



**VŠEOBECNÁ FAKULTNÍ
NEMOCNICE V PRAZE**



**1. LÉKAŘSKÁ
FAKULTA**
Univerzita Karlova

Paliativní péče o pacienty se srdečním selháním

Kateřina Rusinová



Lübeck, březen 2026





WORLD • 2 MIN READ

German rescuers race to save humpback whale stranded off Baltic Sea beach

UPDATED MAR 26, 2026 ▾







**Diskuse: Timmy dál bojuje, přibývá ale nesouhlasů.
Nechte ho už v klidu umřít, vzkazuje vědec**

❤️ 🐬 TIMMY ZVEDL HLAVU NA DOTEK
See more



12

Vinohradská

**VELRYBU TIMMYHO V NĚMECKU
VYTLAČILA LIGA MISTRŮ.**



CHAMPIONS LEAGUE

PARIS SAINT-GERMAIN

FC BAYERN MÜNCHEN

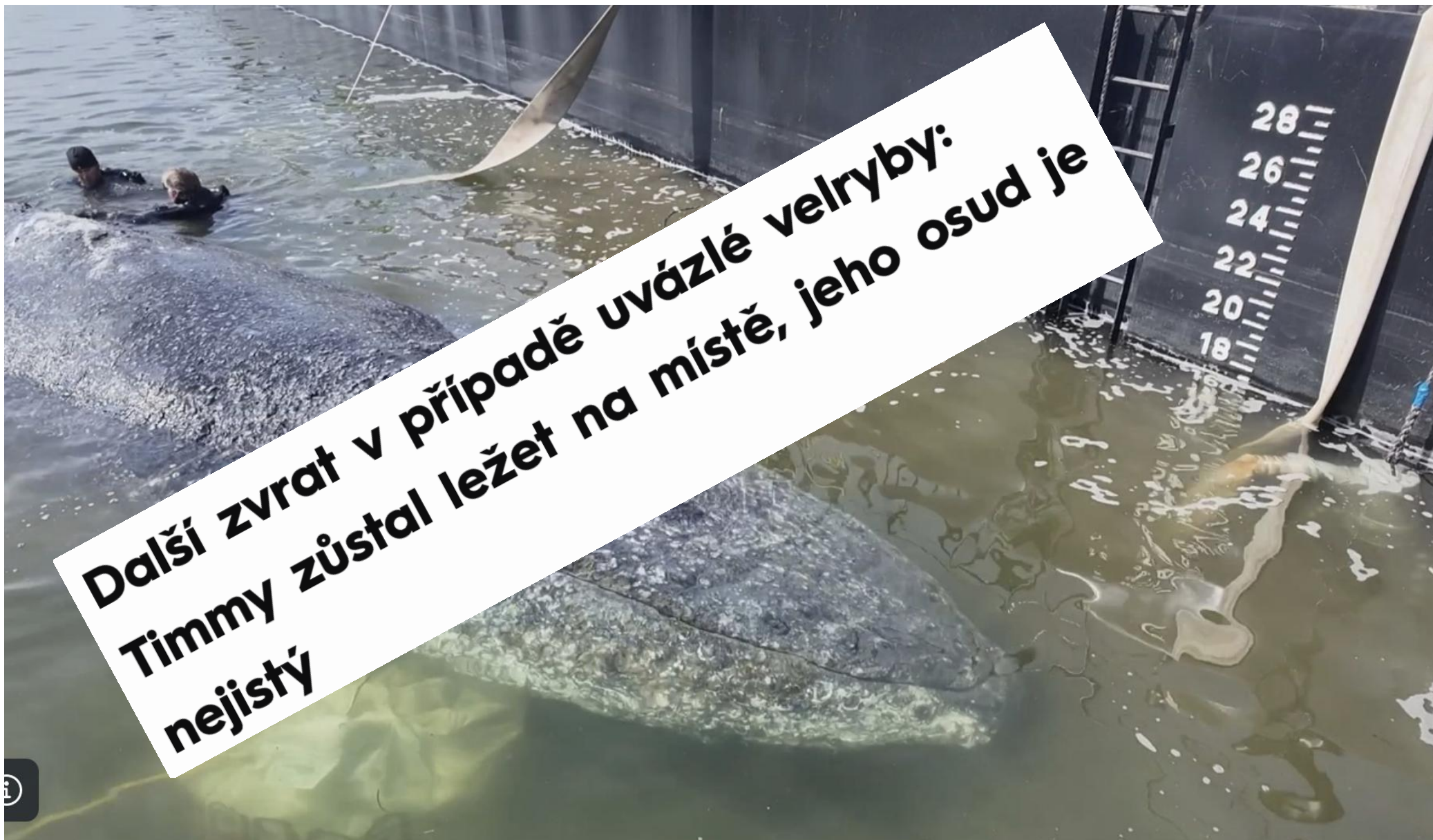
PARIS SAINT-GERMAIN
VS
FC BAYERN MÜNCHEN

5-4





**Další zvrát v případě uvázlé velryby:
Timmy zůstal ležet na místě, jeho osud je
nejistý**





🐋 Timmy to dokázal ! ! ! Obrovská radost, Timmy je konečně na cestě zpět do volného moře. 🙌 Záchranáři ho pomocí speciálního pásu...



