

sustaining dignity

A Hospice Provides Psychological Support for Cancer Patients in Hungary



center photo: Dr. Katalin Muszbek (left), psychiatrist and founder of the Hungarian Hospice Foundation.

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Even as countries throughout Europe have been seeing their cancer mortality rates decline over the past decade, the rates in Hungary have continued to rise. In fact, Hungary, where cancer is the second leading cause of death, has the worst cancer survival rate in Europe. What’s more, as recently as five years ago, physicians rarely even told their patients that they had cancer – since that diagnosis was considered the equivalent of a death sentence.

Today, according to Dr. Katalin Muszbek, a psychiatrist and founder of the Hungarian Hospice Foundation (HHF), things are improving, but much more needs to be done. “We want to give permission to patients and their family members to have anxiety when they have a severe disease, and tell them they are allowed and encouraged to ask for help,” she explains.

As a result of a partnership with the Bristol-Myers Squibb Foundation, many more of the 120,000 cancer patients in Hungary will gain access to psychosocial counseling for themselves and their families.

“I started work with cancer patients in 1988 in Hungary with the first psycho-oncology group, where we sought to give psychological care to cancer patients,” she says. “In 1991, the Hungarian Hospice Foundation was established to offer complex care for terminally ill patients and also to change the attitude of the population toward cancer and toward death and dying.”

With help from this grant, HHF will help patients access counseling resources and psychosocial support at three levels. First, a toll-free telephone counseling service for people from around the country will answer patient or family questions and provide immediate counseling. Second, patients can be referred for sessions with trained psychologists and psychiatrists. And third, HHF will extend

its work to the cancer wards of five regional hospitals. The program will also include an information campaign to spread the word about these services and to educate physicians and the general public.

“If we can demonstrate results from this program we hope that we will influence the government to provide additional resources,” Dr. Muszbek says. “We’re going to work both sides during the next two years – with the government to provide more funding, and with psychologists to encourage more of them to enter this field.”

What sort of difference will it make to expand counseling services, and to make them more visible? She offers one example. “A patient came to me with Hodgkin’s disease – he was 22 at the time. Even after a bone marrow transplant and all the other therapy, his disease returned. He was very depressed and said he didn’t want to live any longer. He was suffering for nothing. This was very difficult for me. My daughter was the same age, studied at the same school. What would I do if she were the patient and also had no hope? He sat in that chair, and his eyes were shining. I knew I couldn’t cure him. But what could I do? I could focus his energy, increase his self-esteem, get him to fight the disease. I gave him antidepressants and we began psychotherapy. He had been given half a year to live. We worked for two years. And he lived for another two years after that. During that time, he finished university, got a job, had a girlfriend, a good quality of life.” Dr. Muszbek concludes, “Psychosocial intervention can have a great effect. It changes values and helps relationships. The greatest challenge is to get people to accept its benefits. This grant will help us extend our reach and help us do that.”

For more information: www.hospicehaz.hu/english/

social progress