

ABSTRACT (v AJ)

According to research conducted by the STEM/MARK Agency in collaboration with Cesta domu organisation, 78% of the Czech population, wish to die at home. The fact is, however, that more than 60% of the chronically ill, who would benefit from a provision of specialized palliative care, die in beds of intensive, acute health care facilities or aftercare.

The aim of this work was to determine whether, in what conditions and to what extent, it is possible to transfer some of the conditions for which the patients wish to die in a home environment, into intensive care and make the last period of life more bearable and pleasant for those who are dying here and find the most suitable solution to provide quality palliative care. This qualitative research was conducted in two steps, with the first phase led to the findings, for what reasons the sick desire to die at home and for what reasons their relatives agree to provide care to the sick. As a research method used was interpretative phenomenological analysis, the second phase was focused on the possibility of portability of these terms to intensive care and was based on the interviews with nurses serving in the Department of intensive care. The research method we had chosen was the method of grounded theory.

The main result of this work is the theory of portability of conditions home palliative care in the Department of intensive care, whose central theme is the factor of chance. It represents the individual personality of each of the nurses, including the level of their education, and phenomena happening at the department needed for ensuring its operations or influenced by it, that it is not possible to predict and cannot be fulfilled.

As demonstrated by this research, chance, in the attempt to incorporate into the current hospital palliative care needs and requirements of the dying man and his relatives, plays a massive role. The solution could be the establishing of a hospital palliative team, which would be supported by the hospital standards or guidelines by the hospital management.

keywords: dying at home, the dying preferences, specialized care palliative care, palliative care, palliative in intensive care at hospital, guidelines for a palliative care