care in Poland.

Material prepared by: Father Andrzej Dziedziul

Bartoszyce

Non-Public Palliative Medicine Facility

www.opiekapaliatywnabartoszyce.eu

Establishment date: 1 January 1999

Founders: Stanisława Marta Kosmala, Ewa Harhaj

Key leaders: Stanisława Marta Kosmala, Ewa Harhaj

Forms of care: home hospice, palliative care outpatient clinic

History and Forms of Activity

The Hospice was set up as a response to the needs of the community.

„We both used to work in a setting where we had contact with patients returning home after causal treatment was completed. We saw what happened to them when symptomatic treatment did not always bring the effects expected. At the same time we were getting information about the hospice movement and training opportunities. It was still within the structures of the Health Care Facility that a palliative care outpatient clinic could be established and I was “officially appointed” the manager. The justification was that I was just the right person for the job. I was scared but I also knew that I wanted to help the suffering. This is how palliative care chose me and I chose Ewa to work with me. We both participated in all the possible training courses where we learnt from Professor Jacek Łuczak and Professor Krystyna de Walden-Gałuszko. This was when the Healthcare Reform began. Lilia Wieremiej, who then held the position of the provincial nurse in Olsztyn, was keenly interested in the development of palliative care in our region and saw potential in me. She gave me plenty of positive energy, which led to the establishment of the Non-Public Palliative Medicine Facility.

The gross underfinancing of palliative care was our biggest curse. Ewa and I looked for support everywhere and brought whatever we could from home to furnish the offices in a nice and cosy manner. During a meeting with friends, we came up with the idea to establish an Association which would support our actions for the development of palliative and hospice care. Thus the Warmińsko-Mazurskie Association of Friends of Palliative Care was set up.”

The Home Hospice and the Palliative Medicine Outpatient Clinic are conducted within the Facility. The Association’s tasks include: financial, content-related and organisational support of healthcare forms, especially provided by legal entities and healthcare/palliative care units, including ensuring the adequate equipment and

functioning of medical rooms; social assistance, especially to families and people in a difficult life situation and the equalization of their chances; taking actions for the disabled and terminally ill; free time organisation for children and young people, and promotion and organisation of voluntary work. The Association also provides technical, educational information or financial support to non-governmental organisations in the scope set out in its goals.

Co-operation with the Local Community

As part of co-operation with the local community, we conduct community campaigns – Hospice is also Life, Remembrance Candle, Fields of Hope – and we organise charity concerts and tournaments. We collaborate with the town council, the county administrative unit, BartSat television, Bartoszyce Radio, the Bartoszyce Community Center, the Young People’s Community Center, secondary schools, the University of the Third Age in Bartoszyce and the associations: the Gift of Alliance for the Welfare Center, NORA and Rubin, as well as the Artistic Cellar.

Our Poland is the area of the Bartoszyce county. It is here that we bring immediate help to people in need of palliative care. We popularize the idea of hospice care and sensitize society to the suffering of people with cancer.

Material prepared by: Marta Kosmala

Łódź

Palliative Medicine Ward and Palliative Medicine Outpatient Clinic at St. John the Divine's Hospital of the Knights Hospitallers

www.bonifratrzy.lodz.pl

Establishment date: 1999 – the outpatient clinic, 2000 – the ward

Founders: Knights Hospitallers

Key leaders: Krystyna de Corde, Father Franciszek Chmiel.

Forms of care: palliative medicine ward, palliative care outpatient clinic

We provide care to patients living in Łódź and its immediate vicinity. We closely co-operate with all the home hospices in Łódź, Zgierz, Pabianice, Poddębice and Zduńska Wola.

On 25-26 May 2000, the Łódź Chapter of the Knights Hospitallers organised a Polish-German symposium on palliative care, "To Live with Dignity to the End".

Material prepared by: Iwonna Kalinowska-Oko

Pabianice

Hospice Care Association in the Pabianice District

www.hospicjumpabianice.pl

Establishment date: 28 May 1999

Founders: Elżbieta Ruta, Barbara Kałużna, Teresa Uszyńska, Anna Dzwon

Key leaders: Elżbieta Ruta, Teresa Uszyńska

Forms of care: home hospice

History and Forms of Activity

On 30 November 1999, the Non-Public Palliative Care Facility was opened. On 1 April 2000, it signed a contract with the Regional Health Fund in Łódź. In the same year, support groups for bereaved families started to operate. In May 2013, with the support of the County Administrative Unit in Pabianice, the Cancer Fighting Center was set up. It provides support to people after being diagnosed with cancer and during treatment. This is, above all, psychological support for patients and their families. Depending on patients' needs, we also offer consultations with a dietician and a physiotherapist.

The Association organises the home care of patients with advanced cancer at the terminal stage. It provides medical, nursing, psychological and social support for patients residing in the town and the counties of Pabianice (175 thousand residents), Łask and Łódź Wschód.

Every quarter holy masses are held at the Divine Mercy Parish in Pabianice. Since 2000 the Association has conducted support groups, according to its own program, for people whose deceased relatives were patients of the Home Hospice.

Material prepared by: Iwona Traskowska, Elżbieta Ruta

Czechowice-Dziedzice

Salus Non-Public Healthcare Facility

www.salus.org.pl

Establishment date: 8 December 2000

Founder: Danuta Kopec

Key leaders: Urszula Cichoń, Jan Kiedos, Janina Diech, Katarzyna Anita Kosmaty

Forms of care: home hospice

From 2002 the facility provided long-term care, and subsequently, palliative care. It was entered in the province leader's register as a Home Hospice.

Co-operation with the Local Community

Apart from home care, the Hospice promulgates the hospice idea and voluntary work by participating in the Hospice is also Life campaign, organising collections at the churches of the deanery, spreading information about voluntary work and the Hospice through the local press, the city's and the facility's websites and in the form of talks at schools. School students are also engaged in active participation. They prepare Christmas parcels with cakes, table decorations and cards.



Material prepared by: Jan Kiedos

Katowice

Archdiocesan Hospice Home of the Blessed John Paul II

www.hospicjumcaritas.pl

Establishment date: 2 December 2000

Key leaders: Teresa Grzanka, Urszula Sierantowicz, Teresa Jarczyńska, Mirosława Kobuszevska, Urszula Krzyszkowska, Father Zdzisław Tomziński

Forms of care: home hospice, residential hospice, palliative outpatient clinic, nursing and treatment facility, long-term home nursing care, Caritas Care Station

History and Forms of Activity

The Archdiocesan Hospice Home was founded on 2 December 2000 within Caritas of the Katowice Archdiocese. In early February 2001, the first patient was admitted to the Residential hospice. Simultaneously, the long-term home care team started to operate. In June 2001, the palliative home care team and the palliative care outpatient clinic started their work. In April 2006, the Nursing and Treatment Facility was opened at 48 Ligonja Street in Krzyżowice. In May 2012, by decree of the Katowice Archbishop, Wiktor Skorc, the Archdiocesan Hospice Home was separated from Caritas of the Katowice Archdiocese and it was granted a legal personality.

The center's activities include a Residential hospice with 18 beds, a home hospice, a palliative medicine outpatient clinic, a nursing and treatment facility with 24 beds, long-term nursing home care and rehabilitation at the patient's home, and social welfare within the Caritas Care Station. Our patients can also use the free rental service of auxiliary equipment for home care.



Main entrance



The team on a visit to Wrocław

Co-operation with the Local Community

The Hospice co-operates with the Silesian Higher Seminary in Katowice. Clerical students and deacons serve at the Residential hospice – they give Holy Communion, conduct services and accompany patients and their families. The Hospice also co-operates with the Custody Suite in Katowice. From Monday through Friday, detainees work as volunteers at the Residential hospice. There is long-standing co-operation with the city halls of Katowice, Siemianowice Śląskie and Tychy in the area of care of cancer patients. The center promulgates hospice voluntary service in the surrounding schools. Young people prepare season's greetings cards, table decorations for patients and carol concerts at Christmas.

Each year, on the last Sunday of October, there are meetings of the Hospice Family and after the mass there is an occasional concert and everybody meets for coffee and cake. On every first Sunday of the month there is a meeting for the families of patients who died in the previous month. A mass is celebrated, and afterwards people talk over coffee. This is also an opportunity to give support to the families going through the death of their relatives.

From 2011, on 1 November, collections for the Hospice are held at the cemeteries in Katowice. In September 2014, the Archdiocesan Hospice Home of the Blessed John Paul II in Katowice first joined the national campaign Fields of Hope.

We co-operate with Radio eM and Gość Niedzielny, which, by promoting our activities, promulgate the hospice movement.

Material prepared by: Father Zdzisław Tomziński

Independent Public Health Care Unit

Establishment date: 1 January 2000 – the Residential Hospice, 1 January 2001 – the Home Hospice

Key leaders: Jolanta Zdunek, Karol Wilk, Siergiej Belniaków, Beata Plińska

Forms of care: home hospice, residential hospice

History and Forms of Activity

The Residential Hospice and the Home Hospice are located in a separate hospital building and operate within the organisational structure of the Independent Public Health Care Facility in Siedlce. The palliative and hospice care provided by our Facility is intended to improve the quality of life of patients and their relatives coping with the daily problems related to a progressing, often incurable illness. The actions taken are meant to prevent suffering, bring relief, alleviate pain and other symptoms, help in solving problems and support the patient's family. Depending on the needs, health services are provided by a multidisciplinary team prepared to take care of the dying.



We provide pain therapy using medications according to international guidelines, administered by intravenous, subcutaneous, intramucosal, transcutaneous

and subarachnoid routes and by pump. We are highly effective in the treatment of bedsores using advanced dressings and techniques, such as negative pressure therapy. If necessary, we use PEG or PEJ gastrostomy tube feeding; we alleviate the symptoms of concomitant conditions, without futile life-prolonging procedures. We closely co-operate with patients' families participating in the care. We educate in the field and develop work standards, taking an individual approach to patients into account. The team consists of: doctors, nurses, physiotherapists, a psychologist, a priest and others.

We deliver palliative and hospice healthcare services for adult patients according to a contract with the Mazovian Provincial Branch of the National Health Fund. The area of operation of the Residential Hospice and the Home Hospice covers in particular the town of Siedlce and the counties of Siedlce, Łosice, Sokołów, Węgrów, Mińsk and Garwolin.

We co-operate with primary and specialist care physicians, hospital physicians (hospitals in Siedlce, Węgrów, Sokołów Podlaski, Łosice and others) and with the Caritas Association and volunteers.

We provide medical care to patients with cancer, decubitus ulcers, cardiomyopathy and serious neurological conditions. From the establishment to 30 September 2013, we took care of some 2300 patients at the Residential Hospice and some 1000 patients at the Home Hospice.

Material prepared by: Joanna Szkop

Błonie n. Warszawa

Healthcare Center Caritas of the Warsaw Archdiocese, Healthcare Unit Caritas of the Warsaw Archdiocese – Home Hospice

www.warszawa.caritas.pl

Establishment date: 1 March 2000

Founder: Caritas of the Warsaw Archdiocese

Key leaders: Halina Mickiewicz, Agata Błądzińska

Forms of care: home hospice

Forms of Activity

The hospice provides home-based palliative care to people at the terminal stage of cancer. The first seat of the facility was Raszyn near Warsaw, and today it is seated in Błonie. Each year the Hospice helps some 500 patients and their families. It also helps orphaned children and families through bereavement (psychological support, support group). The services of the Hospice are comprehensive and include: medical assistance (nurses' visits to patients twice a week on average, doctors' visits – twice a month), psychological (for patients and their families), social and spiritual assistance.

The Hospice additionally offers free rental of professional and modern rehabilitation equipment: rehabilitation beds, anti-decubitus alternating pressure mattresses, wheelchairs, oxygen concentrators, aspirators, etc.

In its work it cooperates with the Health Policy Department of the Capital City of Warsaw, the Hospice Foundation in Gdańsk, local educational facilities and care and education centres and the Social Welfare Center.

Material prepared by: Agata Jabłonowska-Turkiewicz

Warszawa

Caritas Healthcare Center of the Warsaw Archdiocese, Caritas Healthcare Unit of the Warsaw Archdiocese – Residential Hospice

www.warszawa.caritas.pl

Establishment date: 1 October 2001

Founder: Caritas of the Warsaw Archdiocese

Key leader: Barbara Kołakowska

Forms of care: residential hospice

Forms of Activity

The principal areas of activity include the care of patients with advanced cancer or other incurable diseases, of patients' families at the time of their illness and of families in mourning. The Caritas Residential Hospice provides patients with holistic care comprising medical, nursing, psychological, social and pastoral care, as well as rehabilitation suited to their health condition.



Co-operation with the Local Community

As part of co-operation with the local community, the Hospice organises traineeships for students of the University of Warsaw and the Medical University and volunteers from the Center for John Paul II's Thought as well as nursing traineeships for students pursuant to agreements with the Medical University. It has also established co-operation with the University of the Third Age and the Health Policy Department of the Municipal Office of the Capital City of Warsaw. The center is a member of the Polish Hospice Association.

Prizes

The Hospice volunteers were the winners of the competition "The Mazovian Colors of Voluntary Service 2010" and in 2013 they were awarded the Ubi Caritas prize. The center promotes the hospice idea through radio and television appearances of the staff and by giving press interviews. The entity holds the ISO 9001:2008 certificate.



Material prepared by: Agata Jabłonowska-Turkiewicz

Wągrowiec

Non-Hospital Care Center – the Good Samaritan’s Hospice

www.hospicjum.wagrowiec.wlkp.pl

Establishment date: 2000 (the Association), 2004 (the Hospice)

Founder: Prelate Andrzej Rygielski

Key leaders: Michał Politowski, Bronisław Pędzisz, Waldemar Piechowiak (late), Benjamin Janicki (late), Stanisław Owsiany, Piotr Pewiński (late), Marian Talaczyński, Bogumiła Nikel

Forms of care: residential hospice, home hospice, night shelter, meal center

History and Forms of Activity

The idea to establish a hospice emerged already in the 1970s when Father Andrzej Rygielski was working as a curate in Bydgoszcz. He would very often encounter incurably ill people there. Many thoughts and questions cropped up in his mind: What are the needs of the terminally ill and their families? How can you realize the deep secret of life and death? How do you ensure a person a worthy passage through the threshold of death to eternal life, surrounded by loved ones, in an atmosphere of peace and respect for this very moment? As a priest he had encounters with death but in those years it was the meetings with the terminally ill that kept haunting him. He knew that he had to take care of them differently, that they needed more warmth and love, which required more time...

This was supposed to be the building of a second church. When asked why he was doing this, he would modestly reply that at first a church had to be built to gather people around the altar and then it was appropriate to put faith into effect. The formation of the hospice received invaluable help from the co-author of the contemporary concept of hospice care in Poland, Prof. Jacek Łuczak, MD PhD, of the Academic and Clinical Department of Palliative Medicine, the Palium Hospice of the Clinical Hospital of the Transfiguration of the K. Marcinkowski Medical University in Poznań, with whom we have co-operated until today.

In September 1998, at the St. Adalbert’s Parish, the Public Committee for the Construction of the Hospice was constituted under the leadership of Canon Andrzej Rygielski, and the honorary patronage was taken over by Archbishop of Gniezno Henryk Muszyński. In November the Committee applied to the mayor of Wągrowiec for a plot of land for the construction of the hospice. The application was accepted. They were offered a building in Powstańców Wlkp. Street, formerly housing a kin-

dergarten and a school. Due to the numerous protests of the inhabitants of the neighboring houses and parents of the kindergarten children against the hospice being established there, in spring 1999 the members of the Public Committee wrote to the mayor asking him to suggest a different location. The council suggested a vacant area belonging to the hospital in Brzozowa St. in Wągrowiec. In December of the same year, the Wągrowiec County Council passed a resolution on donating a plot in Brzozowa St. for the construction of the hospice to St. Adalbert’s Parish. It was officially handed over by the Wągrowiec County Management in early 2000, having completed all the administrative procedures.



Setting the foundation stone by Archbishop Henryk Muszyński (07.10.2000) for the construction of the Hospice

In December 1999, the Public Committee for the Hospice Construction was transformed into the Founding Committee of Father J.N. Musolff’s Association in Wągrowiec. In June 2000, in the first general meeting of members, the Association’s executive board was selected: Canon Andrzej Rygielski – President, Michał Politowski – Vice-President, Piotr Pewiński – Secretary, Benjamin Janicki – Treasurer and Stanisław Owsiany – Board Member. On 17 March 2000, the District Court in Poznań decided to enter the Association in the register of associations, and in February 2004 it became one of the first organisations in Wielkopolska to have been awarded the status of a public benefit organisation. On 10 October 2000, Archbishop Henryk Muszyński formally consecrated and set the foundation stone for the construction of the hospice. Four years later, on 19 September 2004 he formally consecrated and opened the Hospice, naming it after the Good Samaritan. In early January 2005, the Hospice admitted its first patient. In 2007, the Wągrowiec County Management

granted a plot for the construction of a garage for the vehicle used by the hospice team to travel to the patients of the Home Hospice.

Due to the growing number of people in need of hospice care, the management board of the Association resolved to build a new wing of the Hospice. At the same time, they began applying to the Wągrowiec County Management for the granting of a plot for the extension of the Hospice. After the official matters were completed and the documentation was prepared, in September 2011 the extension started and it was finished in April 2012, when the furnishing of the new wing began. On 30 May 2012, the Primate of Poland, Archbishop Józef Kowalczyk ceremoniously consecrated the newly built, fully equipped wing of the Hospice. The facility currently has 14 beds in 9 rooms – 4 single and 5 double ones. Every year, the Hospice provides care to some 650 patients residing in the counties of Wągrowiec, Oborniki, Chodzież, Żnin and others, including 280 at the Residential Hospice and 370 at the Home Hospice.



In 2011, 3 sisters from Bangalore in India (Satyaseva Catechist Sisters of the Family, SCS) started work at the Hospice. Thanks to the efforts of the parish priest, prelate Andrzej Rygielski and the Sisters, the Hospice was given 1st degree relics of the Blessed Mother Teresa of Calcutta, which were ceremonially brought into the Hospice chapel by the late Cardinal Józef Glemp on 29 September 2012. And in 2013 Bishop Krzysztof Wętkowski brought 1st degree relics of St. John Paul II into the Hospice chapel. The relics serve as a support for patients, their families and the employees. The cult of relics permits a believer to cross the threshold of the visible world and as it were touch the eternal one. Touching relics directs a believer's gaze towards the future, towards eternal life.

Apart from the primary hospice activities, the Association organises various forms of recreation for children and young people from families afflicted by poverty and different pathologies. It trains medical staff, volunteers and patients' families. It promotes and improves the social awareness of multidisciplinary hospice care. It runs a meal center distributing some 50 hot meals a day (if necessary, the capacity is up to 100 meals a day), and a night shelter offering beds for 12 people (in special situations for 12 more people). These are the only such facilities in the Wągrowiec county and its environs.

The activities of the Association set certain standards of behavior. Awareness in the local community has visibly improved as they look at the issue of terminal illness and the necessary comprehensive support for afflicted families with a lot of sympathy, acceptance and without fear, which is proven by the significant moral and financial support received by the Association. The need to help the terminally ill, poor, homeless and helpless is more and more frequently perceived as a natural reaction of self-help within the local community, and the terminally ill are no longer pushed to the social margin as if they did not exist at all. Now these fellow citizens are treated in a normal way. Help is brought by ordinary, kind-hearted old and young people, and the number of volunteers keeps growing.

Co-operation with the Local Community

Ever since it began to operate, the Association has taken multiple actions promoting the hospice idea among the people of the Wągrowiec county and its surroundings, taking part in international and national campaigns such as "Hospice is also Life", "Voices for Hospices" or "Fields of Hope", as part of which concerts and charity events are organised for the residents. It also organises training courses for employees and residents, and participates in conferences and congresses in palliative medicine. The hospice has hosted doctors, nurses and other people associated with palliative care from Israel, India, Russia, Moldavia, the Ukraine, Belarus or Germany.

The actions taken for the Hospice in Wągrowiec, especially the Fields of Hope, were actively supported by campaign-oriented volunteers, teachers and students from the following schools in the Wągrowiec county: the 2nd Secondary Schools of Dr Stanisław Kuliński in Wągrowiec, the 1st Secondary Schools of Stanisław Mikołajczyk in Wągrowiec, the Elementary School in Jabłkowo (the branch in Lechlin), the School and Preschool Complex in Wiatrów, the First Piasts Public Schools in Damasławek, the 1st Middle School in Wągrowiec, the 4th Elementary School of Maria Skłodowska-Curie in Wągrowiec, the 2nd Elementary School of Wągrowiec Cistercians in Wągrowiec; in the Czarnków and Trzcianka county: the

Schools in Wielen; and in the Obornik county: the Józef Wybicki Schools in Parkowo (on average approx. 180 people a year). Of special note is the co-operation with the 2nd Secondary Schools of Lt. Col Dr Stanisław Kuliński in Wągrowiec and its School Volunteers' Club Corculum, supervised by Urszula Francuziak and Agnieszka Szymaniak, which organises numerous charity campaigns for the Hospice and the annual days of voluntary service. We co-operate with the authorities of the towns and communes of the Wągrowiec county, with the county administrative unit, the Wielkopolskie Province Marshal's Office, the Municipal Community Center in Wągrowiec as well as institutions, organisations and individuals in Poland and abroad, whose activities are convergent with the goals of the Association. Before holidays (Christmas, Easter), the Hospice is visited by groups of school volunteers who come to get to know it, amuse patients by their performances and give them small home-made souvenirs.



Hospice Founder, Prelate Andrzej Rygielski with volunteers

Prizes

In 2001, the Chapter of the Pro Publico Bono Prize awarded the Father J. N. Musoloff's Association for the uniqueness of its initiatives: the meal center and night shelter, and the construction of a hospice in such a small community.

In 2010, in gratitude for bringing a "ray of hope" and 5 years of service for the community of Wągrowiec, the Good Samaritan's Hospice was honored by the mayor with a statuette of Father Jakub Wujek.

The Association members, as private individuals engaged in the development of the hospice idea, were awarded the "Golden Seal" Prizes of the Wągrowiec County for outstanding social and professional activities and achievements: Father Andrzej Rygielski in 2003, Mieczysław Jarzembowski in 2004, Zygmunt Niezychowski in 2007 and Leokadia Grajkowska in 2008.

The Chapter of the Town of Wągrowiec Prize awarded a statuette of the town patron, St. Jacob the Apostle for community work to: Canon Andrzej Rygielski in 2000, Dr Zygmunt Niezychowski, Hospice Manager – in 2001, Michał Politowski, Member of the Association Board – in 2005, and the Corculum School Volunteers' Club of No. 2 ZSP in Wągrowiec – in 2011.

The President of the Board of the Association, Prelate Andrzej Rygielski was awarded the Golden Leaf, given to ordinary people for their uniqueness, from the editors of "Głos Wągrowiecki" in 2004. In the same year a German organisation called Kiwanis awarded their Peace Prize to him. In 2005 he was honored by the Chapter of the Economic and Consumers' Program "Reliable Company", and in 2009 he received the Ecce Homo Order – for people who, in spite of all adversities, give evidence of their disinterested love of others through their consistent work. In 2012, Prelate Rygielski was awarded the Medal of the 30th Reconstitution of the Order of St. Stanislaus Bishop and Martyr for disinterested charitable activities and the Honorary Hypolite's Statuette, and was awarded the title of Leader of Organic Work. In 2014 he was honored by the Management Board of the Polish Palliative Care Society of Aleksander Lewiński and Antonina Mazure with a Golden Butterfly for his exemplary and dedicated service as the Hospice chaplain and his commitment to the life of the local community. In the same year he received the Honorary Prize of the Wielkopolskie Province Governor in the form of a medal Ad Perpetuam Rei Memoriam (In Lasting Memory), awarded to outstanding citizens of the Wielkopolska region.

In the competition organised by "Głos Wągrowiecki" the prize of Paulina Pawlak, and the Volunteer of the Year 2010 went to Ms Cecylia Kaźmierowska; the Volunteer of the Year 2012 was the Corculum School Volunteers' Club. The title of the Honorary Volunteer of the Year 2012 was awarded to Prelate Andrzej Rygielski.

Material prepared by: Stanisław Owsianny

Braniewo

NZOZ (Non-Public Healthcare Facility) Medical Practice, "Helping Hand" Association for Palliative and Hospice Care and the Chronically Immobilized

www.praktykimedyczne.eu, www.pomocnadlon.eu

Establishment date: January 2001

Founder: Marian Nadziejko

Key leaders: Marian Nadziejko, Elżbieta Radziwon, Stanisław Aptacy, Andrzej Pobieżyński, Małgorzata Procyk-Lewkowicz

Forms of care: home hospice, palliative care outpatient clinic

History and Forms of Activity

In its range of available medical services the county of Braniewo lacked hospice care. Having analyzed the demand for such services, they decided to set up a Home Hospice and a Palliative Outpatient Clinic. Initially, services were provided by the Pain Management Outpatient Clinic.

The Hospice's area of activity is Braniewo county, which is exceptionally extensive. The distance between the furthest towns is over 50 kilometers. To support the hospice activities, the "Helping Hand" Association for Palliative and Hospice Care and the Chronically Immobilized in Braniewo was set up at the facility. Its founders were the center's employees.

Our Team (nurses and physicians) is on duty for 24 hours a day. Visits are paid to patients' homes after prior telephone registration (also at night, if required). Patients' families use their own or the Hospice's rented telephones to contact the duty nurse. Travel time in an emergency (need to administer medications, examine a patient, etc.) is 30-120 minutes, depending on the address and traffic volume. A nurse's visit to a patient lasts 2 hours on average. Services for patients whose condition permits them to get to the center are provided within the Palliative Outpatient Clinic. At least once a day the Team participates in a briefing in which they discuss all the cases and problems in the families and in the team, as well as allocate and summarize tasks.

Co-operation with the Local Community

The center in Braniewo joined in the project of the liquidation of blank spots in palliative care in the Warmińsko-Mazurskie Province, by securing these services

in Braniewo county. Following the Association's founding, it became involved in a variety of activities for the popularization of palliative medicine. It organises numerous collections, concerts and forms of support for the bereaved, especially children. One of its actions is the annual delivery of parcels before Christmas by a friendly motorcycle association known as "Santa Clauses on Motorbikes". Each year the center participates in the national campaign "Hospice is also Life".

Through the promulgation of preventive medicine, particularly cancer prevention, the "Helping Hand" Association and the Home Hospice have become permanently embedded in the life of Braniewo. The town has also gained a University of the Third Age, promoting healthy living.

Material prepared by: Marian Nadziejko

Nowogrodzic
Palliative and Hospice Care Facility

www.spzzoz.eu

Establishment date: 1 July 2001

Founder: Karol Łapot

Key leader: Karol Łapot, Jadwiga Obłóza

Forms of care: residential hospice, palliative outpatient clinic

History and Forms of Activity

The Palliative and Hospice Care Facility in Nowogrodzic was established on 1 July 2001 on the initiative of Dr Karola Łapota, in response to the expectations of terminally ill patients, mostly with cancer, who were suffering and had no such facility within a 70-kilometer radius. With the aid of KRUS (the Agricultural Social Insurance Fund), who bought 6 modern remote-controlled beds, and under their own steam the SP ZZOZ refurbished the Facility rooms and we set up a 6-bed Residential Hospice. Along with the Hospice, the Palliative Medicine Outpatient Clinic was established. Thanks to the assistance of a foundation supporting the development of hospices in rural areas, we equipped the Facility with first-class anti-decubitus mattresses, syringe pumps, pulse oximeters, oxygen concentrators, aspirators and the necessary rehabilitation equipment.

We focused on staff education. Karol Łapot got a specialization degree in palliative medicine in 2005 and completed a post-graduate study program in pain medicine, and all the nurses completed courses for qualifications in palliative care.

We participated in the first editions of the national campaign "Hospice is also Life" in 2004 and 2005.

We and our whole staff – the physiotherapists, the psychologist, the social worker, our chaplain and other people – now form a team adequately prepared for this hard and responsible work.

Material prepared by: Karol Łapot

Augustów
Independent Public Complex of Long Term Health Care Facilities

www.hospicjum.webserwer.pl

Establishment date: 1 September 2001

Founder: the county of Augustów

Key leader: Krystyna Wilczewska

Forms of care: residential hospice

On the 1st of September 2001, the facility was isolated from the hospital structures and started operating on its own. Its activities include nursing and care services and palliative and hospice care.



The team works with schools, kindergartens, local institutions and the media. They organise diverse forms of support for orphaned children. We participate in the "Hospice is also Life" campaigns and run the spring campaign called "Spring at the Hospice". We promote medical and campaign-oriented voluntary service, and we organise courses for volunteers and celebrations of the International Volunteer's Day. We regularly hold Open Days at our Hospice.

