

COVID 19, sílí vědomí smrtelnosti, resilience zdravotní a sociální péče (EOLC) Potřebuje Evropa (sama) paliativní péči?

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29. 2. 2024, Inspiromat Kroměříž

V prezentaci jsou využity dále citované zdroje, prezentace Any Lleny Nozal, OECD a obrázky získané z internetu



OECD Health Policy Studies

Time for Better Care at the End of Life



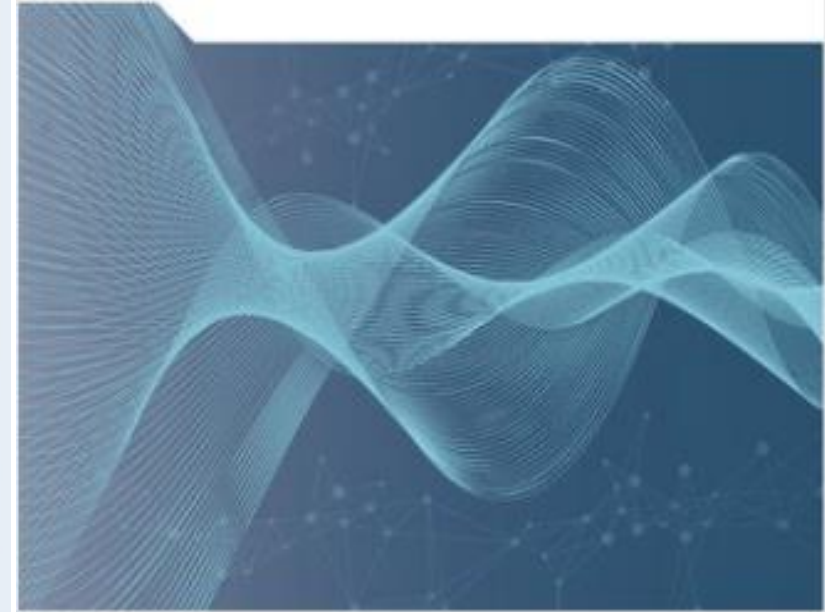
OECD Health Policy Studies

Ready for the Next Crisis? Investing in Health System Resilience



OECD Science, Technology and Innovation Outlook 2023

ENABLING TRANSITIONS IN TIMES OF DISRUPTION



<https://www.oecd.org/health/time-for-better-care-at-the-end-of-life-722b927a-en.htm>

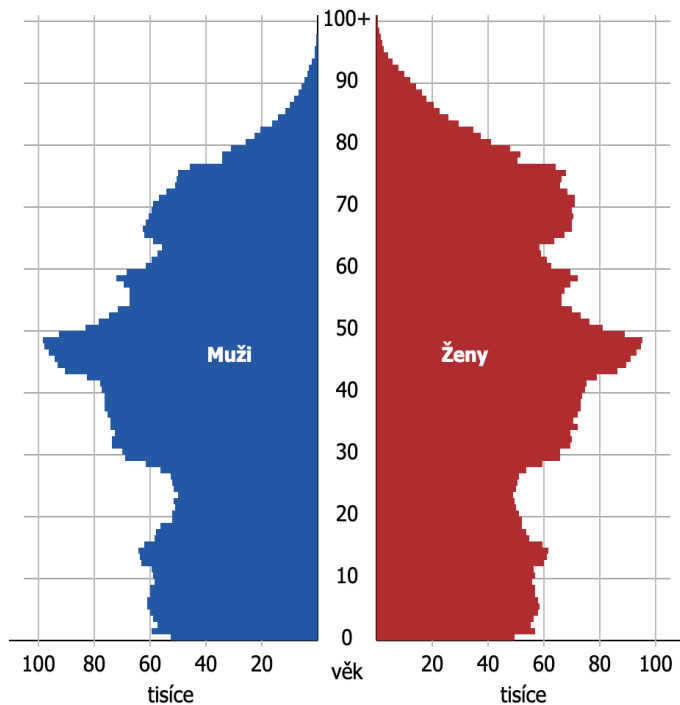
<https://www.oecd.org/health/ready-for-the-next-crisis-investing-in-health-system-resilience-1e53cf80-en.htm>

https://www.oecd-ilibrary.org/science-and-technology/oecd-science-technology-and-innovation-outlook-2023_ob55736e-en

Populace stárne – děti přibývá méně než lidí 65+ - 2022



Věková struktura k 31. 12. 2022 Česká republika



Zvýraznit přebytek mužů nebo žen

Animace

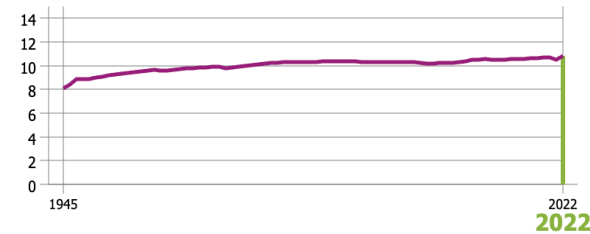
Nápověda

Zdroj: ČSÚ, věková struktura (31. 12. 2022)

[Zpět](#)

Bilance obyvatel 2022

Vývoj obyvatelstva k 31. 12. (milióny)



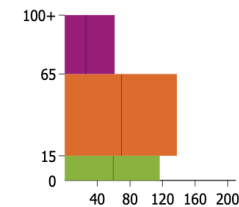
[Prohlédněte si jiné grafy.](#)

[Uložit data](#)

Věkové skupiny (2022)

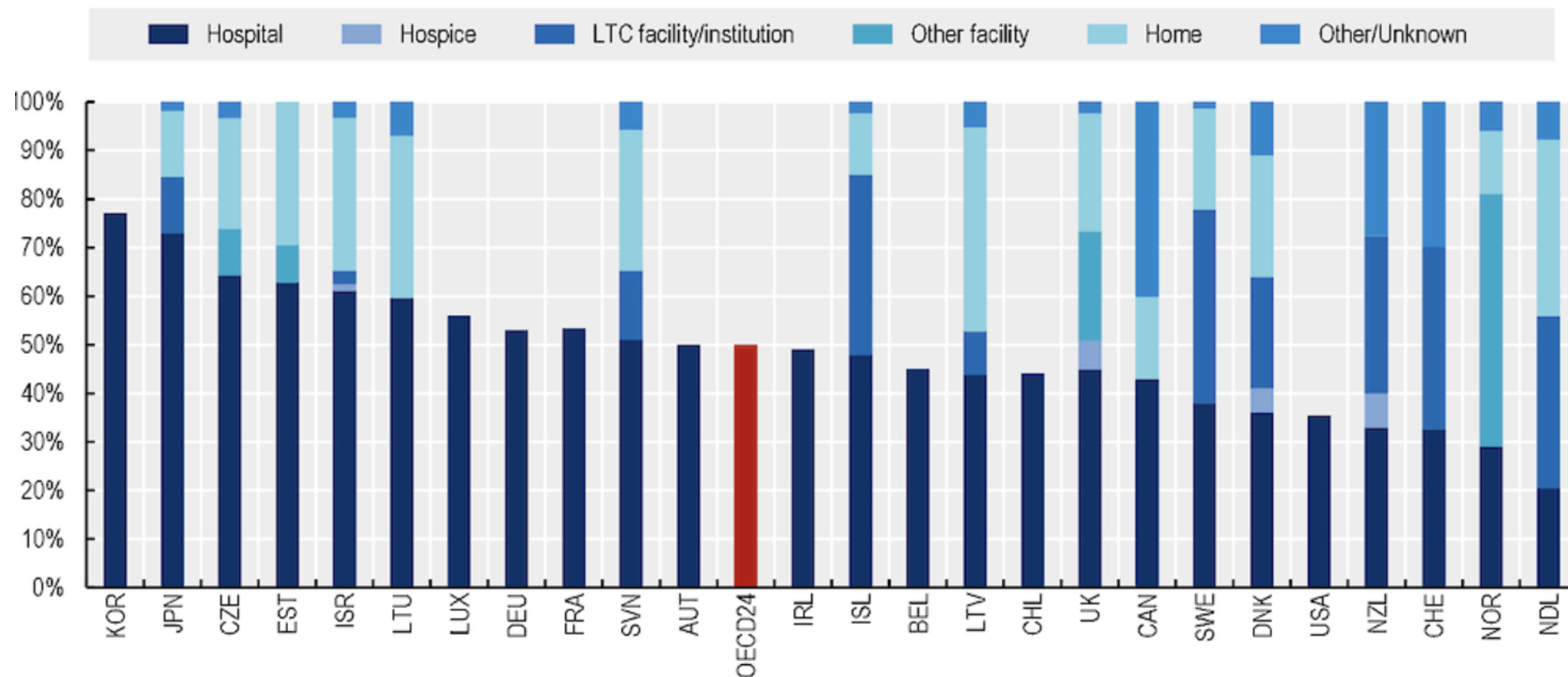
věk	milióny	%	% žen
65+	2,21	20,4	57,9
15 - 64	6,87	63,4	49,3
<15	1,75	16,2	48,8
Celkem	10,83	100	51

