



**Human Rights Council**  
**Universal Periodic Review (UPR) of Croatia**  
**9<sup>th</sup> Session**

***Human Rights in Croatia***

**Franciscans International (FI)**

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## I. Introduction

1. In view of the Universal Periodic Review of Croatia, by the UN Human Rights Council in November 2010, Franciscans International would like to raise the following issues:
  - the palliative care system and its impact on the right of elderly persons to the enjoyment of the highest attainable standard of health and
  - the situation of homeless persons.

This report was prepared in collaboration with the Franciscan Family of Croatia, in particular with members of the National Fraternity of the Secular Franciscan Order (SFO). Franciscans in Croatia are directly involved in bringing assistance to the people suffering from the situations raised in this report.

## II. Palliative care system and its impact on the right of elderly persons to the enjoyment of the highest attainable standard of health

2. According to WHO (World Health Organization), *“palliative care is an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.”* Palliative care is to be understood as an integral part of the right of persons to the highest attainable standard of health, which includes the obligation to take steps for *“the creation of conditions which would assure to all medical service and medical attention in the event of sickness”* (*International Covenant on Economic, Social and Cultural Rights*, art. 12. para 2 d)). In a recommendation of the Committee of Ministers of the Council of Europe to the Member States on the organization of the palliative care, it is stated that:

*“1. Palliative care is a vital and integral part of health services. Provisions for its development and functional integration should be incorporated into national health strategies.*

*2. Any person who is in need of palliative care should be able to access it without undue delay, in a setting which is, as far as reasonably feasible, consistent with his or her needs and preferences.*

*3. Palliative care has as its objective the achievement and maintenance of the best possible quality of life for patients.”* (Rec (2003) 24, Appendix)

3. In Croatia, the notion of “palliative care” was introduced in the ***Health Protection Act*** of 2003 (*Official Gazette of the Republic of Croatia No 121/03*, Articles 16, 25, 69 and 71). The Act provides for the creation of an Institution for Palliative Care. This Institution is meant to a network of health services with an interdisciplinary approach, providing for home visits by doctors, nurses, physical therapists, and social workers specializing in palliative care (2003 Act, art. 81). It would also address outpatient pain, and act as a palliative care clinic and day care centre. However, as far as we know, up to this day the Institution for Palliative Care has still not been established. Additionally, the law failed to create a 24 hour in-patient clinic that would serve those patients who are too ill to come for treatment on a daily basis. In other words, the only current option for patients requiring 24 hours palliative care is to use private services, which few can afford.
4. The **Program of the Government of the Republic of Croatia for the 2008-2011 Mandate** states in Chapter 17 on health care, that palliative care and hospice shall be integrated into the health care system (through a network and a referral centre) and that

the deadline for compliance is December 2008. **However, across all of the Republic of Croatia there is still no modern institution specializing in palliative care.** No network has been established either. In the more recent **Program of the Government of the Republic of Croatia for the 2009-2011 Mandate** (Chapter 17 on health care), the same commitment is made again, but this time with no deadline... Similarly, there is also no education system for health personnel in the field of the palliative care. Consequently, patients and their families facing the problems associated with life-threatening illness are left on their own. **This affects elderly persons in particular. Hospitals neither have geriatric wards nor palliative units with full-time employees.** Additionally, the 2010 Budget Proposal does not allocate funds to develop hospices and palliative care units, and neither does its projections for 2011 and 2012. Franciscans International is deeply concerned that the right to palliative care is not being fulfilled by Croatian authorities, and that changing its policy does not appear to be a priority of the government.