Timmy se odmlčel, zřejmě je mrtvý



Jitka Zadražilová

+ sledovat 3235





Emotional headlines

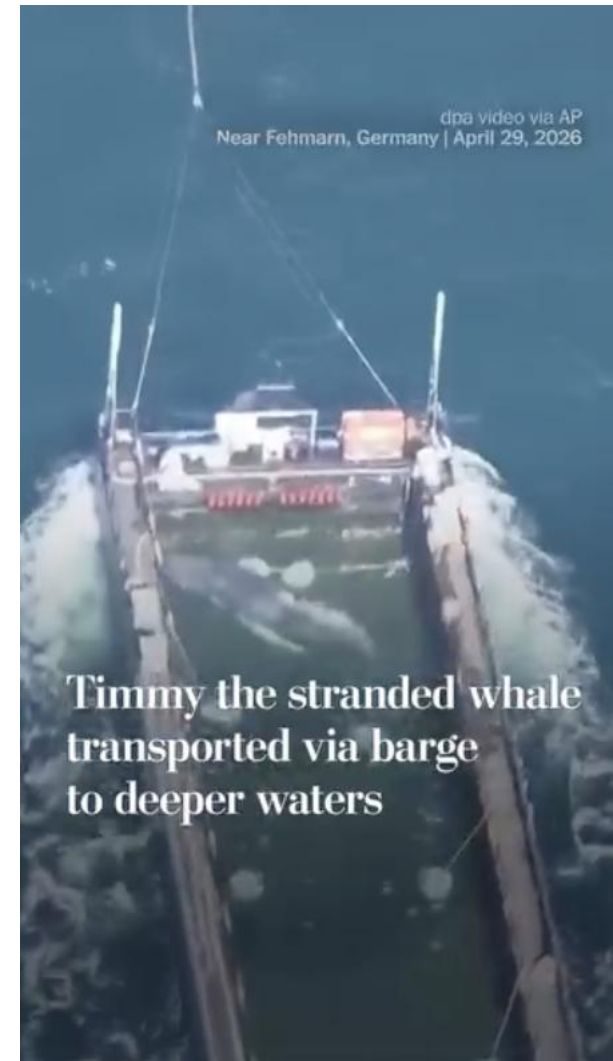
It might be better to let the majestic animal go in peace.



Emotional headlines

It might be better to let the majestic animal go in peace.

At least if you try something you have a chance of saving it!

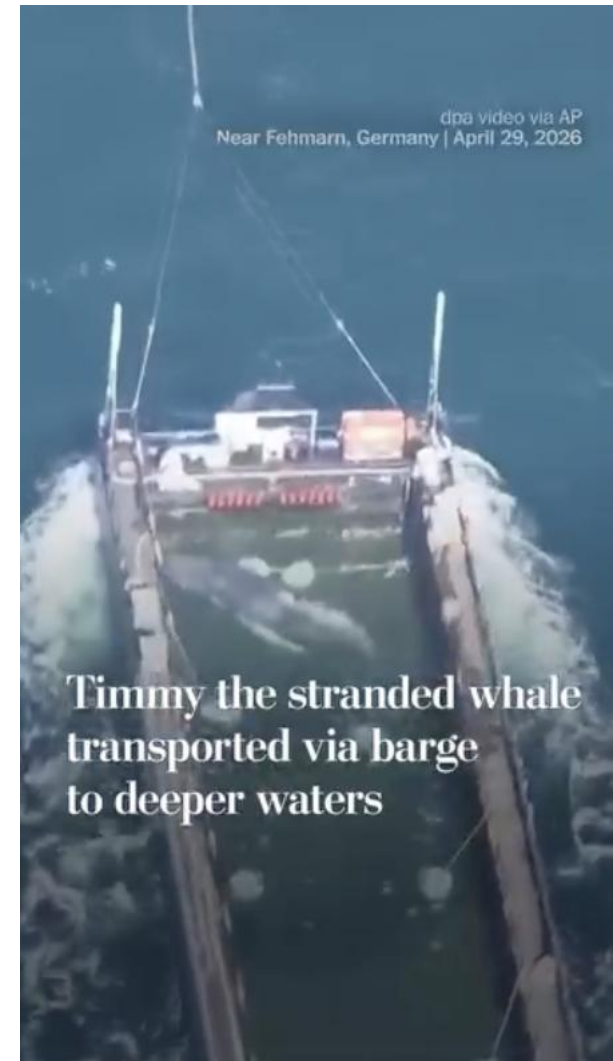


Emotional headlines

It might be better to let the majestic animal go in peace.

At least if you try something you have a chance of saving it!

Unique rescue operation!!!



Emotional headlines

It might be better to let the majestic animal go in peace.

At least if you try something you have a chance of saving it!

Unique rescue operation!!!

The prognosis remains critical...



Emotional headlines

It might be better to let the majestic animal go in peace.

At least if you try something you have a chance of saving it!

Unique rescue operation!!!

The prognosis remains critical...

But a chance of survival cannot be completely ruled out, it is justifiable to allow this attempt!