Změnit věkové skupiny



Polovina lidí v zemích OECD umírá v nemocnici

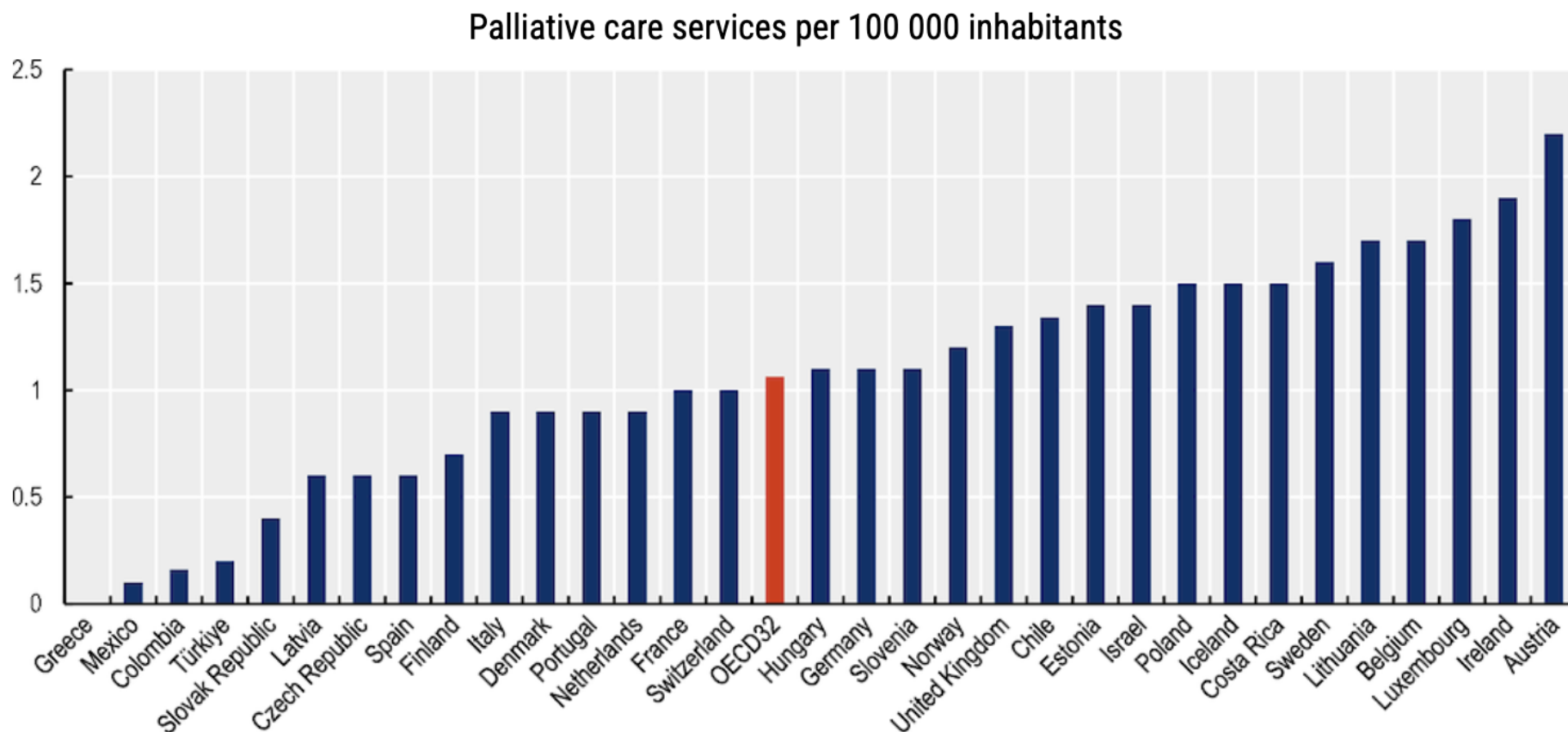
Share of deaths by place of occurrence, 2019 (or closest year available)



Source: [\(OECD, 2021\[36\]\)](#) and OECD secretariat.

Služby paliativní péče na sto tisíc obyvatel (2017)

Figure 1.3. Palliative care specialised teams in OECD countries with available data, 2017

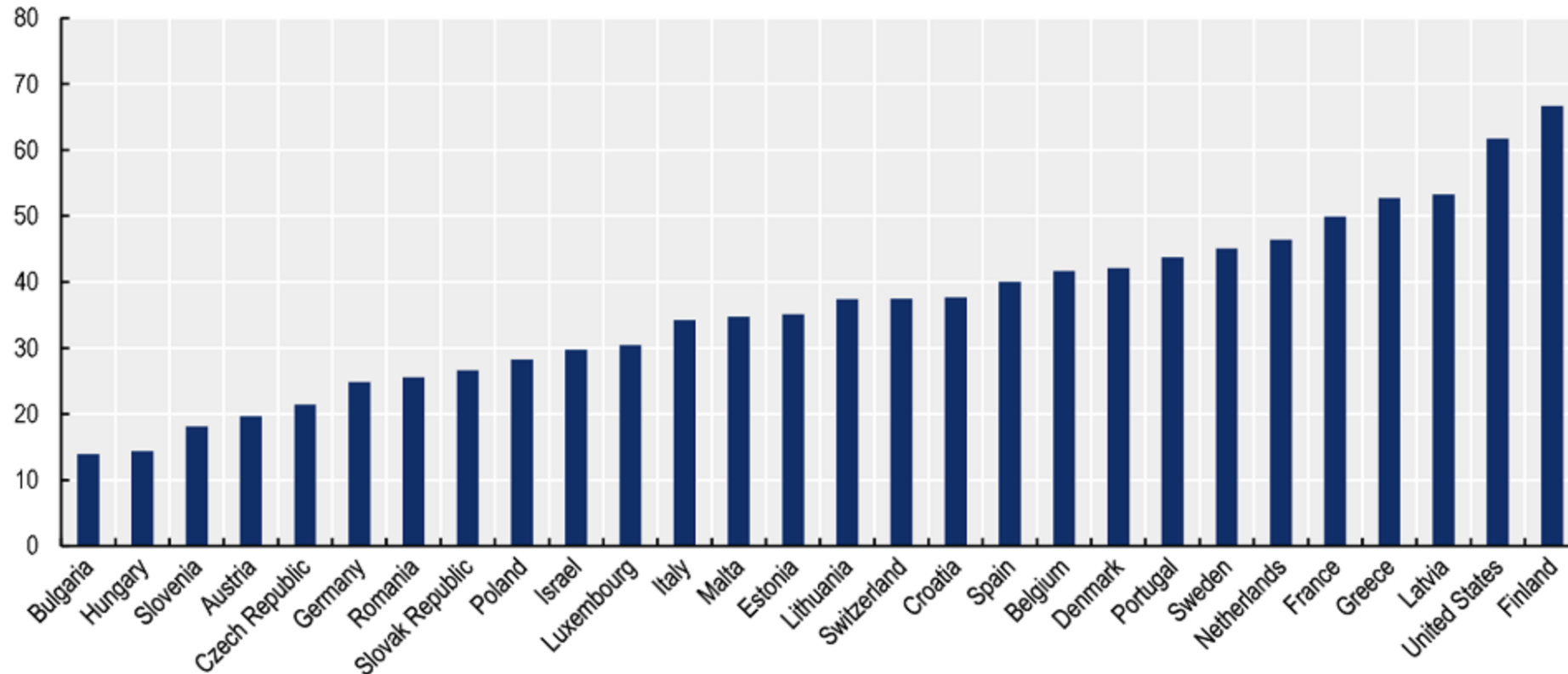


Source: [\(Arias-Casais et al., 2019\[18\]\)](#) for Europe and [\(International Association for Hospice and Palliative Care, 2020\[19\]\)](#) for Latin American countries.

Procento lidí s paliativní péčí v hospicích 65+

Mean percentage of people using palliative care of hospice for the deceased who died at age 65 or over, by country

Share of people who used hospice or palliative care before dying at age 65 or older, 2017-2019