Material prepared by: Krystyna Wilczewska

Giżycko

“Promyk” Association for Cancer Patients

www.promyk-gizycko.pl

Establishment date: 2001

Founders: members of the Founding Committee

Key leaders: Maria Popieluch, Krystyna Szydłowska, Marian Adamski

Forms of care: home hospice, palliative medicine outpatient clinic, long-term home nursing care

The Association in the counties of Giżycko and Węgorzewo runs a Home Hospice and a Palliative Medicine Outpatient Clinic and it provides long-term home nursing care. Since 2012 we have been a healthcare entity with 20 employees whose goal is to improve the quality of life of cancer patients, the disabled and patients requiring long-term care. In July 2014, the Children’s Hospice was put into operation.

The Association organises a variety of campaigns: food collections, the preparation of Christmas parcels, Christmas Eve for patients, the “Child’s Smile” campaign for orphaned children, and the supply of school kits. It provides aid in kind and financial aid to patients and the poor.

The Association strives to raise social awareness of palliative care. It co-operates with the Hospice Foundation, the Federation of Community Organisations in Olsztyn and local governments.



Team of the Hospice in Giżycko



Team of the Hospice in Węgorzewo

There is medical voluntary service at the Association. The Team’s achievements include the training of 2 voluntary service coordinators, a palliative medicine specialist and 4 nurses specialized in palliative medicine nursing.

The Association has taken part in the competitions: “Colors of Voluntary Service” and “Good Voluntary Service”. It has the status of a public benefit organisation.

Material prepared by: Maria Popieluch

Patients' Friends' Society "St. Joseph's Hospice"

www.hospicjumswjosefaostrow.pl

Establishment date: March 2001

Founders: Father Mariusz Ratajczyk, Beata Malinowska, Maria Owczarek, Maria Tomalik

Key leaders: Father Mariusz Ratajczyk, Zenona Olejnik, Irena Kasprzak, Maria Bera, Maria Tomalik

Forms of care: home hospice

History and Forms of Activity

The first headquarters of the Association was Sadowie – the Passionists' Monastery. Since 2006 our headquarters have been located at St. Anthony's Parish in Ostrów Wielkopolski. The founding and electoral general meeting was held on 11 May 2001. We acquired legal personality on the day of registration at the National Court Register in Poznań – 21 August 2001. Since 2002 we have been a member of the National Hospice Movement Forum, presently the Polish Hospice Forum. In 2006, we were granted a certificate of the National Hospice Movement Forum, attesting the full implementation of the hospice idea in terminal care in our area of activity, i.e. Ostrów county. In January 2012, we gained the status of a public benefit organisation.

We are a fully charitable organisation. We take care of patients at their homes and assist families in the home care of patients. We provide home care to some 30-40 cancer patients a year. We rent medical equipment needed for comfortable care free of charge.

We also support families at the time of mourning. Four times a year we invite them to holy masses for our deceased charges, followed by coffee meetings, meetings with our psychologist, chaplains and volunteers. The Hospice Foundation in Gdańsk gave us a subsidy for textbooks, school kits and lunches for orphaned children. In 2007 we organised a trip to Antonin for the children. Thanks to the Hospice Foundation, the children in our care were able to go on a holiday camp in the summer of 2009.

Co-operation with the Local Community

We organise training and integration meetings, courses, conferences and seminars for our members, volunteers and supporters. We promote the idea of hospice voluntary service and provide information with respect to our statutory activities

through co-operation with the local press ("Gazeta Ostrowska", "Nasz Rynek", "Opiekun"), Pro-Art cable television and Rodzina Radio in Kalisz. This co-operation drew the attention of the Center for Prison Staff Training and the School and Pre-school Complex No. 2 in Kalisz to our activities, and both organisations joined in the national campaign "Fields of Hope".

We organise Open Days of the Hospice to enable those interested to take a closer look at our activities, meet the members and volunteers in person or see the medical facilities and the hospice Sundays, during which our chaplain in his teachings and sermons communicates the basics of our Hospice's mission and activities, and the members and volunteers hand out leaflets and information materials.

We co-operate with schools and kindergartens in Ostrów. We give talks, organise competitions and involve school volunteers in the organisation of concerts and meetings. We have organised 7 editions of internal training for those interested in the support and care of terminal cancer patients.

We co-operate with the municipal authorities – the City Hall of Ostrów Wielkopolski, the local administrative unit and the municipality office and with Ostrów parishes, the Community Center in Ostrów, the Commune Cultural Center in Wysocko Wielkie, the Town of Ostrów Museum and the Municipal Library.

We participate in meetings organised by the Polish Hospice Forum, the Formation Circle of Polish Hospices and the Hospice Foundation in Gdańsk.

In 2004-2010 we participated in the national campaign "Hospice is also Life", organising "Voices for Hospices" concerts. Since 2002 we have prepared the annual December concert "Open Heart". In 2007-2010 we participated in the 3-year development program of hospice voluntary service "I Like to Help" organised by the Hospice Foundation, under which we received medical and multimedia equipment. Since 2005 we have participated in the national campaign "Fields of Hope" – in autumn we plant daffodil beds and in spring we hold open-air events and concerts.

We participated in competitions for non-governmental organisations – in "Greenhouse" in 2003, and in the 4th edition of Small and Large Grants of the Grant Fund for Ostrów Wielkopolski. We used the funds received to organise conferences for the residents and for healthcare in Ostrów and for the purchase of audio-visual equipment.

Prizes

Our volunteer, Alina Romanow, was selected as the "Volunteer of the Year 2011" in the 1st edition of Volunteer's Day in Ostrów. The President of the Association, Irena Kasprzak is a 3-time nominee for the Ostrów Resident of the Year.

Material prepared by: Maria Matuszczak

Chojnice

Hospice of the Annunciation

www.hospicjum.chojnice.pl, www.fundcjapalium.pl

Establishment date: 2003

Founder: Palium Foundation

Forms of care: home hospice, residential hospice, palliative medicine outpatient clinic, nursing and treatment facility

History and Forms of Activity

The origins of palliative care in Chojnice date back to 1993. This was when the Bishop of Pelplin Jan Bernard Szlaga decreed that the Home Hospice be established at the Annunciation Parish. In 2002, the local government of the county and town of Chojnice agreed to let us use the former building of the old hospital pulmonary ward. Thanks to the support of numerous companies and institutions and their benevolent commitment, we succeeded in establishing the first Residential Hospice in the region. Our friends from the Dutch town of Waalwijk helped us in the furnishing of patient rooms. On 1 May 2003 we started to operate as the Annunciation Hospice, providing Residential and home palliative care.



Hospice building before renovation (2010)



Hospice building after renovation (2013)

The contract with the National Health Fund (NFZ) was for a small amount, and the maintenance costs were high. Half of the building was empty, so, soon after the opening, steps were taken to broaden the range of services by adding a nursing and treatment facility. We presently fully meet the needs of the inhabitants of Chojnice county with respect to palliative care. We provide care to every patient who applies and there is no waiting time for admission to the Hospice. We have taken care of over 3000 patients over 11 years.

We are glad that the 10th anniversary of our activity for helping others was crowned in a tangible way by the renovation of our patients' rooms. In 2010, the town hall notarially transferred the previously leased building with its plot of land onto us. We started major renovation and alteration of the building – the work is still under way.

Co-operation with the Local Community

2005 marked the registration of the Palium Foundation, which was awarded the status of a public benefit organisation in January 2006. Its primary objective is to popularize the hospice idea and acquire funds for the Hospice of the Annunciation in Chojnice. The Foundation is also engaged in the education of society about the final stage of human life, tolerance and respect for the elderly and disabled. It promotes the attitude of open social dialog in relation to the situation of the elderly, disabled, sick and dying and to helping their families. Its goal is also to build a "civilization of life", to raise awareness that a human being, as an individual building a "positive society", is the greatest good. It promotes the idea of voluntary work in the local community.

For several years now the Foundation has taken part in 2 national social campaigns for hospice ideas – „Fields of Hope” and “Hospice is also Life”. We co-operate with the following schools in Chojnice: Schools Complex No. 7, the 1st Level Music School, secondary schools and kindergartens. By activating kindergarten children and school pupils we succeeded in organising colorful marches of hope and planting daffodils along the edge of the Millennium Park in Chojnice. Moreover, talks on the hospice idea, art, photography and music competitions are held at schools. Numerous companies from Chojnice and its environs are also constantly engaged in the Foundation activities.

Prizes

Hundreds of children, young people and adults have benevolently given a part of themselves to us and our patients. Our volunteer, Aleksandra Besków, was granted the Cross of Merit by President of Poland Lech Kaczyński for care of our Hospice patients.

Material prepared by: Kamila Krukowska

Ostrowiec Świętokrzyski

Non-Public Specialist Healthcare Facility GOMED-OSTROWIEC Spółka z o.o. Sp.k.

www.gomed.com.pl, www.wyprzedzicswojczas.pl

Establishment date: September 2003

Founders: Małgorzata Radłowska-Raban, Piotr Raban

Key leaders: Małgorzata Radłowska-Raban, Piotr Raban, Agnieszka Lepiarz, Krystyna Grzegorska

Forms of care: home hospice for adults, home hospice for children, palliative medicine ward, palliative medicine outpatient clinic

History and Forms of Activity

When the Facility was being established, the Świętokrzyskie province lacked institutions offering palliative and hospice care of the terminally ill. This gap was filled by the Home Hospice, operating within the Non-Public Specialist Healthcare Facility GOMED, set up on the initiative of Dr Małgorzata Radłowska-Raban. The Home Hospice Team is on duty 24 hours a day, every day of the year. The nurse-physician teams ensure the professional management of symptoms associated with terminal illness and provide psychosocial support to patients and their families. The principal tasks they are charged with are: provision of medical, nursing and psychological care to patients, alleviation of physical, mental and spiritual suffering, support for the family through illness, and preparation of patients and families for coping with disability. The Home Care Team serves the majority of the Świętokrzyskie province: the counties of Ostrowiec, Opatów, Starachowice, Skarżysko, Kielce and Busko and the city of Kielce.

The Children’s Home Hospice was established in 2006. It provides home care to children and young people with cancer and other incurable and progressing conditions from the whole Świętokrzyskie province. The principal goal of the Home Hospice for Children is to enable children to stay at their homes after the causal treatment in hospital is finished. To every child, in particular a sick and suffering one, their family home is the natural and best place to be. The Hospice is on duty 24 hours a day, 7 days a week. The medical team is ready to help any time. We try to be with a child whenever they need us, when it is necessary to give pain relief or support their weakened body. Our Team strives to ensure that a child does not suffer, is not frightened and never dies alone.

The Home Hospice patients have free access to specialist medical equipment, especially to Residential and portable oxygen concentrators, aspirators, nebulizers, pulse oximeters, infusion pumps and small orthopedic equipment.

Constructing and fully equipping the Palliative and Hospice Medicine Facility were a big challenge for us. It was intended to improve the quality of life of the disabled, and incurable and terminally ill patients suffering from cancer, respiratory insufficiency, cardiomyopathy and non-healing bedsores. The ward has 27 beds. The patient rooms are furnished in a functional and cosy way and equipped with specialist medical appliances. The first patients were admitted in the second half of January 2011. The care provided by the Home Hospice and the Palliative and Hospice Medicine Facility is delivered under a contract with the National Health Fund and it is free for patients.

We have held the ISO 9001:2009 certificate since 2013.

Co-operation with the Local Community

The Home Hospice NSZOZ GOMED co-operates on a daily basis with the Father Czesław Wala Foundation "Ahead of One's Time" established in 2007 to assist incurably ill children and their families. We jointly strive to promote the idea of palliative care in the local community. We have organised a series of training courses, "Learn to Live with Cancer" and "Voluntary Service as a Form of Selfless Involvement". We try to organise various forms of support for the patients of the Children's Home Hospice and their families, such as the acquisition of food and care supplies or the organisation of rehabilitation stays. Each year we organise Children's Day and prepare Christmas parcels. We remember about our patients' birthdays. We also work with the Hospice Foundation in Gdańsk under the program of support for orphaned children.

Material prepared by: Anna Głowacz

Police

Queen of the Apostles Hospice Association

www.hospicjum-police.pl

Establishment date: 2003

Founders: Father Marek Kujawski, Beata Ciborowska, Maria Cygan, Robert Graszka

Key leaders: members of the Association Board: Aleksandra Mazur, Mirosława Ronka, Aleksandra Wolny, Marek Tkaczuk, Jacek Szymaniak

Forms of care: home hospice

History and Forms of Activity

The founding meeting of the Association, attended by 31 people, was held on 22 February 2003 at the City Hall of Szczecin. They passed a resolution to set up the Association, adopted the statutes and selected the founding committee comprising: Beata Ciborowska, Maria Cygan and Robert Graszka. In May 2003, the Association was granted legal personality and was entered in the National Court Register.

The Queen of the Apostles Hospice Association in Police is a social public benefit organisation operating on a voluntary basis and it has not concluded a contract with the National Health Fund. We offer free assistance to terminal cancer patients at their homes. We support the patients' families through the death of their dear ones and during the period of mourning. Free care for patients and families is provided by: a physician, a nurse, a psychologist, a psycho-oncologist, a chaplain, a social worker, and medical and non-medical volunteers. Visits are as frequent as necessary to relieve patients' suffering and help their relatives. We also rent medical equipment, specialist electrical beds, oxygen concentrators, anti-decubitus mattresses, aspirators, infusion pumps, etc. In justified cases we provide subsistence support (for medications and food).

We also assist orphaned families by organising meetings with a psychologist and helping to settle administrative matters. Children from patients' families and orphaned children are taken for summer camps and we prepare Christmas parties for them.

We have decided to build a Residential Hospice in Tanowo. We have succeeded in getting a plot, an architectural design and a building permit and we will begin the investment shortly.



Celebrating the 5th anniversary of the Hospice (2011)

Co-operation with the Local Community

The lack of a contract with the National Health Fund is no impediment to helping all the needy. Funds for our activities are derived from 1% tax contributions and collection boxes. Every year we enter municipal competitions for hospice care. We are supported by individual benefactors. The residents of Police and Police county participate in the annual festivities organised by hospice volunteers. While having fun we popularize the idea of hospice voluntary service and increase our funds. For the idea of hospice voluntary service to be comprehensible and to become familiar to everyone, we co-operate with the middle schools of Police. The conclusion of an agreement between Middle School No. 3, the Queen of the Apostles Hospice Association in Police and the Social Welfare Center made it possible for young people to help, during voluntary service class, in the Association's activities such as the organisation of events for the residents of Police and a collection for the Hospice, and to assist in maintenance work, leaflet distribution and the voluntary activities of the Association members in the community of Police county.

We organised conferences promoting the idea of hospice and palliative care and voluntary service: in 2006 – the Polish-German conference “Co-operation and Experiences in Hospice Work in the Pomerania Euroregion”, in 2007 – the debate “Hospices in the West Pomerania Province. The Needs for Existence, the History of Establishment, the Exchange of Experiences”, and in 2010 – the Polish-German conference “Out of Concern for the Human Being – Non-Medical Aspects of Hospice

Care” in collaboration with the Social Pedagogy Department of the Humanities Faculty of the University of Szczecin. We work with German hospices in Pasewalk and Greifswald.



Polish-German conference (November 2010)

Prizes

Our volunteers won prizes in the competition “Helping Strengthens” organised by the Polish Community Initiative “IMPULS”.

Material prepared by: Aleksandra Mazur

Tczew Hospitals S.A., “Garden of Hope” Association

www.hospicjum.nzoztczew.pl

Establishment date: September 2003

Founders: Maria Kamińska-Łepkowska, Marzena Mrozek

Key leaders: Marzena Mrozek, Teresa Sychmeler, Robert Dombrowski

Forms of care: home hospice, residential hospice, palliative medicine outpatient clinic

History and Forms of Activity

The palliative care ward was established on the basis of the SPZOZ Railway Healthcare District, after the healthcare reform and after the former internal medicine activity of the “railway” hospital changed into a Rehabilitation and Palliative and Hospice Care Ward. The opening ceremony of the ward was conducted by Professor Krystyna de Walden-Gałuszko.



Opening of the Palliative and Hospice Ward by Prof. Krystyna de Walden-Gałuszko

Up to now the entity has undergone numerous transformations. We are a ward operating within the structures of Tczew Hospitals S.A. Credit is due to Marzena Mrozek, Vice-President of the Management Board of Szpitale Tczewskie SA, who, working as the ward sister in 2001-2006, concentrated all her efforts on care of the most needy patients and on the improvement of the quality of services provided

by the Hospice. She is the founder of the “Garden of Hope” Association, which organises charity campaigns for the Hospice in Tczew.

The increased incidence of cancer, the growing expectations of patients, an ageing society and the hospice care deficit in the county of Tczew have influenced the decision on the necessity for developing this form of care. The determination of the staff and their sense of responsibility for patients have been strong enough to overcome all the obstacles in the past years. We quickly discovered that our decision was the right one. A patient, being in the center of care, benefits from the professional care of qualified staff. Support for families that are left alone with their distress and helplessness in the face of a serious illness of their relatives is indispensable these days. It is worth noting that the Hospice is located within the Old Town, far from industrial facilities, in the midst of beautiful greenery and close to the Vistula – the queen of rivers. The diversity of trees, shrubs and flowers, and birds singing from dawn positively affect the bio-psycho-physical condition of patients. Sunrays filtering through the tree branches have an uplifting effect. Due to its location and surroundings patients like staying at our Hospital.

Under a contract with the National Health Fund in Gdańsk, we provide hospice care services in both a home and institutional setting within the county of Tczew. The main goal is to ensure patients the best possible quality of life until death. Family and friends are encouraged to participate in the nursing process and they can accompany patients without restriction. The presence of family members gives patients a sense of security, relieves anxiety and solitude, and reinforces family ties. Spiritual and psychological support and the commitment of the hospice team help patients to live through the last moments of their earthly pilgrimage with dignity and without pain, and to better understand what a gift life is. Specialized staff also take care of the families of patients during their illness, at the time of death and in the period of bereavement and orphanage. So the Hospice is a home for everyone who approaches the end of life. It is a place where they can get strong support and feel safe. They can openly discuss life and the emotions associated with imminent death. Each patient requires an individual and holistic approach, always combined with calmness, warm voices and kind words. They are often a source of energy, teaching humbleness and love of others. In patient care we are always guided by the words of Mother Theresa of Calcutta: “You can do what I cannot do. I can do what you cannot. Together we can do something beautiful”.

The Home Hospice takes care of terminally ill patients at their homes. Their own homes and the presence of family mean the best conditions for patients. The care provided by the hospice team comprises: symptomatic treatment, nursing, pain relief, alleviation of spiritual and psychological distress, social support, but above

all, the accompaniment of patients and their relatives. Doctors pay 1-2 home visits a week while the frequency of nursing visits depends on the individual needs of patients. An additional aid for patients in home care is the free rental of medical and rehabilitation equipment (anti-decubitus mattresses, oxygen concentrators, aspirators, toilet chairs, bed, etc.).

Co-operation with the Local Community

We co-operate with primary, middle and secondary schools and kindergartens in Tczew, the Caritas School Club at Junior Secondary School No. 1 in Tczew, the Training and Educational Center in Tczew, the deanery and chaplains of Tczew parishes and the Higher Seminary in Pelplin. Children and young people support the Hospice in charity campaigns, and amuse patients by preparing concerts, Nativity Plays and shows for them. They never forget about Santa Claus, Christmas Eve, or Grandma and Grandpa's Day. As part of the cooperation, the Tczew Cultural Society "Brama" upholds the carol-singing tradition and pleases patients with their performances. No words can describe the moments spent together – it is best to see, hear and experience these meetings personally.

The local media (press, television) promote the idea of hospice care in the community and inform the public of the activity and work of our Hospice and Tczew Hospitals S.A. on an ongoing basis.



Carol singers from the Tczew Cultural Society "Brama"

Changing the way of thinking in society and breaking the prevalent stereotypes about hospices is a matter of special importance. It is time that we created a positive image of hospice care. The development of altruistic attitudes and sensitivity

to the suffering of patients on the brink of death in society, the support of families and orphaned children at the time of mourning – these are the key tasks of our Hospice. Annual participation in the national social campaign "Hospice is also Life" is an opportunity to prepare conferences, meetings and debates with patients, their families, volunteers and all those to whom the issues of hospice care are familiar. The concert "Voices for Hospices" with children's bands, choirs, accordionists and musicians is the culmination of the campaign. The beautiful sound of voices and instruments, the artists' enthusiastic involvement and excellent rapport with the audience are both thrilling and moving for everybody. Patients evoke sentimental memories of their youth. Many of them would certainly love to play a tune they remember from their youth.



Accordionists from the Ukraine

Owing to excellent co-operation with the Hospice Foundation in Gdańsk, we receive funds from the Orphaned Children's Fund to help families in need after the loss of their relatives and to fulfill children's deeply hidden dreams. We take part in the campaigns organised by the Foundation such as "Colorful Pencil Case", granting scholarships, organising leisure and therapeutic trips, camps, tours, language camps, the purchase of presents for Children's Day ("We Make Dreams Come True"), Christmas and the like. Expressing our gratitude to the Foundation and all the donators, we are happy that orphaned children can at least for a moment forget about their difficult days of bereavement.

Tczew Hospitals S.A. and the "Garden of Hope" Association organise the annual charity campaign "Garden of Hope", the proceeds from which go to the purchase of medical and auxiliary nursing equipment for the patients of the Tczew Hospice.

Each year we observe a rise in the public awareness of and sensitivity to cancer, suffering and passage from the earthly life to eternity. Our "Garden of Hope" grows and we owe this to all the people of good will. They are donators, individual sponsors, institutions, employees of Tczew Hospitals S.A. and volunteers. We are glad that young people from primary, middle and secondary schools take part in the campaign, which proves that empathetic attitudes start to develop early in them. Such behavior will bring enormous benefit in the future.

We are all guided by the most important goal – the benefit of the patient. In early spring we encourage everyone to become gardeners in the "Garden of Hope" and to support patients staying at the Hospice. We intend to "plant" hope in their hearts and to spread the hospice idea so that the Hospice is no longer perceived as a "dying room" but as a place where patients and their families enjoy every moment of life, until the end.

Since 2011, the "Garden of Hope" Association has been a public benefit organisation, which allows it to apply for transfers of 1% of income tax in its favor. We allocate the funds collected to the purchase of equipment to improve patients' comfort on the ward and the general appearance of the rooms (blankets, bed linen, dishes and cutlery, mosquito nets, roller blinds, side rails, LED-lit handrails and bannisters, etc.).

Material prepared by: Teresa Sychmeler

Ostrołęka

NZOZ Caritas of the Łomża Diocese – Home Hospice

www.ostroleka.caritas.pl

Establishment date: 1 January 2004

Founder: NZOZ Caritas of the Łomża Diocese

Key leaders: canon Wojciech Zyśk, Jadwiga Dudek

Forms of care: home hospice

History and Forms of Activity

The inception of the Home Hospice is linked with the suspension of home palliative care at the specialist hospital and the need to provide care to patients in the terminal stage of cancer at their place of residence. Thanks to the kindness of the parish priest, Canon Jan Świerad, and the approval of Stanisław Stefanek, Bishop Ordinary of the Łomża Diocese, the conversion of part of the Savior of the World presbytery to a Caritas Home Hospice was begun. The scope of conversion works was very large but they proceeded efficiently under the supervision of the father director and the facility manager. The Commission for the Mazovian Public Health Center in Warsaw, during a pre-registration check of the rooms allocated for the start of the activities of the Non-Public Healthcare Facility in Ostrołęka, gave the facility a highly positive evaluation, having found no faults. Thanks to the director, Father Wojciech Zyśk, and the manageress, Jadwiga Dudek, and their commitment and hard, often back-breaking, work, the Hospice commenced its operations.

On 13 January 2004, the facility was ceremonially consecrated in the presence of representatives of municipal authorities, the National Health Fund, the local administrative unit, the Mazovian Specialist Hospital in Ostrołęka and the District Chamber of Nurses and Midwives.

We are the first facility of Caritas of the Łomża Diocese to have provided care to terminal cancer patients, and to chronically ill and bedridden patients, as part of long-term home nursing care. The Home Hospice provides medical, nursing, rehabilitation, psychological and spiritual care. We offer services to patients from the town and district of Ostrołęka and the district of Łomża. The hospice has medical equipment that is rented out to needy patients free of charge. We have beds, anti-decubitus mattresses, oxygen concentrators, infusion pumps, inhalators, aspirators, wheelchairs, walkers and toilet chairs.

Canon Jan Świerad's co-operation deserves special attention as he voluntarily provides spiritual care to patients and the hospice team, as well as financial support in difficult situations.

2014 is a jubilee year for the facility in Ostrołęka. It has continuously supported the terminally ill with great devotion for 10 years, despite all sorts of difficulties and obstacles. Having years of work of experience for the Hospice we can see the need and necessity to open a Residential hospice for the town and district of Ostrołęka. It would serve as a backup for patients in great pain at home and those whose family cannot afford, is unable, unprepared to or cannot participate in the last days of a close one's life.



Co-operation with the Local Community

The Caritas Home Hospice has become an inherent part of the local community's life. With the commitment of the hospice team, hard work, devotion and total dedication to patients, the facility enjoys recognition and respect.

For 7 years the Hospice has attracted campaign-oriented volunteers, teachers and students from schools in Ostrołęka and the surrounding communes – Goworowo, Baranowo, Rzekuń, Łęg Przedmiejski and Nowa Wieś Zachodnia (c. 200 people a year on average). We jointly participated in the national campaign "Hospice is also Life", organising festivities, concerts and competitions in our town. In addition, we engage in educational activities in schools. The current director of Caritas of the Łomża Diocese, Father Andrzej Mikucki, PhD, joins in and supports the campaign.



Since 2008 we have been a regular participant in the "Fields of Hope" campaign, promoting the solidarity of healthy people with those suffering from cancer. By planting daffodils and then giving them out to people, volunteers raise funds for extra equipment for the local Caritas Home Hospice. It is thanks to people of good will that we can improve the quality of medical services.

Material prepared by: Jadwiga Dudek

Sopot

St. Joseph's Hospice Home of Caritas in the Gdańsk Archdiocese

www.hospicjumsopot.caritas.pl

Establishment date: 19 March 2004

Founders: Atlas Charity Foundation, the Municipality of Sopot, Caritas of the Gdańsk Diocese

Key leaders: Roman Rojek, Father Ireneusz Bradtke, Romana Dorota Ługin, Janusz Mielczarek, Father Janusz Steć, Aleksandra Modlinska, Danuta Babicz, Father Dariusz Ławik

Forms of care: residential hospice

History and Forms of Activity

The idea to set up the Hospice Home in Sopot originated as a joint initiative of the Atlas Charity Foundation, the municipal authorities of Sopot and Caritas of the Gdańsk Archdiocese. The Mayor and Council of Sopot granted the Gdańsk Caritas the perpetual usufruct of a plot in Aleja Niepodległości 632, in an exquisite place, the Stawowie Park. The Atlas Charity Foundation undertook to carry out all the construction work and to finance it. The architectural design was completed by a team managed by the architect Jacek Szymczak, M Sc. On the patron saint's, St Joseph's, day – 19th March 2003 – the Gdańsk Archbishop Tadeusz Gocłowski consecrated the site for the new Hospice. A month later, construction work began. During a public audience on 28 May 2003, the Holy Father John Paul II granted his blessing to the work of the construction of the Hospice Home. In March 2004, St. Joseph's Hospice Home was put into operation.

The Hospice activities cover the palliative care of patients with advanced cancer and some chronic conditions within the Residential Hospice as well as psychological and spiritual assistance to patients' families during the illness and after the death of their relatives, and the palliative care of children and their families – in participation with the Pomeranian Children's Hospice.

Co-operation with the Local Community

The center conducts under- and postgraduate education in co-operation with the Medical University of Gdańsk, the Gdańsk University of Physical Education and Sport, the University of Gdańsk, and schools training medical carers and therapists. On 29 August 2012, an agreement on academic and didactic cooperation was

concluded and signed by Prof. Janusz Moryś, MD PhD, President of the Medical University of Gdańsk and Father Janusz Steć, Director of the Caritas of the Gdańsk Archdiocese. According to the decision of the Center for Postgraduate Medical Education, the center is listed as an organisational unit offering medical residency in palliative medicine in the territory of the Republic of Poland.

It shapes the social attitudes of Tri-City residents to the incurably ill through promotional and charity campaigns. During "Hopeful Lessons" it fosters the idea of the palliative and hospice movement among children and young people. It organises and trains hospice volunteers.



Hospice Home

Material prepared by: Father Tomasz Kosewski

Puck

St. Father Pio's Hospice in Puck, St. Father Pio's Hospice in Puck Association

www.hospitium.org

Establishment date: 6 December 2004

Founders: Father Jan Kaczkowski and the group of people present in the first meeting

Key leaders: Anna Jochim-Labuda, Halina and Jan Piotrowicz, Elżbieta Necel

Forms of care: home hospice, residential hospice

History and Forms of Activity

The center started its operations as a Home Hospice in the spring of 2005. The first physician of the Home Hospice was Agata Gusman. They then decided to extend the activities of the Residential Hospice. A plot of land was acquired from the Council in Puck for the purpose. The construction of the Hospice was financed with a loan and funds from donators, and in January 2010 the new premises of the Association and the Residential Hospice was opened. Dr Marek Suchorzewski became the manager of the Residential Hospice team.

