

## **Visit To Northern Ireland By A Lithuanian Delegation**

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During this excellent visit to Northern Ireland (NI) a wide spectrum of services in the fields of palliative care and support for oncology patients in NI was presented. I am very pleased to have been able to learn about NI practice and am grateful to the Tiltas Trust for enabling me to see it. For this reason I wish to say a big thank you to all who contributed to organising this visit, especially to Madeleine and Seamus, and Wendy and Peter for an ideally planned and wonderfully organised programme.

Wishing to present in more detail the results of this trip I shall try to discuss every item with which we were familiarised, separately, and to convey my personal understanding of the possibilities of applying NI experience in Lithuania.

### **HOSPICE OPERATIONS**

#### **Antrim Hospice**

Firstly, learning that the hospice was built after nine years effort made me optimistic and more determined to seek and build something similar in Lithuania (until then there were moments of heartache because the idea of building a hospice in Lithuania progressed so slowly - I understood that not everything can be realised that quickly despite the wish to achieve everything as soon as possible).

Wonderful architectural solutions which will serve as an example when designing hospice functionality in Alytus. It should be emphasised that during the visit nearly all spheres of hospice operations were professionally presented, for which I wish to thank hospice staff and ask that my best wishes be conveyed to them. In future I believe such visits would be invaluable for those of our politicians and health system administrators who are drafting our legal foundations. I would like to maintain links with this hospice and to develop them in future (exchanging delegations on joint projects).

New [to me] was how the pharmacist is included in the hospice team, and the principle of how his work is organised is noteworthy (the patient's medication is in a locked drawer in his cabinet, not on the medicine trolley as used to be until now).

An important signal to Lithuania was the expressed opinion that palliative care should in future be more oriented towards help in the home, which left [me with] a positive message that our chosen option – initially to build a team for palliative help at home, is correct. It also shows that Lithuania, making its plans for the future, should properly discuss priorities for palliative care on a national basis, and private initiatives should be coordinated with state institutions. Cooperation between these sectors is very important (it would avoid duplication and optimise the organisation of palliative care).

#### **St Luke's Hospice in London**

After a rather brief but detailed talk with Mike Coward I gained a very realistic view about the possibilities to achieve my ideas in Alytus. I was impressed that a professional palliative care centre was created by private initiative. Everything began with small steps and that made me optimistic and gave me more confidence and understanding that plans to build a similar centre in Alytus may be achieved in not 5-6 years [*Translator*: less than?]. I was impressed that a

single hospice has such a wide donation collecting network and makes clear to me how important it is to develop fundraising activities in Lithuania.

An important aspect of work in this hospice – the separation of spiritual and religious help. This is a good example of the reconciliation of different religious traditions in one establishment, enabling equal support to be given to the religious and the agnostic.

Very important advice from Mike to Lithuania – engagement of volunteers in seeking to create a palliative care system. This makes me optimistic that we are on the right path.

Recounting examples from real life – another way of attracting the community suggested by Mike. I was impressed that as many as 50 volunteers work in grieving support. I think it would very useful to learn about this experience as this is yet another hard to imagine activity in Lithuania.

Also during our discussion he drew my attention to the close cooperation with GPs, which I think we should make more effective in Alytus. We discussed this a lot after returning to our accommodation. This is another important benefit of this trip – we Lithuanians, being on neutral ground for some time could talk freely, discuss and understand many things about which we had no opportunity to talk in Lithuania. This is also a very important result of this visit, which showed the importance of the need to develop social skills and the negative effects of personalism in achieving common goals.

### **Northern Ireland Hospice**

Totally different from and much warmer than the Antrim Hospice, but this demonstrates not the higher standard of technical equipment but experience, because the Belfast Hospice has been working for over 20 years, and has done a lot in that time to attain homely surroundings and perfect its work processes. This hospice also showed that it is not always good to create something new in old buildings (the hospice was created in a former school), because in the end it is still necessary to replan and rebuild, and that takes a lot of money.