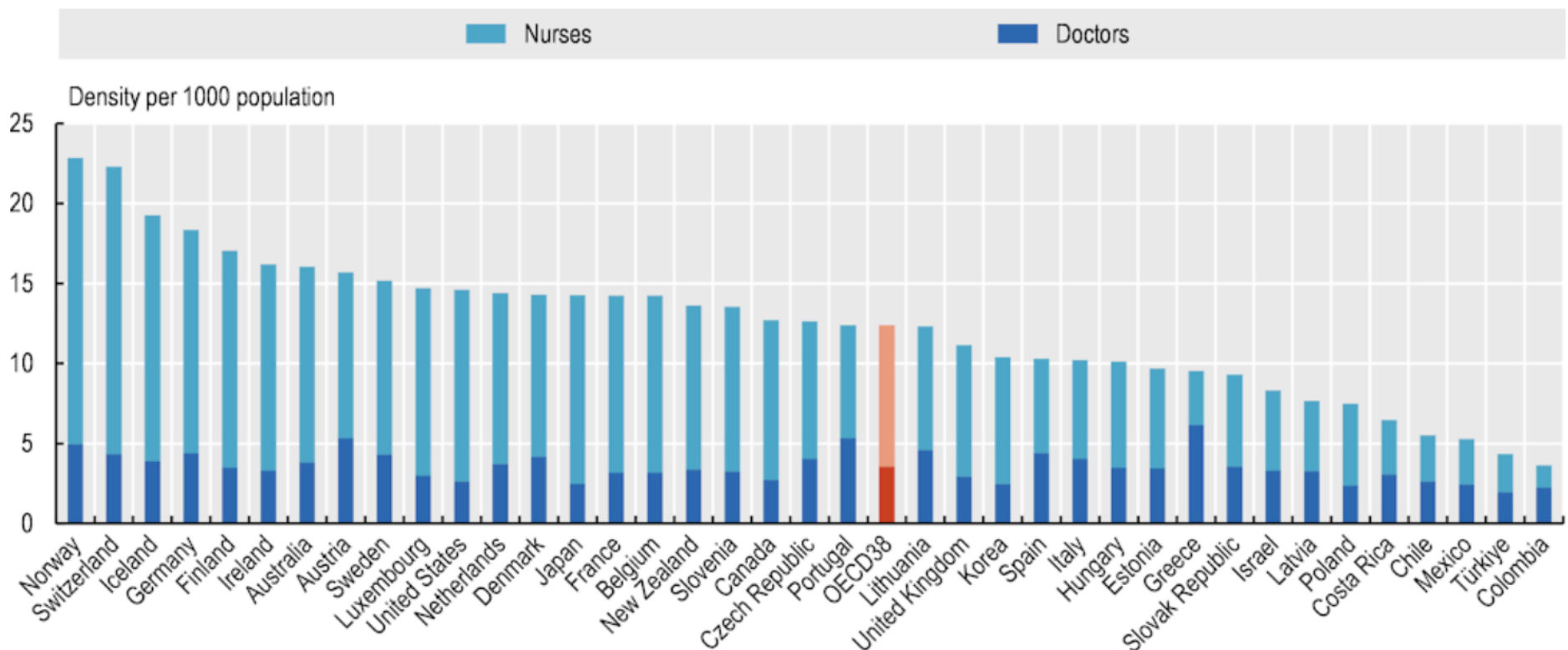


Note: Weighted using cross-sectional weight from last core interview.

Source: Survey of Health, Ageing and Retirement in Europe (SHARE - Waves 7-8), Health and Retirement Study (HRS - Wave 14).

Počet lékařů a sester před pandemií (data 2019)

Figure 1.5. Numbers of doctors and nurses across OECD countries before the pandemic, 2019

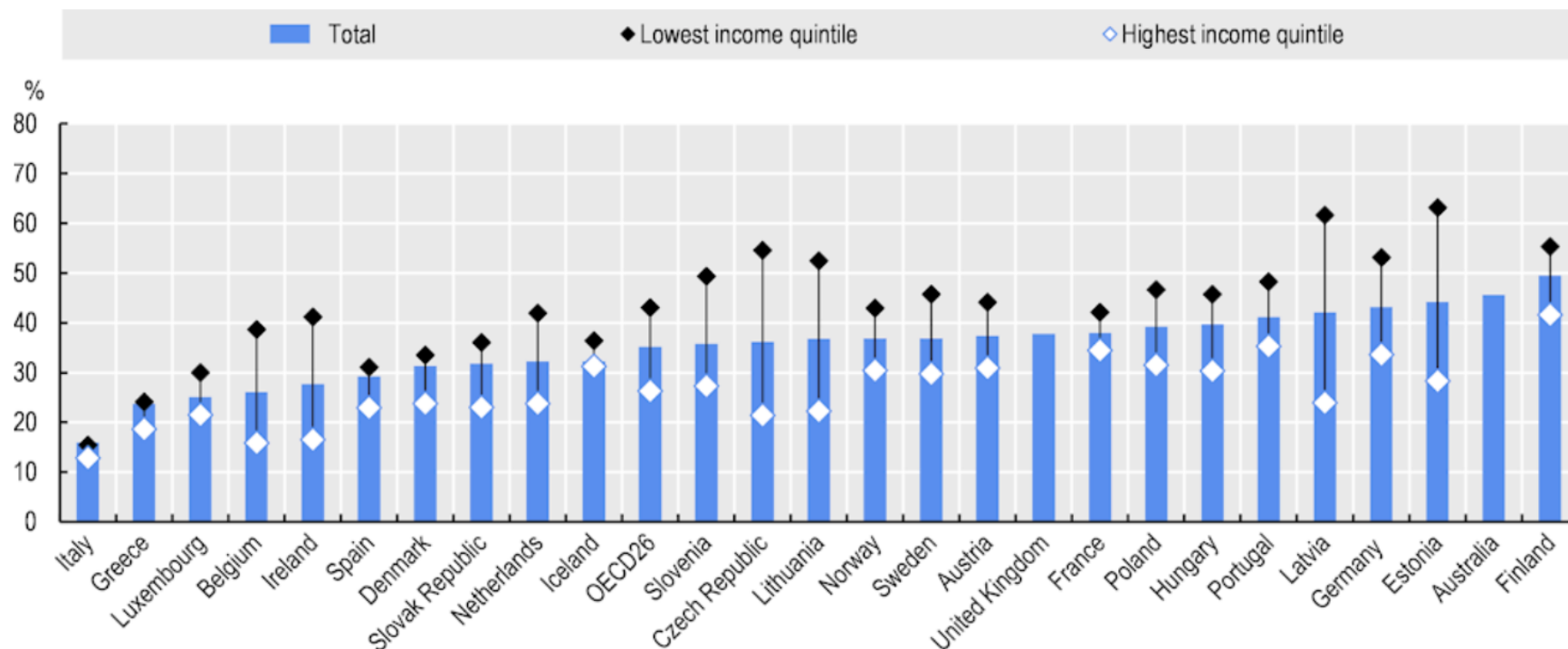


Note: In Portugal and Greece, the number of doctors refers to all doctors licensed to practice, resulting in a large overestimation of the number of practising doctors (e.g. of around 30% in Portugal). In Greece, the number of nurses is underestimated, as it includes only those working in hospitals. The data from Finland date back to 2014.

Source: OECD (2022[3]), OECD Health Statistics, <https://doi.org/10.1787/health-data-en>.

Lidé dlouhodobě nemocní podle příjmového kvintilu

Figure 1.3. People in OECD countries reporting a longstanding illness or health problem, by income quintile



Note: Data refers to 2019 or nearest year. Data for Australia refer to people aged 18 and over living with at least one chronic condition, and refer to 2017-2018.

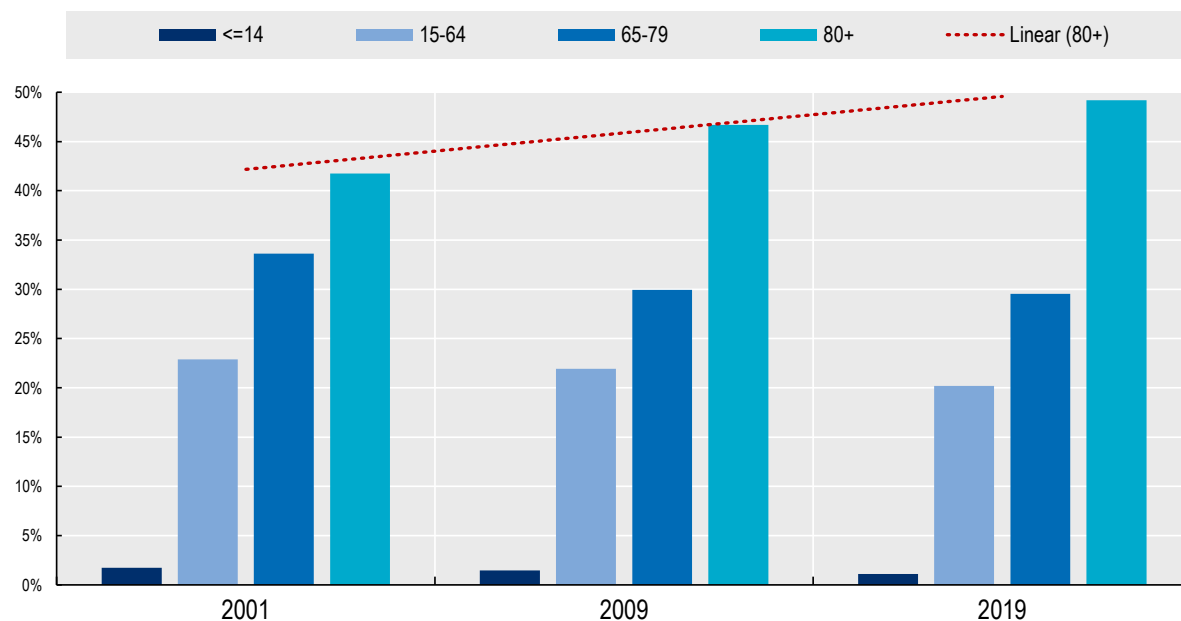
Source: European Union Statistics on Income and Living Conditions instrument (EU-SILC) 2021 and national health surveys, presented in OECD (2021[20]), *Health at a Glance 2021: OECD Indicators*, <https://doi.org/10.1787/ae3016b9-en>.