Bariéry

Palliative Care in a Death-Denying Culture: Exploring Barriers to Timely Palliative Efforts for Heart Failure Patients in the Primary Care Setting

Rebecca M Crimmins ¹, Lydia Elliott ¹, Darren T Absher ¹

- fractured communication
- miseducation and misconceptions
- unpredictable disease trajectory
- lack of time

NEEDS ASSESSMENT TOOL: PROGRESSIVE DISEASE (NAT: PD)

- priority / referral
- patient wellbeing
- caregiver / family ability to care
- caregiver wellbeing

Waller A; Girgis A; Davidson PM; Newton PJ; Lecathelinais C; Macdonald PS; Hayward CS; Currow D, University of Newcastle

NEEDS ASSESSMENT TOOL : PROGRESSIVE DISEASE (NAT: PD)		PATIENT/ADDRESS LABEL						
COMPLETE ALL SECTIONS								
PATIENT NAME: _____		DATE: _____ DIAGNOSIS: _____						
SECTION 1: PRIORITY REFERRAL FOR FURTHER ASSESSMENT								
	Yes	No	If dotted boxes are ticked, consider assessment by SPCS					
1. Does the patient have a caregiver readily available if required?		*						
2. Has the patient or caregiver requested a referral to a specialist palliative care service (SPCS)?	*							
3. Do you require assistance in managing the care of this patient and/or family?	*							
SECTION 2: PATIENT WELLBEING (Refer to the prompt sheet for assistance)								
	Level of Concern			Action Taken				
	None	Some/Potential	Significant	Directly managed	Managed by other care team member	Referral required (complete referral section below)		
1. Is the patient experiencing unresolved physical symptoms (including problems with pain, breathlessness, sleeping, appetite, bowel, fatigue, nausea, oedema or cough)?								
2. Does the patient have problems with daily living activities?								
3. Does the patient have psychological symptoms that are interfering with wellbeing or relationships?								
4. Does the patient have concerns about how to manage his/her medication and treatment regimes?								
5. Does the patient have concerns about spiritual or existential issues?								
6. Does the patient have financial or legal concerns that are causing distress or require assistance?								
7. Does the patient have concerns about his/her sexual functioning or relationship?								
8. From the health delivery point of view, are there health beliefs, cultural or social factors involving the patient or family that are making care more complex?								
9. Does the patient require information about: (tick any options that are relevant)								
<input type="checkbox"/> The diagnosis		<input type="checkbox"/> Treatment options		<input type="checkbox"/> Financial/legal issues		<input type="checkbox"/> Advance directive/resuscitation order		
<input type="checkbox"/> The prognosis		<input type="checkbox"/> Medical/health/support services		<input type="checkbox"/> Social/emotional issues		<input type="checkbox"/> Other:		
COMMENTS: _____								
SECTION 3: ABILITY OF CAREGIVER OR FAMILY TO CARE FOR THE PATIENT (Refer to the prompt sheet for assistance)								
Who provided this information? (please tick one)		Level of Concern			Action Taken			
<input type="checkbox"/> Patient <input type="checkbox"/> Caregiver <input type="checkbox"/> Both		None	Some/Potential	Significant	Directly managed	Managed by other care team member	Referral required (complete referral section below)	
1. Is the caregiver or family distressed about the patient's physical symptoms?								
2. Is the caregiver or family having difficulty providing physical care?								
3. Is the caregiver or family having difficulty coping?								
4. Is the caregiver or family having difficulty managing the patient's medication and treatment regimes?								
5. Does the caregiver or family have financial or legal concerns that are causing distress or require assistance?								
6. Is the family currently experiencing problems that are interfering with their functioning or inter-personal relationships, or is there a history of such problems?								
7. Does the caregiver require information about: (tick any options that are relevant)		<input type="checkbox"/> The diagnosis		<input type="checkbox"/> Treatment options		<input type="checkbox"/> Financial/legal issues		
<input type="checkbox"/> The prognosis		<input type="checkbox"/> Medical/health/support services		<input type="checkbox"/> Social/emotional issues		<input type="checkbox"/> Advance directive/resuscitation order		
<input type="checkbox"/> What to do in event of patient's death								
COMMENTS: _____								
SECTION 4: CAREGIVER WELLBEING (Refer to the prompt sheet for assistance)								
Who provided this information? (please tick one)		Level of Concern			Action Taken			
<input type="checkbox"/> Patient <input type="checkbox"/> Caregiver <input type="checkbox"/> Both		None	Some/Potential	Significant	Directly managed	Managed by other care team member	Referral required (complete referral section below)	
1. Is the caregiver or family experiencing physical, practical, spiritual, existential, sexual or psychological problems that are interfering with their own wellbeing or functioning?								
2. Is the caregiver or family experiencing grief over the impending or recent death of the patient that is interfering with their own wellbeing or functioning?								
COMMENTS: _____								
IF REFERRAL REQUIRED FOR FURTHER ASSESSMENT OR CARE, PLEASE COMPLETE THIS REFERRAL SECTION								
1. Referral to: (Name) _____								
2. Referral to: (Specialty)		<input type="checkbox"/> General practitioner		<input type="checkbox"/> Social worker		<input type="checkbox"/> Psychologist	<input type="checkbox"/> Specialist palliative care service	<input type="checkbox"/> Physiotherapist
<input type="checkbox"/> Community nurse		<input type="checkbox"/> Oncologist		<input type="checkbox"/> Cardiologist		<input type="checkbox"/> Occupational therapist		<input type="checkbox"/> Other: _____
3. Priority of assessment needed:								
<input type="checkbox"/> Urgent (within 24 hours)		<input type="checkbox"/> Semi-Urgent (2-7 days)		<input type="checkbox"/> Non-Urgent (next available)				
4. Discussed the referral with the client.								
<input type="checkbox"/> Yes		<input type="checkbox"/> No						
5. Client consented to the referral.								
<input type="checkbox"/> Yes		<input type="checkbox"/> No						
6. Referral from: Name: _____ Position: _____ Signature: _____								



Circulation

Volume 151, Issue 21, 27 May 2025; Pages e1030-e1042
EPUB doi.org/10.1161/CIR.0000000000001323