New to me in this hospice was the system to guarantee access. A certain period is planned for being in the hospice, then the patient's condition is reviewed and if his situation has improved he is discharged home or transferred to the day centre.

An example to follow – holistic palliative care solutions in one location, ie in-patient, home support, day centre, consultation. I also liked the working with other institutions providing palliative care and nursing. This really is an example to emulate because organisations work as partners not as competitors.

I think a very good suggestion regarding the development of a palliative care training system in Lithuania was made by Prof. Max Watson. The current system in Lithuania bewilders the specialists themselves as the system is the same for nurses, doctors, and social workers seeking a licence to practice palliative care. I hope that the newly-created link between Prof Arvydas Šeškevičius and Prof Max Watson will last and that we shall achieve positive results with developing the system in Lithuania.

News in hospice planning – a smoking room to which a patient can be wheeled in his bed.

## **ORGANISATION OF CANCER CENTRE OPERATIONS**

### **Cancer Choice Centre**

A wonderful example of how patients can themselves organise professional help for oncology patients and their near ones. Up till now I thought that such activity can only be organised by specialists, and the organisation of cancer support centers seemed like 'higher mathematics'. During the visit we saw very simple and well organised support models, which we could slowly

introduce in Lithuania. Practice worth adopting – professionally prepared initial admission of patients (differently-coloured professionally devised forms to determine patient needs and help), which could be adopted in Lithuania too. When drafting the project for training members of our Association for Help to Oncology Patients [AHOP; POLA in Lithuanian] I plan to include this module in the training programme. If we succeed in inviting Madeleine or one of her colleagues to share their experience with a wider audience, together with our local specialists we could devise our own model to organise help for onco-patients. The preparation of such a model and guidelines would really help disseminate a targetted and standardised model for Lithuanian care centres.

I very much liked the way they work with children (lotteries in schools, test results presented at the Mayor's). Very simple things become very important both for those who do them and for whom they are done. Similar projects with youngsters (test example) could be realised in Lithuania. I would ask Madeleine to, if possible, provide a description or summary of this project, which I would like to give to my volunteer – a teacher who actively works with school children.

The Centre has a wonderfully-designed homely ambiance, pleasant decor, which must be very important to the patient so as not to feel he is in a medical establishment.

I was really impressed by Madeleine's dedication and passion to help others. This passion is deliberate and very motivated, ie Madeleine radiated an understanding of why she personally does this, for whom and the reason for it. This charms and encourages one.

### **Macmillan centre alongside Belfast clinics**

Although the surroundings are more official (,office-like') they are still very different to those in Lithuanian medical establishments. A good example of cooperation between a charity (Macmillan) and a state medical facility, where a patient is accompanied from one place to the other. There are few such examples in Lithuania, for which reason I believe it should be shown to the greatest possible number of Lithuanian officials and politicians (next February I would like to invite this Centre's specialists to Alytus, where they could make a presentation about such practice, and its introduction in Lithuania, at the opening of the Alytus Cancer Information and Support Centre).

I liked the well-explained wide range of therapies and other support service available at the Centre, which could act a standard for establishing cancer support centres alongside the main Lithuanian oncology clinics. I was surprised at the number of therapeutic services provided voluntarily by specialists (make-up, wig-makers and masseurs).

An important feature are the standards for cancer centres, which are approved at the national level. One would wish for such standards in Lithuania. Perhaps it is possible to obtain internet links to the relevant regulations, so we could refer to them while developing guidelines for the support centres being formed in Lithuania.

Another important moment which ,hit me in the eye' – that cancer centres cooperate among themselves (don't compete) and strive to work for one goal – to help patients and their near ones.

A very interesting example – the cancer network in NI. This is an umbrella-like state entity, seeking uniform standards and close cooperation among institutions, following strategic state-developed policies. An important aspect – services to patients should be as accessible as possible, ie as close to home as feasible. This endorses our chosen path in Alytus (to set up support centres in smaller townships, further from large oncocentres). The multidisciplinary team work impresses, something we still lack as sometimes the same things are done at several places, other times at none.

