

Summary

Vývoj hospicové paliativní péče se zaměřením na Německo a Českou Republiku
Development of hospice-palliative care with focus on Germany and the Czech Republic
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The aim of the thesis was to map the development, crucial moments and current shape of hospice-palliative care and simultaneously confirm the thesis that the care of spiritual feature of dying persons has been an integral part of organized development of hospice care since its beginning and nowadays, it is still one of its principal themes.

The first chapter deals with branch terminology since its clear definition is essential, not only for dialogue inside the system of palliative care providers and experts, but for interdisciplinary communication and cooperation which is – according to the definition of palliative care – the foundation of its holistic approach to patients.

The second and third chapters are concerned with the development of nursing care since the ancient times to the diversification of modern hospice-palliative care at the end of the twentieth century. They deduce that the Christianity, with its central commandment to love thy neighbour as thyself, has changed the attitude to care of suffering persons, both in the nursing care and in shapes and ways of providing care.

In the response to revolutionary changes in medicine and medical interventions in the mid-nineteenth century accompanied by disregard for needs of dying persons and by considerable decline of interest in the issues of decease and dying in general, the very first facilities intended solely for the care of dying persons were established at the turn of the nineteenth and twentieth century. Those early hospice initiatives were subsequently succeeded by modern hospice movement which supplemented the professional medical care concentrated on pain treating and other symptoms.

The fourth chapter addresses the current shape of hospice-palliative care, both in terms of forms and requirements for its provision. Although the significant improvements have been made since the sixties, it remains to solve enough subsuming the palliative care to long-stay hospitals and ordinary hospitals where it is especially needed in intensive care units.

The fifth and sixth chapters cover the development and current legislative provisions of hospice-palliative care in Germany and the Czech Republic. The comparison shows that the hospice and palliative care is incorporated more comprehensively in German legal system than in Czech one. It is evident mainly in the means of funding or employment of voluntary work.

The concluding seventh chapter reflects the role of spiritual care within the overall care of patient. It determines an insufficient preparation of theological faculties' graduates to work with dying and suffering persons as major deficiency.

The unifying outcome of the thesis is a claim that even though the spiritual care has been core part of hospice-palliative care since its beginning and it emerges as the base of all its definitions, shapes of its provisions have come to a deadlock in the present days. Such disproportion is particularly apparent with increasing role and specialization of palliative medicine.

It is imperative to maintain the pace with the specialization of health care and adopt the shape and way of spiritual consolation to newly emerging needs. The demand to train specialized spiritual therapists persists as a task and future challenge to theological faculties in order to help the breakthrough of ordinary life theology to the sphere where it is especially needed – to dying and suffering persons.