AHA SCIENTIFIC STATEMENTS

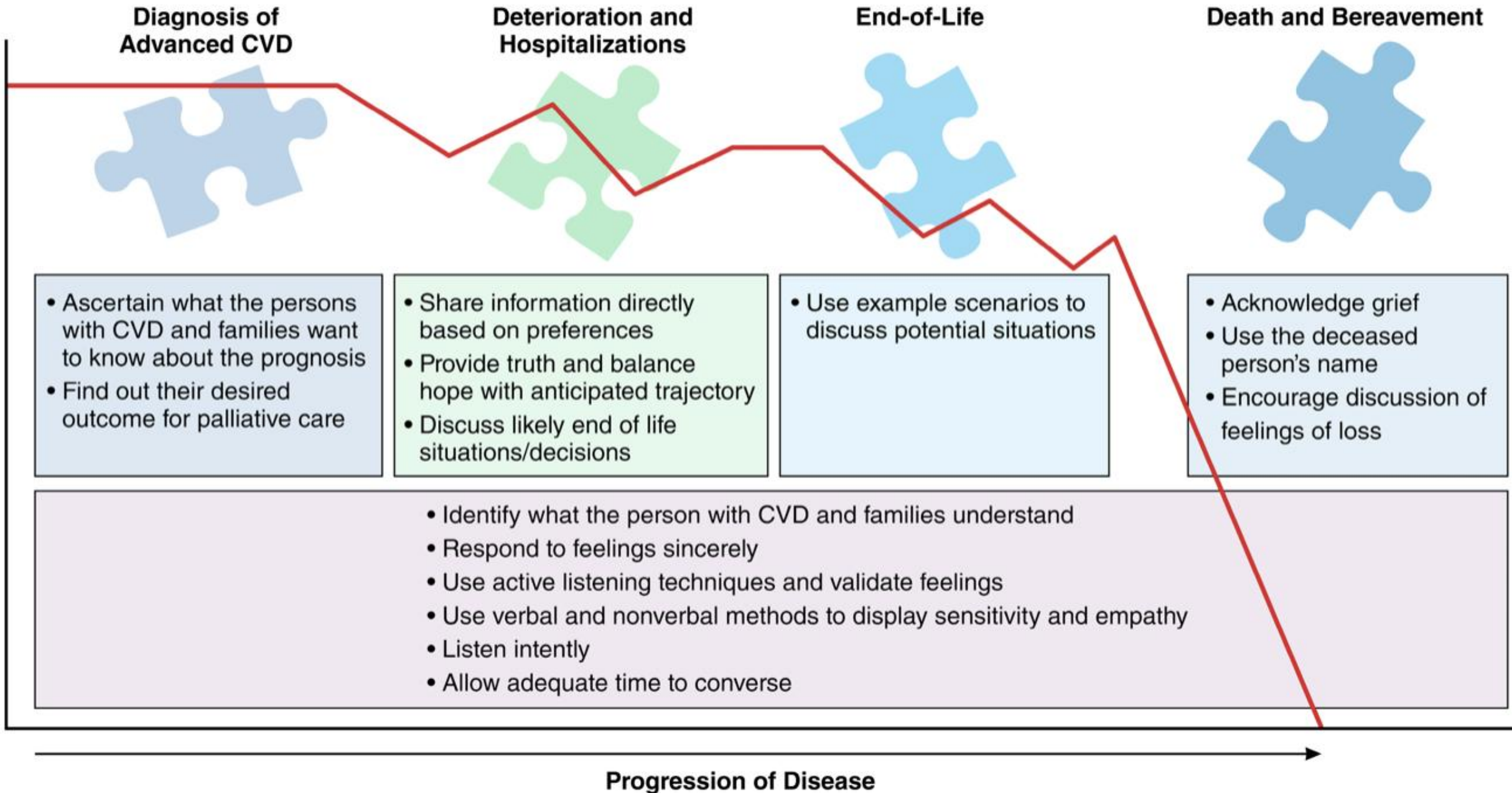
Palliative Care and Advanced Cardiovascular Disease in Adults: Not Just End-of-Life Care: A Scientific Statement

Paliativní péče u pokročilého kardiovaskulárního onemocnění

AHA Scientific Statement: hlavní praktická sdělení

Nejde jen o péči na konci života. Jde o rámec komunikace, symptomové kontroly a rozhodování napříč trajektorií pokročilého CHF.

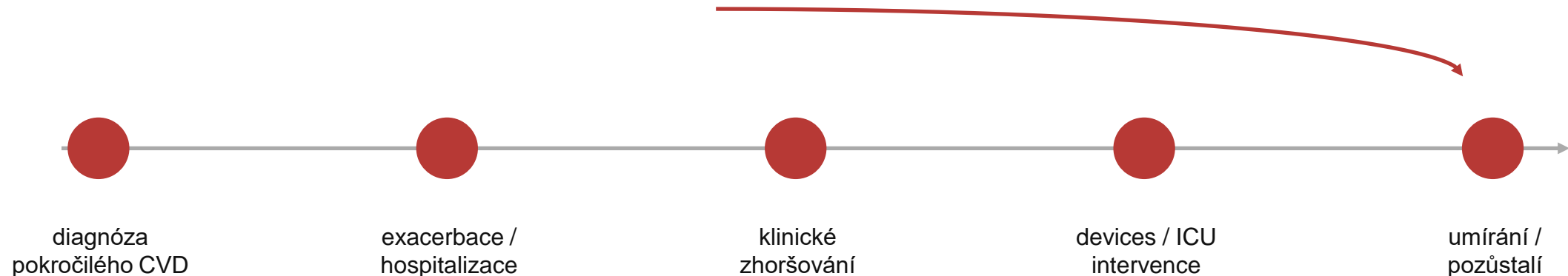
Palliative Care Strategies for Communicating with Adult Patients and Families Across the Advanced CVD Trajectory



