



Universitatea  
Transilvania  
din Braşov

FACULTATEA DE MEDICINĂ

**Universitatea *Transilvania* din  
Braşov**

# **HABILITATION THESIS**

## **ABSTRACT**

**Title: Development of Palliative care services in Romania using the WHO public health model approach**

**Domain: MEDICINE**

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**Universitatea: Transilvania**

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My professional, academic and scientific activity, in the period that followed the PhD thesis until present, belongs mainly to the field of palliative care. This new emerging domain in the field of medicine, is an important one especially in our society where chronic diseases are the prevalent pathology and are linked with considerable suffering in the physical, psychosocial and spiritual domain.

As a champion of the development of palliative care in Romania I choose the public health model approach for developing palliative care in the country and in the region. As a result my clinical, educational and scientific endeavor was focused on 3 main directions: service development, education and drug availability (especially for pain medication)

**In the service development area**, the research focus was on evidence-based modalities for developing in the public health care system of integrated palliative care services at basic and specialized level. As oncologist I started delivering palliative care for cancer patients in the community and I researched new modalities to bring care available to cancer patients in all the locations. In my habilitation thesis I present the research done in development of a basic palliative care model for cancer patients in the community under PF05 funding where I was both researcher and project lead. The results of this research have generated policy change and incorporated in the new Health Minister order 253/2018 regulating of palliative care service development and functioning in Romania. The research done on developing basic palliative care in the cancer centers has shown several gaps and unmet needs for cancer patients. We have produced and validated through research simple instruments to be used for assessment and protocols for clinical care but the impact was lower because of the bureaucracy and routines in these institutions.

For non-cancer patients (heart failure and COPD) my research was focused on understanding the right moment for starting palliative care, eventually highlighting screening tools, the existing needs and the cost-effective way of delivering palliative care services. The results of the research show that prognostication tools are uncertain, that the start-up of the services should be linked with the needs and that the cost-effective ways of delivery of care are homebased palliative care services initiated once the organ failure is diagnosed plus nurse led monitoring or imbedded outpatient clinics

In order to ensure service continuity of service public funding is needed. I embarked on health economics research although this was out of my comfort zone. I undertook a research project on developing cost units and costing frameworks for palliative care services in inpatient units and in

the community and calculated unit cost for these services. The work was used further in advocacy and led to inclusion of funding of home-based palliative care services from the national insurance health care fund.

**For the drug availability domain**, I did not discuss in my thesis the scientific work done previous to the PhD and published in Lancet. Here I focused instead on evaluating clinical practice in using NMDA antagonists for pain treatment and the links between pain and depression. In my research I explored the use of 2 drugs who are blocking NMDA receptors and as such theoretically extremely effective in neuropathic pain management: Methadone and Dextromethorphan. Methadone proved to be effective and safe as first line opioid, with no cardiac adverse events when applied in clinical management of pain. On the other hand, Dextromethorphan needs more studies before recommending it in use of pain management in palliative care. I also studied common pathways between pain and depression as these 2 entities are closely interlinked.

Concerning **education** my research was focused on development of core curriculum for undergraduate medical training based on the European Palliative Care Association Recommendations. I won a 3 year Erasmus plus grant – The EDUPALL project – and based on research together with partners from 8 academic centers throughout Europe we developed a core curriculum matrix that was afterwards transposed in blended education material and tested on over 1000 medical students in 4 universities in Romania and 2 in Ireland.

After her PhD thesis, I published several scientific papers, 14 of them being published in journals indexed in ISI Thomson Reuters data base. My publications have accumulated a total of 306 citations and an H index of 8 in Google Scholar database and H index of 7 in ISI database.

Since the time of the PhD thesis preparation until now, I was director of a scientific grants obtained through national or international competition, scientific coordinator of an international research grant and team member in other research projects.

My activities in the field of palliative care I brought significant scientific and academic contribution through both original works and books published as a single author, co-author and editor. The active involvement in the activity of the continuous training of doctors is noteworthy, leading numerous post -graduate continuing education medical courses.

Future research plans are centered on palliative care sedation the ethical aspects and economic consequences, and also on developing core research competences for palliative care clinicians.

Concerning teaching activities, I will continue to teach medical and nursing students and lead the palliative care master program, a program that was going last year through the accreditation

process and received outstanding evaluations. In the training I will focus on blended methods, adult education techniques, multidisciplinary. I will work on collaboration with all the medical universities in the countries and in Moldova to implement the results of the EDUPALL project and the European Curriculum and with international visiting professors I will continue to organize annually palliative care masterclasses on various palliative care topics

Given the involvement of teaching and academic activity, some of my further actions still regard the publication of new books in the field of palliative care and proposing new courses for master and doctoral school in order to ensure better training of future health care professionals.