5. Palliative care is an essential element of the right to the highest attainable standard of health for thousands of persons who face a life-threatening illness. There are 36 persons in Croatia dying of cancer every day. One third of oncology patients in the terminal phase are treated in intensive care units, where they die in an environment that is not equipped for the palliative treatment they need. **Only three hospitals have long-stay units** (in Novi Marof, Duga Resa and Knin), and they are faced with a shortage in personnel for regular patients, not to mention for terminal patients in need of palliative medicine.
6. About 90 per cent of terminal patients want to end their lives at home surrounded with their relatives, which requires a professional to help them and their family members. Outpatient services, though, are too insufficient to respond to the real needs. **There is only one institution in Croatia that provides outpatient services, the Palliative Care Centre at the Community Health Centre in the County of Primorje-Gorski kotar.** In addition, there are two private, mobile palliative teams: the Croatian Association of Hospice Friends, which is also a regional hospice centre, and the mobile team for palliative care established by the Local Fraternity of the Franciscan Secular Order Zagreb-Kaptol.

### *Recommendations*

7. **Establish the Institution for Palliative Care in Zagreb as provided in the Health Protection Act of 2003 (art. 81), aimed at developing the first referral centre of palliative care in the country. The institution should be an integral part of the regular health care system and a centre of educational and research in the field;**
8. **Develop a clear Action Plan on palliative care and establish a network of palliative services in Croatia in order to fulfill the right of palliative care as an integral part of the right to enjoy the highest attainable standard of health. The plan should be comprehensive and should provide for palliative medicine in primary medical care, palliative teams, palliative institutions, palliative care units in general hospitals, outpatient and inpatient centers, hospice, formation for health professionals, etc.**
9. **Adopt a legislation on palliative care that sets clear and unified standards and norms for palliative care, and provides for the creation of adequate institutions across the country, including in-patient clinics, providing for 24-hours palliative care;**

10. **Amend the Compulsory Health Insurance Act (Official Gazette, No 85/06) and guarantee the right to a paid leave and compensations for taking care of a family member with a terminal illness.**

### **III. Situation of homeless persons**

11. In the Social Welfare Act of the Republic of Croatia the term “homeless” or “homelessness” never appears. This reflects the **insufficient attention that the government of Croatia is giving to this growing problem.** Consequently the issue of homelessness is handled mainly by the Church and local authorities.
12. Among the homeless population, there are more and more young adults, who typically come from dysfunctional families. The homeless population can also include educated people who went through personal difficulties. In addition, there is a large percentage of homeless veterans whose rights to government assistance have been ignored by authorities.<sup>1</sup>
13. In all, only 7 **cities in Croatia have shelters/overnight accommodations for the homeless (Rijeka,<sup>2</sup> Zagreb, Split, Osijek, Zadar, Varaždin and Karlovac). Plus, total accommodation capacity for these shelters is about 250 people, whereas the total number of homeless in Croatia is estimated to be 4 or 5 times that amount. These centers receive no support from the government and are run by civil society and Church organizations.**

#### ***Recommendations:***

14. **Establish a human rights-based national action plan on homelessness, with the full participation of the homeless persons and those who are bringing them assistance, in order to fulfill their human rights. Particular attention should be given to the enhancement of the capacity of shelters for the homeless.**

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<sup>1</sup> After the end of the civil war, a high number of veterans did not succeed in obtaining their contributions/pensions, for various reasons. Many of them became homeless, stayed in shelters and entered into a vicious circle of marginalization from which it then becomes very difficult to escape.

<sup>2</sup> The shelter for homeless in Rijeka emanates from the Local Fraternity of the Secular Franciscan Order in Trsat. Their program named “St. Frances’ Roses” led to the establishment of a shelter for the homeless in Rijeka three years ago. Until now, it provided accommodations and food for 200 homeless people from Croatia and many other countries (Bosnia and Herzegovina, Serbia, Macedonia, Albania, the Czech Republic, Germany, Russia, Mexico, and Switzerland). In addition, workers and volunteers at the shelter provide reintegration programmes (taking care of documents, job search and finding a place to live, accommodation in health and social institutions...), various types of professional therapy and help them in developing and strengthening of their social competence. Still, due to the lack of legal framework, many of these problems cannot be solved, e.g. the residence status of the homeless coming from other parts of Croatia or from other countries, social welfare, and health protection etc.