Hlavní posun: od „až když už nejde nic“ k paralelní péči

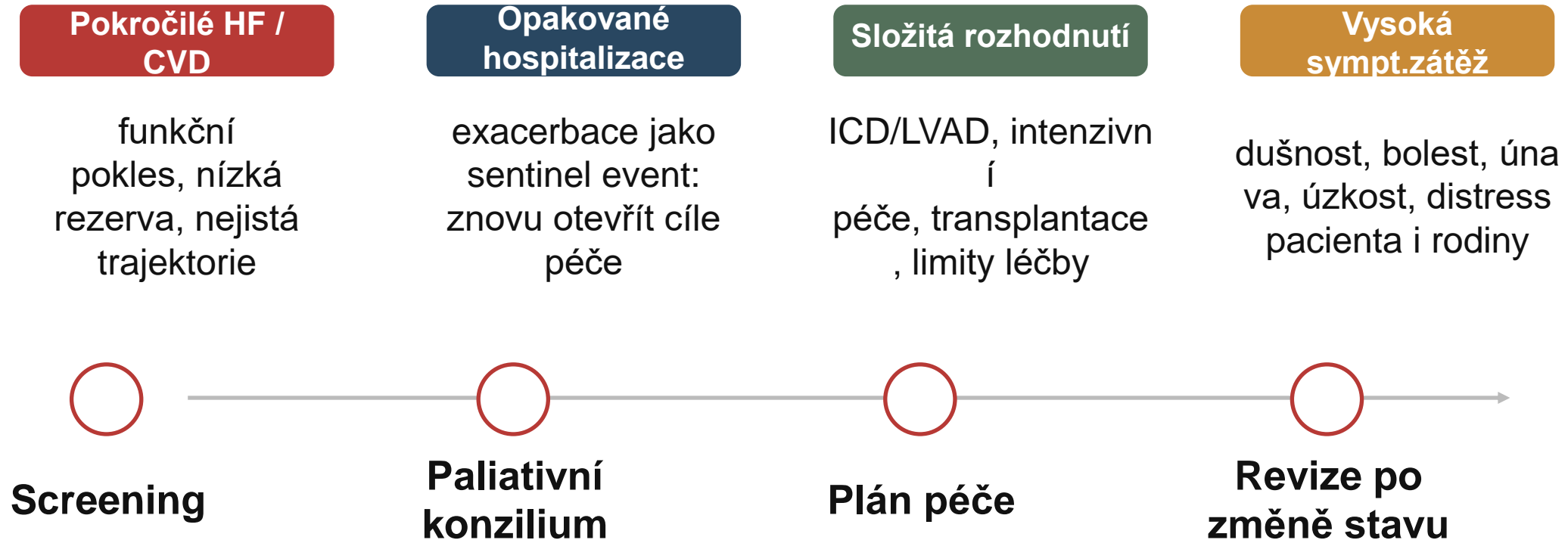
Kardiologie prodlužuje život. Paliativní péče pomáhá rozhodovat, jaký čas a jaká zátěž léčby dávají pro konkrétního člověka smysl.

paliativní péči se má zapojovat časně a opakovaně



Prakticky: témata porozumění, hodnot a preferencí, prognózy, symptomů a zátěže léčby se nemají otevírat až při selhání všech možností.

Kdy zapojit paliativní tým - **embedded workflow**





VŠEOBECNÁ FAKULTNÍ
NEMOCNICE V PRAZE



1. LÉKAŘSKÁ
FAKULTA
Univerzita Karlova



ESC

European Society
of Cardiology

European Heart Journal

JOURNAL ARTICLE

Palliative care in cardiovascular medicine

Get access >

Endrit Cekaj, Frederik Sand, David H V Vogel, Peter M Spieth, Benedikt Schrage, Aitor Uribarri, Frederic De Roeck, Jordi Riera, Federico Pappalardo, Norman Mangner ... [Show more](#)

European Heart Journal, ehag219, <https://doi.org/10.1093/eurheartj/ehag219>

Published: 25 March 2026 **Article history** ▼

 Check for updates

OPEN ACCESS

EDITED BY

Katerina Philippou,
Cyprus University of Technology, Cyprus

REVIEWED BY

Wandy Chan,
Prince Charles Hospital, Australia

*CORRESPONDENCE

Piotr Z. Sobanski
✉ piotr.sobanski@spital-schwyz.ch

RECEIVED 19 December 2024

ACCEPTED 29 January 2025

PUBLISHED 28 March 2025

CITATION

Sobanski PZ, De Perna ML, Eckstein S, Fusi-Schmidhauser T, Gaertner J, Gonzalez-Jaramillo V, Hentsch L, Hertler C, Hullin R, Hunziker L, Larkin P, Mercoli J-B, Meyer P, Moschovitis G, Paul M and Pfister O (2025) National strategy for integrating palliative care into standard cardiac care for people living with heart failure: a position statement from

National strategy for integrating palliative care into standard cardiac care for people living with heart failure: a position statement from the joint working group of the Swiss Societies of Cardiology and Palliative Care

Piotr Z. Sobanski^{1,2*}, Maria Luisa De Perna³, Sandra Eckstein⁴, Tanja Fusi-Schmidhauser^{5,6,7}, Jan Gaertner^{8,9}, Valentina Gonzalez-Jaramillo¹⁰, Lisa Hentsch¹¹, Caroline Hertler¹², Roger Hullin¹³, Lukas Hunziker¹⁴, Philip Larkin¹⁵, Jean-Baptiste Mercoli¹⁶, Philippe Meyer¹⁷, Giorgio Moschovitis¹⁸, Matthias Paul¹⁹ and Otmar Pfister²⁰