The Puck Hospice admits into home care patients from the county of Puck, from Hel, through Białogóra, Wierzchucino, up to the boundaries of the Tri-City. We also provide Residential care to the residents of Puck and the environs; however, due to the fact that this type of care is not regionalized, it is available to the population of the whole country.

In 2010, the Puck Hospice was extended with the Pain Management Outpatient Clinic and the Palliative Medicine Outpatient Clinic providing care to those suffering from progressing diseases resistant to causal treatment. Patients receive medical, nursing or psychological care there. The Hospice also has an ultrasound room. It is the seat of the HDK Club of the Uniformed Services of Puck County.

Co-operation with the Local Community

We have managed to engage young people who very eagerly volunteer to contribute to our community in various forms such as: campaign-oriented voluntary service, ward-based voluntary service (assisting patients, spending time with them) and minor maintenance jobs.



Father Jan with volunteers (2009)

We also have a Support Group for the bereaved. It is managed by psychologists helping to identify and understand the states of mind, emotions and thoughts which appear after the loss of a dear one. Our successes also include the opening of 2 consultancy points in Reda and Luzino, where the idea of hospice care can be introduced to local inhabitants.

The Puck Hospice has implemented projects with a direct impact on the form and development of palliative care, such as: the Ethical Aeropagus, the Medic

Project and Volunteers without Borders. Since 2013, the Hospice has held the ISO quality certificate.

Prizes

The President of Poland awarded the Cross of Merit for commitment to Hospice work to the following members of the Association: Anna Jochim-Labuda, Halina Piotrowicz and Arkadiusz Gawrych, and the badge "For Services to Healthcare" to Father Jan Kaczkowski and several other members of the Association. In December 2009, the Puck Hospice was awarded the Amber Gladiolus – a prize awarded to Pomeranian organisations which contributed in particular to the development of civic society.

Material prepared by: Anna Jochim-Labuda

Dąbrowa Górnicza/Katowice

NZOZ Alicja Kluczna Medical and Nursing Team

www.opiekakluczna.com.pl

Establishment date: 1 January 2005 – the facility in Dąbrowa Górnicza, 1 January 2010 – the facility in Katowice

Founder: Alicja Kluczna

Key leaders: Agnieszka Kluczna, Edyta Haba

Forms of care: home hospice, palliative medicine outpatient clinic

The Palliative Home Care Team and the Palliative Medicine Outpatient Clinic were established in response to the demand for palliative care in the town of Dąbrowa Górnicza. The Palliative Home Care Team was set up in Katowice.

The Hospice participated in the 2nd national social campaign "Hospice is also Life".

On 1 October 2010 they received the TUV NORD certificate for a Management System according to EN ISO 9001:2008 within the Palliative Home Care Team and the Palliative Medicine Outpatient Clinic. On 1 October 2013 they received the TUV NORD certificate for a Management System according to EN ISO 9001:2009 within the Palliative Home Care Team and the Palliative Medicine Outpatient Clinic. They were also awarded the "Friendly Clinic" title.

Material prepared by: Agnieszka Kluczna

Independent Public Nursing and Care Facility

Establishment date: 1 January 2005

Founder: Zofia Syperek

Key leaders: Zofia Syperek, Mariusz Mańkowski, Mariusz Knych, Agata Dowejko-Michałowska, Grażyna Andrejczyk, Danuta Ekman

Forms of care: home hospice

History and Forms of Activity

The Social Council, acting as a consulting, initiating and assessing body, positively evaluated a request submitted by the director of the Nursing Facility to extend its activity by adding a new organisational unit called the Home Hospice. In 2004, doctors and nurses were trained and prepared to work. Then, amendments were made to the statutes of the Facility in Gołdap, to the province governor's registry of healthcare facilities and to the National Court Register. In early January 2005, a contract with the National Health Fund was concluded for the provision of healthcare services within the Home Hospice.

The Hospice takes care of patients in the county of Gołdap consisting of three communes: Gołdap, Banie Mazurskie and Dubeninki.

Co-operation with the Local Community

The Hospice has integrated with the area so much that it seems as if it has always been here. We immediately embarked on co-operation with the local community on the annual organisation of the national campaign "Hospice is also Life". We held music and dancing concerts combined with a collection of funds needed for hospice care.

The Home Hospice in Gołdap has satisfied the residents' expectations and partly fulfilled the demand for healthcare services in the area of palliative and hospice care.

Material prepared by: Zofia Syperek

Prelate Andrzej Tokarzewski Community Hospice Care Facility

www.hospicjum.lubartow.pl

Establishment date: 6 February 2005 – the Association, 5 November 2007 – the Care Facility

Founders: Prelate Andrzej Tokarzewski, Jan Czekierda, Roman Smyk

Key leaders: Jan Czekierda, Canon Andrzej Majchrzak, Joanna Kuźmińska, Michał Filipowicz

Forms of care: home hospice, residential hospice

History and Forms of Activity

The construction of the Residential Hospice, later to become the first facility of the kind in the county of Lubartów, was initiated by Prelate Andrzej Tokarzewski. Father Tokarzewski founded the St. Ann's Hospice Association in 2005, inviting community workers and entrepreneurs from Lubartów, among others, to co-operate. In a letter of 1 February 2005 addressed to the invited guests, the prelate explained the purpose of the construction of a hospice facility in this way: "Guided by the benefit of the residents of our town, we wish to set up the St. Ann's Hospice in Lubartów. In this day and age, we should, as believers, get interested in the lot of people suffering from incurable diseases so that they can live the last moments of their lives in decent conditions. Hospitals frequently offer treatment alone and we would like to help the suffering, and therefore a hospice is needed so much in our town. The parish will donate a plot of land and funds but it is necessary to set up an association to enable the Hospice to operate (...)". In the first meeting, the participants accepted the prelate's suggestion and joined the founding group of the Association. Jan Czekierda, MSc Eng, was appointed its president.

The construction of the charitable facility began almost immediately after permission was obtained in 2005, on the property of St. Ann's Parish, which also covered the construction costs. Thanks to further efforts of the Association and the contributions of numerous donators from Poland and abroad, individuals, local government institutions and companies, it was possible to gather funds and donations in kind for the necessary medical, rehabilitation and office equipment for the hospice building.

On 26 July 2007 during a church fair to celebrate St. Ann, Archbishop Józef Życiński consecrated the new building and a memorial plaque for the Hospice originator, Prelate Andrzej Tokarzewski. The fact that this charitable facility was named after the long-standing parish priest was a memorial for the residents of Lubartów. He had served the parishioners for over 25 years through his numerous and fruitful activities, and had become engraved in the minds of the residents of Lubartów and the deanery forever. Till his last days, until 17 October 2006, the prelate was interested and participated in the construction of the hospice facility in spite of pain due to cancer, thus providing evidence of a person drawing strength from faith and full of optimism. The prelate's grave illness, suffering and prompt death confirmed the need for the construction of a facility that would assist and support people afflicted with cancer in its terminal stage.

From the very start, the former administrator of the parish, currently the parish priest, Canon Andrzej Majchrzak was a participant in his predecessor's work and he is currently its continuator. In September 2007, all the official formalities were completed and the hospice building was approved for use. In November 2007, upon completion of all matters related to the contract with the National Health Fund, the Hospice launched its activities as Prelate Andrzej Tokarzewski Community Hospice Care Facility. On the same day the first patient was admitted. Doctor Joanna Kućmińska became the manager of the Facility. The Residential Hospice has 10 beds for terminal patients from the Lublin Province, and the Home Hospice takes care of 15 patients from the county of Lubartów.

Since December 2008, the Lubartów Hospice has had its voluntary service, coordinated by Michał Filipowicz.

Since 2009 we have helped our patients' families through support groups, and orphaned children in particular under the Orphaned Children's Fund. We organise financial and other support for them and invite them to pilgrimages and tours. These families can also rely on the assistance of a social worker and a psychologist.

Co-operation with the Local Community

The Lubartów Hospice co-operates with local authorities and educational institutions in the area of Lubartów county, with companies and with numerous state institutions. Through talks at schools and articles in the press, it promotes the idea of the hospice movement, particularly in the local community.

The "Fields of Hope" campaign has been organised since 2010 to promote the hospice movement and encourage various groups to co-operate. Each year in au-

turn concerts are held as a token of gratitude to all those who support the work of the hospice.

Prizes

In 2013, the St. Ann's Hospice Association in Lubartów was awarded the title of "Distinguished Activist for the Town of Lubartów". In 2012, the President of the Association's Management Board, Jan Czekierda, was rewarded by the Mayor of Lubartów for his voluntary work for the town. In 2011, Michał Filipowicz and the volunteers of St. Ann's Hospice in Lubartów were granted the Pax Et Bonum Prize for their commitment, benevolent support and openness to others' needs, from the Alwernia Association – The Franciscan Work of the Promotion of Young People and Family.

Material prepared by: Michał Filipowicz

Dębica

John Paul II Home Hospice in Dębica, John Paul II Home Hospice Association

www.hospicjum.debica.net.pl

Establishment date: 2005

Founder: Father Jerzy Berdychowski

Key leaders: Krystyna Wolska, Father Józef Dobosz, Barbara Babczak, Stanisława Ligęzka-Charysz, Halina Dziewulak

Forms of care: home hospice

History and Forms of Activity

The establishment of the hospice community in 2005 was a response to the call of the Holy Father John Paul II for the dignity of human life, especially in such a difficult situation as the terminal stage of cancer. The Home Hospice was meant to become a "living monument" of John Paul II, an expression of gratitude for the years of his pontificate. The inspiration to form the community came also from a conference conducted by Father Jerzy Berdychowski, then President of the Tarnów Home Hospice, and the difficult situation of patients observed by the community. The coordinator of actions for the establishment of the Hospice was Krystyna Wolska. In March 2006, hospice work was taken up by 3 doctors and nurses experienced in the care of terminal patients. The Hospice then took the first patients into home care. In August 2006, the Dębica Home Hospice Association was established and its presidency was taken up by Father Józef Dobosz, the parish priest of the Divine Mercy Parish in Dębica. The other members of the Board were: Krystyna Wolska, Barbara Babczak, Stanisława Ligęzka-Charysz, and later Halina Dziewulak. In October 2006, the Association was entered in the National Court Register, and in 2009 it was awarded the status of a public benefit organisation. The parish provided a headquarters for the Hospice and medical equipment storerooms.

The Home Hospice in Dębica provides support to patients and their families from the area of Dębica county. Its principal goals are benevolent caring activity and pastoral service for terminal cancer patients as well as assistance to their families at the time of illness and mourning. The organisation attains its goals through free caring, nursing, social and spiritual service at the patient's home and psychological support for their family. Additionally, the Hospice offers its patients free access to the specialist equipment they require.



Volunteers of John Paul II Home Hospice in Dębica

The Association's activity is exclusively based on voluntary work. We have a very well equipped storeroom, which is replenished with new medical equipment on a regular basis. We also have a car of our own.

Co-operation with the Local Community

The center co-operates with social services and healthcare units. It is engaged in informational and educational activities, for example by participating in the national "Fields of Hope" campaign. As it disseminates the voluntary service idea, it undertakes co-operation with educational centres, local government institutions, and private and state-owned companies.

The Association's major success is the dissemination of the hospice idea across the county. The "Fields of Hope" campaign is joined each year by students from all the schools in the town and multiple community schools. The fact that the inmates from the Penal Institution in Dębica regularly participate in the campaign was unprecedented. Thanks to the campaign, most inhabitants of the county are familiar with the idea of helping put into practice by the Home Hospice in Dębica, and young people are open to the needs of the suffering.

Prizes

In 2013, the Home Hospice in Dębica was awarded the title of "Distinguished Activist for the Town of Dębica". Lucyna Gniazdowska became the "Volunteer of Podkarpacie 2009", and Barbara Górecka – the "Volunteer of Podkarpacie 2012". In

2009, the hospice coordinator, Krystyna Wolska, was awarded the Knight's Cross of the Order of Polonia Resituta by the President of Poland Lech Kaczyński for her special services for the sick, suffering and needy. She was also granted the Honorary Prize of Journalists in Dębica, "Observer 2006", in the category of voluntary activity.

Material prepared by: Barbara Pelczar-Białek

Otwock

"Empathy" Home Hospice of the Palliative Society

www.otophospicja.pl

Establishment date: 2005

Founder: the Palliative Care Society in Otwock

Key leaders: Małgorzata Szwed, Małgorzata Kobiałka, Tomasz Szczęsny

Forms of care: home hospice

History and Forms of Activity

The Hospice was founded by the management of the Palliative Care Society in Otwock and for the first half year it operated without a contract, financed by the Society. It is active in the county of Otwock, and in Garwolin and its environs. It takes care of adults suffering from incurable cancer. Through its founding body it co-operates with St. Patrick's Hospice of the Mazovian Center for Lung Diseases and Tuberculosis in Otwock.

Co-operation with the Local Community

The founder of the Hospice, the Palliative Care Society in Otwock, has for over 10 years co-operated with other organisations, local authorities, community centres and above all, with 17 schools in two counties, and a dozen or so parishes. The goal of the co-operation is to disseminate the ideas of the hospice, the home hospice and the Residential hospice, to sensitize people to the problems of the sick and to promote voluntary service, especially among young people at schools.

Hospice care is also popularized through regular participation in the national social campaigns, "Hospice is also Life" and "Fields of Hope", which have now become a permanent item on the local community's agenda. Concerts, debates, training courses, collections and lessons at schools have significantly enhanced the local community's awareness of hospice care. This is facilitated by the participation of such nationwide stars as Zbigniew Wodecki, Kabaret Moralnego Niepokoju and Jan Pietrzak, but also local artists.

In 2012, the Center for Voluntary Service was set up in Garwolin in co-operation with the Sports and Cultural Center.

Prizes

In 2011, the President of Poland awarded the Bronze Cross of Merit to President Małgorzata Szwed for her services for the local community and the popularization of hospice care.

Material prepared by: Angelika Wojtasiewicz

Szczecin/Koszalin

West Pomeranian Children's and Adults' Hospice Foundation

www.zhdd.pl

Establishment date: 2005; official opening – 15 March 2006

Founders: Mariola Lembas-Sznabel, Jarosław Peregud-Pogorzelski

Key leaders: Kinga Krzywicka, Joanna Szuberla, Ireneusz Kłosowski

Forms of care: home hospice for adults and children, enteral nutrition outpatient clinic, mechanical ventilation team for children and young people

History and Forms of Activity

In the initial period of its activity, the West Pomeranian Children's and Adults' Hospice Foundation was financially and professionally supported by the Warsaw Children's Hospice Foundation. It has helped terminally ill children and their families since 2005. Care is home-based because children do not feel so frightened at home. So far we have taken care of 303 small patients, 93 of whom died. For 24 hours a day, 7 days a week, parents can always rely on getting the instant help of a doctor-and-nurse team. A social worker, physical therapists, psychologists, chaplains and volunteers travel to homes throughout the province, bringing professional help and the required medical equipment free of charge.

We also provide hospice care to adult patients with cancer in the area of Szczecin. The Foundation also runs the Enteral Nutrition Outpatient Clinic and the Mechanical Ventilation Team for Children and Young People.

The Foundation offers its patients a free rental service of: oxygen concentrators (Residential and mobile), Cough Assist devices, pulse oximeters, infusion pumps, inhalators, aspirators (including battery-powered), rehabilitation beds, wheelchairs, etc. In addition, the children in our charge have their medications reimbursed and, if required, we provide financial aid to their families.

Co-operation with the Local Community

The Foundation has a steady co-operation with schools in the province, and organises a series of talks on hospice work for our patients' peers. Thus we promote the idea of hospice voluntary service. Additionally, we strive to involve teachers and educators in thanatological education through training courses preparing for work with pupils whose families are faced with issues of incurable illness and death.

For many years the West Pomeranian Children's and Adults' Hospice Foundation has been actively involved in voluntary activities intended to familiarize the local community with incurable and terminal illnesses in the youngest patients. In the first place, it organises charity events with sports stars of international stature such as Kamil Stoch and the Polish ski jumping team, male volleyball players: Mariusz Wlazły, Sebastian Świdorski and Daniel Pliński, and female volleyball players: Izabela Bełcik, Anita Kwiatkowska and Katarzyna Mróz. Moreover, due to the extent of the West Pomeranian Province, the Foundation opened a branch in Koszalin, which has helped the Szczecin team for over 4 years, providing care to hospice children from the eastern part of the province and the county of Słupsk.



A volunteer, Małgorzata Kalicińska with our patient, Lenka (photo by Adam Słomski)

Material prepared by: Kinga Krzywicka

Licheń

NZOZ Licheń and Blessed Stanisław Papczyński Hospice Branch

www.hospicjum.lichen.pl

Establishment date: 4 December 2008

Founder: Marian Fathers' Congregation in Licheń Stary

Key leaders: Father Piotr Lach, Father Wiktor Gumienny

Forms of care: residential hospice

History and Forms of Activity

In compliance with the message of the congregation founder, Father Stanisław Papczyński, who entrusted the Marian Fathers with the care of the souls of the dead but also of the living to be well-prepared for death, on 16 September 2007 the cornerstone for the construction of the Hospice was consecrated – as a thanksgiving offering of the Marian Fathers for the long-awaited canonization of Father Papczyński. They chose the former Marian Fathers' convent as its seat. On 4 December 2008, the Non-Public Healthcare Facility Licheń was entered in the register of healthcare entities in the Wielkopolskie Province.

The Non-Public Healthcare Facility Licheń along with the Hospice Department fulfills the statutory goals of the Foundation Spem Donare, established to help the sick and abandoned and to support their relatives. The principal areas of activity are medical and rehabilitation care as part of 24h palliative care at the Residential Hospice, and the improvement of patients' quality of life by alleviating pain and other consequences of illness. The care also includes psychological and spiritual support preparing patients for a peaceful and dignified death and relieving their families at the time of their relative's illness. The Residential Hospice has 24 beds for the terminally ill and guest rooms for families wishing to accompany their relatives in their suffering and the last moments of their lives. There are medical volunteers trained to take care of patients and campaign-oriented volunteers who participate in campaigns promoting the hospice idea in the local community.

The Hospice rents used hospital beds and minor rehabilitation equipment to the families of bedridden patients free of charge. The initiative is well appreciated by the local residents.

The Residential Hospice in Licheń was the first facility of its kind in the county of Konin, furnished with modern equipment and available to the general public. The

facility is particularly well-known in the region for its achievements in the treatment of decubitus ulcers at degrees making effective treatment at home impossible. With proper dressings and treatment, it is possible to achieve a local improvement of ulcers, and so rehabilitation can be introduced and patients' independence improves. During a patient's stay at the Hospice, the staff educate the family about adequate patient care at home.

Co-operation with the Local Community

Education of young people about hospice care is carried out under co-operation agreements with local schools and it results in the recruitment of candidate volunteers and the organisation of joint promotional initiatives. The Hospice invites partner institutions such as kindergartens, schools and art ensembles, which can get to know the place while entertaining patients with their performances. Each year on International Palliative Care and Hospice Day a concert "Voices for Hospices" is held to promote hospice voluntary service and break the stereotypes on hospices.

The establishment of the Hospice has helped to reduce the social problems present in the county of Konin related to disability, long-lasting and serious illness and to the helplessness of patients' families in matters related to care. It has also definitely contributed to the decrease in unemployment in the region, by providing 70 new jobs.

Material prepared by: Father Piotr Lach

Bolesławiec

NZOZ Curatum, Home Hospice

www.curatum.org

Establishment date: 2009

Founders: Małgorzata and Waldemar Modl

Key leaders: Karol Łapot, Witold Korycki, Monika Fiedorczuk, Barbara Greiner

Forms of care: home hospice for adults, long-term nursing care

History and Forms of Activity

In 2011, the center signed a contract with the National Health Fund and commenced its activity. The Home Hospice for adults provides medical care to patients in the terminal stage of illness. The goal of palliative care is to maintain the highest possible quality of patients' life by preventing pain and other somatic symptoms, alleviating complaints, relieving psychological and spiritual distress and through providing social assistance. Services are provided in accordance with current medical indications, using diverse diagnostic and therapeutic methods, and they include: healthcare services provided by doctors and nurses, pharmacological services, pain management according to World Health Organisation guidelines, management of other somatic symptoms, psychological care of patients and their families, rehabilitation and free rental of equipment for patient care.

The center promotes the idea of hospice palliative care in the local community. It organises meetings for patients and their families. It conducts training courses for employees and participates in palliative medicine conferences.

Material prepared by: Małgorzata Modl

Warszawa

“Promyczek” Children’s Home Hospice Foundation

www.hospicjumpromyczek.pl

Establishment date: 2009

Founders: Paweł Dobrzyński, Tomasz Pławny

Key leaders: Paweł Dobrzyński, Aneta Fedurek, Marek Karwacki

Forms of care: home hospice for children

History and Forms of Activity

The core of the Foundation’s activity is the comprehensive (exclusively) home care of children with chronic and incurable diseases, when the necessary medical procedures exceed the capacity of a primary healthcare doctor (care provided by a doctor, nurse, psychologist and physical therapist, and spiritual care).

The center runs a program of bereavement care, comprising individual meetings in the initial stage, followed by group meetings.

Co-operation with the Local Community

The other goals of the Foundation include building awareness and the postgraduate training of doctors (lectures within the Medical Center for Postgraduate Training courses for specializations in pediatrics and pediatric surgery and orthopedics), psychologists (psycho-oncology courses at the School of Strategic Planning – WSPS), those interested in bioethics (study courses in bioethics, Cardinal Wyszyński University), and building the social awareness of hospices and requirements of the care of dying and seriously ill children (interviews for the media, articles, public lectures).

The Foundation has been active in the capital city of Warsaw and the neighboring counties within a 60-km radius since 2010.

Material prepared by: Paweł Dobrzyński

Darłowo

Caritas Hospice and Nursing Home of Bishop Czesław Domin

www.hospicjum-darlowo.pl

Establishment date: 1 October 2011

Founder: Koszalin and Kołobrzeg Diocese

Key leader: Father Krzysztof Sendeki

Forms of care: residential hospice, long-term care

History and Forms of Activity

The initiative to build the Hospice in Darłowo was put forward by Father Piotr Krakowiak and Father Rafał Stasiejko. Their idea was approved by Bishop Edward Dajczak. The Home was consecrated on 13 March 2011 and the first patients were admitted already in October. The Hospice and Nursing Home in Darłowo provides care to patients from the area of the county of Sławno, and the environs of Koszalin and Kołobrzeg. Preparations for the opening of the Home Hospice are under way.

Co-operation with the Local Community

On November 1st we organise the “Memory Light” campaign, to raise funds for the Hospice by local authorities, teachers, students, leaders of cultural life and our employees. There are also charity balls and fairs prepared by volunteers. We organise the “Fields of Hope” campaign with the participation of local authorities and clergymen. Holy masses are celebrated every month for our deceased patients.

In the summer, traineeships were organised for clerical students of the Higher Seminary in Koszalin.

The center established co-operation with volunteers engaged in work carried out in Germany, Switzerland, Lithuania and Austria.

Material prepared by: Father Krzysztof Sendeki

Nowa Wola

Prophet Elijah's Hospice, Podlaskie Oncological Hospice Foundation

www.hospicjum.podlasie.pl

Establishment date: 1 June 2012

Founder: Paweł Grabowski

Key leaders: Paweł Grabowski, Father Jarosław Szczerbacz

Forms of care: home hospice, palliative medicine outpatient clinic

History and Forms of Activity

The Foundation, and then the Hospice, were founded by Dr Paweł Grabowski, an assistant at the Center for Oncology in Warsaw. A former school building, handed over for use to the Podlaskie Oncological Hospice Foundation by the Orthodox Parish of St. John the Baptist's Birth in Nowa Wola, first housed the Occupational Therapy Workshop, and then the Home Hospice. The Hospice has operated since 1 June 2012 as a community hospice, providing permanent home care to a dozen or so patients approaching the end of life and their relatives in several communes of Podlasie, within a 40-km radius of the Hospice, up to as far as the border with Belarus.

We operate in a multicultural, multi-faith and multinational area, where members of the Orthodox, Catholic and Protestant Churches and Muslims (Polish Tartars) live side by side. Likewise, the Hospice employees include representatives of the Roman Catholic and Orthodox Church. We work with Poles, Belorussians and "locals". Our Hospice is probably the only rural hospice in Poland, with its seat and area of activity in the countryside.

The center runs the Palliative Medicine Outpatient Clinic with a free rental service of equipment for patient care and rehabilitation, and it organises the care and education of people with severe and moderate mental disability within the Occupational Therapy Workshop started by the Foundation. It also helps the poorest families in the region.

Co-operation with the Local Community

We hold regular events intended to popularize the hospice idea and respect for life: the Integration Meeting and Cycling Tour for the Hospice for Life (4 editions), the Charity Run (3 editions), the Charity Ball, the "Fields of Hope" campaign and the Health Festival. We work with schools, educating young people and recruiting cam-

aign-oriented volunteers. We co-operate with the Communal Community Center and the Movie and Sound Workshop in Michałów, the Town Hall in Michałów, the Residential Hospice in Białystok and the Oncology Center in Białystok.

We organise training courses for nurses and healthcare employees from the local healthcare centres, and workshops called "Dying is Human" for students of the Medical Faculty at the Medical University in Białystok. We co-operate with the International Federation of Medical Students' Association (IFMSA).

We promote the hospice idea, respect for life and hospice voluntary service through publications, and television and radio broadcasts on the end of life, palliative care and medicine. The Foundation President conducts workshops for doctors at the Supreme Medical Chamber in Warsaw, covering the topics of communication skills and the specificity of work with dying patients and their relatives. He lectures post-graduate bioethics and medical law courses at the Cardinal Stefan Wyszyński University in Warsaw.

In 2014 the Hospice organised the 5th edition of the conference "the Podlasie School of Palliative Medicine". It also prepares information and educational meetings with seniors.



Material prepared by: Paweł Grabowski

Opole
Palliative Care Center "Betania"

www.hospicjumopolskie.pl

Establishment date: 1 March 2012

Founders: members of the Opole Hospice Association

Key leader: Father Marian Niemiec

Forms of care: home hospice, palliative care ward, palliative care outpatient clinic

History and Forms of Activity

The Opole Hospice Association has operated since 2000. The Hospice Care Center set up by the Association started to operate on 1 February 2006. Until 2012, it provided professional home care and support to over 330 patients and their relatives. It took six years to acquire and then to refurbish a building for the Residential hospice. Thanks to the help of a lot of friends from home and abroad, the Palliative Care Center "Betania" was opened on 1 March 2012. There are also the Palliative Care Outpatient Clinic and the Palliative Home Care Team (specialist ambulance/mobile care). The Center employs 2 doctors specialized in palliative medicine, and the others have appropriate qualifications. Two nurses acquired the degree of specialist in palliative care nursing in 2014.

In "Betania", there is a group of 25 permanent volunteers, including 4 medically trained volunteers, and nearly 100 volunteers supporting the Team during campaigns and events.

Co-operation with the Local Community

Our patients are visited by therapists from the "Dr Clown" Foundation, art school students and kindergarten children. They prepare performances or workshops for our patients. Thanks to this we have fitness classes, calligraphy lessons, music meetings or picnics in the garden pavilion.

We participate as partners in municipal events and meetings such as picnics and concerts in which we promote the hospice idea. Every year we organise the Polish edition of the "Fields of Hope" and "Hospice is also Life" campaigns, inviting young people to competitions and concerts; we also hold the Open Days of "Betania" and staff voluntary service campaigns for companies.

We organise vocational traineeships and exchange programs with employees of other hospices, also from abroad.

To our knowledge, "Betania" is the first hospice where patients have private rooms with toilets at their disposal. This gives them and their families a private space and intimacy, while they are in the constant care of professional staff, volunteers and friends of the Hospice.



Material prepared by: Katarzyna Dera

Part 4.

SUPPORTING ORGANISATIONS

Edited by Anna Janowicz



Introduction

The palliative and hospice teams and centres in Poland developed side by side with the national non-governmental organisations and associations of employees and volunteers, which support them. They have grown out of the need to share the knowledge and experience of everyday work with people approaching the end of life and their relatives. Over the years of the formation of the Polish hospice movement, palliative medicine and care, and the co-operation between volunteers and professionals, these organisations also made an important contribution to the discussion and social education on end-of-life care. They played a particularly significant role in the debate on laws defining the position of this care in the healthcare system and the forms of practical activities taken within institutional and home care. They continue to play such a role until today, by spreading the ideas of holistic hospice care and palliative medicine, both in local communities and in society at large, by supporting research work and scientific activities or initiating healthcare programs.