Podíl jednotlivých věkových skupin na počtu zemřelých



Older people represent a growing share in all deaths, and needs for end-of-life care are increasing

Trends in deaths by age groups in OECD countries – 2001, 2009 and 2019



Source: OECD

Total number people needing care will increase from 7 to 10 million

- **Organ failure** accounts for 41% of all deaths;
- **Terminal illnesses** (primarily cancer) for 25%;
- **Frailty** (mainly Alzheimer's disease and other dementias) for 21%.
- Frailty has been the fastest growing cause of death in the past two decades



Typy a náklady péče v posledním roce života



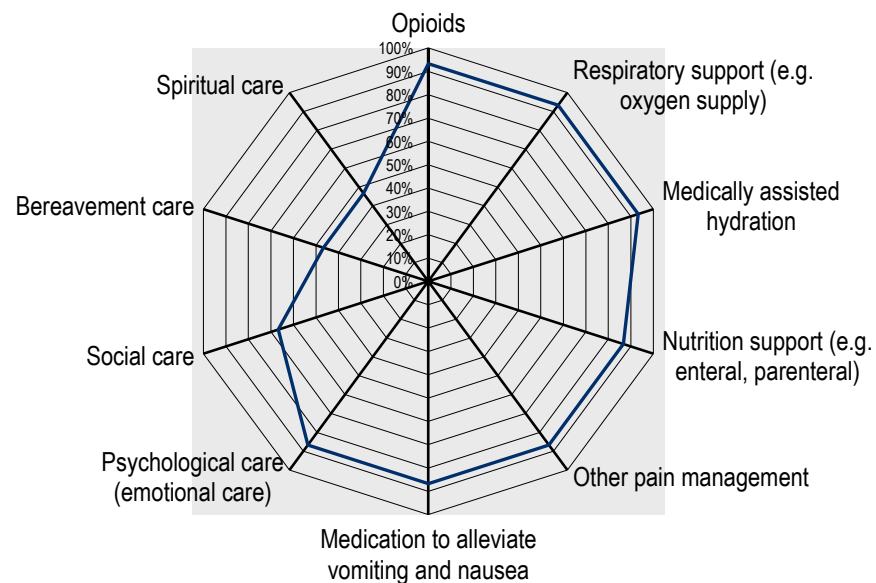
Funding reveals coverage gaps and low incentives for non-hospital based palliative care



Hospital expenditure represent between 1/3 and 2/3 of all expenditure in the last year of life

Only 10% of the costs in the last three months of life correspond to palliative care

Publicly available and funded EOLC services in OECD countries



Source: OECD questionnaire, 2020-2021.

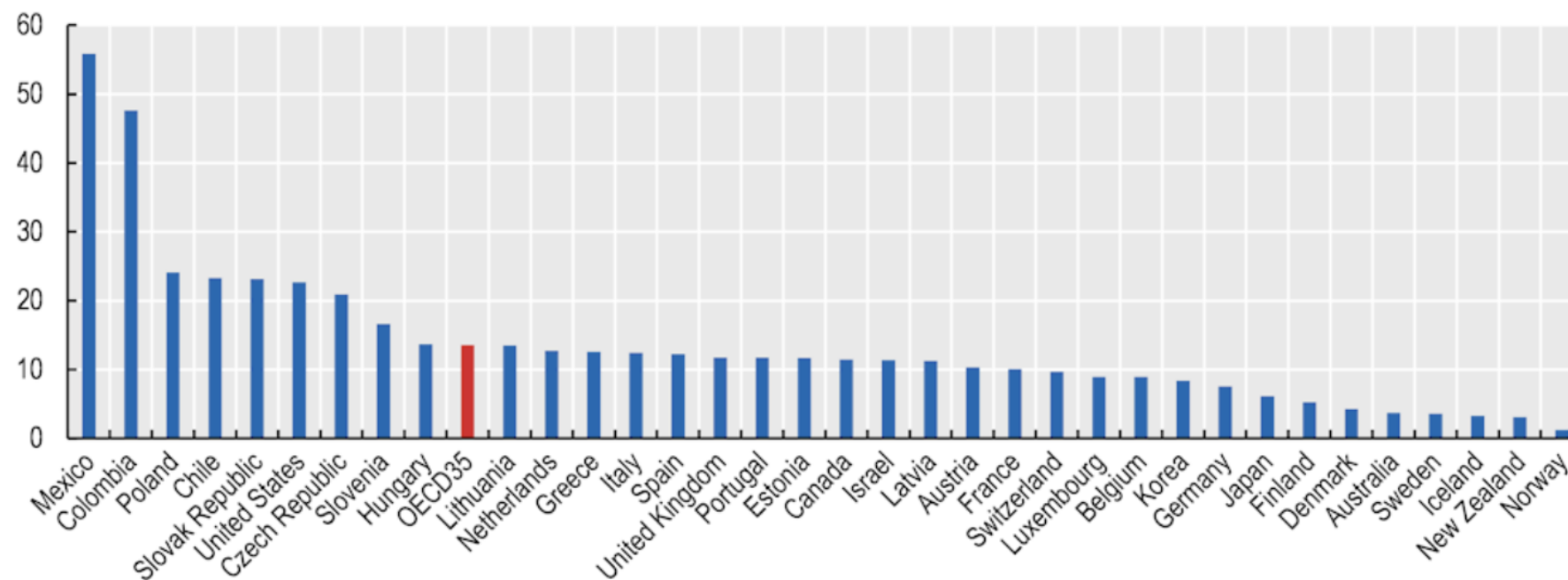


Nárůst mortality v letech 2020-2021 v zemích OECD



Figure 1.1. **Excess mortality in 2020-21 across OECD countries**

Percentage increase in total deaths in 2020-2021 (compared to 2015-2019)

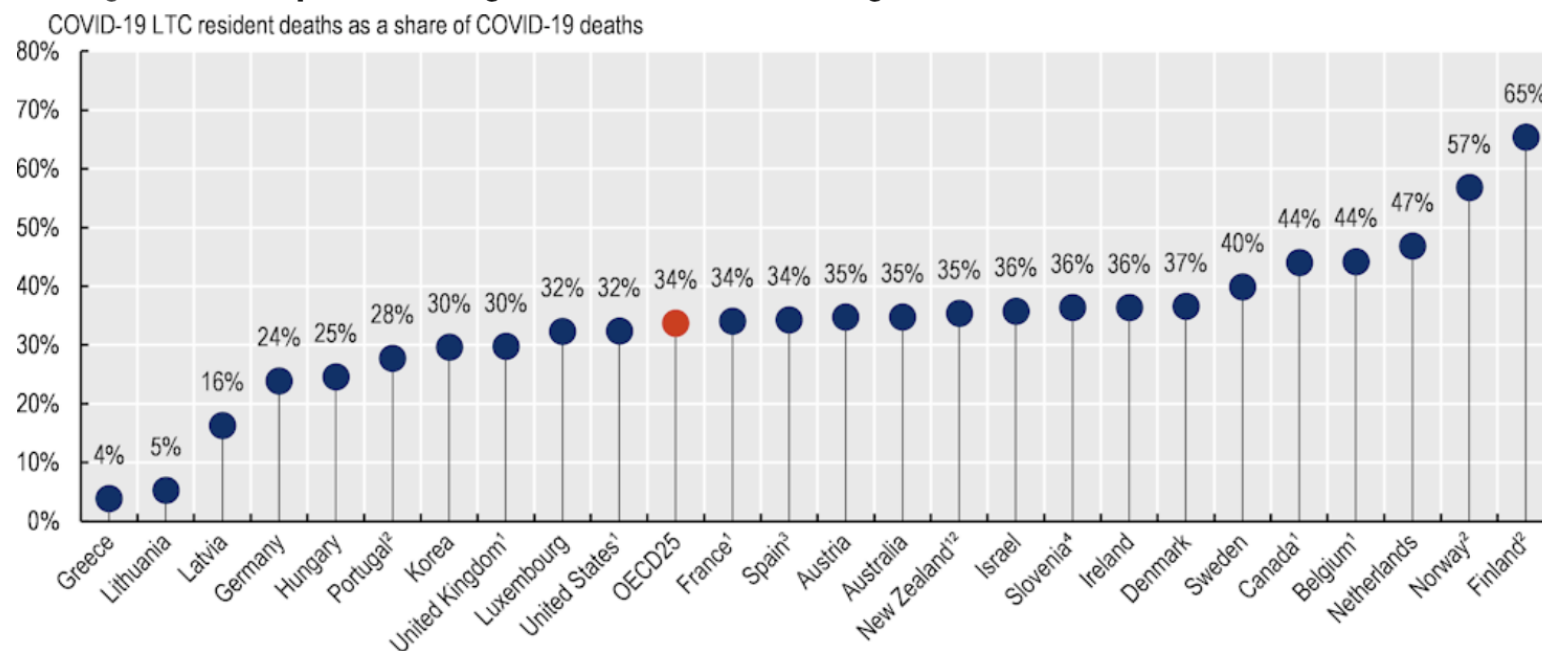


Note: Excess mortality is calculated by comparing the average annual deaths in 2020-21 with the annual average for 2015-19. Data for Colombia until week 35 in 2021 are included. No mortality data are available for Costa Rica, Ireland and Türkiye for 2020-21. OECD average is unweighted. Comparator years to calculate the percentage increase in total deaths are 2015-19.

Source: OECD ([2022\[3\]](#)), OECD Health Statistics, <https://doi.org/10.1787/health-data-en>, based on Eurostat data and national data.