A praiseworthy thing is that all activities at the oncology centres and hospitals is supported by charities (eg Friends of the Cancer Centre, who supply the clinics with interior decorative elements and thus help create a more pleasant atmosphere within).

I was impressed that, after chemotherapy, patients are given wigs at no cost (as many as three annually and not only for women but for men too ☺). This is a good example of the state's social guarantee and view of the patients needs. Sadly this cannot be soon achieved in Lithuania due to lack of funds.

## **DUNGANNON VOLUNTEER CENTRE OPERATION ORGANISATION**

Seamus presented a very interesting account of volunteer work practices in NI. The example of Dungannon volunteer centre demonstrates the excellent state view about volunteering, and gives hope for the appearance of similar initiatives in Lithuania. Recently at our Alytus centre there was a meeting of organisations developing volunteering, at which I gave an overview of Dungannon practice. During the discussion the thought arose that we should suggest to the City administration that such a centre, a community facility, should be established in a soon to be closed children's nursery. I hope to raise this idea again during the Volunteering Day event in Alytus on 11th December. The methods of volunteer selection and their training, as described by Seamus, demonstrate how important it is to pick the right people, try them out and guide them correctly, as this is an important aspect of effective volunteer work. The material obtained from Seamus about volunteer selection and training can, I think, be directly applied by our volunteer organisations. I suggest that it would be best to develop this among the membership of our recently established umbrella organisation AHOP/POLA. We could apply the gained experience more widely by forming a separate working group within AHOP/POLA.

Exchange of good experience at Mayoral level could, I think, speed up change in the state's attitude to volunteer activities in Lithuania. For this reason I would hope that the Mayor of Alytus will be interested in following up on the contact we have with the Armagh County Mayor. Our Mayor has been invited to the Alytus volunteer organisations' event on 10th December, when I shall try to interest him in these links.

## **FUNDRAISING IN NI**

### **St Vincent de Paul parish centre**

An excellent example of volunteer community activity which provides real possibilities for the community to realise needed activities. The view that every person is valuable, can be a valuable member of the community, and can within his means contribute to the common good, is laudable.

I was much impressed by the good organisation of volunteer work, when one full time employee, helped by the community council, finds volunteers who can not only maintain the building and organise help, but attract funds for other community projects.

The state's viewpoint on the transparency of donation collection is good (collectors must be registered with the police, collection boxes must have registered numbers, officials must be informed about sums collected). I believe the introduction of such procedures in Lithuania would give transparency and community trust, as at the moment collectors are viewed with great mistrust in Lithuania.

Another example worth following is how community organisations work closely with state-created institutions (loans advisors are in the same centre and work together seeking to help members of the community in every way).

The selection of volunteers is interesting (3 months probationary period). This practice should also be gradually introduced in Lithuania, although the current shortage of volunteers makes

this hard to achieve - there is little available choice. I hope that in time it will become a matter of prestige to be a volunteer.

Another important feature at this centre is that the work is undertaken by lay people, not by members of the religious or monastic community. This does not happen in Lithuania as such initiatives are generally taken by the Church or monastic orders.

In the shops of other visited hospices there was more of a commercial feel, but perhaps this is not bad because when seeking good works one must learn how to earn by organising activities on commercial principles. There are similar initiatives in Lithuania but they face serious competition from the commercial chain „Iš antrų rankų“ (From Other Hands), which is widespread in the country. I think a mix of flea market/hospice shop may work in Lithuania.

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To summarise the whole trip I have to say that it was really useful and broadened the possibilities to do things. For this reason I wish to again thank everyone for the opportunity to take part. I wish everyone good health, success with their goals, good family fortune. And I hope to keep in touch in future.

AČIŪ. THANK YOU

Pagarbiai/ Regards  
Eimantas Balaika

[Loosely translated by Aleksas Vilčinskas, London, 3rd December 2011]