Educational and publishing initiatives are an important part of their activity. The organisation of training events and conferences, publishing books for professionals and volunteers, running educational websites, and publishing magazines on various aspects of end-of-life care are all specific tools catering for the needs of teams and their partners, providing possibilities for development and continued training as well as social education. Regular meetings of teams or particular professional groups offer opportunities for the exchange of experiences and the much needed integration of the palliative and hospice care community.

Some of the organisations are open to everyone and they conduct far-reaching integration, educational or supporting activities, while others are more narrowly specialized and integrate representatives of particular professions. The oldest organisation which groups palliative and hospice centres is the Polish Hospice Movement Forum (transformed into the Polish Hospice Forum), which has strived

to improve and popularize hospice care in Poland for over 20 years. Apart from the Forum, there are organisations for: physicians (the Polish Palliative Medicine Society), nurses (the Polish Palliative Care Nursing Society), teams of centres for children (the Polish Pediatric Palliative Care Forum) and all the people involved in palliative and hospice care – the Polish Palliative Care Society. Another non-governmental organisation, operating since 2004 on a nationwide scale, is the Hospice Foundation based in Gdańsk, which carries out various educational projects and programs for palliative and hospice teams, patients and families, volunteers and the bereaved.

Part IV of the book presents the above-named organisations, their objectives and their roles in the Polish palliative and hospice movement.

Anna Janowicz



Polish Hospice Movement Forum (OFRH)

www.forumhospicjum.pl

The Polish Hospice Movement Forum was set up on the initiative of Father Eugeniusz Dutkiewicz SAC – founder of the Pallotinum Hospice in Gdańsk, Hospice Chaplain at the Episcopacy Conference in 1988-2002, Honorary Member of the OFRH, and Vice-President of the Palliative and Hospice Care Council in 1993-1999.

During a conference organised by the OFRH in Częstochowa in 2001, Father Dutkiewicz said: “When, years ago, I invited the already existing hospices to the Pallotines in Skaryszewska Street in Warsaw, I was wondering about what to call our meeting. I then recalled the word *forum*. In the Greek language and tradition, «forum» means a. However, it is not a marketplace of traders or money but a «marketplace» evoking the heritage of philosophical thought. It has to be characterized by wisdom, bearing the experience of knowledge, the experience of the altar and the experience of a community bound by love and brotherhood”.



The Polish Hospice Movement Forum emerged from the former meetings of the hospices in Wesola near Warsaw in 1988, 1989 and 1991, and the annual meetings at the Oratorian Fathers on the Holy Mountain in Gostyń (1986-2004). The meetings in Wesola were hosted by Father Władysław Duda and the Warsaw Community Hospice. The Concentration Days in Gostyń were organised by Father Ryszard Mikołajczak and St. Jan Kanty's Hospice. Father Dutkiewicz came up with the initiative to establish the National Hospice Council at the 3rd Convention of Hospice Teams in Wesola on 17 February 1991. The following meeting, on 28 May 1991 in Warsaw, was attended by 67 representatives of 23 hospice centres. It was then agreed that:

1. The National Hospice Movement Forum (OFRH) is a platform of co-operation for all the centres, which remain autonomous in their operations, structures and task implementation.

2. The OFRH is set up to improve and popularize hospice care in Poland.

3. All centres complying with the requirements of the Hospice Charter may be members of the OFRH.

4. The tasks of the OFRH include:

- ◆ deepening the cooperation between hospice centres,
- ◆ exchanging experiences related to hospice work,
- ◆ organising national conventions, scientific, training and formation sessions,
- ◆ liaising with the global hospice movement,
- ◆ editing publications on hospice care,
- ◆ developing a model and standard of hospice care,
- ◆ co-operating with other medical, educational and religious centres.

The Forum was also authorized to represent hospice centres in front of state and ecclesiastical institutions, scientific societies and other bodies, and to provide information on their needs, organisation and work.

Those assembled appointed the Executive Committee: President and Founder of the OFRH – Father Eugeniusz Dutkiewicz, Krystyna de Walden-Gałuszko of the Pallotinum Hospice in Gdańsk, Jerzy Drażkiewicz of the Oncological Hospice Foundation in Warsaw, Father Ryszard Mikołajczak of St. Jan Kanty's Hospice in Poznań, Jadwiga Pyszkowska of the Hospice in Katowice, and Jolanta Stokłosa of the Patients' Friends' Society The Hospice in Cracow.

During the establishment of the OFRH, two aspects were emphasized: firstly, all the hospices incorporated in the Forum are founded on the social initiative of the people of the hospice: doctors, nurses, clergymen and representatives of non-medical professions; secondly, the characteristic feature of the Hospice Movement is that the people of the hospice take up not only the effort of treatment but also

the work of accompanying a dying person and their family on the difficult path of their suffering together. This personalistic trait of hospice service is derived from social and religious motives.

Those assembled were also presented the Hospice Chart, passed at the 1st Convention of the OFRH, held in Gdańsk on 1-3 July 1992, according to which:

1. A hospice is established to provide comprehensive medical, psychological, spiritual and social care of terminal patients, mainly with cancer, and to take care of their families.
2. The goal of hospice care is to enable patients to live the terminal stage of their illness to the full by providing symptomatic treatment, nursing and accompanying patients and their families in the suffering.
3. The care of patients and accompanying them are tasks for a hospice team consisting of: doctors, psychologists, pharmacists, sociologists, nurses, clergymen and non-medical employees, with the co-operation of patients' families.
4. Hospice activities can be conducted in the form of: a home care team, a Residential hospice, a hospital hospice ward also offering patients hospice care at home, or a day care ward.
5. A hospice may operate under the patronage of state-owned institutions, community and local government organisations, the Church and others. The patronage defines the objectives and principles of hospice care.
6. The internal organisation, its structures, their functions and the regulations constitute individual and autonomous tasks of each hospice.

The National Hospice Movement Forum was registered on 3 December 1992 at the Provincial Court in Gdańsk as an association, and it was not structured as a union of associations. The first election of the Management Board of the OFRH took place on 24 October 1993 in a meeting in Gdańsk, attended by 74 people from 27 hospice centres. The Management Board included: Grażyna Zengteler – President, Jolanta Stokłosa – Vice-President, Dorota Liczbańska – Treasurer, and Members: Romana Antonowicz, Krystyna de Walden-Gałuszko, Krzysztofa Golian and Zbigniew Kaczmarek. The second term of office was started on 21 June 1997 in Warsaw by electing B. Płowiecka as President, Grażyna Zengteler – Vice-President, Tomasz Korga – Treasurer, Jolanta Stokłosa – Secretary, and Romana Antonowicz, Zbigniew Kaczmarek and Father Marek Kujawski as Members. In the third term of office (2000-2003), the Forum members were represented by the following Management Board: Jolanta Stokłosa – President, Father Eugeniusz Dutkiewicz – Vice-President, Renata Opalińska – Treasurer, Romana Antonowicz – Secretary, Members: Łucja Bartoszevska, Anna Byrczek and Anna Kaptacz, and in the fourth term (2003-2006) the Management Board was made up of: Jolanta Stokłosa – Pres-

ident, Romana Antonowicz – Vice-President, Father Andrzej Dziędziul – Secretary, Teresa Wróbel – Treasurer, Members: Krzysztofa Golian, Maria Drygała and Jolanta Kosta. The same board was elected for 2006-2009 and they were entrusted the task of changing the structure of the OFRH from an association of individuals into a union of associations.

As part of its statutory goals, the Forum organised conventions, conferences, training sessions, meetings and pilgrimages. The First Convention of the OFRH was held on 1-3 July 1992 in Gdańsk, with participating foreign guests: R. Twycross, S. Ahmedzai and M. Milton. The 2nd Convention, held in Gdańsk in 1993, was attended by representatives of Polish and foreign hospice teams. They had the opportunity of attending lectures by Prof. V. Ventafridda from Italy, Dr. S. Ahmedzai from Great Britain, Dr. M. Vachon from Canada, and Dr. Z. Żylicz, S. Fitton and R. Dodd from Great Britain. The next two conventions in 1994 and 2000 were organised by the Patients' Society St. Lazarus's Hospice in Cracow. The honorary guests of the 4th Convention in 2000 were Dr. Cicely Saunders and Reverend Leonard Lunn of St. Christopher's Hospice in London. The fifth Convention in 2003 in Katowice gathered volunteers and employees of Polish hospices to talk and mutually explore each other's activities. The last, 6th Convention was held in 2006 in Cracow. It was an attempt at summing up the condition of the hospice movement in Poland and its current problems, and at assessing the conditions of its future development.

Christmas meetings were held from 2000, on the initiative of the Management Board of the OFRH. The first one took place on 14 December in Warsaw, at St. Sigismund's Church in Konfederacji Square. The host of the meeting was the Archdiocesan Home Palliative Care Team, and its honorary guest was Cardinal Józef Glemp JE. The subsequent meetings were held in Łódź, Lublin, Warsaw and Bydgoszcz, and the last 3 meetings at the Home Hospice of Marian Fathers in Warsaw.

On 16-22 October 2003, the OFRH, the Hospice Chaplain, Father Piotr Krakowiak and the Travel and Pilgrimage Agency "Frater" invited representatives of the hospices to a coach pilgrimage to Rome for the beatification of Mother Theresa of Calcutta.

The OFRH Management Board was also active in publishing. From 1998 they edited and published the "Biuletyn Informacyjny" quarterly. A total of 35 issues had come out until 2008. The guide was distributed to all the non-governmental, non-profit hospice teams. "Serwis Informacyjny" was sent out irregularly, as the need arose to rapidly deliver information to the hospices.

In 2004 and 2005, the Board members participated in the preparation of two hospice texts: "The Reflections of Father Eugeniusz Dutkiewicz SAC on Hospice Care" and "The 60th Week of Charity – Death Wrapped up in Life. Following Christ in Hospice and Palliative Service".

As a representative body of the hospice movement, the Forum participated in the work and meetings which affected the activities of the home and Residential care teams. In 1994-2002 it actively participated in the work of the National Palliative and Hospice Care Council appointed by the minister of health. In February 1998, the Management Board of the OFRH organised a meeting with the deputy minister of health, Michał Kornatowski, in which selected issues of hospice activities were presented and a request was addressed to the minister of health to recommend hospice activities to province governors and provincial physicians and to take action for the improvement of the knowledge of hospice care among healthcare employees by organising training courses on the subject. They also asked for the possibility of consulting on draft legislation and, in particular, for the drafting of a law on the status and work of volunteers, and introducing the possibility of the state refunding dressing materials and medications prescribed to patients by hospice doctors from non-public health care facilities.

In September 1998, His Excellency Archbishop Władysław Ziółek, the Health Care Supervisor on behalf of the Polish Episcopacy Conference, met the members of the Management Board of the OFRH. The purpose of the meeting was to get to know the activities of the hospice movement and to present the situation of hospice chaplains. It was emphasized that the priority issue was the preparation of a program for the formation of chaplains, to begin already in the seminary.

As the Sejm was working on amendments to the law on public health insurance, the OFRH submitted a letter to the Senate Speaker, Alicja Grzeškowiak, on 13 June 2001. It expressed their regret that the Sejm had not taken into account the suggested amendment to Art. 58, concerning the listing of palliative and hospice care as an outpatient service within specialist care provided without a prescription by a health insurance doctor. The amendment was of great significance because it guaranteed the possibility of fast admission to a palliative and hospice outpatient clinic.

On 19 April 2002, at the conference "Health as a Public Value (II) – Voluntary Service in Health Care", the OFRH presented their view, which included this sentence: "While fully appreciating the initiative of voluntary service legislation (the draft law on public benefit activities and voluntary service), the hospice community is also seriously concerned as to whether they will be able to fulfill the obligations regarding the provision of health services, medical tests and the application of OHS regulations, imposed on charity associations, and whether this fact will not result in a decrease in the number of volunteers in teams or even in the number of hospices in operation...".

On 26 August 2002, the Management Board of the OFRH, at the request of Senator Krystyna Sienkiewicz, sent in an opinion on the draft law of the Polish Senate

regarding the establishment of a National Cancer Fighting Program, in which they wrote: "Appreciating the Senators' efforts to implement the program, we wish to incidentally turn your attention to hospice and palliative care, which has been developing in Poland for 20 years, striving to bring comprehensive relief to patients whose therapy has not led to recovery and has not prolonged their survival time. (...) The Polish Hospice Movement Forum care very much about making every effort for the end of life and dying to be treated with the same attentiveness as birth and to be provided with funds for care and accompaniment (...)".

On 28 August 2002 in Warsaw, the Management Board of the OFRH organised a meeting of 21 secular and ecclesiastical hospices to discuss the documents prepared by the palliative medicine national consultant's team: "The Health Program" and "The Problems of Palliative Care in Poland". The conclusions of the meeting were submitted to the national consultant – Prof. Krystyna de Walden-Gałuszeko, MD PhD.

On 10 September 2002, the President of the Board of the OFRH, Jolanta Stokłosa, during a meeting of the Sejm Health Commission devoted to palliative care, presented the condition of hospice care organised by non-governmental, non-profit ecclesiastical and secular associations.

On 11 October 2004, the President of the Board of the OFRH participated in a teleconference on palliative and hospice care, on the subject of Recommendation 24 (2003) of the Committee of Ministers to member states.

On 19 June 2006, the Forum prepared an enclosure to the draft regulation of the minister of health on the standards of the provision of health services and medical procedures in palliative medicine and palliative care at health care facilities (Enclosure F).

At the request of the participants in the general meeting of the OFRH, held on 29 June 2003 in Katowice, the Management Board drew up regulations on the awarding of a Hospice Certificate. In 2004-2006 it was awarded to 18 hospices for the implementation of the hospice idea in care provided to dying patients and their families. The Certificate was granted to: the Hospice in Września, the Queen of Peace Hospice in Tarnowskie Góry, St. Camillus's Hospice in Gorzów Wielkopolski, the Hospice in Piła, the Cordis Hospice in Mysłowice, the Mother Theresa's Hospice in Zabrze, St. Father Pio's Hospice in Pszczyna, St. Paul's Hospice in Zielona Góra, Luke the Evangelist's Hospice in Cieszyn, the Hospice in Katowice, St. Joseph's Hospice in Sadowie, TPCH Hospice in Białystok, the Blessed Father Jerzy Popiełuszko Hospice in Bydgoszcz, the Homo Homini Hospice in Jaworzno, the Good Samaritan's Hospice in Lublin, the Home Hospice Care Team Caritas of the Łódź Archdiocese, the Hospice Care Association of the Częstochowa Region and the Home Hospice of the Caritas Care Station in Olsztyn.

The National Hospice Movement Forum operated from 1991 to 2008, when its goals, such as the propagation of the hospice movement, the organisation of training and scientific sessions, the editing of publications and co-operation with other medical, educational and religious centres, were taken over by the union of hospice associations, the **Polish Hospice Forum**, appointed by the hospices on 26 May 2007 in Cracow and registered on 26 October 2007.

In the general meeting of the OFRH, which passed the resolution to dissolve the association on 12 April 2008, the following message was communicated to the new union: "The historical heritage of Polish hospices is made up of the richness of thought and spirit charting the long route followed for many years by the National Hospice Movement Forum. This route becomes the source for the Polish Hospice Forum to draw from."

Material prepared by Jolanta Stokłosa

Polish Hospice Forum

www.forumhospicjum.pl

The Polish Hospice Forum is a union of associations and other non-governmental legal entities providing care to the seriously and terminally ill, whose objective is not to gain profit. Its activity is the continuation of the mission and goals of the National Hospice Movement Forum.

An ordinary member of the Polish Hospice Forum can be an association or other non-governmental, non-profit legal entity which is not an organisational unit of central or local government administration. An ordinary member of the Forum is represented by two authorized members of the association acting on behalf of a sole legal entity – one member of the Forum, and having one decisive vote. Each ordinary member of the Forum is entitled to change their representatives in the general meeting at any time.

The objectives of the Forum are carried out by:

- 1) promoting the standards set out in the established principles of hospice and palliative care and adopted in the general meeting;
- 2) representing the Forum members in front of public and local administration bodies, state authorities and other entities in matters related to hospice and palliative care;
- 3) taking measures to secure common access to hospice and palliative care, for example by supporting initiatives to set up new associations and centres of hospice care;
- 4) creating conditions favorable to the development and deepening of co-operation between hospice and palliative centres, and exchanging experiences in hospice work;
- 5) organising conventions, scientific and training sessions and preparing informational materials;
- 6) editing and issuing publications on hospice and palliative care and voluntary service;
- 7) maintaining contact with the global hospice movement;
- 8) co-operating with other medical, educational and religious centres in Poland and abroad;
- 9) conducting notification activities and consultations relevant to the hospice and palliative community, and monitoring the regulations formulated and compliance with them.

The Polish Hospice Forum presently includes 60 secular and ecclesiastical associations and other legal entities.

Material prepared by Jolanta Stokłosa



**Fundacja
Hospicyjna**

Hospice Foundation

www.hospicefoundation.eu

Brief History

The Hospice Foundation (HF) was founded by Father Piotr Krakowiak SAC in co-operation with the lawyer Sławomir Łoboda. It launched its operations in autumn 2003, and was formally registered on 24 March 2004 in Gdańsk, with its registered seat at 10 Chodowieckiego Street. Its original objective was to financially support the Father E. Dutkiewicz SAC Hospice (originally *Hospitium Pallottinum*), which found itself in a very difficult situation after the completion of the project for the construction of a residential hospice. The next objective of the emerging Foundation was, due to the National Hospice Chaplain's function being held by Father Piotr Krakowiak SAC, PhD, from 2003, nationwide activities, specifically related to non-medical aspects of care, especially spiritual and religious ones, and to the development of voluntary services and social education about the end of human life.

Already in spring 2004, the HF took the opportunity to collect 1% of income tax, and in autumn, together with TVP1 and other national and regional media, it organised the first social campaign called "Hospice is also Life". In the same year, the volunteers connected with the Foundation set up and started to run a national website, www.hospicja.pl, the main source of information on hospice and palliative care in Poland.

In 2005, the Foundation launched its publishing and educational and research activities. By 2014 the Hospice Foundation Library had published 17 volumes of manuals and guides and 16 DVDs. In 2006, they started publishing "Hospice is also Life", a free bimonthly addressed to all those interested in palliative and hospice care in Poland. It presently appears as a quarterly. In 2006, the Orphaned Children's Fund was established at the Foundation. The Fund keeps broadening the scope and forms of support offered to children and young people who have suffered a loss. In the same year, the Foundation joined the initiative of the hospice community of Toruń, namely the national project of the Cancer Fighting Academy (Akademia Walki z Rakiem), and set up a Gdańsk branch to support people coping with cancer.

In 2007, the HF initiated a 3-year national program of development for hospice volunteers, "I Like to Help", and in 2008, together with "Gazeta Wyborcza", successfully ran the campaign "Dying in a Human Way". In the same year it also presented WHAT, a national project aimed at the rehabilitation of prisoners through work at palliative and hospice care centres. After the project was completed by the Civic Initiatives Fund (FIO), further centres, with support from the Hospice Foundation, entered into co-operation with the Prison Service and the Ministry of Justice, winning the recognition of the Council of Europe and the Crystal Scales of Justice award for the most innovative rehabilitation project in 2009.

In 2009, the Hospice Foundation joined the project of formation of joint pastoral care in the health care and welfare system, carried out in conjunction with the Knight Hospitallers' Order. In 2010, thanks to the FIO, the team conducted a one-year-long project of the Hospice Volunteers School, which complemented and reinforced the national program "I Like to Help".

In the beginning of 2011, the direction of the Foundation was taken over by Alicja Stolarczyk. 2013 marked the 30th anniversary of the inception of the Father E. Dutkiewicz SAC Hospice in Gdańsk and the 10th anniversary of the Hospice Foundation, begun with a debate on the topic: "The Art of Dying. 30 Years of Hospice Care in Gdańsk". In March 2014, together with the National Hospice Chaplain and the Foundation I Like to Help, the HF inaugurated the Pomeranian School of Care-Oriented Voluntary Service, whose objective is to transfer the good practices of hospice voluntary services into other institutions which take care of the chronically ill, elderly and infirm. In December of the same year, a program of psychological assistance for bereaved children and young people, "Tumbo Helps", was launched and it began with the opening of the website www.tumbopomaga.pl.

Statutory Goals

The Hospice Foundation fulfills its statutory goals in the following areas:

1. Content-related, educational and financial support for hospices.
2. Social education about the end of life.
3. Development of voluntary services for people at the end of their lives.
4. Welfare and psychological support for people coping with the problems of loss, orphanhood, bereavement and fighting cancer.

Support for Hospices

From the beginning, the goal of the Foundation has been content-related and financial support for hospices.

Financial Support

Financial support is made possible by campaigns, charity text messages, public collections, 1% income tax donations and donations from public and private funds. Support is also provided in the form of medications, medical equipment, training courses, publications and welfare benefits for orphaned children and young people.

Content-Related Support

Content-related support can be provided through training courses, conferences, publications and sites. Its goal is to supply the tools and skills required to independently work for one's organisation: to acquire funds, keep in touch with the local community and develop voluntary services.

www.hospicja.pl is the first portal in Poland dealing with the issues of palliative and hospice care: late-stage illness, death and bereavement. It serves as a source of information for patients and their relatives (a database of Polish hospices) and volunteers as well as a forum for experience sharing by palliative and hospice centres in Poland¹⁵⁵.

www.tumbopomaga.pl is a website on bereavement, intended for children, young people, their parents, guardians, teachers and psychologists. It is a source of information and a platform for individual contacts through a toll-free number, e-mail or personal meeting at designated locations across the country.

Social Education

Social Campaigns

Every year the Hospice Foundation conducts the national social campaign "Hospice is also Life", intended to break the taboos associated with hospices and to promulgate the idea of terminal care. Subsequent campaigns focus on different aspects of palliative and hospice care – communication with patients and their relatives, ways of helping bereaved adults and children, forms of hospice voluntary service and opportunities of participation by various age groups. During each campaign, its themes are presented in the media in the form of documentaries, television broadcasts, spots, articles in the press, radio broadcasts and coverage of charity and information campaigns organised by hospices. This combination of national and local activities leads to the education of our society and a change in their perception of end-of-life care as well as the involvement of local communities in the centres participating in these campaigns.

¹⁵⁵ P. Krakowiak, A. Janowicz, O. Woźniak (ed.), *I Like to Help (Lubię Pomagać)*. Gdańsk 2010, pp. 158-160.

The campaigns and their themes:



2004 – "Hospice is also Life" – what hospices are, who they help and how



2005 – "Bring the Truth in Time" – how to talk to a seriously ill patient and their family



2006 – "Loss, Orphanhood and Mourning" – how to help at the time of bereavement



2007 – "Help the Hospice" – what the hospice voluntary service is about and why it is important



2008 – "Become a Hospice Volunteer" – how young people can become volunteers at a hospice and why it is worth being one



2009 – "Donate Your Time" – inviting the 50+ to become volunteers



2010 – "Orphaned Children" – the problem of orphanhood and mourning in children



2011 – "Volunteer at 50+" – how much you can gain by becoming a volunteer



2012 – "Healthy Talk Helps in Therapy. Talk. Listen. Trust" – how proper communication affects the therapeutic process



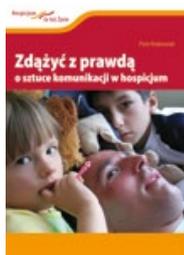
2013 – "Help to Relieve Pain" – the problem of orphanhood and mourning in children



2014 – "Tumbo Helps" – how to help a bereaved child: www.tumbopomaga.pl

Publications

As part of its educational activities, the HF has published 17 books for employees and volunteers, teachers, care assistants and all the people co-operating with palliative and hospice centres in any way. They include:



“To Bring the Truth in Time. On the Art of Communication at a Hospice”, a guide that accessibly clarifies the difficult rules of communication with a terminally ill person;



“Loss, Orphanhood, Mourning. A Guide for Helpers and the Bereaved” defines and explains the process of mourning in adults and children and how to help at different stages of the process;



“The Handbook of a Coordinator of the Hospice Voluntary Service” covers all the aspects of the establishment and development of voluntary services at a center, from the recruitment of new volunteers through their training to the organisation of daily work, motivation and handling difficult situations;



“A Hospice Volunteer’s Handbook”, a systematized collection of information for anyone who wants to work for a hospice, both as a campaign and care-oriented volunteer. It helps to understand the feelings of a dying person and their relatives. It gives advice on how to recognize their needs. It also presents the dangers faced by volunteers and the ways of coping with them;



“How to Discuss the End of Life and the Hospice Voluntary Service with Pupils”, a publication prepared in co-operation with experts and teachers forming a set of guidelines on how to discuss the difficult issues of disease, dying and mourning in the classroom with pupils of different ages and the possible forms of their involvement in voluntary activities;



“A Chronically Ill Person at Home” and “A Chronically Ill Child at Home”, guides offering practical advice for care assistants, covering the organisation of home care and ways of taking care of yourself;



“Healthy Talk. The Art of Communication with the Terminally Ill and their Care Assistants”

Multimedia Publications

The books are complemented by films, also published for educational and training purposes:

- ◆ “Working with People in Mourning” – Parts I and II;
- ◆ “Conversations about the End of Life and the Hospice Voluntary Service” – 4 films for different age groups;
- ◆ “A Chronically Ill Person at Home”;
- ◆ “A Chronically Ill Child at Home”;
- ◆ “Overcoming Prejudice” – a film on volunteers among prisoners;

- ◆ “A Hospice from the Inside” (in Polish and English);
- ◆ “The 30th Anniversary of the Father E. Dutkiewicz Hospice and the 10th Anniversary of the Hospice Foundation” (in Polish and English);
- ◆ “Perinatal Hospice Care” (translation from English) – a film made available by Tammy Ruiz by authority of the Warners;
- ◆ “Helping is Beautiful – Care-Oriented Voluntary Service”;
- ◆ A part of the series “The World is not as Bad”, documentaries on orphaned children (Orphaned Children’s Fund), bereaved children (the “Tumbo Helps” program), care-oriented voluntary service in residential care homes (the Pomeranian School of Care-Oriented Voluntary Service) and people grappling with cancer (the Cancer Fighting Academy).

Development of the Voluntary Service

An important element of the Foundation activities is the development of the hospice voluntary service.

Campaign and Care-Oriented Hospice Voluntary Service

The most important program focused on the development of the voluntary service has been the 3-year project called “I Like to Help”, in which 96 palliative and hospice centres from all over Poland participated. It has helped to build a national network of voluntary service centres, which is unique on the European scale.



It comprised educational activities, including training for voluntary service coordinators, volunteers of various age groups and teachers from schools co-operating with the centres as well as social campaigns promoting the voluntary service. In addition, each of the coordinators was given the equipment to facilitate their daily work and the education about and promotion of the voluntary service in local institutions and organisations (laptops, multimedia projectors, etc.). The result of the project was an increase in the number of volunteers and in the frequency and scope of their work for patients and organisations. The centres developed their co-operation with schools and universities, the media, sponsors, other non-governmental organisations and local communities. First of all, they improved the quality and scope of their care of patients and their relatives¹⁵⁶.

Voluntary Service of Prisoners

An innovative outcome of the Foundation’s activity in this area was the voluntary service of convicts. Co-operation with the Prison in Gdańsk, initiated by the Gdańsk Hospice workers, gave rise to a national project aimed at transplanting the practice to other palliative and hospice centres. Through a series of training events for prisoners and care teams, they managed to prepare both groups for co-operation. They succeeded in implementing the project in some 30 facilities¹⁵⁷.



¹⁵⁶ P. Krakowiak, *Social and Educational Functions of Palliative and Hospice Care*. Gdańsk 2012, pp. 130-131.

¹⁵⁷ P. Krakowiak, A. Janowicz (ed.), *The History of the Pallotine Hospice in Gdańsk*. Gdańsk 2008, pp. 146-147.

Care-Oriented Voluntary Service – The Pomeranian School of Care-Oriented Voluntary Service



The Pomeranian School of Care-Oriented Voluntary Service (PSWO) is a project aimed at the creation and development of the voluntary service within long-term home care and at health care and social welfare facilities. We wish that in all places where there are dependent, sick, old and lonely people, there were volunteers to take care of them, assist them in their everyday activities and spend time with them.

The initiative appeared in 2013 during a meeting of Father Piotr Krakowiak SAC, the National Hospice Chaplain, with Ms Hanna Zych-Cisoń, who was then Vice-Marshall of the Pomeranian Province. The experience of the hospice movement, where care teams have worked with volunteers for several dozen years, points to the importance of their presence and assistance – for patients and relatives but also for the teams themselves. These good practices can be used in healthcare facilities and other areas of home and long-term care. The priority task of PSWO is the implementation of the pilot project entitled “Care-Oriented Voluntary Service”.



Care-Oriented Voluntary Service – a Pilot Project

The project includes 5 medical facilities in the Pomeranian Province. It arose as a response to the growing need for the support of care teams operating in the domains of healthcare and welfare which were unable to assure comprehensive care to their charges (www.wolontariatopiekunczy.pl).