Podíl dlouhodobě nemocných na úmrtích na COVID19

Figure 1.11. **Proportion of long-term care residents among all COVID-19 deaths across OECD countries**

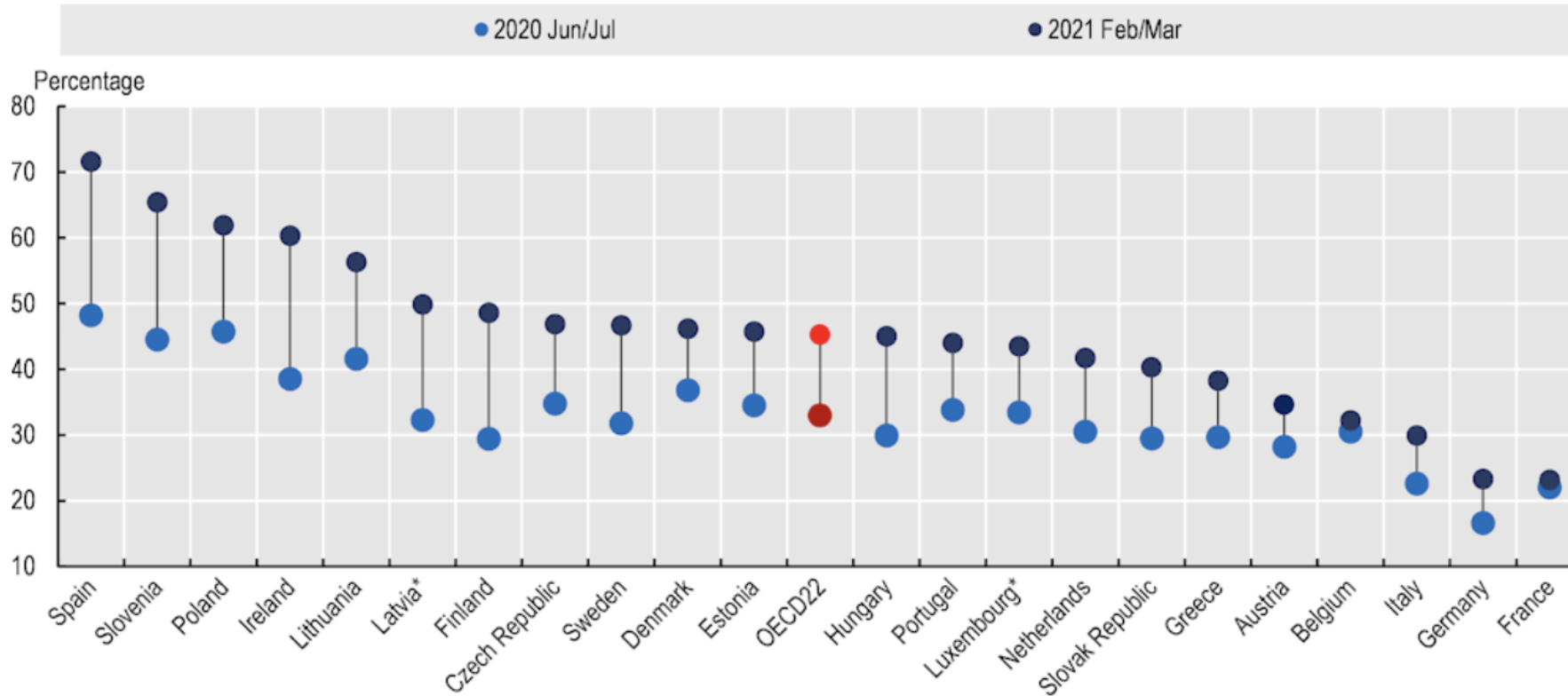


Note: Data on cumulative deaths cover different periods: data cover up to May 2022 for eight countries and up to 2021 for the remaining countries, except for Israel (2020). 1. Includes confirmed and suspected COVID-19 deaths. 2. Only includes deaths occurring within LTC facilities, not those occurring after transfer to hospitals. 3. Data come from regional governments using different methodologies, some including suspected deaths. 4. Slovenia includes deaths in nursing homes and social LTC facilities.

Source: LTC COVID website, complemented with European Centre for Disease Prevention and Control data and data from the 2021 OECD Questionnaire on COVID-19 in LTC.

Růst služeb telemedicíny mezi červnem 2020 a březnem 2021

Figure 1.6. Increased use of telehealth services June 2020 to March 2021, selected European OECD countries



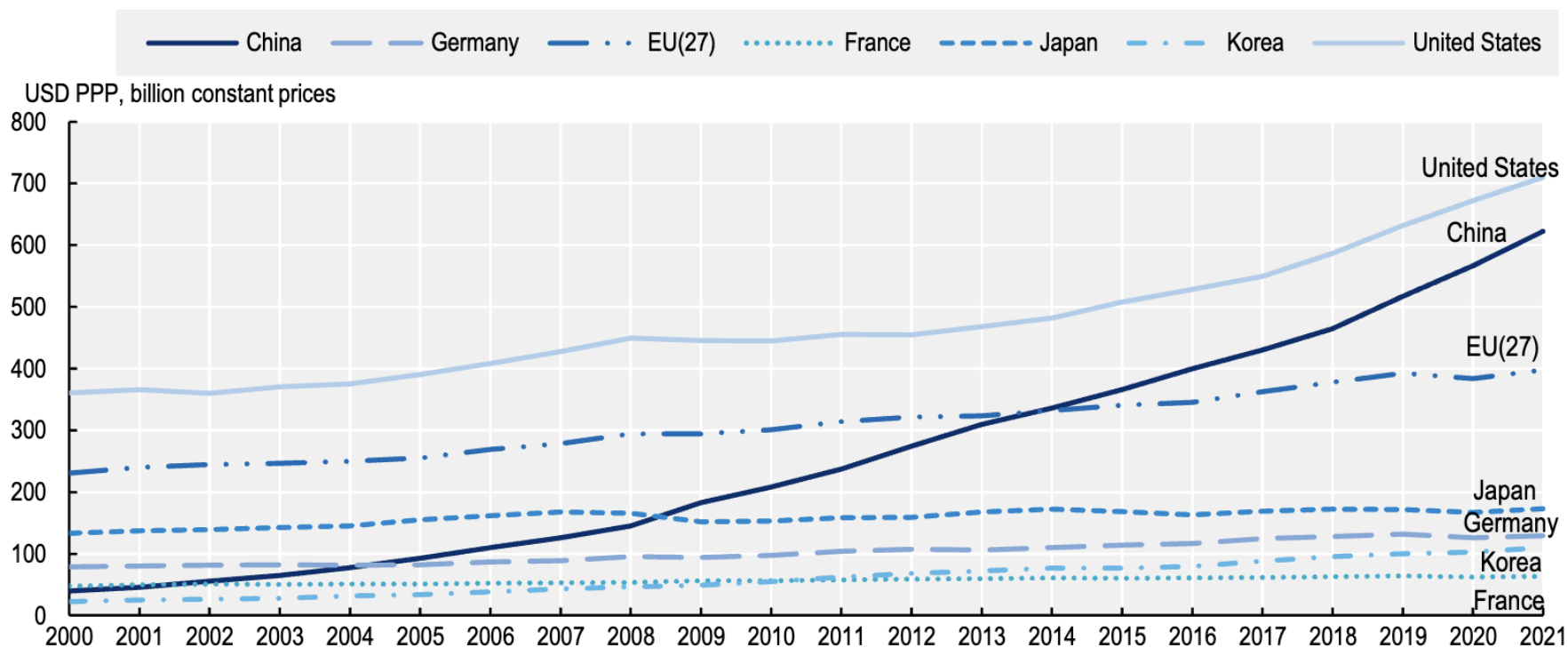
Note: The data show numbers of OECD country respondents in the EU27 answering “Yes” when asked “Since the pandemic began, have you received any of the following services from a doctor? Online health care: medical consultation online or by telephone”. The survey was carried out in June/July 2020 and February/March 2021. * Data for Latvia and Luxembourg are of low reliability.

Source: Eurofound Living, Working and COVID-19 Survey dataset.

Financování výzkumu

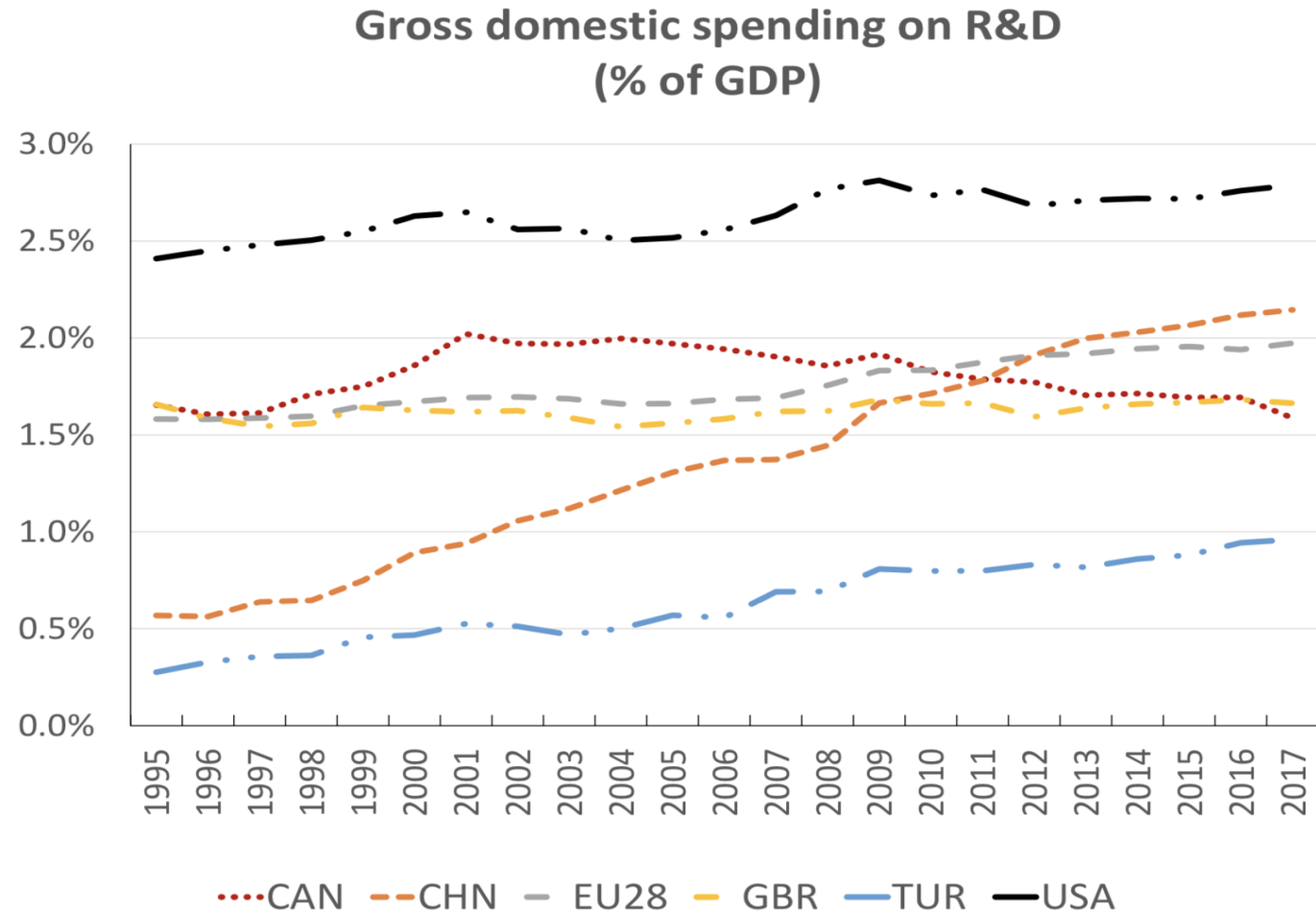
Figure 2.2. Gross domestic expenditure on R&D (GERD), selected economies, 2000-21