VŠEOBECNÁ FAKULTNÍ
NEMOCNICE V PRAZE

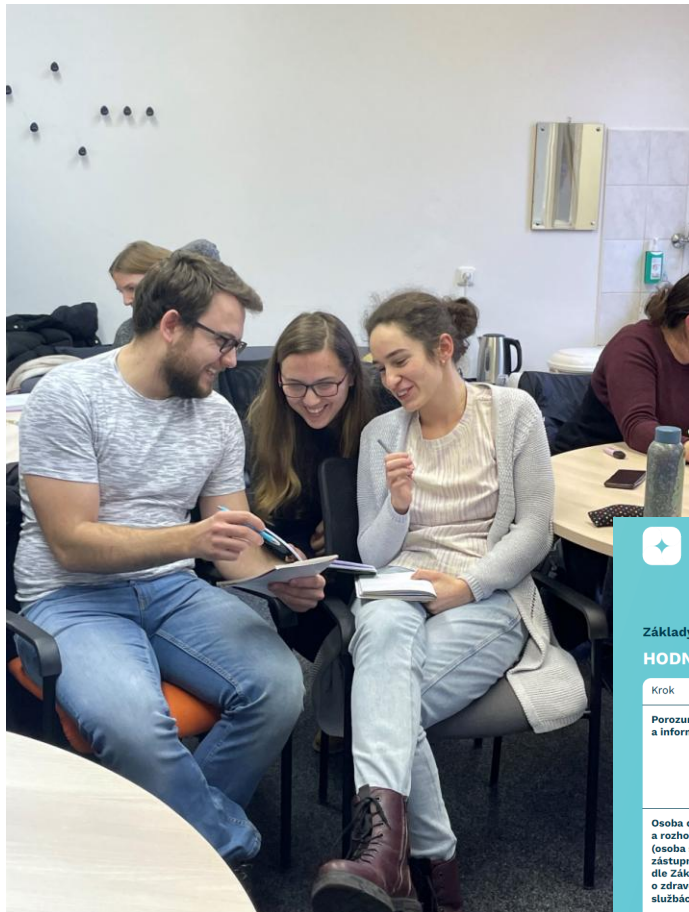


1. LÉKAŘSKÁ
FAKULTA
Univerzita Karlova

Dva příklady z VFN

- Hodnotová anamnéza - registr
- Horizon grant

Hodnotová anamnéza, obor všeobecné lékařství, 3. ročník



Základy komunikace a paliativní medicíny, 3. ročník HODNOTOVÁ ANAMNÉZA – 3 OTÁZKY

Krok	Co říci
Porozumění a informační potřeby	Co víte o svém zdravotním stavu? Jak tomu rozumíte? Jaké informace byste potřeboval? Co kdybychom neměli příznivé zprávy? Co by pro vás byla špatná zpráva?
Osoba důvěry a rozhodování (osoba s právem zástupného souhlasu dle Zákona o zdravotních službách, § 34 odst. 7)	Kdo vám pomáhá situaci zvládnout? S kým řešíte důležité věci v životě? Na koho se můžeme obrátit, kdyby bylo potřeba něco rozhodovat a vy byste nemohl/a? Kdo by s námi mohl přemýšlet nebo rozhodovat za vás?
Hodnoty a preference	Co je pro vás (v životě) důležité? Co vám pomáhá vše/nemoc/situaci zvládnout? Co bych já jako lékař měl o vás vědět jako o člověku? O čem přemýšlíte kromě nemoci?



Hodnotová anamnéza

Porozumění dg. th.
Prognóza
Informační potřeby



Osoba důvěry



Hodnoty a preference



Základy komunikace a paliativní medicíny, 3. ročník

HODNOTOVÁ ANAMNÉZA – 3 OTÁZKY

Krok	Co říci
Porozumění a informační potřeby	<i>Co víte o svém zdravotním stavu? Jak tomu rozumíte? Jaké informace byste potřeboval? Co kdybychom neměli příznivé zprávy? Co by pro vás byla špatná zpráva?</i>
Osoba důvěry a rozhodování (osoba s právem zástupného souhlasu dle Zákona o zdravotních službách, § 34 odst. 7)	<i>Kdo vám pomáhá situaci zvládnout? S kým řešíte důležité věci v životě? Na koho se můžeme obrátit, kdyby bylo potřeba něco rozhodovat a vy byste nemohl/a? Kdo by s námi mohl přemýšlet nebo rozhodovat za vás?</i>
Hodnoty a preference	<i>Co je pro vás (v životě) důležité? Co vám pomáhá vše/nemoc/situaci zvládnout? Co bych já jako lékař měl o vás vědět jako o člověku? O čem přemýšlíte kromě nemoci?</i>

HA u pacientů s Fabryho chorobou - qualitative study

Single-center exploratory feasibility study (mixed-methods)

Participants and intervention

20 patients, structured values-based interview

1. Understanding of illness, treatment, prognosis and informational needs
2. Identification of a trusted person / surrogate
3. Values and health-related preferences

HA u pacientů s Fabryho chorobou - methodology

Audio-based conversational analysis

- physician/patient speaking time
- pauses ≥ 3 seconds etc.