Helping is Beautiful – Activation of Senior Citizens through Care-Oriented Voluntary Service

The project is implemented under the Governmental Program “Social Activity of the Elderly” (ASOS). Its essential goal was to set up and develop care-oriented voluntary service at residential care homes in the Pomeranian Province. The invitation to become volunteers was addressed to all those interested, with priority to senior citizens. The project has resulted in the establishment of voluntary service centres in 22 residential care homes in the Pomeranian Province.



Social and Psychological Assistance

Orphaned Children's Fund

Support for patients and their relatives is also carried out through the Orphaned Children's Fund. It was established in 2006 in response to the need for special care for children whose closest family members are or were taken care of by a hospice. The Fund also takes care of the healthy siblings of chronically ill children. The support organised by the Fund comprises the organisation of holiday trips for rest and treatment, funding scholarships, the purchase of school starter kits or gifts for holidays or Children's Day. By 2014, the Hospice Foundation helped about 6500 children through the Fund.

"Tumbo Helps" PROGRAM



After a close one dies, nothing is the way it used to be any longer. The "Tumbo Helps" Program is intended to help children and young people during bereavement as well as their parents, guardians and teachers accompanying them in these difficult days. The website www.tumbopomaga.pl gives the necessary information and professional advice on how to go through mourning consciously and to the end in order to be able to rebuild one's life and regain a sense of security.



Cancer Fighting Academy



**AKADEMIA WALKI
Z RAKIEM**
Oddział w Gdańsku

The Cancer Fighting Academy offers free support and health education to anyone in need of assistance in coping with their own illness or that of their relatives. Classes are aimed at working on emotions, ideas and convictions which frequently hinder the healing process, and they may take various forms: lectures, individual consultations, personal development workshops, psycho-educational groups, support groups and others. They are conducted by psychologists, dieticians, physiotherapists and clergymen. A lot of emphasis is also placed on support for families and relatives to help them develop the ability to cope with difficult situations and on learning ways of communication with patients. The Academy's tasks additionally include prevention and social education through the organisation of workshops and talks for particular social groups. Classes at the Academy are a supplement to but not a substitute for treatment.

All the activities of the Hospice Foundation are intended to bring comprehensive support to people approaching the end of life, to their relatives, adults and children – both during the time of illness and after the death of a close one – with total sympathy and the awareness that, even though death is an inherent part of human life, it is difficult to prepare for one's encounter with it.

Material prepared by Alicja Stolarczyk



Polish Palliative Medicine Society

www.medycynapaliatywna.org

It was established in 2002 as a scientific and medical society. Its goal is to initiate and support scientific research on palliative medicine issues, to integrate doctors' activities related to such research, to initiate and support health policies related to palliative care and to promulgate the forged standards of practice within such care. The society has 220 members. Its objectives are realized by:

- ◆ participating in the organisation of training courses in palliative medicine for doctors, nurses and other medical professions, and in the process of doctors' specialization in palliative medicine,
- ◆ publishing journals, bulletins and other materials on palliative medicine,
- ◆ organising scientific symposia, conferences and meetings, and co-operating with scientific organisations in Poland and abroad interested in similar subjects.

The honorary members of the Society are Dr Janina Kujawska-Tenner, MD PhD, Prof. Krystyna de Walden-Gałuszko, MD PhD, Prof. Jacek Łuczak, MD PhD, Prof. Robert Twycross and Dr Zbigniew Żylicz, MD PhD. The president of the PTMP is Dr Jadwiga Pyszkowska, MD PhD.

The Society issues the quarterly "Medycyna Paliatywna", addressed to doctors specialized in various fields of medicine who take care of the terminally ill. The leading topics of the journal are symptomatic treatment, pain control and the management of other clinical problems related to a progressing and wasting chronic illness. It also discusses ethical issues and organisational problems relevant to palliative medicine. The editor in chief is Dr Aleksandra Ciałkowska-Rysz, MD PhD.

Source: <http://www.medycynapaliatywna.org/www/>, http://www.termedia.pl/Czasopismo/Medycyna_Paliatywna-59/Info



Polskie Towarzystwo
Pielęgniarstwa
Opieki Paliatywnej

Polish Palliative Care Nursing Society

www.ptpop.pl

It was established in 2006 upon the initiative of nurses involved in the organisation and development of palliative care nursing. The Society's activities are focused on:

- ◆ setting the goals, directions and principles of education;
- ◆ integration of people dealing with the issues of palliative care nursing;
- ◆ supporting scientific activities in this field;
- ◆ supporting research work on the theory and practice of palliative care nursing;
- ◆ exchanging experiences with other nursing organisations in Poland and abroad;
- ◆ initiating and undertaking activities aimed at the formulation and constant improvement of legislation governing the activity of palliative care nurses;
- ◆ assistance in the organisation and implementation of continuous palliative care for patients with cancer and other chronic diseases;
- ◆ spreading the idea of such care in the society in close co-operation with the Polish Palliative Care Society and other organisations supporting palliative and hospice care.

The Society implements its goals by:

- ◆ suggesting and negotiating the principles and content of the education and post-graduate training of palliative care nurses;
- ◆ submitting proposals in matters related to the acquisition of qualifications and specialization in palliative care nursing, including under- and post-graduate training programs and forms of examination, as well as the acquisition of a bachelor's degree in palliative care nursing;
- ◆ preparing and negotiating nursing care standards and principles of work organisation and documentation, and of the financing of the work of palliative care nurses;
- ◆ preparing standards of nursing care and the quality of work of palliative care nurses;
- ◆ preparing and publishing educational and scientific materials in accordance with current regulations;
- ◆ initiating scientific research and participating in it;

- ◆ co-operating with all the institutions, local governments, and Polish and foreign organisations associated with palliative care nursing;
- ◆ training palliative care teams: doctors, nurses, psychologists and volunteers, during courses, conferences and conventions;
- ◆ participating in the recruitment of volunteers;
- ◆ taking action for the improvement of the quality of life of patients and their families.

The President of the Society is Anna Kaptacz.

Source: <http://www.ptpop.pl/index.html>

Aleksander Lewiński and Antonina Mazur Polish Palliative Care Society

The object of the Society is to implement and develop the palliative care and treatment of people suffering from advanced cancer and other conditions in the terminal stage, to represent those who work in palliative care, and to promulgate and improve the principles and standards of this care. The Society implements its goals in particular by:

- ◆ promoting the philosophy and foundations of palliative care by implementing it in a variety of forms,
- ◆ palliative care education,
- ◆ conducting scientific research, especially within research divisions,
- ◆ training palliative care teams,
- ◆ organising and participating in conventions, symposia, courses, etc., and participation in scientific and training meetings in Poland and abroad,
- ◆ publishing activities, and collecting and popularizing educational materials and scientific references (books, journals, films, etc.) on palliative care,
- ◆ assisting in the opening and equipping of palliative care wards,
- ◆ supporting other activities aimed at ensuring care provided by properly trained teams to patients,
- ◆ co-operating in the recruitment and training of volunteers,
- ◆ taking action for the improvement of the living conditions of patients and their families.

The President of the PTOP is Dr Zbigniew Kaczmarek.

Source: <http://www.opiekapaliatywna.com.pl/>



Polish Pediatric Palliative Care Forum (OFPOP)

www.ofpop.pl

The Forum was established on 9 November 2007 in Lublin. The originator and initiator of this structure gathering all the hospices working with children was Father Filip Buczyński, currently the President of the OFPOP Council.

The activity of the Forum is centered around the integration of the community which has long been coping with the difficulties of providing decent palliative care to patients requiring it, and around the efforts to introduce the regulation of the minister of health on standards of practice and medical procedures in palliative care to health care facilities in the version suggested by the Forum. Another challenge is negotiating (once the standards are adopted) the unit price for a patient day, based on real costs.

Currently, the Forum gathers nearly all the hospices taking care of children. Thus they are able to participate together in meetings and training events, based on the principles of respect, equality and partnership.

The goal of the Forum is to represent, support and integrate the children's hospices operating in the territory of Poland. The detailed goals, set out in the statutes, include:

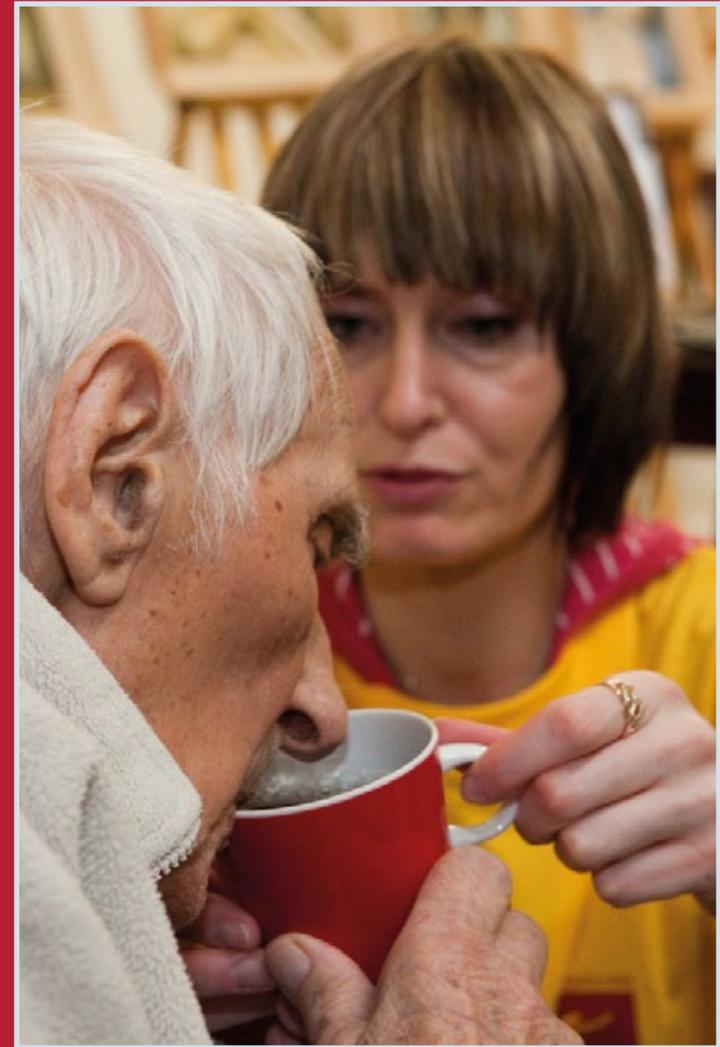
- ◆ adopting and implementing uniform standards of palliative care for children in the Polish legal system, to be followed by the member hospices of the Forum;
- ◆ conducting information, consulting and policy-related activities, aimed at a joint resolution of problems in children's palliative care;
- ◆ initiating and evaluating draft legislative acts on children's palliative care and submitting proposals on legislative amendments related to children's palliative care to the competent state authorities;
- ◆ representing the Forum members in common matters nationally and internationally;
- ◆ representing the member Hospices in front of central and regional state authorities, non-governmental organisations of the same or similar type of activity and in front of international organisations, including the European Union;
- ◆ lobbying for the implementation of the standpoints forged and documents adopted by the Forum in front of the competent state authorities and institutions;

- ◆ striving to modify the principles of the financing (realignment of costs) of children's palliative care in Poland;
- ◆ creating the conditions for improving the situation of existing children's hospices, opening new ones and for their development;
- ◆ organising and participating in conventions, symposia, courses, etc., and participation in scientific and training meetings in Poland and abroad;
- ◆ inspiring and undertaking joint initiatives aimed at the development of palliative care for children in Poland;
- ◆ publishing, training and promotional activities related to the issues concerning the Forum and its members.

Source: <http://ofpop.pl/>

Part 5.

APPENDIX



The list of hospice-palliative care institutions in Poland based on the data collected by the Polish Hospice Forum in 2013

NZOZ Non-Public Health Care Facility
ZOZ Health Care Facility
SPPZOZ Independent Public Care Facility

No.	Name of institution Contact data	Legal form				Forms of care												
		church entity	association/foundation	public entity	company/self-employment	home hospice	Residential hospice	palliative care unit	palliative care outpatient clinic	home hospice for children	Residential hospice for children	perinatal hospice	day centre	long-term care	pain treatment	nursing and treatment facility	bereavement support	voluntary service
LOWER SILESIA PROVINCE																		
1	Caritas Archidiecezji Wrocławskiej Centrum Opieki Medycznej 55-080 Małkowice, ul. Klasztorna 1, Oddziały: Malczyce, Małkowice, Oława www.wroclaw.caritas.pl	X				X											X	X
2	Towarzystwo Przyjaciół Chorych Hospicjum 58-100 Świdnica Śląska, ul. Grodzka 19 www.hospicjum.swidnica.pl	X				X												X
3	NZOZ Poradnia Opieki Hospicyjno-Paliatywnej 58-309 Wałbrzych, ul. Krasińskiego 8 www.opiekapaliatywna.hb.pl	X				X	X	X									X	X
4	Fundacja „Wrocławskie Hospicjum dla Dzieci” 53-137 Wrocław, Al. Wiśniowa 36 www.hospicjum.wroc.pl	X							X	X							X	X
5	Ekumeniczna Stacja Opieki – Centrum Pielęgniarstwa Rodzinnego, Rehabilitacji i Opieki Paliatywnej 52-512 Wrocław, ul. Wysoka 4 www.eso.wroclaw.pl	X				X											X	
6	Wojewódzkie Centrum Szpitalne Kotliny Jeleniogórskiej 58-506 Jelenia Góra, ul. Ogińskiego 6 www.spzoz.jgora.pl		X			X	X	X										
7	ZOZ w Kłodzku 57-300 Kłodzko, ul. Szpitalna 1 www.zoz.klodzko.pl		X				X	X										
8	Wojewódzkie Centrum Szpitalne Kotliny Jeleniogórskiej 58-530 Kowary, ul. Sanatoryjna 27 www.spzoz.jgora.pl		X			X	X	X									X	
9	Wojewódzki Szpital Specjalistyczny 59-220 Legnica, ul. Iwaskiewicza 5 www.szpital.legnica.pl		X			X	X	X									X	X

No.	Name of institution Contact data	Legal form				Forms of care												
		church entity	association/foundation	public entity	company/self-employment	home hospice	Residential hospice	palliative care unit	palliative care outpatient clinic	home hospice for children	Residential hospice for children	perinatal hospice	day centre	long-term care	pain treatment	nursing and treatment facility	bereavement support	voluntary service
LOWER SILESIA PROVINCE																		
10	Regionalne Centrum Zdrowia sp. z o. o. 59-300 Lubin, ul. gen. J. Bema 5-6 www.bip.rcz.lubin.pl			X		X	X	X										X
11	Samodzielny Publiczny Zespół Zakładów Opieki Zdrowotnej 59-730 Nowogrodzic, ul. Cicha 4			X		X	X	X										
12	ZOZ w Oławie 55-200 Oława, ul. Baczyńskiego 1 www.zozolawa.wroc.pl			X		X												
13	Dolnośląskie Centrum Onkologii 53-413 Wrocław, ul. Hirszfelda 12 www.dco.com.pl			X		X		X										
14	Wielospecjalistyczny Szpital – Samodzielny Publiczny Zakład Opieki Zdrowotnej 59-900 Zgorzelec, ul. Lubańska 11-12 www.spzoz.zgorzelec.pl			X		X												
15	Ośrodek Medycyny Paliatywnej i Hospicyjnej 55-100 Trzebnica, Będkowo 1 Branches: Oleśnica, Wołów, Góra Śląska www.hospicjumbedkowo.pl					X	X	X	X								X	X
16	NZOZ Opieka Długoterminowa Centrum Promocji Zdrowia 59-700 Bolesławiec, ul. Masarska 4 www.centrumpromocjizdrowia.pl							X										
17	NZOZ „Curatum” 59-700 Bolesławiec, ul. Spółdzielcza 1b 59-500 Złotoryja, ul. Solna 17/1 www.curatum.org					X	X						X				X	
18	NZOZ „Sal-Med” s.c. 58-200 Dzierżoniów, ul. Świdnicka 37a					X	X		X									
19	Powiatowe Centrum Zdrowia sp. z o. o. 58-530 Kowary, ul. Sanatoryjna 15 Hospicjum: ul. Jeleniogórska 14 www.pcz-kowary.pl					X	X											X
20	Przychodnia „Omega-Med” 55-320 Malczyce, ul. Mickiewicza 6					X	X		X									
21	NZOZ Gaja 56-300 Milicz, ul. Wojska Polskiego 21 Hospicjum Domowe: 56-320 Krośnice, ul. Parkowa 5					X	X		X									
22	Specjalistyczne Centrum Medyczne 57-320 Polanica Zdrój, ul. Jana Pawła II 2 www.scm.pl					X		X										
23	Polkowickie Centrum Usług Zdrowotnych 59-101 Polkowice, ul. Kard. B. Kominka 7 www.pcz.pl					X	X		X									X

No.	Name of institution Contact data	Legal form			Forms of care													
		church entity	association/foundation	public entity	company/self-employment	home hospice	Residential hospice	palliative care unit	palliative care outpatient clinic	home hospice for children	Residential hospice for children	perinatal hospice	day centre	long-term care	pain treatment	nursing and treatment facility	bereavement support	voluntary service
LOWER SILESIA PROVINCE																		
24	„Sanatoria Dolnośląskie” sp. z o.o. 58-250 Pieszyce, Rościszów 11 www.sanatoria-dolnoslaskie.pl			X			X										X	
25	NZOZ Opieka sp. z o.o. 57-100 Strzelin, ul. Wrocławska 46 50-305 Wrocław, ul. Jaracza 74 57-220 Ziębice, ul. Wąska 15/17			X	X												X	X
26	Polskie Centrum Zdrowia 55-300 Środa Śląska, ul. Kolejowa 16A www.pczim.pl			X	X													X
27	NZOZ „Mikulicz” sp. z o.o. 58-160 Świebodzice, ul. M. Skłodowskiej-Curie 3-7			X		X												X
28	Powiatowe Centrum Medyczne 56-100 Wołów, ul. Wrocławska 3 www.pcmwołow.pl			X					X									
29	Hospicjum Bonifratrów św. Jana Bożego 51-128 Wrocław, ul. Poświęcka 8a www.hospicjumbonifratrow.pl	X			X	X	X										X	X
30	NZOZ „Elmed” s.c. 57-200 Ząbkowice Śląskie, ul. B. Chrobrego 6b			X	X													

No.	Name of institution Contact data	Legal form			Forms of care													
		church entity	association/foundation	public entity	company/self-employment	home hospice	Residential hospice	palliative care unit	palliative care outpatient clinic	home hospice for children	Residential hospice for children	perinatal hospice	day centre	long-term care	pain treatment	nursing and treatment facility	bereavement support	voluntary service
KUYAVIAN-POMERANIAN PROVINCE																		
31	Hospicjum im. bł. ks. J. Popiełuszki przy Parafii Św. Polskich Braci Męczenników* 85-862 Bydgoszcz, ul. ks. prałata R. Biniaka 3 www.hospicjum.bydgoszcz.pl.	X				X	X	X					X				X	X
32	Stacja Opieki Długoterminowej Caritas – Caritas Diecezji Bydgoskiej 89-400 Sepólno-Krajeńskie, ul. Kościelna 8	X				X											X	
33	Zespół Opieki Paliatywnej im. Jana Pawła II Hospicjum „Światło” 87-100 Toruń, ul. Grunwaldzka 64 www.hospicjumswiatlo.pl	X				X	X										X	X
34	Hospicjum dla dzieci „Nadzieja” 87-100 Toruń, ul. Włocławska 169b www.hospicjumnadzieja.pl		X						X	X							X	X
35	Centrum Pielęgnacji Caritas Diecezji Toruńskiej 87-100 Toruń, ul. Kard. S. Wyszyńskiego 7/9	X				X											X	X
36	Stowarzyszenie „Hospicjum im. Św. Małgorzaty” – Organizacja Katolicka przy Parafii Rzymskokatolickiej p.w. Bożego Ciała 89-500 Tuchola, ul. Swiecka 27		X			X											X	
37	NZOZ Zespół Opieki Domowej Polskiego Towarzystwa Opieki Paliatywnej Oddział we Włocławku 87-800 Włocławek, ul. Wolność 44 www.ptop.wloclawek.pl		X			X			X	X							X	X
38	Szpital Uniwersytecki nr 1 im. dr. A. Jurasza 85-094 Bydgoszcz, ul. M. Skłodowskiej-Curie 9 www.jurasza.pl		X					X										
39	Regionalny Szpital Specjalistyczny im. dr Władysława Biegańskiego 86-300 Grudziądz, ul. Szpitalna 6 www.bieganski.org		X			X		X									X	X
40	Publiczny Specjalistyczny ZOZ 88-100 Inowrocław, ul. Poznańska 97 www.pszozino.org.pl		X			X		X	X									X
41	Samodzielny Publiczny ZOZ 87-500 Rypin, ul. 3 Maja 2 www.spzozrypin.pl		X			X		X										

No.	Name of institution Contact data	Legal form			Forms of care												
		church entity association/foundation	public entity	company/self-employment	home hospice	Residential hospice	palliative care unit	palliative care outpatient clinic	home hospice for children	Residential hospice for children	perinatal hospice	day centre	long-term care	pain treatment	nursing and treatment facility	bereavement support	voluntary service
KUYAVIAN-POMERANIAN PROVINCE																	
42	Wojewódzki Szpital Specjalistyczny im. bł. ks. Popiełuszki 87-800 Włocławek, ul. Wieniecka 4 www.szpital.wloclawek.pl		X			X											
43	NZOZ „Przychodnia Rodzinna” – Edyta Stafaniak-Monsour 87-700 Aleksandrów Kuj., ul. Słowackiego 20a www.nzoz-rodzinna.pl			X	X												X
44	NZOZ Dom Sue Ryder Pallmed Sp. z o.o.** 85-796 Bydgoszcz, ul. W. Roentgena www.domsueryder.org.pl			X	X	X	X	X					X	X	X	X	
45	NZOZ „Ula-Med” – Wiesław Fereńc 87-600 Lipno, ul. Jaśminowa 12			X	X												X
46	„Szpital Lipno” sp. z o.o. 87-600 Lipno, ul. Nieszawska 6			X	X												X
47	NZOZ „Medicus” sp. z o.o. 89-100 Nakło n. Notecią, ul. Chrobrego 15			X	X		X									X	X
48	Eskulap NZOZ Specjalistyczne Przychodnie Lekarskie 88-200 Radziejów, ul. Dolna 22					X											
49	NZOZ Nowy Szpital sp. z o.o. 86-100 Świecie, ul. Wojska Polskiego 126 www.nowyszpital.pl/swiecie			X	X	X											
50	NZOZ Provita Sp. z o.o. 89-410 Więcbork, ul. Powstańców Wlkp. 2a www.provita-nzoz.pl			X	X												X
51	Niepubliczny Zakład Pielęgniarsko-Opiekuńczy 87-800 Włocławek, ul. Szpitalna 7			X	X												
52	NZOZ Dom Sue Ryder prowadzony przez Pallmed sp. z o.o. Zespół Opieki Domowej Mogilno 88-324 Wójcin, Wójcin 63			X	X											X	X
53	NZOZ Dom Sue Ryder prowadzony przez Pallmed sp. z o.o. Zespół Opieki Domowej 88-400 Żnin, ul. Żytnia 1			X	X											X	X

* Nutritional Counselling unit, Centre for Medical and Spiritual Support, Palliative Medicine Educational Centre

** physiotherapy unit, manual therapy, speech therapy unit, nutritional counselling unit, enteral nutrition therapy, psychogeriatric unit, home mechanical ventilation for children and adults, community care in psychogeriatrics

No.	Name of institution Contact data	Legal form			Forms of care												
		church entity association/foundation	public entity	company/self-employment	home hospice	Residential hospice	palliative care unit	palliative care outpatient clinic	home hospice for children	Residential hospice for children	perinatal hospice	day centre	long-term care	pain treatment	nursing and treatment facility	bereavement support	voluntary service
ŁÓDŹ PROVINCE																	
54	Poradnia Domowej Opieki Hospicyjnej Stowarzyszenia Hospicjum w Rawie Mazowieckiej 95-060 Brzeziny, ul. Sienkiewicza 87		X		X												
55	Hospicjum Kutnowskie, Poradnia Leczenia Bólu i Opieki Hospicyjnej 99-300 Kutno, Aleja ZHP 8 www.hospicjum.kutno.net.pl		X		X											X	X
56	NZOZ Centrum Pielęgniarstwa Środowiskowo-Rodzinnego i Rehabilitacji Caritas Diecezji Łowickiej 99-400 Łowicz, ul. Długa 3 www.diecezja.lowicz.pl/caritas	X			X											X	X
57	Fundacja Gajusz – Centrum Opieki Paliatywnej dla Dzieci 93-271 Łódź, ul. Jarosława Dąbrowskiego 87 www.gajusz.org.pl		X					X	X							X	X
58	NZOZ Caritas Archidiecezji Łódzkiej 90-507 Łódź, ul. Gdańska 111 www.caritas.lodz.pl	X			X		X									X	X
59	Stowarzyszenie „Hospicjum Łódzkie” 90-251 Łódź, ul. Jaracza 55 www.hospicjum.sns.pl		X		X		X									X	X
60	Szpital Zakonu Bonifratrów św. Jana Bożego 93-357 Łódź, ul. Kosynierów Gdyńskich 61 www.bonifratrzy.lodz.pl				X		X	X								X	X
61	NZOZ Łódzkie Hospicjum dla Dzieci i Dorosłych 91-496 Łódź, ul. Nastrojowa 10 www.hospicjumdladzieci.org		X					X								X	X
62	Hospicjum w Pabianicach 95-200 Pabianice, ul. Dąbrowskiego 46 www.hospicjumpsabianice.pl		X		X											X	
63	Poradnia Domowej Opieki Hospicyjnej Stowarzyszenia Hospicjum 96-200 Rawa Mazowiecka, ul. Tomaszowska 10j www.hospicjumrawa.pl		X		X		X									X	
64	Stowarzyszenie Hospicjum im. A. Olszewskiej Niepubliczny Zakład Domowej Opieki Hospicyjnej 96-100 Skierniewice, ul. Jagiellońska 28 www.hospicjum-skierniewice.nets.pl		X		X											X	X

No.	Name of institution Contact data	Legal form			Forms of care												
		church entity association/foundation	public entity	company/self-employment	home hospice	Residential hospice	palliative care unit	palliative care outpatient clinic	home hospice for children	Residential hospice for children	perinatal hospice	day centre	long-term care	pain treatment	nursing and treatment facility	bereavement support	voluntary service
ŁÓDŹ PROVINCE																	
65	Zakład Opieki Paliatywnej Zduńska Wola 98-220 Zduńska Wola, ul. Królewska 19	X		X			X									X	X
66	Niepubliczny Zakład Opieki Paliatywnej przy Stowarzyszeniu Hospicjum im. Jana Pawła II 95-100 Zgierz, ul. Andrzeja Struga 2-4 www.hospicjumzgierz.w.interia.pl	X		X			X									X	X
67	Szpital Wojewódzki im. Jana Pawła II 97-400 Bełchatów, ul. Czapliniecka 123 www.szpital-belchatow.pl	X	X	X		X	X									X	
68	ZOZ w Łęczycy 99-100 Łęczycza, ul. Zachodnia 6 www.zozleczyca.pl		X	X													
69	Wojewódzki Szpital Specjalistyczny im. M. Kopernika 93-510 Łódź, ul. Ciołkowskiego 2 www.kopernik.lodz.pl		X			X										X	X
70	SPZOZ Uniwersytecki Szpital Kliniczny im. Wojskowej Akademii Medycznej UM – Centralny Szpital Weteranów 90-549 Łódź, ul. Żeromskiego 113 www.usk.umed.lodz.pl		X			X	X										
71	SPZOZ im. kard. S. Wyszyńskiego 98-200 Sieradz, ul. Nenckiego 2 www.spzozsieradz.pl		X		X	X										X	
72	Bogusław Sobolewski NZOZ Epione sp.k. 97-400 Bełchatów, ul. Topolowa 3 www.nzozepione.pl			X	X											X	
73	NZOZ Multimed 90-741 Łódź, ul. 1 Maja 42/44			X	X												
74	NZOZ Palium 93-126 Łódź-Górna, ul. Przybyszewskiego 99			X	X												
75	NZOZ Szóstka 90-273 Łódź, ul. Rewolucji 1905 r. 6 www.szostka-hospicjum.pl			X	X		X									X	
76	Salve ZOZ sp. z o.o. 90-420 Łódź, ul. A. Struga 3 www.salve.pl			X	X		X										
77	NZOZ Medicall 97-300 Piotrków Trybunalski, ul. Wojska Polskiego 77			X	X												
78	NZOZ Moż-Med sp.j. Możdżan 99-200 Poddębice, ul. Miła 27			X	X												