US dollar (USD) billion in constant purchasing power parity (PPP) prices



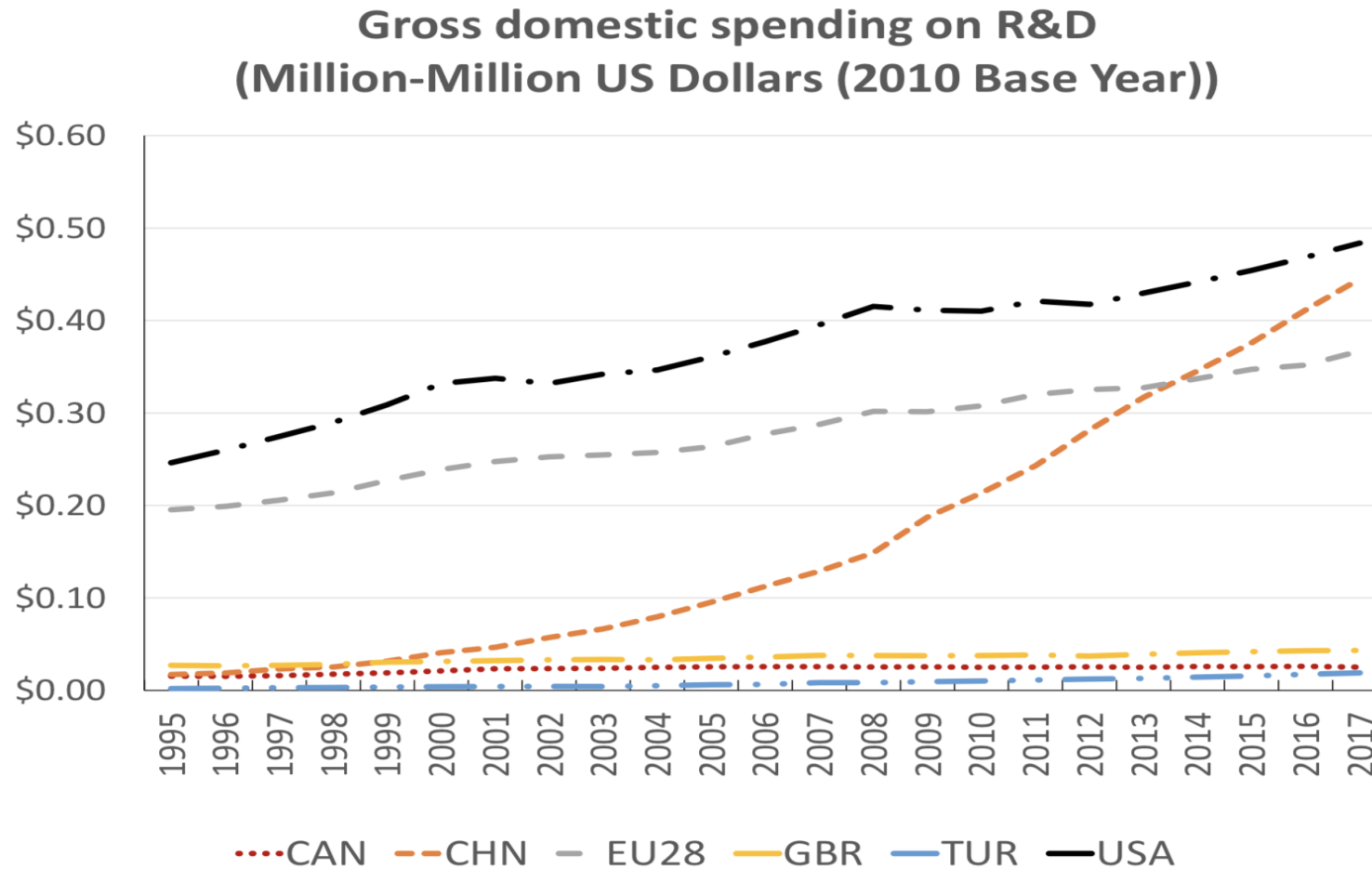
Source: OECD R&D statistics, February 2023. See OECD Main Science and Technology Indicators, <http://oe.cd/msti>, for most up-to-date indicators (accessed on 8 February 2023).

Přehled veřejných prostředků do obranného VaV ve vybraných zemích (Kanada, Čína, EU, VB, Turecko, USA)



(b) Gross domestic spending on R&D (% of GDP), 2017.

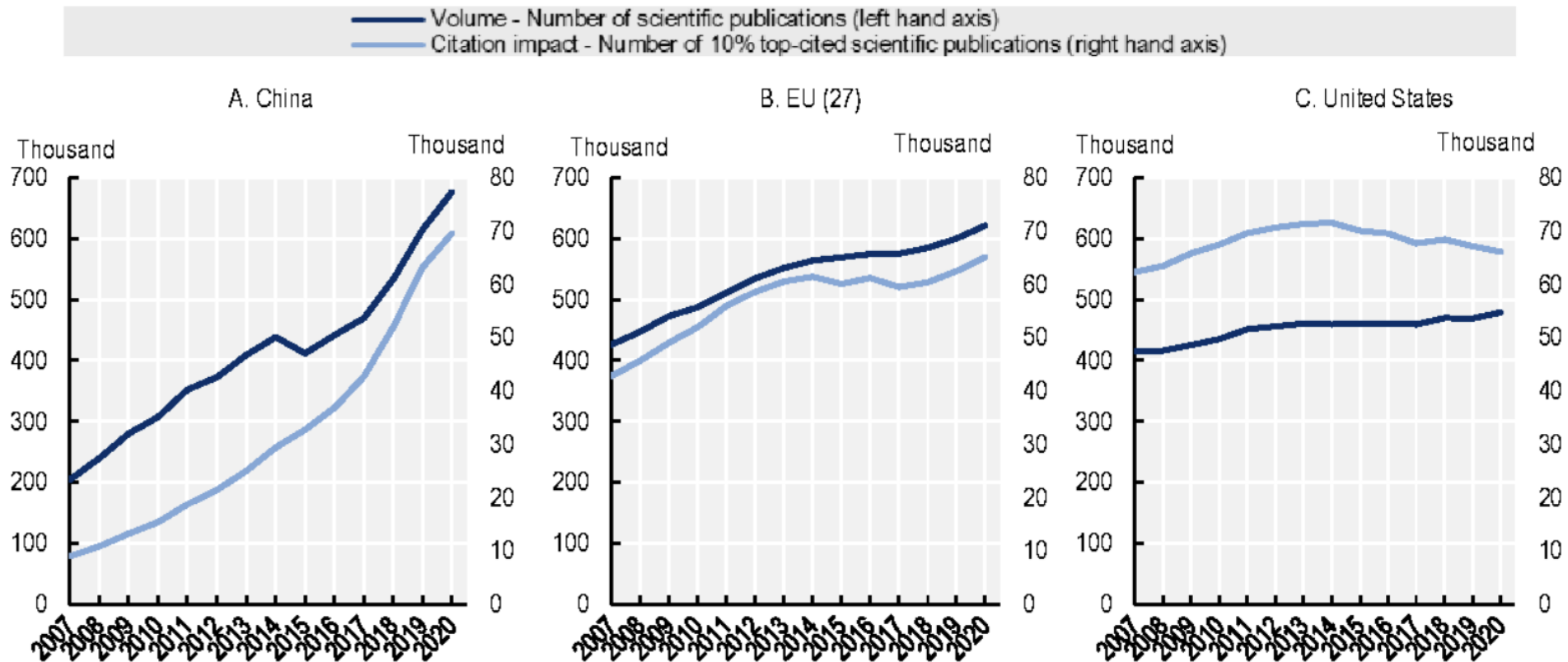
Přehled veřejných prostředků do obranného VaV ve vybraných zemích (Kanada, Čína, EU, VB, Turecko, USA)



(a) Gross domestic spending on R&D (2010 USD).