Emotional valence and understanding

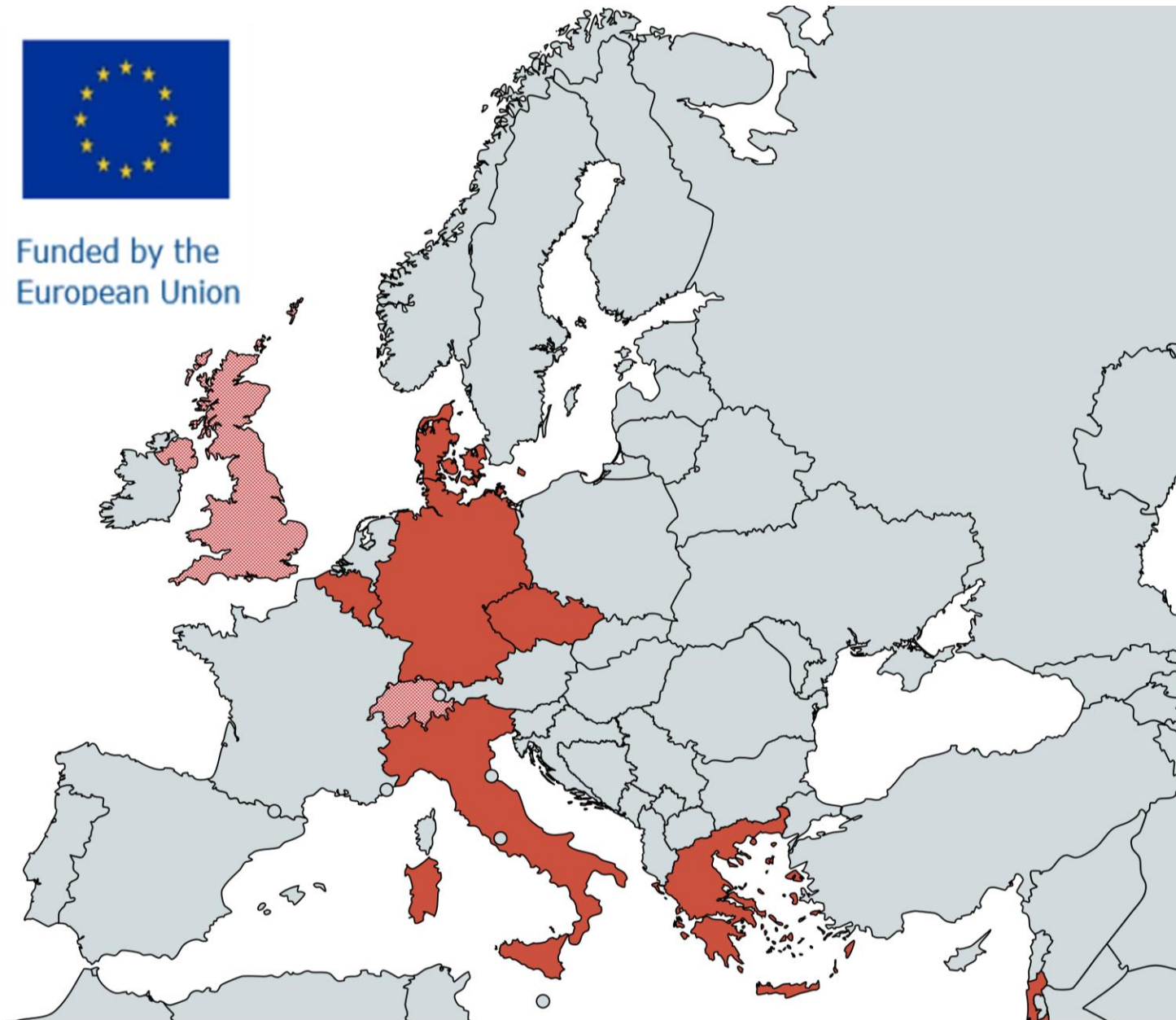
Patient feedback

Within 2–5 days, patients complete an anonymous questionnaire

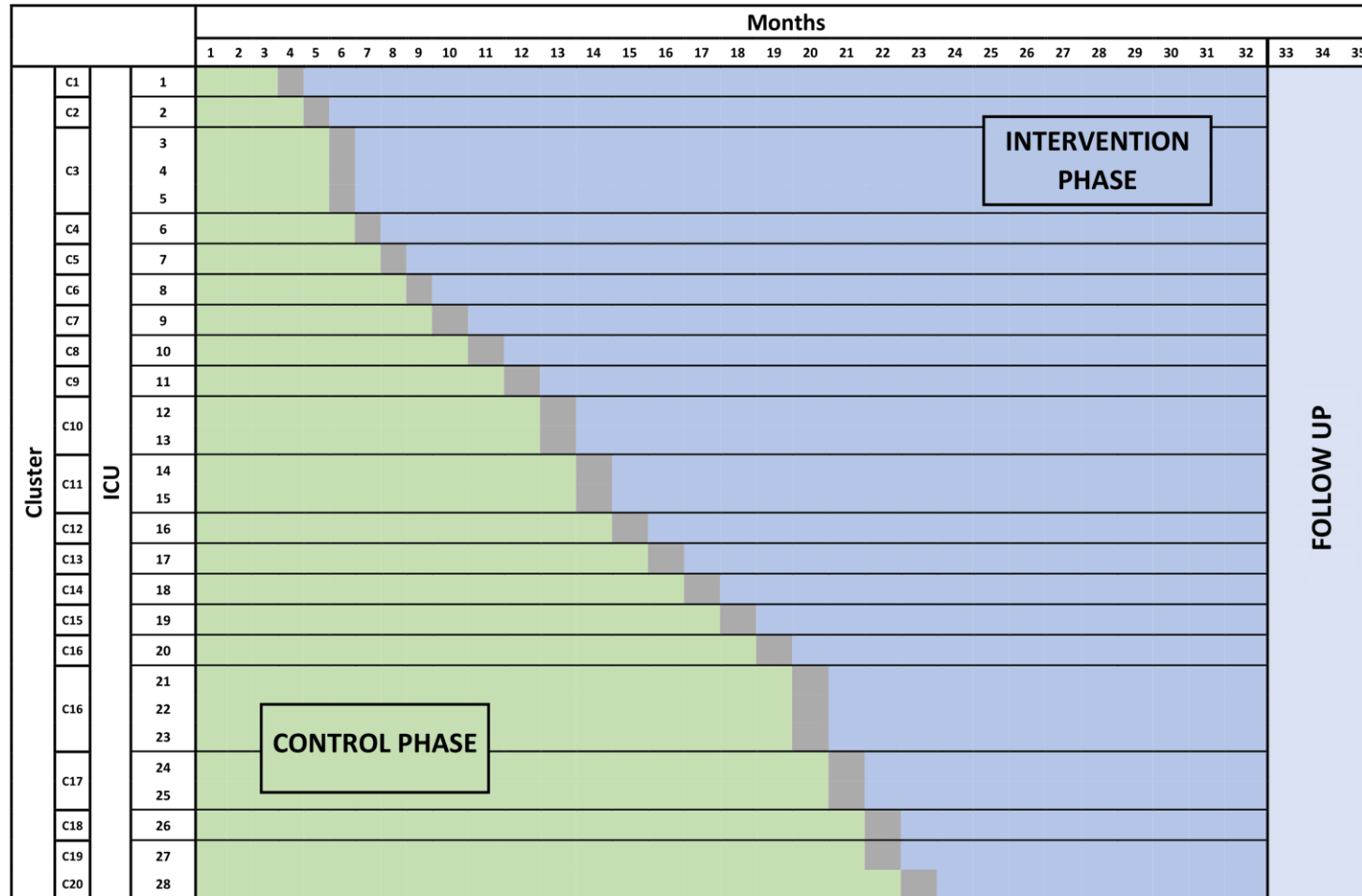
HORIZON grant: Enhancing the care of patients in European ICUs



Funded by the
European Union



Study design



2000 pts

Intervention:

- Tele-PCC
- Education of ICU clinicians
- Tools to identify and assess PC need

EPIC Study Flow

EPIC ACTION

Screening & Enrolment

- Age \geq 18 years
- > 72h in the ICU
- ICU admission not due to cancer
- Need for Specialist palliative care
- Not expected to die within 24h
- Informed consent

EPIC intervention

- Telepalliative care consultation
- Blended learning: e-learning and workshop for all ICU clinicians
- Factsheet about national legal frameworks
- Handouts: trigger, communication



PRE
ADMISSION

HOSPITAL
ADMISSION

ICU
ADMISSION

ICU
CARE

ICU
DISCHARGE

POST
DISCHARGE

ENDPOINT

HRQoL
(EQ-5D)

14d* pre ICU

Costs
Reimbur-
sement

ongoing

HRQoL
(EQ-5D)

today

ICU
length
of stay

HRQoL
(EQ-5D)

today

HRQoL
(EQ-5D)

90d** post ICU
today

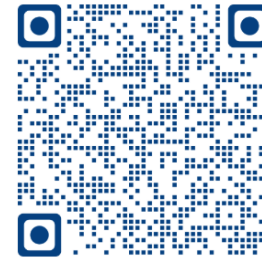
Publications



Open access Protocol