No.	Name of institution Contact data	Legal form			Forms of care												
		church entity association/foundation	public entity	company/self-employment	home hospice	Residential hospice	palliative care unit	palliative care outpatient clinic	home hospice for children	Residential hospice for children	perinatal hospice	day centre	long-term care	pain treatment	nursing and treatment facility	bereavement support	voluntary service
ŁÓDŹ PROVINCE																	
79	NZOZ Przychodnia Lekarska Medyk 97-500 Radomsko, ul. Batorego 3 www.medyk-radomsko.pl			X	X			X									
80	NZOZ Zakład Usług Pielęgniarskich Agamed 97-500 Radomsko, ul. Mickiewicza 5/7 www.agamed-radomsko.pl			X	X											X	
81	NZOZ Nek-Med sp.j. 96-200 Rawa Mazowiecka, ul. Armi Krajowej 2			X				X									
82	Niepubliczny Zakład Opieki Paliatywnej - Hospicyjnej 97-200 Tomaszów Mazowiecki, ul. Cekanowska 5				X			X									
83	SPZOZ Wieluń 98-300 Wieluń, ul. Szpitalna 16 www.szpital.powiat.wielun.pl			X	X			X								X	
84	Powiatowe Centrum Medyczne sp. z o.o. NZOZ Szpital Powiatowy 98-400 Wieruszów, ul. Warszawska 104 www.pcm-nzoz-wieruszow.pl			X	X												
85	Zduńskowolski Szpital Powiatowy sp. z o.o. 98-220 Zduńska Wola, ul. Królewska 29 www.szpital-zdwola.info			X				X									

No.	Name of institution Contact data	Legal form				Forms of care											
		church entity association/foundation	public entity	company/self-employment	home hospice	Residential hospice	palliative care unit	palliative care outpatient clinic	home hospice for children	Residential hospice for children	perinatal hospice	day centre	long-term care	pain treatment	nursing and treatment facility	bereavement support	voluntary service
LUBLIN PROVINCE																	
86	Stowarzyszenie Hospicjum Domowe im. ks. kan. Kazimierza Malinowskiego 22-100 Chełm, ul. Lwowskiej 12/4 www.hdchelm.cba.pl	X			X											X	X
87	Lubartowskie Stowarzyszenie Hospicjum św. Anny 21-100 Lubartów, ul. Lipowa 2b www.hospicjum.lubartow.pl	X			X	X										X	X
88	Lubelskie Towarzystwo Przyjaciół Chorych Hospicjum Dobrego Samarytanina 20-109 Lublin, ul. Bernardyńska 11a www.hospicjum-samarytanin.pl	X			X	X	X									X	X
89	Lubelskie Hospicjum dla Dzieci Małego Księcia 20-828 Lublin, ul. Łędzian 49 www.hospicjum.lublin.pl, www.dommalegoksiecia.pl	X						X									X
90	Hospicjum Santa Galla 22-437 Łabunie, Łabuńki Pierwsze 1 www.santagalla.pl	X			X	X											X
91	Puławskie Towarzystwo Przyjaciół Chorych Hospicjum 24-100 Puławy, ul. Niemcewiczka 2a www.hospicjum-pulawy.pl	X			X	X										X	X
92	Włodawskie Towarzystwo Przyjaciół Chorych „Hospicjum”, Społeczny Zakład Opieki Hospicyjnej „Hospicjum” 22-200 Włodawa, Al. J. Piłsudskiego 64 www.hospicjum-wlodawa.pl	X			X	X										X	X
93	Wojewódzki Szpital Specjalistyczny 21-500 Biała Podlaska, ul. Terebelska 57-65 www.szpitalbp.pl		X		X	X	X	X								X	
94	Samodzielny Publiczny Wojewódzki Szpital Specjalistyczny 22-100 Chełm, ul. Ceramiczna 1 www.szpital.chelm.pl		X			X											
95	SPZOZ w Kraśniku 23-200 Kraśnik, ul. Chopina 13 www.spzoz.krasnik.pl		X		X	X	X									X	X
96	Centrum Onkologii Ziemi Lubelskiej im. św. Jana z Dukli 20-090 Lublin, ul. dr. K. Jaczewskiego 7 www.cozl.pl		X				X				X				X	X	

No.	Name of institution Contact data	Legal form				Forms of care											
		church entity association/foundation	public entity	company/self-employment	home hospice	Residential hospice	palliative care unit	palliative care outpatient clinic	home hospice for children	Residential hospice for children	perinatal hospice	day centre	long-term care	pain treatment	nursing and treatment facility	bereavement support	voluntary service
LUBLIN PROVINCE																	
97	SPZOZ w Opolu Lubelskim, Szpital Powiatowy 24-320 Poniatowa, ul. Fabryczna 18 www.spzozopolelubelskie.pl		X				X										
98	SPZOZ w Puławach 24-100 Puławy, ul. Bema 1 www.szpitalpulawy.pl		X			X										X	X
99	NZOZ „Vita” 21-500 Biała Podlaska, ul. Parkowa 11 www.opiekanadchorymibialapodlaska.pl			X	X											X	
100	Pielęgniarska Opieka Domowa „Piel-Med” 23-400 Biłgoraj, ul. Długa 75 22-500 Hrubieszów, ul. Leśmiana 28a 22-400 Zamość, ul. Elizy Orzeszkowej 45			X	X												
101	NZOZ „Pielęgniarski” 22-100 Chełm, ul. Łączna 6b			X	X											X	
102	Hospicjum Domowe Ewa Ogrodowczyk 22-300 Krasnystaw, ul. Piłsudskiego 97 21-010 Łęczna, ul. Rynek II 8			X	X											X	
103	Centrum Medyczne Luxmed 20-080 Lublin, ul. Królewska 11 www.luxmedlublin.pl			X	X												
104	NZOZ „Długoterminowa Opieka Domowa” 20-078 Lublin, ul. Staszica 22			X	X											X	
105	NZOZ „Geriamed” 20-803 Lublin, Al. Warszawska 54 www.geriamed.lublin.pl			X	X		X										
106	NZOZ Elmed 22-600 Tomaszów Lubelski, ul. Sienkiewicza 12				X												
107	Zamojski Szpital Niepubliczny sp. z o.o. 22-400 Zamość, ul. Peowiaków 1 www.szpital.com.pl			X	X	X	X									X	

No.	Name of institution Contact data	Legal form			Forms of care												
		church entity association/foundation	public entity	company/self-employment	home hospice	Residential hospice	palliative care unit	palliative care outpatient clinic	home hospice for children	Residential hospice for children	perinatal hospice	day centre	long-term care	pain treatment	nursing and treatment facility	bereavement support	voluntary service
LUBUSKIE PROVINCE																	
108	Hospicjum św. Kamila* 66-400 Gorzów Wlkp., ul. Stilonowa 21 www.hospicjum-gorzow.pl	X		X	X			X			X					X	X
109	Stowarzyszenie Hospicjum św. Wincentego àPaulo 69-100 Słubice, ul. 1 Maja 31 www.hospicjumwincentego.fsl24.pl	X		X													X
110	Zielonogórskie Towarzystwo Przyjaciół Chorych „Hospicjum Domowe” im. Św. Pawła 65-385 Zielona Góra, ul. Zyty 26	X		X												X	X
111	SPZOZ Międzyrzecz 66-300 Międzyrzecz, ul. Konstytucji 3 Maja 35, www.spzoz-miedzyrzecz.pl		X		X		X						X			X	
112	Przedsiębiorstwo Medycyny Paliatywnej przy SPZOZ 69-200 Sulęcín, ul. Witosa 4		X		X	X											X
113	Hospicjum im. Lady Ryder of Warsaw 65-046 Zielona Góra, ul. Zyty 26 www.hospicjum.ziemialubuska.pl		X		X											X	X
114	Agia Medica sp. z o.o. 66-016 Czerwieńsk, ul. Zielonogórska 30c 66-200 Świebodzin, ul. Wałowa 14c www.agiamedica.pl			X	X												
115	NZOZ „Salus” Opieka Domowa nad Chorym Terminalnie 66-530 Drezdenko, ul. Kopernika 11			X	X		X										
116	Zespół Medycyny Paliatywnej „Dotyk Anioła” 66-400 Gorzów Wlkp., ul. Towarowa 6a			X	X		X									X	X
117	Nowy Szpital Powiatu Krośnieńskiego Przedsiębiorstwo Lecznicze 66-620 Gubin, ul. Śląska 35			X	X												
118	NZOZ Pielęgniarki Środowiskowej Anna Szymaniuk 66-470 Kostrzyn nad Odrą, ul. Kard. Wyszyńskiego 23 69-100 Słubice, Plac Przyjaźni 7			X	X											X	
119	Hospicjum domowe „Iter” 67-100 Nowa Sól, ul. Kuśnierska 5			X	X												
120	NZOZ Nowy Szpital 67-400 Wschowa, ul. ks. A. Kostki 33 www.nowyszpital.pl/wschowa			X	X	X										X	

No.	Name of institution Contact data	Legal form			Forms of care												
		church entity association/foundation	public entity	company/self-employment	home hospice	Residential hospice	palliative care unit	palliative care outpatient clinic	home hospice for children	Residential hospice for children	perinatal hospice	day centre	long-term care	pain treatment	nursing and treatment facility	bereavement support	voluntary service
LUBUSKIE PROVINCE																	
121	NZOZ „Palium” Medycyna Paliatywna i Leczenie Bólu 65-044 Zielona Góra, ul. Wazów 40 lok. 23 www.hospicjum.zgora.pl			X	X			X									X
122	NZOZ Poradnia Paliatywna i Hospicjum Domowe 68-100 Żagań, ul. Dworcowa 49			X	X		X										X
123	NZOZ „Hospitium” – Opieka Długoterminowa 68-200 Żary, ul. Strażacka 8a			X	X		X										

* physiotherapy unit

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		church entity association/foundation	public entity	company/self-employment	home hospice	Residential hospice	palliative care unit	palliative care outpatient clinic	home hospice for children	Residential hospice for children	perinatal hospice	day centre	long-term care	pain treatment	nursing and treatment facility	bereavement support	voluntary service
MALOPOLSKA PROVINCE																	
124	Hospicjum im. bł. Edmunda Bojanowskiego 32-700 Bochnia, ul. Rynek 15 www.hospicjumbochnia.pl	X		X													X
125	Stowarzyszenie Hospicjum Homo-Homini im. św. brata Alberta, filia Chrzanów 32-500 Chrzanów, ul. 3 maja 11 www.hospicjum.jaworzno.pl	X		X													X X
126	Caritas Diecezji Tarnowskiej Hospicjum św. brata Alberta 33-200 Dąbrowa Tarnowska, ul. św. br. A.Chmielowskiego 16, www.hospicjumalberta.pl	X			X												X X
127	Małopolskie Hospicjum dla Dzieci 31-711 Kraków, ul. Czerwonego Kapturka 10 www.mhd.org.pl	X					X										X X
128	Małopolski Oddział Okręgowy Polskiego Czerwonego Krzyża 31-116 Kraków-Śródmieście, ul. Długa 38 www.pck.org.pl	X		X													X
129	NZOZ „Alma Spei” 31-234 Kraków-Krowodrza, ul. Dożynkowa 88a www.almaspei.pl	X					X										X X
130	Towarzystwo Przyjaciół Chorych Hospicjum im. św. Łazarza 31-831 Kraków, ul. Fatimska 17 www.hospicjum.krakow.pl	X			X	X	X										X X
131	Krakowskie Hospicjum dla Dzieci im. ks. Józefa Tischnera 30-505 Kraków, ul. Różana 11/1 www.hospicjums Tischnera.org	X		X							X						X X
132	Stowarzyszenie Hospicjum Maryi Królowej Apostołów 30-611 Kraków, ul. Witosa 15/1a www.hospicjum.info.pl	X		X													X X
133	NZOZ Zakład Usług Medyczno-Rehabilitacyjnych PCK Domowa Opieka Paliatywna i Oddział Szpitalny 31-116 Kraków, ul. Studencka 19	X		X													X X
134	Hospicjum św. Wincentego a Paulo 34-600 Limanowa, ul. Jana Pawła II 1	X		X													X X

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		church entity association/foundation	public entity	company/self-employment	home hospice	Residential hospice	palliative care unit	palliative care outpatient clinic	home hospice for children	Residential hospice for children	perinatal hospice	day centre	long-term care	pain treatment	nursing and treatment facility	bereavement support	voluntary service
MALOPOLSKA PROVINCE																	
135	Hospicjum im. bł. siostry Bernardyny Jabłońskiej Caritas Diecezji Kieleckiej 32-200 Miechów, ul. Szpitalna 1c	X			X	X											X X
136	Towarzystwo Przyjaciół Chorych „Sądeckie Hospicjum” 33-300 Nowy Sącz, ul. Nawojowska 155a	X			X	X											X X
137	Fundacja „Pomnik – Hospicjum Miastu Oświęcim” 32-600 Oświęcim, ul. Wysokie Brzegi 4a www.hospicjum-oswiecim.pl	X			X												X X
138	Hospicjum im. Chrystusa Króla 33-331 Stróże, Stróże 622 www.fpon.com.pl	X			X	X											X
139	Stowarzyszenie Tarnowskie Hospicjum Domowe im. bł. Fryderyka Ozanama 33-100 Tarnów, ul. Krakowska 41 www.hospicjum.net.pl	X			X												X X
140	Podhalańskie Stowarzyszenie przyjaciół Chorych Hospicjum Jezusa Miłosiernego 34-500 Zakopane, ul. Orkana 5c www.hospicjum.podhalanskie.z-ne.pl	X			X		X										X X
141	Powiatowy Publiczny Zakład Opiekuńczo-Lecznicy 32-800 Brzesko, ul. Kościuszki 33 www.ppzolbrzesko.pl		X			X											
142	Szpital Specjalistyczny im. H. Klimontowicza 38-300 Gorlice, ul. Węgierska 21 www.szpital.gorlice.pl		X			X											
143	Opieka Paliatywna w Zakładzie Opiekuńczo-Lecznicy 30- 663 Kraków, ul. Wielicka 267 www.zolkraakow.pl		X		X	X	X										X X
144	Wojskowy Szpital Kliniczny z Polikliniką 30-901 Kraków, ul. Wrocławska 1-3 www.5wzsk.com.pl		X			X											X X
145	Szpital Uniwersytecki 31-531 Kraków, ul. Śniadeckich 10 www.su.krakow.pl, www.interna-geriatria.pl		X			X							X				
146	Szpital Powiatowy 34-600 Limanowa, ul. Józefa Piłsudskiego 61 www.szpitallimanowa.pl		X		X	X											X X

No.	Name of institution Contact data	Legal form			Forms of care												
		church entity association/foundation	public entity	company/self-employment	home hospice	Residential hospice	palliative care unit	palliative care outpatient clinic	home hospice for children	Residential hospice for children	perinatal hospice	day centre	long-term care	pain treatment	nursing and treatment facility	bereavement support	voluntary service
MALOPOLSKA PROVINCE																	
147	Szpital im. ks. Stanisława Czartoryskiego 34-220 Maków Podhalański, Al. Kasztanowa 17 www.zozsuchabeskidzka.pl		X			X											X
148	Podhalański Szpital Specjalistyczny im. Jana Pawła II, Poradnia Medycyny Paliatywnej 34-400 Nowy Targ, ul. Szpitalna 14 www.pszs.eu		X			X	X										
149	NZOZ „Przychodnia Lekarska” 34-530 Bukowina Tatrzańska, ul. Długa 145				X												
150	NZOZ „Praxis” sp. z o.o. 33-395 Chełmiec, ul. Marcinkowicka 25			X	X												
151	NZOZ „Palmed” Centrum Opiekuńczo-Lecznicze s.c. 33-191 Jastrzębia, Jastrzębia 174			X	X			X									X
152	Specjalmed s.c. 33-394 Kłęczany, Kłęczany 169			X	X												
153	NZOZ Mari-med. Opieka Długoterminowa i Paliatywna 31-228 Kraków, ul. Nad Sudółem 32			X	X												X
154	Senimed – Centrum Domowej Opieki Pielęgniarskiej – NZOZ s.c. 34-220 Maków Podhalański, Białka 598 www.senimed.ovh.org			X	X												X
155	Pemed s.c. 32-400 Myślenice, ul. Rzemieslnicza 7			X	X			X									X
156	NZOZ Niepołomickie Centrum Profilaktyczno-Lecznicze 32-005 Niepołomice, ul. Stefana Batorego 41c www.ncpl.eu			X	X		X										X X
157	NZOZ „Puls” 34-400 Nowy Targ, ul. Wojska Polskiego 14 www.nzozpuls.pl			X	X												
158	Nowy Szpital sp. z o.o. 32-300 Olkusz, Al. 1000-lecia 13 www.nowyszpital.pl/olkusz			X			X	X									
159	NZOZ „Janmed” Olkuskie Hospicjum Domowe 32-300 Olkusz, ul. Króla Kazimierza Wielkiego 64			X	X												X
160	„Szpital Miejski w Rabce-Zdroju” sp. z o.o. 34-700 Rabka-Zdrój, ul. Słoneczna 3			X		X											X
161	NZOZ Pielęgniarsko Rehabilitacyjny s.c. B.J. Szczurowscy 34-625 Skrzydlina, ul. Skrzydlina 15a			X	X			X									X

No.	Name of institution Contact data	Legal form			Forms of care												
		church entity association/foundation	public entity	company/self-employment	home hospice	Residential hospice	palliative care unit	palliative care outpatient clinic	home hospice for children	Residential hospice for children	perinatal hospice	day centre	long-term care	pain treatment	nursing and treatment facility	bereavement support	voluntary service
MALOPOLSKA PROVINCE																	
162	NZOZ Przychodnia „Maro-med” Barbara Malinowska 33-102 Tarnów, Zagumnie 23a			X	X				X								X
163	NZOZ Zdrowie s.c. Hospicjum Domowe Królowej Apostołów 32-412 Wiśniowa, ul. Wiśniowa 317 www.hospicjum-wisniowa.pl			X	X			X									X X

No.	Name of institution Contact data	Legal form			Forms of care												
		church entity association/foundation	public entity	company/self-employment	home hospice	Residential hospice	palliative care unit	palliative care outpatient clinic	home hospice for children	Residential hospice for children	perinatal hospice	day centre	long-term care	pain treatment	nursing and treatment facility	bereavement support	voluntary service
MASOVIAN PROVINCE																	
164	Centrum Działalności Leczniczej, Ośrodek Działalności Leczniczej Caritas Archidiecezji Warszawskiej 00-071 Warszawa, ul. Krakowskie Przedmieście 62 www.warszawa.caritas.pl	X				X											X
165	Centrum Działalności Leczniczej, Ośrodek Działalności Leczniczej Caritas Archidiecezji Warszawskiej* 05-870 Błonie, ul. Powstańców 8a www.warszawa.caritas.pl	X				X						X					X
166	NZOZ Centrum Pielęgniarstwa Środowiskowo--Rodzinnego Caritas Diecezji Warszawsko-Praskiej Stacja Opieki Caritas 05-420 Józefów, ul. Piotra Skargi 24	X															X X
167	Centrum Pielęgniarstwa Środowiskowo-Rodzinnego Caritas Diecezji Warszawsko-Praskiej Stacja Opieki Caritas 05-300 Mińsk-Mazowiecki, ul. Kard. S. Wyszyńskiego 54 www.warszawa-praga.caritas.pl	X				X											X
168	Stowarzyszenie Hospicjum Królowej Apostołów 06-500 Mława, ul. Napoleońska 2 www.kuklino.org.pl		X			X											X X
169	Stacja Opieki – Centrum Pielęgniarstwa Rodzinnego Caritas Diecezji Płockiej 06-130 Nasielsk, ul. Żwirki i Wigury 5 www.plock.caritas.pl	X				X											X
170	Caritas Diecezji Łomżyńskiej 07-410 Ostrołęka, ul. Goworowska 49 www.ostroleka.caritas.pl	X				X											X
171	NZOZ Hospicjum Domowe Empatia 05-400 Otwock, ul. Żeromskiego 6 www.otophospicja.pl		X			X											X X
172	Fundacja Domowe Hospicjum Dziecięce „Promyczek” 05-400 Otwock, ul. Żeromskiego 6 www.anielskaprzystan.pl		X			X											
173	Centrum Zdrowia Psychicznego Dromader 05-500 Piaseczno, ul. Świętojańska 4	X				X											

No.	Name of institution Contact data	Legal form			Forms of care												
		church entity association/foundation	public entity	company/self-employment	home hospice	Residential hospice	palliative care unit	palliative care outpatient clinic	home hospice for children	Residential hospice for children	perinatal hospice	day centre	long-term care	pain treatment	nursing and treatment facility	bereavement support	voluntary service
MASOVIAN PROVINCE																	
174	Stowarzyszenie Hospicjno-Paliatywne Hospicjum Płockie pw. św. U. Ledóchowskiej 09-402 Płock, ul. Piłsudskiego 37 www.hospicjum.org.pl		X														X X
175	Caritas Diecezji Płockiej 09-400 Płock, ul. Sienkiewicza 34 www.plock.caritas.pl	X				X	X										X X
176	NZOZ Caritas Diecezji Płockiej 06-100 Pułtusk, ul. Skargi 4a www.plock.caritas.pl	X				X											
177	Hospicjum Caritas Diecezji Płockiej 06-100 Pułtusk, ul. Stare Miasto 2 www.plock.caritas.pl						X										X
178	NZOZ Caritas Diecezji Płockiej 06-300 Przasnysz, ul. Św. Wojciecha 1b www.plock.caritas.pl	X				X											X
179	Stowarzyszenie im. O. Pio 26-600 Radom, ul. Warzywna 3/9 www.pio.radom.pl		X			X											X X
180	Hospicyjny NZOZ Gościniec Królowej Apostołów 26-600 Radom, ul. Wiejska 2 www.hospicjum.radom.pl		X			X											X X
181	Zespół Domowej Opieki Hospicyjnej im. św. Józefa przy Caritas Diecezji Radomskiej 26-604 Radom, ul. Kościelna 5 www.radom.caritas.pl	X				X											
182	NZOZ Caritas Diecezji Łowickiej 96-500 Sochaczew, ul. Staszica 39 www.diecezja.lowicz.pl/caritas	X				X											X X
183	Fundacja Warszawskie Hospicjum Dla Dzieci 03-680 Warszawa, ul. Agatowa 10 www.hospicjum.waw.pl		X											X	X		X X
184	Warszawskie Hospicjum Społeczne 01-522 Warszawa, pl. Inwalidów 3 www.whs.pl		X			X											X X
185	Archidiecezjalny Zespół Domowej Opieki Paliatywnej 01-834 Warszawa, Pl. Konfederacji 55 www.hospicjumdomowe.com	X				X											X X

No.	Name of institution Contact data	Legal form			Forms of care												
		church entity association/foundation	public entity	company/self-employment	home hospice	Residential hospice	palliative care unit	palliative care outpatient clinic	home hospice for children	Residential hospice for children	perinatal hospice	day centre	long-term care	pain treatment	nursing and treatment facility	bereavement support	voluntary service
MASOVIAN PROVINCE																	
186	Ośrodek Działalności Leczniczej Caritas Archidiecezji Warszawskiej 00-322 Warszawa, ul. Krakowskie Przedmieście 62 www.warszawa.caritas.pl	X				X										X	X
187	Mokotowskie Hospicjum Świętego Krzyża 02-652 Warszawa, ul. Magazynowa 14 www.mokotowskiehospicjum.pl	X			X											X	X
188	Fundacja Hospicjum Onkologiczne św. Krzysztofa 02-781 Warszawa, ul. Pileckiego 105 www.fho.org.pl	X			X	X	X						X		X	X	
189	Stowarzyszenie Apostolstwo Miłosierdzia Hospicjum Domowe pw. św. Alojzego Orione 01-637 Warszawa, ul. Szajnochy 11 www.hospicjum.apostolstwomilosierdzia.pl	X			X												X
190	Ośrodek Hospicjum Domowe NZOZ Zgromadzenia Księżki Marianów 03-545 Warszawa-Targówek, ul. Tykocińska 27/35 www.hospicjum-domowe.waw.pl	X			X		X								X	X	
191	Hospicjum Opatrzności Bożej Księżki Orioniści 05-200 Wołomin, ul. Piłsudskiego 44 www.hospicjumopatrznosci.org	X				X									X	X	
192	NZOZ Caritas Diecezji Łomżyńskiej 07-200 Wyszaków, ul. Kościuszki 19	X			X												
193	Stacja Opieki – Centrum Pielęgniarstwa Rodzinnego Caritas Diecezji Płockiej 09-300 Żuromin, ul. Kościuszki 2 www.plock.caritas.pl	X			X										X	X	
194	NZOZ Hospicjum Domowe Stowarzyszenia „Niesć Ulgę w Cierpieniu” im. Ojca Pio i Matki Teresy 96-300 Żyrardów, ul. Salezjańska 7 www.niesculgewcierpieniu-zyrardow.pl	X			X												X
195	Specjalistyczny Szpital Wojewódzki 06-400 Ciechanów, ul. Powstańców Wielkopolskich 2 www.hospicjum-ciechanow.pl				X	X									X	X	
196	SPZOZ w Mławie 06-500 Mława, ul. dr Anny Dobrskiej 1 www.zozmlawa.internetdsl.pl		X		X	X											

No.	Name of institution Contact data	Legal form			Forms of care												
		church entity association/foundation	public entity	company/self-employment	home hospice	Residential hospice	palliative care unit	palliative care outpatient clinic	home hospice for children	Residential hospice for children	perinatal hospice	day centre	long-term care	pain treatment	nursing and treatment facility	bereavement support	voluntary service
MASOVIAN PROVINCE																	
197	Nowodworskie Centrum Medyczne 05-100 Nowy Dwór Mazowiecki, ul. Miodowa 2 www.szpcozndm.pl		X				X										
198	Mazowieckie Centrum Leczenia Chorób Płuc i Gruźlicy w Otwocku 05-400 Otwock, ul. Narutowicza 80 www.otwock-szpital.pl		X			X											X
199	SPZOZ 08-110 Siedlce, ul. Bema 22 www.spoz-siedlce.pl		X		X	X	X										X
200	Samodzielny Zespół Publicznych Zakładów Lecznictwa Otwartego 04-102 Warszawa – Praga Południe, ul. Ostrołęcka 4 www.szpzo.praga-pld.pl		X		X											X	
201	Samodzielny Zespół Publicznych Zakładów Lecznictwa Otwartego 04-564 Warszawa, ul. Patriotów 170 www.zoz-wawer.waw.pl		X		X												
202	Centrum Onkologii – Instytut im. M Skłodowskiej-Curie 02-781 Warszawa, ul. W. K. Roentgena 5		X			X									X	X	
203	SPZOZ w Zwoleniu 26-700 Zwolen, ul. Jagiełły 12		X				X										
204	SPZOZ w Żurominie 09-300 Żuromin, ul. Szpitalna 56 www.szpital-zuromin.pl		X				X									X	
205	NZOZ „Medicines” 09-452 Bulkowo, ul. Łubki Nowe 5			X	X											X	X
206	NZOZ „San-Med” s.c. 09-210 Drobin, ul. Przyszłość 18			X	X												
207	NZOZ „Solimed” 26-930 Garbatka-Letnisko, ul. Jana Kochanowskiego 27 26-700 Zwolen, ul. Wojska Polskiego 50a			X	X												
208	NZOZ Medicus Tadeusz Kozubski sp.j. Centrum Medyczne Medicus 09-500 Gostynin, ul. Wojska Polskiego 35 www.medicus.org.pl					X			X								
209	NZOZ „Medicines” 05-600 Grójec, ul. Mszczonowska 35			X	X			X									X
210	Jolanta Sadowska-Kieszek NZOZ „Jolmed” 27-100 Iłża, ul. Krzyżanowice 155			X	X												X

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		church entity association/foundation	public entity	company/self-employment	home hospice	Residential hospice	palliative care unit	palliative care outpatient clinic	home hospice for children	Residential hospice for children	perinatal hospice	day centre	long-term care	pain treatment	nursing and treatment facility	bereavement support	voluntary service
MASOVIAN PROVINCE																	
211	NZOZ „Bomed” 27-300 Lipsko, ul. Partyzantów 19			X	X												
212	NZOZ Pielęgniarska Opieka Domowa s.c. 08-200 Łosice, ul. Majora Zenona 5			X	X											X	
213	Hanna Filipowicz NZOZ Pielęgniarska Opieka Domowa „Rodzina” 06-200 Maków Mazowiecki, ul. Zrembowska 3			X	X												
214	NZOZ Nek-med s.j. 05-640 Mogielnica, ul. Dziarnowska 40			X	X												
215	„Palium” sp. z o.o. 09-120 Nowe Miasto, ul. Apczna 5 www.palium.org			X	X										X	X	
216	NZOZ „Beta” Beata Parzychowska 07-410 Ostrołęka, ul. Kilińskiego 5			X	X								X				
217	NZOZ Pielęgniarska Opieka Domowa s.c. 07-300 Ostrów Mazowiecka, ul. 3 Maja 67			X	X										X		
218	NZOZ „Sokrates” 05-800 Pruszków, ul. Armii Krajowej 2/4 www.hospicjumsokrates.pl				X										X	X	
219	Domowa Opieka Medyczna „DO-MED.” sp. z o.o. 26-400 Przysucha, ul. Warszawska 25 i 26 www.do-med.pl			X	X												
220	Zespół Opieki Długoterminowej Poradnia Rodzinna „Zdrowie” 09-140 Raciąż, Kraszewo Czubaki 23a www.grupazdrowie.pl					X									X	X	
221	NZOZ Poradnia Leczenia Bólu i Poradnia Opieki Paliatywnej 26-600 Radom, ul 1905 roku 20			X	X			X					X		X	X	
222	NZOZ „Chrobrego” 26-600 Radom, ul. Chrobrego 54 lok. 6 www.essamed.pl			X	X												
223	NZOZ Pielęgniarska „Zdrowie” s.c. 09-200 Sierpc, ul. Narutowicza 1			X	X												
224	NZOZ „St. Vincent Medical Center” 08-300 Sokołów Podlaski, ul. Skłodowskiej – Curie 14 lok. 72 www.stvincentmedical.com.pl			X	X										X	X	