Jak je to s citací vědeckých publikací?

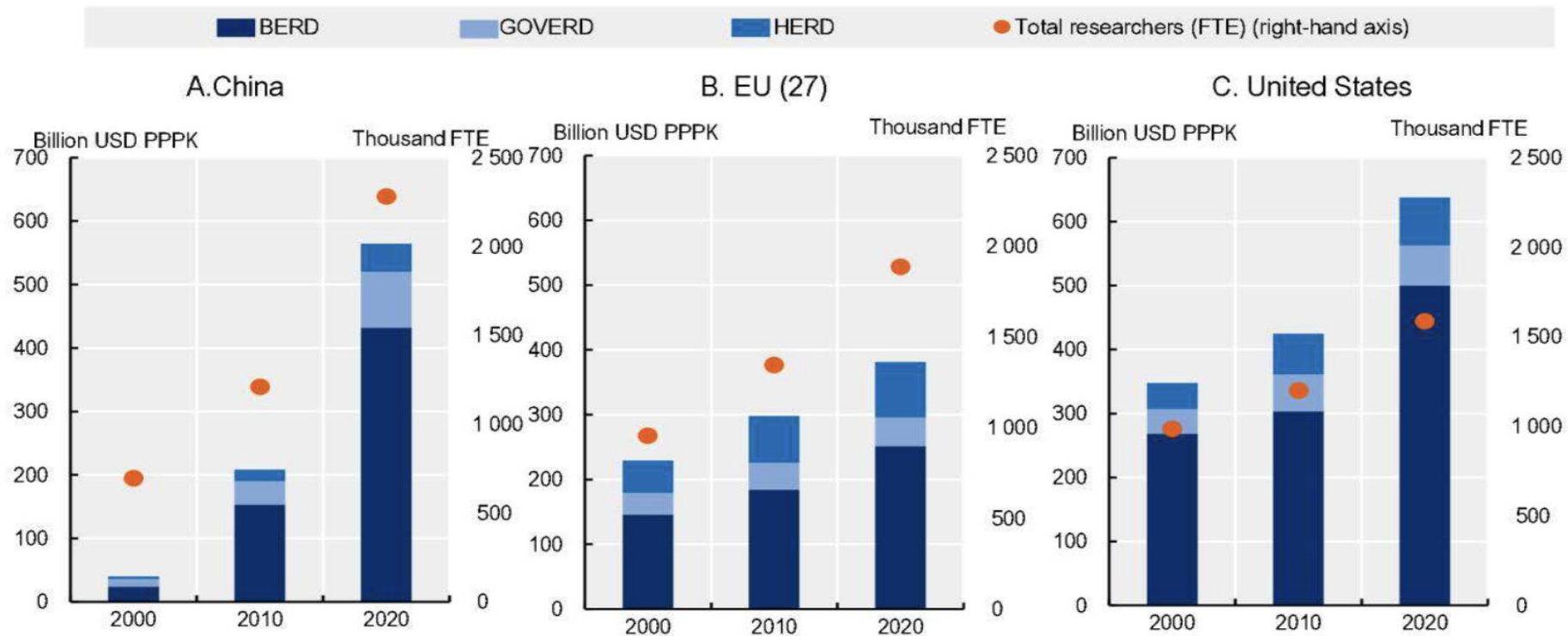
Figure 2.4. Trends in volume and citation impact of scientific publications, selected economies



Výzkumníci a výdaje na VaV – Čína - EU27 - USA

Figure 2.3. R&D expenditures by sector and total full-time employed (FTE) researchers

USD billion in 2015 PPP prices and 1 000 FTE



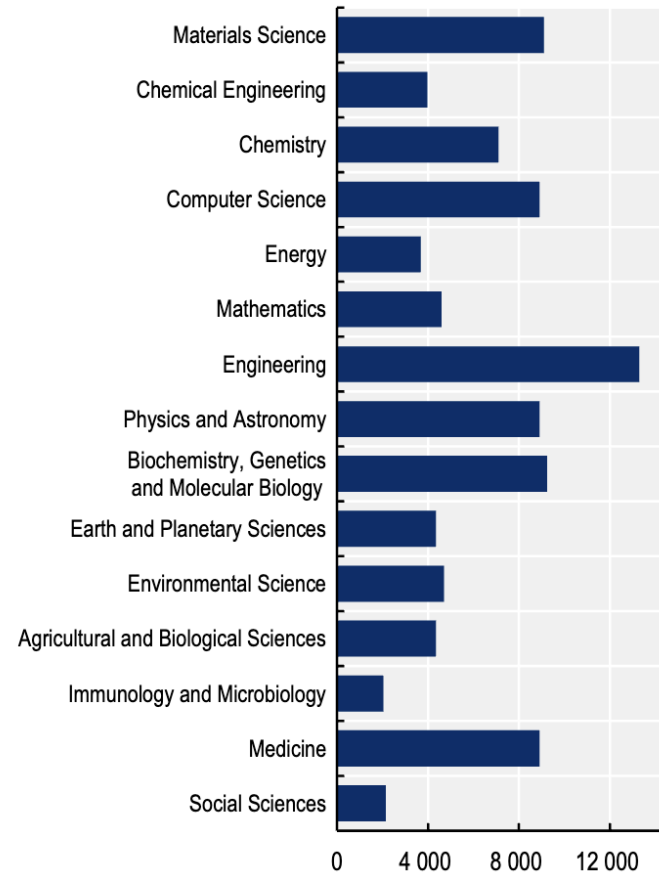
Note: 2020 R&D expenditure data are provisional for the United States, and estimated for China and the EU27; 2020 researchers' data for the United States corresponds to 2019.

Source: OECD R&D statistics, September 2022. See OECD Main Science and Technology Indicators Database, <http://oe.cd/msti>, for most up-to-date OECD indicators.

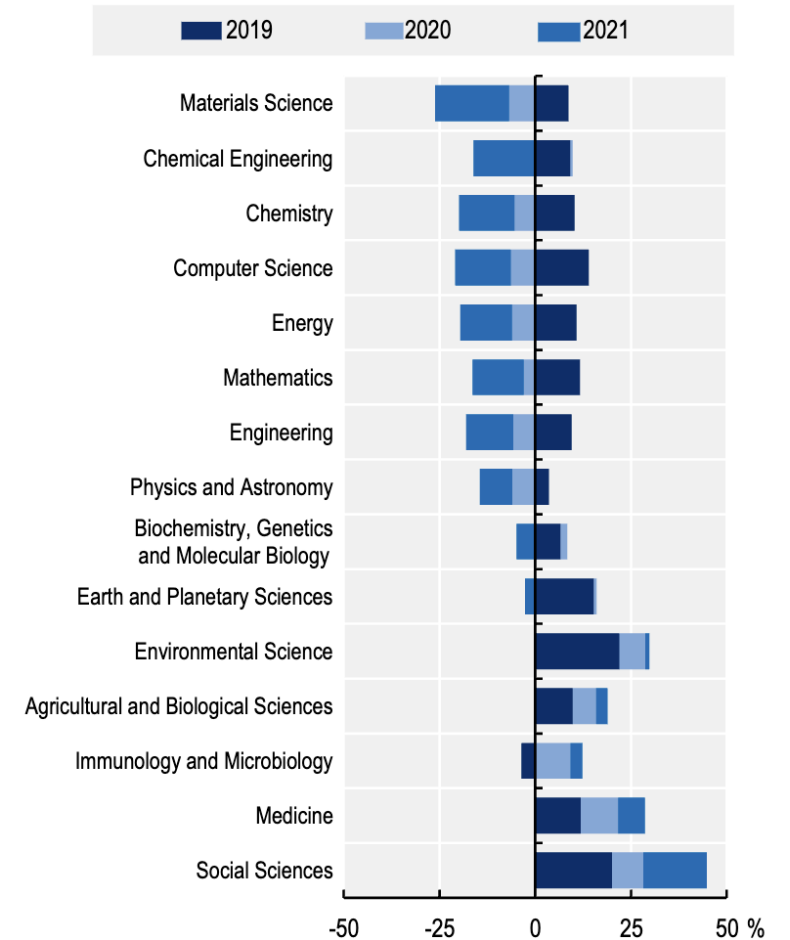
Kde nejvíce spolupracují Čína a USA?