BMJ Open Enhancing palliative care in intensive care units: protocol of EPIC, a controlled, cluster-randomised, non-blinded stepped-wedge design trial with crossover phase

Spyros D Mentzelopoulos ¹, Christiane S Hartog ^{2,3,4}, Theresa Tenge ^{5,6}, Matthias Schwenkglenks ⁷, Sophie K Piper ^{8,9}, Michaela Barbier ⁷, Katerina Rusinova ¹⁰, Martin Neukirchen ^{5,6}, Stephen Schuurhuis ⁸, Hanne Irene Jensen ¹¹, Vernon van Heerden ¹², Jochen Dutzmann ¹³, Dominique Drescher ¹³, Markéta Zvara ¹⁰, Victoria Metaxa ¹⁴, Akiva Nachshon ¹², Edoardo De Robertis ¹⁵, Claudia Spies ², Andreas Edel ²



Palliative Medicine
OnlineFirst
© The Author(s) 2025, Article Reuse Guidelines
<https://doi.org/10.1177/02692163251360115>

Sage Journals

Review Article

Telehealth in palliative care settings: A systematic review of argument-based ethics literature

Leen Kriekemans ¹, Alice Cavolo ¹, Michael Casaer ², and Chris Gastmans ¹

The Creative Commons Attribution-NonCommercial (CC BY-NC) license logo, showing the CC symbol, a person icon, and a crossed-out dollar sign.

#EA24



VŠEOBECNÁ FAKULTNÍ
NEMOCNICE V PRAZE



1. LÉKAŘSKÁ
FAKULTA
Univerzita Karlova





VŠEOBECNÁ FAKULTNÍ
NEMOCNICE V PRAZE



I. LÉKAŘSKÁ
FAKULTA
Univerzita Karlova





VŠEOBECNÁ FAKULTNÍ
NEMOCNICE V PRAZE



1. LÉKAŘSKÁ
FAKULTA
Univerzita Karlova