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		church entity association/foundation	public entity	company/self-employment	home hospice	Residential hospice	palliative care unit	palliative care outpatient clinic	home hospice for children	Residential hospice for children	perinatal hospice	day centre	long-term care	pain treatment	nursing and treatment facility	bereavement support	voluntary service
MASOVIAN PROVINCE																	
225	NZOZ „St. Vincent Medical Center” 00-341 Warszawa, ul. Pilota Skarżyńskiego 1 www.stvincentmedical.com.pl			X	X												
226	NZOZ „St. Vincent Medical Center” 07-100 Węgrów, ul. Przemysłowa 7 www.stvincentmedical.com.pl			X	X											X	X
227	„Zawsze przy Tobie” sp. z o.o. 26-652 Zakrzew-Kolonia 12			X	X											X	X
228	Centrum Zdrowia Mazowska Zachodniego sp. z o.o. 96-300 Żyrardów, ul. Limanowskiego 30 www.czmz.szpitalzyrardow.pl			X			X									X	X

* equipment rental

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		church entity association/foundation	public entity	company/self-employment	home hospice	Residential hospice	palliative care unit	palliative care outpatient clinic	home hospice for children	Residential hospice for children	perinatal hospice	day centre	long-term care	pain treatment	nursing and treatment facility	bereavement support	voluntary service
OPOLE PROVINCE																	
229	Stowarzyszenie Hospicjum Ziemi Kluczborskiej św. Ojca Pio 46-220 Buczyna, ul. Paruszowicka 2 www.hospicjumswpio.pl	X			X		X									X	X
230	Stowarzyszenie Auxilium Hospicjum św. Arnolda Janssena 48-304 Nysa, ul. Sienkiewicza 7b www.hospicjum-auxilium.pl	X			X	X										X	X
231	Centrum Opieki Paliatywnej Betania 45-555 Opole, Plac Kościelny 2 www.hospicjumopolskie.pl	X			X		X									X	X
232	Domowe Hospicjum dla Dzieci 45-367 Opole, ul. Mickiewicza 1 www.hospicjum.opole.pl, www.hospicjum.logen.pl	X						X								X	X
233	NZOZ Caritas Diecezji Opolskiej 45-010 Opole, ul. Szpitalna 5 a, Poradnie Opieki Paliatywnej i Zespoły Domowej Opieki Hospicyjnej: Biała, Dobrodzień, Głogówek, Głucholazy, Kędzierzyn-Koźle, Krapkowice, Grodków, Olesno, Opole www.caritas.diecezja.opole.pl	X			X		X										X
234	Centrum Opieki Paliatywnej Caritas Diecezji Opolskiej 46-083 Stare Siołkowice, ul. Piastowska 26 www.cop-siolkowice.com.pl	X				X	X										X
235	SPZOZ w Głubczycach 48-100 Głubczyce, ul. Skłodowskiej 26		X		X		X										
236	NZOZ „Rehabilitacja Błachut i Spółka” s.j. 49-300 Brzeg, ul. Piastowska 17-19			X	X												X
237	Namysłowskie Centrum Zdrowia S.A. 46-100 Namysłów, ul. Oleśnicka 4 www.zoznamyslow.pl			X		X											X
238	NZOZ „Samarytanin” 45-272 Opole, ul. Kazimierza Pużaka 11, www.samarytanin.opole.pl			X	X	X										X	X
239	EMC Instytut Medyczny s.a. Szpital św. Rocha 46-040 Ozimek, ul. Częstochowska 31 www.emc-sa.pl			X				X									
240	NZOZ „Reh-Med” Aleksandra Wójcik-Ortenburger 47-120 Zawadzkie, ul. Lubliniecka 7			X	X		X									X	

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PODKARPACKIE PROVINCE																		
241	Stowarzyszenie Dębickie Hospicjum Domowe im. Jana Pawła II 39-200 Dębica, ul. Mickiewicza 2 www.hospicjum.debica.net.pl	X			X												X	X
242	Stowarzyszenie Hospicjum przy Parafii Matki Boskiej Nieustającej Pomocy 39-300 Mielec, ul. ks. H. Arczewskiego 1	X																
243	NZOZ „Nadzieja” Fundacja Podkarpackie Hospicjum dla Dzieci 35-301 Rzeszów, ul. Lwowska 132 www.hospicjum-podkarpackie.pl	X						X	X							X	X	
244	NZOZ Zakład Pielęgnacyjno-Opiekuńczy Hospicjum Św. Ojca Pio 39-400 Tarnobrzeg, ul. Konstytucji 3 Maja 11 www.paraferbinow.pl	X			X												X	
245	NZOZ Moczary Usługi Pielęgniarskie w Domu Pomocy Społecznej 38-700 Ustrzyki Dolne, Moczary 44 www.dpsmoczary.republika.pl	X			X												X	
246	Szpital Specjalistyczny w Brzozowie, Podkarpacki Ośrodek Onkologiczny im. ks. B. Markiewicza 36-200 Brzozów, ul. ks. J. Bielawskiego 18 www.szpital-brzozow.pl		X		X	X										X	X	
247	SPZOZ „Sanatorium” im. Jana Pawła II 36-051 Górnio, ul. Rzeszowska 5 www.gorno.eu		X		X	X											X	
248	Samodzielny Publiczny Gminny ZOZ 38-460 Jedlicze, ul. Traugutta 3 www.zozjedlicze.pl		X		X													
249	Wojewódzki Szpital Podkarpacki im. Jana Pawła II 38-400 Krosno, ul. Grodzka 45 www.krosno.med.pl		X			X												
250	SPZOZ w Lesku 38-600 Lesko, ul. Kazimierza Wielkiego 4 www.spzozlesko.pl		X		X													
251	Szpital Powiatowy im. E. Biernackiego w Mielcu 39-300 Mielec, ul. Żeromskiego 22 www.szpital.mielec.pl		X			X											X	

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PODKARPACKIE PROVINCE																	
252	Wojewódzka Stacja Pogotowia Ratunkowego 35-026 Rzeszów, ul. Poniatowskiego 4 www.wspr.pl				X	X	X										X
253	NZOZ Kamed Hospicjum: 38-200 Jasło, ul. Kraszewskiego 19 37-450 Stalowa Wola, ul. 1 sierpnia 12			X	X												
254	NZOZ Domowa Opieka Paliatywna Dar-Med 36-200 Brzozów, ul. Rynek 6a 38-500 Sanok ul. Daszyńskiego 20a 37-700 Przemyśl, ul. Monte Cassino 18 www.dar-med.eu			X	X		X										X
255	NZOZ Ośrodek Profilaktyki i Rehabilitacji 38-440 Iwonicz, ul. Floriańska 143a 38-500 Sanok, ul. Jarosława Iwaszkiewicza 4			X	X												
256	Teresa Witusin NZOZ Centrum Domowej Opieki Pielęgniarskiej „Libra” Przychodnia Nr 1 38-200 Jasło, ul. Baczyńskiego 29			X	X												X
257	NZOZ „Ma-Ter” Pielęgniarska Opieka Domowa 38-420 Korczyna, ul. Parkowa 8			X	X												
258	NZOZ „Domek-med” 38-400 Krosno, ul. Zagórze 6m www.domek-med.krosno.net.pl			X	X												X
259	Domowa Opieka Medyczna „Do-med” sp. z o.o. 38-600 Lesko, ul. Unii Brzeskiej 24 www.do-med.pl			X	X												
260	ZOZ R-36 sp. z o.o. 37-600 Lubaczów, ul. Kopernika 14 www.zozr36.p			X	X												X
261	Centrum Medyczne sp. z o.o. 37-100 Łańcut, ul. Paderewskiego 5 www.cm-lancut.pl			X	X	X											X
262	NZOZ Domowa Opieka Medyczna „Med-Dom” 38-114 Niebylec 224			X	X												
263	NZOZ Trio-med s.j. 39-300 Mielec, ul. Głowackiego 10			X	X												
264	Medicsan sp. z o.o. 38-533 Nowosielce 292, www.nzozmedicsan.pl			X	X												X

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PODKARPACKIE PROVINCE																	
265	Niepubliczny Zakład Opiekuńczo-Lecznicy i Opieki Paliatywnej San-Med. B&K s.c. 37-700 Przemyśl, ul. Rogozińskiego 30			X	X	X											X
266	NZOZ „Blumed” 35-323 Rzeszów, ul. Kujawska 5 www.zol.rzeszow.pl			X	X												
267	NZOZ Novum s.c. 35-215 Rzeszów, ul. Marszałkowska 9			X	X												
268	Domowa Opieka Medyczna „Do-med” sp. z o.o. 38-500 Sanok, ul. Bliska 5 www.do-med.pl			X	X												
269	NZOZ Aqa Usługi Wielobranżowe s.c. 37-450 Stalowa Wola, ul. Wojska Polskiego 5			X	X												X
270	NZOZ Artmed 38-457 Świerzowa Polska, ul. Składowa 2h www.artmed.net				X												
271	NZOZ Medica -1 38-423 Targowiska, ul. Armii Krajowej 25 www.nzozmedica.pl				X												

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PODLACHIA PROVINCE																	
272	NZOZ Białostockie Hospicjum dla Dzieci 15-691 Białystok, ul. Kleeberga 8	X						X								X	X
273	ZOZ Hospicjum Domowe 15-002 Białystok, ul. Sienkiewicza 53 www.hospicjum.bialystok.pl	X			X												
274	Hospicjum „Dom Opatrzności Bożej” NZOZ 15-013 Białystok, ul. Sobieskiego 1 www.hospicjum.bialystok.pl	X				X											X
275	Hospicjum pw. Świętego Ducha 18-400 Łomża, ul. Rybaki 3 www.hospicjum.lomza.pl	X			X	X									X		X
276	Hospicjum Domowe pw. Proroka Eliasza 16-050 Michałowo, Nowa Wola 89 www.hospicjum.podlasie.pl	X			X		X									X	X
277	Samodzielny Publiczny Zespół Zakładów Opieki Długoterminowej 16-300 Augustów, ul. I Pułku Ułanów Krechowieckich 17 www.hospicjum.webserwer.pl		X			X									X		X
278	Szpital Ogólny w Kolnie 18-500 Kolno, ul. Wojska Polskiego 69 www.szpitalkolno.pl		X			X	X										
279	SPZOZ w Mońkach 19-100 Mońki, Al. Niepodległości 9 www.szpital-monki.pl		X			X											
280	SPZOZ w Sokółce 16-100 Sokółka, ul. Sikorskiego 40 www.szpitalsokolka.pl		X				X										
281	Samodzielny Publiczny Zespół Opieki Paliatywnej 16-400 Suwałki, ul. Szpitalna 54 www.paliatywna.suwalki.pl		X			X	X			X						X	X
282	„InterHem” Hospicjum Domowe 15-748 Białystok, ul. Broniewskiego 4 lok. 219 Oddziały: Bielsk Podlaski, Hajnówka, Łomża, Sokółka, Zambrów www.interhem.pl			X	X												
283	NZOZ Vitamed im. Edyty Jakubów 15-223 Białystok, ul. Mickiewicza 44a www.vitamed2005.republika.pl			X	X		X										

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PODLACHIA PROVINCE																	
284	NZOZ Medicus s.c. Alicja i Dariusz Leończyk 19-203 Grajewo, os. Południe 9 www.medicus.grajewo.com				X	X											
285	NZOZ „Symeon-Rafał Borawski” 18-500 Kolno, ul. Księcia Janusza 20				X	X											X
286	NZOZ Pielęgniarska Opieka Domowa s.c. 17-300 Siemiatyże, ul. Ks. Ściegiennego 2b				X	X											X
287	NZOZ Pielęgniarska Opieka Domowa s.c. 18-200 Wysokie Mazowieckie, ul. Szpitalna 2/5				X	X											

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POMERANIAN PROVINCE																	
288	Hospicjum Zwiastowania Najświętszej Maryi Panny 89-600 Chojnice, ul. Strzelecka 89 www.fundacjapalium.pl, www.hospicjum.chojnice.pl	X			X	X	X									X	X
289	Towarzystwo Przyjaciół Hospicjum 89-600 Chojnice, ul. Wysoka 3 www.tph.org.pl	X			X											X	X
290	Fundacja Pomorskie Hospicjum dla Dzieci 80-204 Gdańsk, ul. Dębowa 25 www.pomorskiehospicjum.pl	X					X									X	X
291	Stowarzyszenie Przyjaciół Chorych na Rzecz Hospicjum Gdańskiego im. Matki Teresy z Kalkuty 80-041 Gdańsk, ul. Fieldorfa 23 www.hospicjum.net	X			X		X									X	X
292	Hospicjum im. ks. E.Dutkiewicza SAC 80-208 Gdańsk, ul. Kopernika 6 www.hospicjum.info	X			X	X	X	X								X	X
293	Stowarzyszenie Hospicjum im. św Wawrzyńca 81-109 Gdynia, ul. Dickmana 6 www.hospicjum.gdynia.pl	X				X	X									X	X
294	NZOZ Kartuskie Hospicjum Domowe Caritas 83-300 Kartuzy, Osiedle Wybickiego 35	X			X											X	X
295	Hospicjum Kwidzyńskie im. św. Wojciecha 82-500 Kwidzyn, ul. Malborska 18a www.hospicjum.ckj.edu.pl	X			X	X										X	X
296	NZOZ Hospicjum św. Franciszka z Asyżu 84-300 Łębork, Aleja Wolności 40a www.hospicjumleborg.pl	X			X												X
297	Puckie Hospicjum pw. św. Ojca Pio 84-100 Puck, ul. Dziedzictwa Jana Pawła II 12 www.hospitium.org	X			X	X	X									X	X
298	Towarzystwo Opieki Paliatywnej im. Janiny Różyckiej Hospicjum Miłosierdzia Bożego 76-200 Słupsk, ul. Jana Druyffa 2 www.hospicjum.slupsk.pl	X				X										X	X
299	Hospicyjny Zakład Opieki Zdrowotnej im. św. s. Faustyny 81-785 Sopot, ul. Mieszka I 1/1 www.hospicjum-domowe-sopot.vti.pl	X			X											X	

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		church entity association/foundation	public entity	company/self-employment	home hospice	Residential hospice	palliative care unit	palliative care outpatient clinic	home hospice for children	Residential hospice for children	perinatal hospice	day centre	long-term care	pain treatment	nursing and treatment facility	bereavement support	voluntary service
POMERANIAN PROVINCE																	
300	NZOZ Caritas Archidiecezji Gdańskiej, Hospicjum im. św. Józefa 81-855 Sopot, ul. Niepodległości 632 www.hospicjumsopot.caritas.pl	X				X										X	X
301	Stowarzyszenie Pomocy Osobom Przewlekłe Chorym. Ośrodek Rehabilitacyjno-Opiekuńczy „Dar Serca” 82-400 Sztum, ul. Reja 12 www.darsztum.pl		X			X										X	X
302	Hospicjum pw. św. Judy Tadeusza 84-200 Wejherowo, ul. 3 Maja 19 www.hospicjumwejherowo.org		X			X										X	X
303	Samodzielna Publiczna Przychodnia Wiejska Gminy Chojnice 89-604 Chojnice, ul. Kościarska 9 www.przychodnia.gminachojnice.com.pl			X		X											
304	Hospicjum Stacjonarne SPZOZ 77-300 Człuchów, ul. Szczecińska 16 www.hospicjum-czluchow.pl		X			X	X									X	XX
305	Wojewódzkie Centrum Onkologii 80-210 Gdańsk, ul. M. Skłodowskiej-Curie 2 www.wpo.gda.pl		X					X									
306	SPZOZ Przychodnia Lekarska 83-200 Starogard Gdański, ul. Hallera 21 www.spzoz-przychodnia.pl		X			X										X	X
307	Szpital Powiatu Bytowskiego sp. z o.o. 77-100 Bytów, ul. Łęborska 13 www.szpital-bytow.com.pl					X		X	X								X
308	NZOZ im. św. Judy Tadeusza Jolanta Brzoskowska i Partnerzy sp. z o.o. 80-858 Gdańsk, ul. Aksamitna 1 www.hospicjumjudytadeusza.pl					X	X									X	X
309	Szpital Specjalistyczny w Kościerzynie 83-400 Kościerzyna, ul. A. Piechowskiego 36 www.szpital-koscierzyna.pl					X	X									X	X
310	Ośrodek Medyczny „Mederi” 82-200 Malbork, ul. Kotarbińskiego 10 www.mederi.malbork.net.pl					X	X										
311	NZOZ „Rehosp” Z. Nowak, J. Żyśko, B. Maciejewska 82-100 Nowy Dwór Gdański, ul. Sienkiewicza 17					X	X									X	

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POMERANIAN PROVINCE																		
312	NZOZ „Pal-Med” 76-200 Słupsk, ul. Jana Pawła II 1 P. 48a			X	X			X										
313	Szpital Tczewskie s.a. 83-110 Tczew, ul. 1 Maja 2 www.nzotczew.pl, www.hospicjum.nzotczew.pl			X	X	X	X									X	X	

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SILESIA PROVINCE																		
314	Zakład Opieki Zdrowotnej „Pro Salute” 42-500 Będzin, ul. Sączewskiego 27 www.prosalute.home.pl	X				X		X									X	X
315	Stowarzyszenie „Hospicjum św. Kamila” 43-300 Bielsko-Biała, ul. NMP Królowej Polski 15 www.hospicjum.sds.pl	X				X			X								X	X
316	Stowarzyszenie Przyjaciół Chorych Hospicjum im. Łukasza Ewangelisty 43-400 Cieszyn, ul. Wąska 2a www.hospicjum.home.pl	X				X											X	X
317	Stowarzyszenie Opieki Hospicyjnej i Paliatywnej Hospicjum” 41-506 Chorzów, ul. Szpitalna 24 www.hospicjum-chorzow.pl	X				X	X	X									X	X
318	Stowarzyszenie “Śląskie Hospicjum Perinatalne” 40-748 Katowice, ul. Sołtysia 59a www.hope.katowice.pl	X									X							
319	Stowarzyszenie Opieki Hospicyjnej Ziemi Częstochowskiej 42-202 Częstochowa, ul. Krakowska 45a www.hospicjum-czestochowa.pl	X				X	X											
320	Zespół Opieki Paliatywnej „Palium” 42-202 Częstochowa, ul. Krakowska 45a www.hospicjum-czestochowa.pl	X				X		X	X	X							X	X
321	Hospicjum Miłosierdzia Bożego 44-101 Gliwice, ul. Daszyńskiego 29 www.hospicjum.gliwice.pl	X				X	X	X									X	X
322	Hospicjum Domowe im. ks. E. Dutkiewicza SAC przy parafii św. Katarzyny 44-335 Jastrzębie-Zdrój, ul. św. Katarzyny 1 www.hospicjum-jastrzebie.pl	X				X												
323	Stowarzyszenie Hospicjum Homo-Homini im. św. Brata Alberta 43-600 Jaworzno, ul. Górnicza 30 www.hospicjum.jaworzno.pl	X				X		X	X								X	X
324	Archidiecezjalny Dom Hospicyjny bł. Jana Pawła II* 40-589 Katowice, ul. Różyckiego 14d www.hospicjumcaritas.pl	X				X	X	X					X		X	X	X	X

No.	Name of institution Contact data	Legal form			Forms of care												
		church entity association/foundation	public entity	company/self-employment	home hospice	Residential hospice	palliative care unit	palliative care outpatient clinic	home hospice for children	Residential hospice for children	perinatal hospice	day centre	long-term care	pain treatment	nursing and treatment facility	bereavement support	voluntary service
SILESIA PROVINCE																	
325	Hospicjum w Katowicach 40-031 Katowice, ul Sienkiewicza 36 www.hospicjumkatowice.pl	X			X			X								X	X
326	Spoleczne Towarzystwo Hospicjum Cordis** 40-413 Katowice, ul. Teofila Ociepki 2 www.hospicjumcordis.pl	X			X	X		X								X	X
327	Hospicjum św. Ojca Pio 43-200 Pszczyna, ul. Skłodowskiej 1 www.hospicjumojcapio.pless.pl	X			X											X	X
328	NZOZ Hospicjum im. św. Józefa Zespół Opieki Paliatywnej 47-400 Racibórz, ul. Żółkiewskiego 21/1	X			X			X								X	
329	NZOZ Hospicjum Domowe im. Jana Pawła II 41-709 Ruda Śląska, ul. Markowej 4 www.hospicjumruda.pl	X			X			X								X	X
330	Hospicjum Domowe im. św. Rafała Kalinowskiego 44-200 Rybnik, ul. Ks. Brudnioka 5 www.hospicjum.miastorybnik.pl	X			X											X	X
331	Hospicjum Sosnowieckie im św. Tomasza Apostoła 41-200 Sosnowiec, ul. 3-go Maja 1 www.hospicjum.sosnowiec.pl	X			X			X								X	X
332	Zakon Posługujących Chorym Ojcowie Kamilianie 42-606 Tarnowskie Góry, ul. Bytomska 22 www.kamilianie.eu, www.podmiot.kamilianie.eu	X				X										X	X
333	Zespół Opieki Hospicyjnej „Królowej Pokoju” 42-600 Tarnowskie Góry, ul. Opolska 26c www.hospicjumkrolowapokoju.tarnogorski.pl	X			X											X	X
334	NZOZ Caritas Diecezji Gliwickiej 42-600 Tarnowskie Góry, ul. Powstańców Śląskich 2	X			X											X	
335	Spoleczne Stowarzyszenie Hospicjum im. św. Kaliksta I 43-100 Tychy, ul. Nałkowskiej 19 www.hospicjum.tychy.pl	X			X			X								X	
336	NZOZ Śląskie Hospicjum Dla Dzieci 43-100 Tychy, Plac św. Anny 2 www.hospicjumdladzieci-slask.org.pl	X			X											X	X

No.	Name of institution Contact data	Legal form			Forms of care													
		church entity association/foundation	public entity	company/self-employment	home hospice	Residential hospice	palliative care unit	palliative care outpatient clinic	home hospice for children	Residential hospice for children	perinatal hospice	day centre	long-term care	pain treatment	nursing and treatment facility	bereavement support	voluntary service	
SILESIA PROVINCE																		
337	Hospicjum im. Matki Teresy 41-800 Zabrze, ul. Dworcowa 8a www.hospicjum.zabrze.pl	X			X			X									X	X
338	NZOZ Caritas Diecezji Gliwickiej 41-807 Zabrze, pl. N. Krocza 6 www.caritas.gliwice.pl	X			X												X	
339	Stowarzyszenie Przyjaciół Chorych „Hospicjum im. Jana Pawła II” 44-240 Żory, ul. Promienna 4 www.hospicjumzory.pl	X			X												X	X
340	Hospicjum Żywieckie im. św s. Faustyny Kowalskiej przy parafii św. Floriana 34-300 Żywiec, ul. Browarna 3	X			X													X
341	Powiatowy Zespół Zakładów Opieki Zdrowotnej 42-500 Będzin, ul. Małachowskiego 12 www.pzzoz.bedzin.pl		X					X									X	X
342	Beskidzkie Centrum Onkologii – Szpital Miejski im. Jana Pawła II 43-300 Bielsko-Biała, ul. Wyzwolenia 18 www.onkologia.bielsko.pl		X					X	X									
343	Wojewódzki Szpital Specjalistyczny im. N.M.P. 42-200 Częstochowa, ul. Bialska 104/118 www.szpitalparkitka.com.pl		X					X										
344	Samodzielny Publiczny Centralny Szpital Kliniczny im. prof. K. Gibińskiego Śląskiego Uniwersytetu Medycznego 40-752 Katowice, ul. Medyków 14, www.csk.katowice.pl		X					X										
345	Szpital Chorób Płuc 43-180 Orzesze, ul. Gliwicka 20 www.szpital-orzesze.pl		X					X										X
346	SPZOZ Szpital Kolejowy 43-365 Wilkowice, ul. Żywiecka 19 www.szpital-kolejowy.com		X					X	X								X	X
347	Szpital Powiatowy 42-400 Zawiercie, ul. Miodowa 14 www.szpitalzawiercie.pl		X					X	X									
348	NZOZ Darmed Majdak i Wspólnicy sp.j. 43-300 Bielsko-Biała, ul. Prusa 61 www.darmedbielsko.pl			X	X			X										

No.	Name of institution Contact data	Legal form			Forms of care													
		church entity	association/foundation	public entity	company/self-employment	home hospice	Residential hospice	palliative care unit	palliative care outpatient clinic	home hospice for children	Residential hospice for children	perinatal hospice	day centre	long-term care	pain treatment	nursing and treatment facility	bereavement support	voluntary service
SILESIA PROVINCE																		
349	NZOZ Poradnia Medycyny Paliatywnej i Hospicjum Domowe „San-Med” 41-902, Bytom, ul. Tuwima 5			X	X			X										X
350	NZOZ „Salus” 43-502 Czechowice-Dziedzice, ul. Sienkiewicza 8 www.salus.org.pl			X	X													X
351	NZOZ Specjalistyczne Poradnie Lekarskie s.c. 42-200 Częstochowa, ul. Kopernika 34			X	X			X										X X
352	Hosp-med sp. z o.o. 42-202 Częstochowa, Al. Wolności 68 Zespół Opieki Paliatywnej „Palium” 42-700 Lubliniec, ul. Oleska 23 www.hospicjum-czestochowa.pl			X	X			X										X X
353	NZOZ Zespół Medyczno-Opiekuńczy Alicja Kluczna 41-300 Dąbrowa Górnicza, ul. Kościuszki 27 40-160 Katowice, ul. Korfanteo 74/2 www.opiekakluczna.com.pl		X		X			X					X					X
354	NSZOZ Panaceum” 41-300 Dąbrowa Górnicza, ul. Ludowa 7 www.hospicjumdomowedabrowa.pl			X	X			X										X
355	NZOZ Elvimed s.c. Zespół Domowej Opieki Paliatywnej 43-600 Jaworzno, ul. Gwarków 1				X			X										
356	NZOZ „Allmedic” 42-100 Kłobuck, 11 Listopada 5a			X	X			X										X
357	Zespół Opieki Paliatywnej „Palium” 42-100 Kłobuck, ul. Staszica 28 www.hospicjum-czestochowa.pl			X	X			X										X X
358	NZOZ „Medica” Zespół Domowej Opieki Paliatywnej Jacek Pudlik 42-286 Koszęcin, ul. Sobieskiego 8 www.hospicjum-koszecin.pl			X	X													X X
359	NZOZ „FamiliaMed” 43-190 Mikołów, Osiedle 30-lecia 8 www.familiaimed.pl			X	X			X										
360	Hos-med. sp. z o.o. 42-300 Myszków, ul. Strażacka 45 www.hospicjum-czestochowa.pl			X	X			X										X X
361	NZOZ Specjalistyczna Praktyka Lekarska 41-940 Piekary Śląskie, ul. M. Kopernika 19			X	X			X										X X

No.	Name of institution Contact data	Legal form			Forms of care													
		church entity	association/foundation	public entity	company/self-employment	home hospice	Residential hospice	palliative care unit	palliative care outpatient clinic	home hospice for children	Residential hospice for children	perinatal hospice	day centre	long-term care	pain treatment	nursing and treatment facility	bereavement support	voluntary service
SILESIA PROVINCE																		
362	NZOZ Centrum Usług Medycznych AA „Remedium” Awramienko sp.j. 44-120 Pyskowice, ul. Paderewskiego 11 www.remedium.net.pl					X		X										X
363	Niepubliczny Zakład Usług Pielęgniarskich i Rehabilitacyjnych „El-med” Elżbieta Lipka 42-230 Koniecpol, Radoszewnica, ul. Koniecpolska 90 www.elmed-strona.pl				X	X		X										X
364	NZOZ „Puls –med” Figura Sylwia 44-210 Rybnik, ul. Grunwaldzka 66 www.pulsmed.rybnik.pl				X	X		X										X X
365	Niepubliczny Specjalistyczny ZOZ Algos 44-200 Rybnik, ul. Łanowa 11					X		X										
366	NZOZ Praktyka Lekarza Rodzinnego Specjalistyczna i Medycyny Pracy 44-280 Rydułtowy, ul. Tetmajera 150 www.przychodnia-rydułtowy.pl				X	X		X										X X
367	NZOZ „Opifer” sp. z o.o. 41-800 Zabrze, ul. Pawliczka 20				X	X		X										X
368	NZOZ Centrum Medyczne Bogusława Lasota 42-400 Zawiercie, ul. Dojazd 5k www.lasota.jur.pl				X	X		X										X X
369	NZOZ „Onko-Dent” s.p. 44-240 Żory, ul. Centralna 17 www.onko-dent.pl				X	X		X										
370	Praktyka Grupowa Lekarzy „Spomed” s.c. 34-300 Żywiec, ul. Kopernika 39				X	X												X X