Figure 2.7. Top 15 fields of collaboration between the United States and China

A. Number of United-States-China collaborations
Coauthorship publications, whole counts, 2018



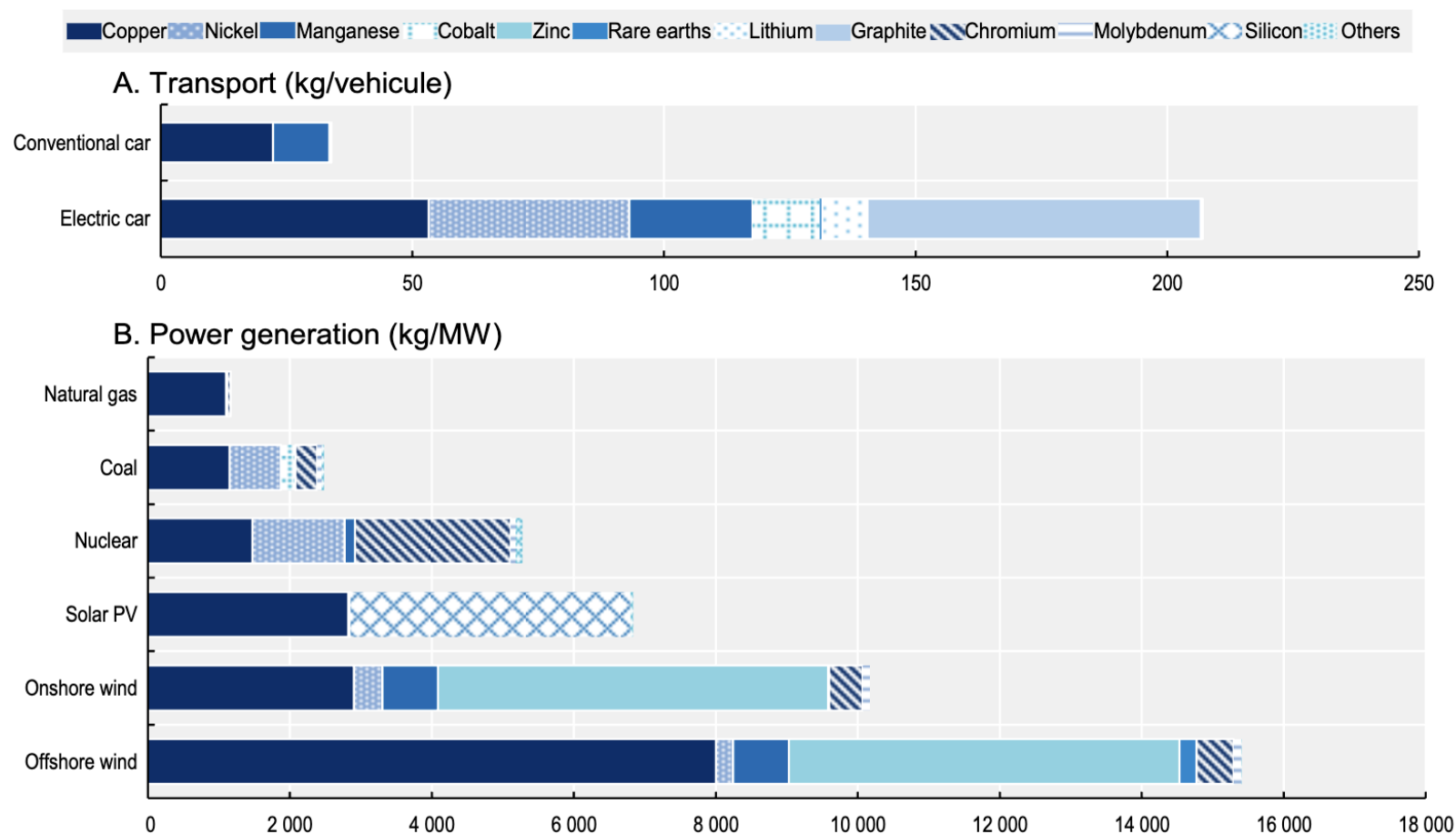
B. Collaboration changes
Percentage change in year relative to 2018 baseline



Note: Collaboration between China and the United States is defined by the number of co-authored publications between both countries (whole counts). Publications refer to all citable publications, that is articles, reviews and conference proceedings. The top-15 in the chart corresponds to the top-15 in the chart.

Jaké suroviny potřebují „elektrárny“

Figure 2.11. Mineral intensity of selected clean and fossil energy technologies

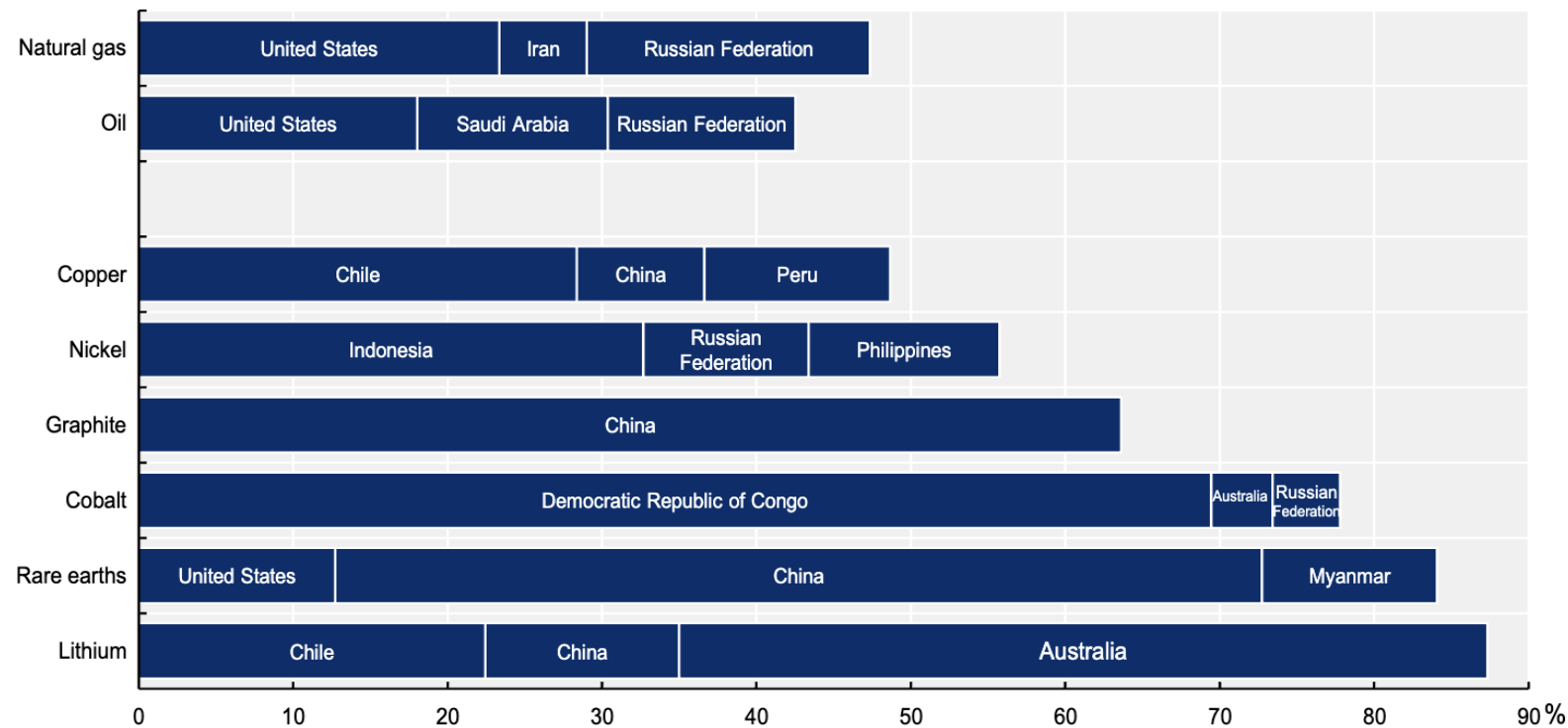


Note: Steel and aluminium are not included. The values for vehicles are for the entire vehicle, including batteries, motors and glider. The intensities for an electric car are based on a 75 kilowatt-hour (kWh) nickel manganese cobalt (NMC) 622 cathode and graphite-based anode. The values for offshore wind and onshore wind are based respectively on the direct-drive permanent magnet synchronous generator system (including array cables) and the doubly-fed induction generator system.

Source: (IEA, 2021^[91]).

Nejdůležitější suroviny pro současné technologie

Figure 2.12. Current production of many energy-transition minerals is more geographically concentrated than for oil or natural gas



Source: IEA, Share of top three producing countries in extraction of selected minerals and fossil fuels, 2019, IEA, Paris <https://www.iea.org/data-and-statistics/charts/share-of-top-three-producing-countries-in-extraction-of-selected-minerals-and-fossil-fuels-2019>.

Absolventi vysokých škol – Zdravotní a sociální péče, péče o příznivé životní podmínky

	2001	2011	2017	2022
Počet absolventů VŠ	30 105	93 105	72 084	58 699
Podíl	8,53 %	7,53 %	9,46 %	11,54 %
Tedy	2 568	7 009	6 817	6 774

Zdroj: statistika MŠMT/ČSÚ

Zákon 261/2021 Sb.

Část 122 – změna zákona 108/2006 Sb., o sociálních službách:

V § 33 se doplňuje odstavec 5, který zní: (formy poskytování sociálních služeb)

„(5) Při poskytování sociálních služeb lze ty činnosti, u nichž to je možné a vhodné, poskytovat v distanční formě. Poskytováním činnosti v distanční formě se rozumí poskytování činnosti zajišťující potřeby osoby bez přímého vzájemného kontaktu zaměstnanců poskytovatele sociálních služeb a osoby, zejména prostřednictvím elektronických nebo zásilkových služeb.“

Zákon 325/2021 Sb., o elektronizaci zdravotnictví

§ 24

Oprávněnými osobami využívajícími kmenové údaje z Kmenového registru pacientů jsou

a) poskytovatel zdravotních služeb nebo sociálních služeb v rozsahu údajů vedených o pacientovi, kterému poskytuje nebo poskytoval zdravotní služby, a to v rozsahu nezbytném pro poskytování zdravotních služeb nebo v přímé souvislosti s nimi

.....

Účinnost od 1. 1. 2022, některá ustanovení 2024 (identifikátory zdravotnických pracovníků a pacientů), 2026 (dodržování standardů elektronického zdravotnictví)

Nové technologie se prosazují mimořádně rychle a v individualizované péči porostou



Děkuji za pozornost