* Caritas care station

** Hospice care unit

No.	Name of institution Contact data	Legal form			Forms of care												
		church entity association/foundation	public entity	company/self-employment	home hospice	Residential hospice	palliative care unit	palliative care outpatient clinic	home hospice for children	Residential hospice for children	perinatal hospice	day centre	long-term care	pain treatment	nursing and treatment facility	bereavement support	voluntary service
ŚWIĘTOKRZYSKIE PROVINCE																	
371	Hospicjum bł. Matki Teresy* 28-100 Busko Zdrój, ul. Lipowa 1 www.hospicjum.busko.pl	X			X												X
372	Katolickie Hospicjum Domowe dla Dzieci i Dorosłych im. św. Franciszka z Asyżu 25-430 Kielce, ks. bp. M. Jaworskiego 22/6 www.katolickiehospicjumkielce.pl	X			X			X									X
373	Hospicjum Caritas Diecezji Kieleckiej 25-363 Kielce, ul. Wesola 58 www.hospicjum.kielce.caritas.pl	X			X												X X
374	Towarzystwo Przyjaciół Chorych Hospicjum Domowe Bractwa Matki Bożej Miłosierdzia przy Sanktuarium Matki Bożej Ostrobramskiej 26-110 Skarżysko-Kamienna, ul. Apteiczna 7	X			X												X X
375	Świętokrzyskie Centrum Onkologii 25-734 Kielce, ul. Artwińskiego 3 www.onkol.kielce.pl		X		X		X	X									X X
376	Szpital Specjalistyczny Ducha Świętego 27-600 Sandomierz, ul. Schinzla 13 www.sand.pl		X				X	X									
377	Powiatowy Zakład Opieki Zdrowotnej 27-200 Starachowice, ul. Radomska 70 www.szpital.starachowice.pl		X				X										X
378	NZOZ Opieka P. Mikuliszyn – M. Kraj-Mikuliszyn sp.j. 26-026 Morawica, Bilcza, ul. Ściegiennego 7a			X	X												X
379	NZOZ Diamed 28-300 Jędrzejów, ul. Kielecka 27 25-502 Kielce, ul. Paderewskiego 48/15a			X	X		X										
380	NZOZ Szpital Specjalistyczny im. Władysława Biegańskiego w Jędrzejowie 28-300 Jędrzejów, ul. Małogoska 25 www.szpital-jedrzejow.pl			X		X											X X
381	NZOZ – Asmedica Aneta Maj 28-210 Kiełczyzna, Kiełczyzna-Gościniec 38 26-200 Końskie, ul. Gimnazjalna 41b			X	X												X
382	NZOZ „Medyk” – Koprzywnica 27-660 Koprzywnica, ul. Szkolna 8			X	X												X

No.	Name of institution Contact data	Legal form			Forms of care												
		church entity association/foundation	public entity	company/self-employment	home hospice	Residential hospice	palliative care unit	palliative care outpatient clinic	home hospice for children	Residential hospice for children	perinatal hospice	day centre	long-term care	pain treatment	nursing and treatment facility	bereavement support	voluntary service
ŚWIĘTOKRZYSKIE PROVINCE																	
383	NSZOZ Gomed-Ostrowiec Sp. z o.o. Sp.k. 27-400 Ostrowiec Świętokrzyski, ul. Polna 9f www.gomed.com.pl, www.wyprzedzicwojczas.pl Zespoły domowej opieki paliatywno-hospicyjnej dla dorosłych: Ostrowiec Świętokrzyski, Pawłów, Kielce, Busko Zdrój, Zakład Medycyny Paliatywno-Hospicyjnej:			X	X			X	X	X							X
384	NSZOZ Gasmed – Zdzisław Gąś – Starachowice 27-200 Starachowice, ul. Iglasta 2			X	X		X										X
385	Niepubliczny Zakład Opiekuńczo-Lecznicy 28-200 Staszów, Koniemłoty, pl. ks. R. Kotlarza 9 www.drplatek.pl			X		X											X X
386	NZOZ Damed Dariusz Kucharczyk, Joanna Kucharczyk sp.j. 26-130 Suchedniów, ul. Emilii Peck 9a			X	X												X
387	NZOZ „Nowe życie” 29-100 Włoszczowa, ul. Mleczarska 11					X		X									X

* equipment rental

No.	Name of institution Contact data	Legal form			Forms of care												
		church entity association/foundation	public entity	company/self-employment	home hospice	Residential hospice	palliative care unit	palliative care outpatient clinic	home hospice for children	Residential hospice for children	perinatal hospice	day centre	long-term care	pain treatment	nursing and treatment facility	bereavement support	voluntary service
VARMIA-MAZURIA PROVINCE																	
388	Stowarzyszenie Pomocy Humanitarnej św. Łazarza 11-300 Biskupiec, ul. Armii Krajowej 4 www.opieka.cba.pl	X		X			X										X
389	Hospicjum Elbłskie im. dr Aleksandry Gabrysiak 82-300 Elbląg, ul. Toruńska 17b Hospicjum Domowe: Pl. Grunwaldzki 6 www.ehospicjum.pl	X			X	X	X	X			X					X	X
390	Stowarzyszenie na Rzecz Chorych z Chorobą Nowotworową „Promyk” 11-500 Giżycko, ul. Pionierska 11 Filia: Węgorzewo www.promyk-gizycko.pl	X			X		X					X					X
391	Hospicjum Domowe im. Św. Wojciecha 11-700 Mrągowo, ul. Wyspiańskiego 1 www.hospicjum.mragowo.pl	X			X											X	X
392	Caritas Archidiecezji Warmińskiej Centrum Pielęgniarstwa Stacja Opieki Caritas 13-100 Nidzica, ul. Młynarska 12 www.caritas.nidzica24.pl	X			X		X									X	X
393	Hospicjum Domowe – Stacja Opieki Caritas 10-555 Olsztyn, ul. Kościuszki 86 Filia: Korsze www.hospicjum.artneo.pl	X			X		X	X								X	X
394	Centrum Opieki Paliatywnej im. Jana Pawła II 10-226 Olsztyn, Al. Wojska Polskiego 30 www.hospicjum.olsztyn.pl	X			X		X	X								X	X
395	SPZOZ w Działdowie 13-200 Działdowo, ul. Leśna 1 www.spzoz-dzialdowo.pl		X		X		X										X
396	Samodzielny Publiczny Zakład Pielęgnacyjny – Opiekuńczy 19-500 Gołdap, ul. Słoneczna 7b		X		X												X
397	Powiatowy Szpital im. W. Biegańskiego 14-200 Hawa, ul. Gen. Wł. Andersa 3 www.szpital.ilawa.pl		X		X		X									X	
398	Samodzielny Publiczny Zespół Zakładów Opieki Długoterminowej 19-400 Olecko, Olecko Kolonia 4 www.spzozd.powiat.olecko.pl		X		X	X										X	X

No.	Name of institution Contact data	Legal form			Forms of care												
		church entity association/foundation	public entity	company/self-employment	home hospice	Residential hospice	palliative care unit	palliative care outpatient clinic	home hospice for children	Residential hospice for children	perinatal hospice	day centre	long-term care	pain treatment	nursing and treatment facility	bereavement support	voluntary service
VARMIA-MAZURIA PROVINCE																	
399	SPZOZ Szpital Powiatowy 12-200 Pisz, ul. Sienkiewicza 2 www.szpitalpisz.pl		X					X									
400	ZOZ w Reszlu 11-440 Reszel, ul. Słowackiego 3		X				X										
401	Medycyna Paliatywna s.c. Stanisława Marta Kosmala, Ewa Harhaj 11-200 Bartoszyce, ul. Marksa 10			X	X			X									X
402	Warmińsko-Mazurskie Stowarzyszenie Przyjaciół Opieki Paliatywnej 11-200 Bartoszyce, ul. Marksa 10 www.opiekapaliatycznabartoszyce.eu		X		X			X									
403	NZOZ Praktyki Medyczne Stowarzyszenie Opieki Paliatywnej i Długoterminowej i Długotrwałe Unieruchomionych „Pomocna Dłoń” 14-500 Braniewo, ul. Gdańska 19 www.praktykimedyczne.eu www.pomocnadlon.eu		X		X			X								X	X
404	Niepubliczny Zakład Opieki Paliatywnej i Długoterminowej „Niebieski Parasol” Małgorzata Chmielewska 19-300 Elk, ul. Orzeszkowej 6 12-250 Orzysz, ul. Cierniaka 12 www.niebieskiparasol.pl				X	X			X								X
405	NZOZ Poradnie Specjalistyczne 11-400 Kętrzyn, ul. Traugutta 7				X	X										X	X
406	Niepubliczny Zakład Usług Personelu Medycznego „Centrum” Cz. Kalinowska--Meus 11-100 Lidzbark Warmiński, ul. 11-go Listopada 15				X	X		X									
407	NZOZ Przychodnia Specjalistyczna sp. z o.o. 11-700 Mrągowo, ul. Królewicka 58				X	X											X
408	Zakład Paliatywny „Światło” Teresa Dębska 13-300 Nowe Miasto Lubawskie, ul. Grunwaldzka 4/2 www.swiatlo-hospicjum.home.pl				X	X			X								
409	NZOZ Usługi Pielęgniarsko-Opiekuńcze i Hospicjum Domowe Małgorzata Bujanowicz 11-015 Olsztynek, ul. Kajki 3				X	X											X
410	Niepubliczny Zakład Opieki Paliatywnej Palium 14-100 Ostróda, ul. Kościuszki 2/101				X	X											

No.	Name of institution Contact data	Legal form				Forms of care												
		church entity	association/foundation	public entity	company/self-employment	home hospice	Residential hospice	palliative care unit	palliative care outpatient clinic	home hospice for children	Residential hospice for children	perinatal hospice	day centre	long-term care	pain treatment	nursing and treatment facility	bereavement support	voluntary service
VARMIA-MAZURIA PROVINCE																		
411	Niepubliczny Zakład Opieki Paliatywnej 12-200 Pisz, ul. Klementowskiego 8				X													X
412	Centrum Zdrowia – Hospicjum Domowe 12-100 Szczytno, ul. Kochanowskiego 2d			X	X													

No.	Name of institution Contact data	Legal form				Forms of care												
		church entity	association/foundation	public entity	company/self-employment	home hospice	Residential hospice	palliative care unit	palliative care outpatient clinic	home hospice for children	Residential hospice for children	perinatal hospice	day centre	long-term care	pain treatment	nursing and treatment facility	bereavement support	voluntary service
GREATER POLAND PROVINCE																		
413	Fundacja na Rzecz Rozwoju Ochrony Zdrowia Zakład Paliatywnej Opieki Zdrowotnej i Rehabilitacji 62-200 Gniezno, ul. Łącznica 7 www.fundacja.gniezno.pl		X			X												X
414	Niepubliczny Zakład Medycyny Paliatywnej Hospicjum Domowe 62-800 Kalisz, ul. Karłowicza 4 Hospicjum Stacjonarne 62-860 Rożdżały, Rożdżały 21		X			X	X		X	X								X X
415	Hospicjum przy parafii Świętego Krzyża 62-600 Koło, ul. Kościelna 8 www.diecezja.wloclawek.pl	X				X												X
416	Fundacja Hospicjum Onkologiczne św. Franciszka 62-095 Murowana Goślina, Kamińsko 6 www.hospicjum.com.pl		X			X												X
417	Stowarzyszenie Wspólnota Wolontariuszy Hospicyjnych „Ludzki Gest” im. Jana Pawła II 64-600 Oborniki, ul. Droga Leśna 60 www.ludzkigest.oborniki.pl		X			X												X X
418	Towarzystwo Przyjaciół Chorych Hospicjum św. Józefa 63-400 Ostrów Wielkopolski, ul. Raszowska 39 www.hospicjumswjosefaostrow.pl		X			X												X X
419	Poradnia Opieki Paliatywnej Hospicjum Domowe im. Sługi Bożej S. Leszczyńskiej 64-920 Piła, ul. Rydygiera 1 Oddziały: Czarnków, Trzcianka, Wyrzysk		X			X		X										X X
420	Hospicjum św. Jana Kantego 61-431 Poznań, ul. Akacjaowa 6 www.hospicjumswkantego.archpoznan.org.pl		X			X												X X
421	Wielkopolskie Stowarzyszenie Wolontariuszy Opieki Paliatywnej „Hospicjum Domowe”* 60-571 Poznań, ul. Bednarska 4 www.hospicjum-domowe.poznan.pl		X			X			X	X					X			X X
422	Wspólnota Wolontariuszy Hospicyjnych przy parafii św. St. Kostki 60-653 Poznań, ul. Rejtana 8	X				X												X X
423	NZOZ Licheń z Oddziałem Hospicjum im. bł. S. Papczyńskiego 62-563 Stary Licheń, ul. Klasztorna 4 www.hospicjum.lichen.pl		X			X												X X

No.	Name of institution Contact data	Legal form			Forms of care												
		church entity association/foundation	public entity	company/self-employment	home hospice	Residential hospice	palliative care unit	palliative care outpatient clinic	home hospice for children	Residential hospice for children	perinatal hospice	day centre	long-term care	pain treatment	nursing and treatment facility	bereavement support	voluntary service
GREATER POLAND PROVINCE																	
424	Stowarzyszenie „Hospicjum Trzcianka” im. dr nauk med. Ewy Dipont – Kukawskiej 64-980 Trzcianka, ul. Mickiewicza 50 www.hospicjum-trzcianka.pl	X			X											X	X
425	Hospicjum Miłosiernego Samarytanina** 62-100 Wągrowiec, ul. Brzozowa 23 www.hospicjum.wagrowiec.wlkp.pl	X			X	X										X	X
426	Hospicjum św. Elżbiety 77-400 Złotów, ul. Panny Marii 7 www.hospicjum-zlotow.pl	X			X		X									X	X
427	Zespół Opieki Zdrowotnej 62-200 Gniezno, ul. św. Jana 9 www.zoz.gniezno.pl		X			X											
428	SPZOZ w Kościanie 64-000 Kościan, ul. Szpitalna 7 www.szpital.koscian.pl		X				X										
429	SPZOZ w Krotoszynie 63-700 Krotoszyn, ul. Młyńska 2		X			X											X
430	SPZOZ w Międzychodzie 64-400 Międzychód, ul. Szpitalna 10 www.spzoz-miedzychod.com.pl		X		X		X										
431	Zespół Zakładów Opieki Zdrowotnej 63-400 Ostrów Wielkopolski, ul. Limanowskiego 20/22 www.szpital.osw.pl		X				X										
432	Zespół Zakładów Opieki Zdrowotnej 63-500 Ostrzeszów, Al. Wolności 4 www.szpital.ostrzeszow.pl		X				X										
433	Szpital Specjalistyczny w Pile im. S. Staszica 64-920 Piła, ul. Rydygiera 1 www.szpitalpila.pl		X				X										X
434	Wielkopolskie Centrum Pulmonologii i Torakochirurgii im. E. i J. Zeylandów 60-569 Poznań-Jeżyce, ul. Szamarzewskiego 62		X				X										X
435	Szpital Kliniczny Przemienienia Pańskiego Uniwersytetu Medycznego im. K. Marcinkowskiego, Hospicjum Palium 61-245 Poznań-Stare Miasto, ul. Długa 1/2 www.hospicjum-palium.pl		X		X		X	X								X	X
436	Szpital Powiatowy im. Alfreda Sokołowskiego 77-400 Złotów, ul. Szpitalna 28 www.szpital.zlotow.pl		X		X		X										X

No.	Name of institution Contact data	Legal form			Forms of care												
		church entity association/foundation	public entity	company/self-employment	home hospice	Residential hospice	palliative care unit	palliative care outpatient clinic	home hospice for children	Residential hospice for children	perinatal hospice	day centre	long-term care	pain treatment	nursing and treatment facility	bereavement support	voluntary service
GREATER POLAND PROVINCE																	
437	Centrum Medyczne NZOZ Podstawowej Opieki Zdrowotnej Gabinetu Specjalistyczne Hospicjum Domowe 64-020 Czempień, ul. Parkowa 2 64-000 Kościan, ul. Naclawska 15 60-644 Poznań, ul. Sokoła 38				X	X		X									X
438	NZOZ Benmed s.c. 62-200 Gniezno, ul. Chudoby 16a				X	X											X
439	NZOZ Przychodnia Zespołu Lekarza Rodzinnego Jar-medica 63-200 Jarocin, ul. Hallera 9 www.jar-medica.pl				X	X		X									
440	Niepubliczny Zakład Specjalistycznej i Pielęgniarskiej Opieki Zdrowotnej „Medyk” 62-800 Kalisz, Zagorzynek 34				X	X											
441	Niepubliczny Zakład Opieki Paliatywnej i Hospicyjnej – Grażyna Włodarczyk 63-600 Kępno, ul. ks. Piotra Wawrzyniaka 42				X	X											X
442	NZOZ Opieka Paliatywna, Hospicjum Domowe Elżbieta Zagalska 62-600 Koło, ul. PCK 8/136a				X	X			X								X
443	Spółka M.A.R. sp z o.o. Wielospecjalistyczny NZOZ „Maxmed” 1 Centrum Medycyny Paliatywnej Maxmed 1 62-510 Konin, ul. Południowa 3				X	X	X	X	X							X	X
444	NZOZ Poradni Specjalistycznych „Allmed I” 62-504 Konin, ul. Szpitalna 45					X		X	X								X
445	NZOZ Hospicjum Domowe Mel-Med Kościan 64-000 Kościan, ul. Poznańska 122				X	X											
446	Onkologiczny NZOZ Onko-Med 64-100 Leszno, ul. Królowej Jadwigi 4				X	X											
447	Pielęgniarski Ośrodek Medycyny Środowiskowo – Rodzinnej „Panaceum” 62-030 Luboń, ul. Cieszkowskiego 2 lok.1b www.panaceum.poznan.pl				X	X											X
448	Med – Dom sp. z o.o. 62-320 Miłostaw, ul. Pałczyńska 1				X	X											X
449	Przychodnia Zespołu Lekarza Rodzinnego „Panaceum” 64-300 Nowy Tomysł, ul. Poznańska 30				X	X											

No.	Name of institution Contact data	Legal form			Forms of care													
		church entity	association/foundation	public entity	company/self-employment	home hospice	Residential hospice	palliative care unit	palliative care outpatient clinic	home hospice for children	Residential hospice for children	perinatal hospice	day centre	long-term care	pain treatment	nursing and treatment facility	bereavement support	voluntary service
GREATER POLAND PROVINCE																		
450	NZOZ „Puls” 64-330 Opalenica, ul. Powstańców Wlkp.1a			X	X													
451	NZOZ „Hospitium” Hospicjum Domowe W. Telega 63-400 Ostrów Wielkopolski, ul. Dembińskiego 20/5 63-300 Pleszew, ul. Marszewska 47			X	X													X
452	Zakład Opieki Paliatywnej „Dobry Samarytanin” 63-500 Ostrzeszów, ul. W. Grabskiego 2			X	X													X
453	Ars Medical sp z o.o. 64-920 Piła, Al. Wojska Polskiego 43			X			X											
454	„Pleszewskie Centrum Medyczne” sp. z o.o. 63-300 Pleszew, ul. Poznańska 125a www.szpitalpleszew.pl			X	X		X											
455	NZOZ Ośrodek Pielęgniarsko-Opiekuńczy 60-175 Poznań, ul. Gerberowa 64b			X	X													X
456	Podmiot Lecznicy Pielęgniarski Ośrodek Opieki Długoterminowej i Hospicyjnej Aegis s.c. 61-689 Poznań, Os. Przyjaźni 133			X	X													
457	CURATIO Pielęgniarki Klimasyk Marciniak sp.p. 60-458 Poznań Jeżyce, ul. Sianocka 151a			X	X													X
458	NZOZ Zespół Poradni Specjalistycznych „Medyk” 60-375 Poznań – Grunwald, ul. Świt 47 www.wsparcie.pl			X	X			X										X X
459	NZOZ Szpital w Puszczykowie im. prof. S.T. Dąbrowskiego 62-041 Puszczykowo, ul. Kraszewskiego 11 www.szpitalwpuszczykowie.com.pl			X			X	X										X
460	Centrum Pielęgniarsko – Opiekuńcze 63-900 Rawicz, ul. Grota Roweckiego 9k www.n.nzocentrum.com.pl			X	X													X
461	NZOZ Vita – Med Paulina Kaźmierczak 62-400 Słupca, ul. Gen. Zygmunta Berlinga 26/9			X	X													X
462	Przychodnia Specjalistyczna Eskulap 62-400 Słupca, ul. Sikorskiego 1			X	X			X	X									X
463	Pielęgniarska Opieka Długoterminowa Opieka Paliatywna i Hospicyjna Domowa „Salutaris” 64-500 Szamotuły, ul. Braci Czeskich 1			X	X													X

No.	Name of institution Contact data	Legal form			Forms of care													
		church entity	association/foundation	public entity	company/self-employment	home hospice	Residential hospice	palliative care unit	palliative care outpatient clinic	home hospice for children	Residential hospice for children	perinatal hospice	day centre	long-term care	pain treatment	nursing and treatment facility	bereavement support	voluntary service
GREATER POLAND PROVINCE																		
464	NZOZ Zespół Lekarzy Neurologów Psychologów i Logopedów „Synapsa” 63-100 Śrem, ul. Chelmońskiego 1			X	X													X
465	Pielęgniarski Ośrodek Medyczny Środowiskowo-Rodzinnej „Elcor” s.c. 63-000 Środa Wielkopolska, ul. Niedziałkowskiego 1 www.elcor.com.pl, www.elcor.infosroda.pl			X	X													
466	NZOZ Trzemeszeńska Rodzinno – Specjalistyczna Przychodnia Lekarska „Luxmed” 62-240 Trzemeszno, ul. Langiewicza 2			X	X				X									X
467	NZOZ Hospicjum Domowe sp. z o.o. 64-200 Wolsztyn, ul. Drzymały 18 www.hospicjum.wolsztyn.com.pl			X	X													X
468	Szpital Powiatowy sp. z o.o. 62-300 Września, ul. Słowackiego 2 www.szpitalwrzesnia.home.pl			X	X		X											X

* geriatric hospice, long-term care for mechanically-ventilated adults and children, geriatrics unit, home oxygen therapy and enteral nutrition

** Night shelter, meal centre

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		church entity association/foundation	public entity	company/self-employment	home hospice	Residential hospice	palliative care unit	palliative care outpatient clinic	home hospice for children	Residential hospice for children	perinatal hospice	day centre	long-term care	pain treatment	nursing and treatment facility	bereavement support	voluntary service
WEST POMERANIAN PROVINCE																	
469	Centrum Pielęgnacyjno – Opiekuńcze „Nadzieja” 78-200 Białogard, Kisielice Duże 30 www.cponadzieja.pl	X			X												
470	Dom Hospicyjno-Opiekuńczy Caritas im. bp. Cz. Domina 76-150 Darłowo, ul. Wiejska 9 www.hospicjum.darlowo.pl	X				X						X				X	X
471	NZOZ Hospicjum Domowe Victoria 78-100 Kołobrzeg, ul. Kniewskiego 11/4 www.hospicjumkolobrzeg.pl	X			X											X	X
472	Hospicjum im. św. Maksymiliana Kolbego 75-136 Koszalin, ul. Zdobywców Wału Pomorskiego 80 Hospicjum domowe: 75-714 Koszalin, ul. Kasprowicza 3a www.hospicjum.koszalin.pl	X			X	X										X	X
473	Stowarzyszenie Hospicjum Królowej Apostołów 72-010 Police, ul. Grunwaldzka 13 www.hospicjum-police.pl	X			X											X	X
474	Hospicjum św. Jana Ewangelisty 71-740 Szczecin, ul. Pokoju 77 www.hospicjum-szczecin.pl	X			X	X	X									X	X
475	Fundacja Zachodniopomorskie Hospicjum dla Dzieci i Dorosłych Centrum Opieki Paliatywnej* 70-111 Szczecin, ul. Powstańców Wielkopolskich 66/68 Filia: Koszalin www.zhdd.pl	X			X		X	X								X	X
476	Hospicjum Domowe Przystań Caritas pw. św. Faustyny 72-602 Świnoujście, ul. Sosnowa 5a www.hospicjum.wyspy.net	X			X		X										
477	Stowarzyszenie Hospicjum Domowe im. Matki Teresy z Kalkuty 78-600 Wałcz, Nowa Szwecja 8	X			X												X
478	Samodzielny Publiczny Szpital Rejonowy 72-200 Nowogard, ul. Wojska Polskiego 7 www.szpital.nowogard.pl		X		X												
479	Wielospecjalistyczny ZOZ 73-110 Stargard Szczeciński, ul. Wojska Polskiego 27 www.zozstargard.pl		X				X										

No.	Name of institution Contact data	Legal form			Forms of care												
		church entity association/foundation	public entity	company/self-employment	home hospice	Residential hospice	palliative care unit	palliative care outpatient clinic	home hospice for children	Residential hospice for children	perinatal hospice	day centre	long-term care	pain treatment	nursing and treatment facility	bereavement support	voluntary service
WEST POMERANIAN PROVINCE																	
480	Zachodniopomorskie Centrum Onkologii 71-730 Szczecin, ul. Strzałowska 22 www.onkologia.szczecin.pl		X		X		X										
481	„Lukmed” sp. z o.o. 78-460 Barwice, ul. Kościuszki 3 78-300 Świdwin, ul. Połczyńska 49				X	X											X
482	ZOZ Hospicjum Domowe św. Łukasza 74-500 Chojna, ul. Kościuszki 5				X	X											X
483	NZOZ Pielęgniarki Środowiskowej Anna Szymaniuk 74-400 Dębno, ul. Spacerowa 9				X	X											X
484	ZOZ „Mil-Med” 72-300 Gryfice, ul. ks. Stanisława Ruta 8/1 www.mil-med.pl					X											
485	NZOZ „Dom” Hospicjum Domowe dla Dorosłych 74-100 Gryfino, ul. Bolesława Chrobrego 52				X	X		X									X
486	„Promyk” Usługi Pielęgniarskie V. Manarczyk 75-402 Koszalin, ul. Głowackiego 7				X	X											X
487	Zakład Domowej Opieki Długoterminowej 73-150 Łobez, ul. Niepodległości 66b, 72-200 Nowogard, ul. Kościuszki 36				X	X											X
488	NZOZ Polvita sp. z o.o. 72-010 Police, ul. Siedlecka 2a www.opiekazdrowotnapolvita.pl				X	X											X
489	NZOZ Ars Medica Hospicjum: 76-113 Postomino 6a																X
490	Anna Nowak Help-Med 73-110 Stargard Szczeciński, ul. Łabędzia 19 h, ul. Limanowskiego 1/1 73-200 Choszczno, ul. Tuwima 10				X	X											
491	NZOZ Almedur 78-600 Wałcz, ul. Zdobywców Wału Pomorskiego 52				X	X											X

* enteral nutrition unit, mechanical ventilation for children and youth facility

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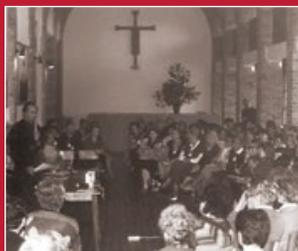
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In Solidarity

Hospice-Palliative Care in Poland

More than 400 palliative and hospice centers, thousands of employees and volunteers forming interdisciplinary teams caring for the terminally ill and their families, and many thousands of people who have benefited from this care – such is the outcome of the over 30 years' existence of the hospice movement and palliative medicine in Poland.

Those years were filled with endeavors to give people approaching the end of their lives the possibility of dying with dignity, without pain, surrounded by their close ones, with no regard for their age, sex, religion or wealth. These were years of co-operation, combining professional medical and non-medical assistance with the commitment of volunteers, while preserving the common goal of interdisciplinary teams.

The editors' intention was to present the history of the establishment of hospice-palliative care in Poland as broadly as possible: by identifying its sources and inspirations, through the personal experiences of people involved in end-of-life care and the stories of particular palliative and hospice centers and the organizations supporting them.

We encourage you to read the content of this unique publication.

Anna Janowicz, Piotr Krakowiak, Alicja Stolarczyk



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