



**"When you know yourself you are free,
when you know others you become a leader"**

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Introduction

Firstly, writing personal stories is a new experience for those of us in young democracies. Secondly, writing about our achievements was perceived as boasting -- and undignified -- in the Soviet Union. Thirdly, discussing problems and challenges were taboo in Soviet days when I qualified as a specialist. It was indecent to admit difficulties, and personal achievement must only be recognized after a lifetime's work.

Now, in writing my personal story, I must ignore the principles by which I was educated and respond to the challenge to address difficulties in my life, not ignore them but use them to learn new things and develop. This is a core belief.

I was not born in a country with multi-storeyed buildings and well-known universities. I was not taken to/from school by a school bus. My most ambitious childhood dream was to drive a car -- not necessarily my own. The most memorable lessons learned at home were don't steal, study well and don't boast about success. My deeds were to speak for themselves.

Profession

The socialist country in which I was born has etched a clear line in my life: ten years of secondary school, medical university, and a job at the hospital. In the process, I joined the communist party not because I was eager, but it was expected and I didn't know how to avoid it.

I finished school successfully and the only higher education institution that interested me was medical university. The fact that I had a long-standing fear of doctors didn't influence my choice. My

mother says I wanted to study medicine from early childhood but she didn't want me to because she believes that doctors see so many difficult cases that they may not love life any more.

As my studies progressed, I was sent to the Institute of Oncology as a doctor anesthetist. My main speciality is anesthesia – intensive care -- and I've worked as an anesthetist for 21 years.

The enormous change brought by the collapse of socialism and beginning of the new epoch (democracy) coincided with my graduation from medical university and the beginning of my career as a doctor ICA at the Institute of Oncology in Chisinau, Republic of Moldova. I worked for more than 12 years there in the Head and Neck department and microsurgery, providing anesthesia for the majority of the operations with free tissue transplant (muscles, skin, combined flaps, intestine, stomach, etc.) These procedures were unique in the country then, and motivated me to remain well-informed. Tiring operations often lasted more than eight hours, demanded maximum attention, consistency and care -- on top of considerable preparation and personal devotion by the surgical and anesthesia team.

It was especially difficult because the equipment then was limited and outdated, so we anesthetists relied mostly on personal skill rather than technical support. These types of operations were innovative in post-Soviet countries, and we were proud of our achievements.

Palliative Care Involvement

I first learned about Palliative Care in 1997 when the former Head of ICA asked me whether I wanted to organize and head a new section in Palliative Care that was about to begin activity in the hospital. At that time in Moldova, virtually nothing was known about palliative care. I declined, saying that I didn't consider that type of treatment as important as my work in ICA, where I started my career and where I felt at home.

However, for the first time in 2000, the International Society of Anaesthesiologists offered a fellowship program in Pain Treatment and Palliative Care at Leicester Royal Infirmary. This area sounded interesting to me because -- with the Head of my Department -- I had already co-authored some papers in the field at national level. I am grateful to my mentors from Leicester Royal Infirmary: Beverly Collett (consultant in Pain Medicine and Assistant Medical Director in the Pain Management Service at the University Hospitals in Leicester, UK, and Past-President of British Pain Society) and Nicky Rudd (consultant in Palliative Care in Leicester Royal Infirmary).

Returning home brought another big personal shock. Nobody -- administration, officials, department/institutional organizers, my scientific adviser from the ICA -- ever asked about my four months in Great Britain.

In 2001 and 2002 I was accepted for the first and second courses of competence in Palliative Care at the Home of Hope in Brasov, Romania. The proposal came from the local Soros organization that had set a goal to develop Palliative Care in Moldova. These courses were taught by specialists with competencies in Palliative Care and practical experience in Romania. They were very enthusiastic and have been positive examples, since an extraordinary one in ten doctors comes from the Republic of Moldova to study there. It was at those courses that I first met Daniela Mosoiu, and we all were impressed with her problem-solving ability, her persuasiveness and her logic that surpassed any of my colleagues.

Daniela Mosoiu led the team of professors from Home of Hope Study Centre in Brasov, who opened windows for those of us on the course. Listening and learning from Mariana Pernea, Petronela Dima and other colleagues – all teachers at the Study Centre in Brasov -- we felt highly motivated to support the development of this field in the Republic of Moldova.

In 2007, seven years after my return from Great Britain, I was summoned by the Director and I was asked to develop a project in Palliative Care in the Cancer Institute. My answer was that it was high time we started it. Within two months we wrote a project proposal entitled, "The initiation of Mobile Palliative Care Service Team in the Institute of Oncology". It began in 2009 and was extended to 2011. During implementation, I was active in the project while continuing to work as an anesthetist.

In August 2008, I was invited by the Director of the Institute to be the English/Romanian translator at an urgent meeting concerning a project there.

In September while on vacation, I was called by Professor Corcimaru (academician and Director of Haematological Centre) to translate simultaneously at another one-day meeting between doctors of Haematology Department and Margaret Tinti (representative of Hope'87 and a specialist in project drafting and project management). This request to translate for one day turned into a full week of activity during which I translated brainstorming discussions about starting a project called "Hope for Children of Moldova" that would involve opening a school and a centre for bone-marrow transplant in Moldova.

This experience proved to be ongoing because after we finished the project log-frame, it was apparent that someone needed to write up the project proposal in English. Very quickly, the representative of UNESCO National Committee for the Republic of Moldova suggested that I should do so, and the Director of the Institute agreed. I stepped down as doctor anesthetist for several weeks to work on the project with the UNESCO representatives.

In fact, I had to combine writing this bone marrow project with my existing activity with the Palliative Care project, but I felt it was a very important project with an impressive worthwhile goal. Furthermore, I would be closer to the Institute's administration, placing me in a good position to solve other issues linked to my Palliative Care work

The writing of the bone marrow transplant project and its coordination with the Hope 87 organization took place simultaneously, with daily email and document exchange. I worked night and day including Saturdays and even some Sundays, virtually without days off or holidays for eight straight months -- not the two months originally planned. I worked feverishly to complete the majority of the project and budget, and to align it with the requirements of the Hope 87 organization.

I took on the Palliative Care project because it is an activity that must be present in an Institute of Oncology – the only centre specializing in cancer treatment in Moldova. I knew from the very beginning that this change in my activity would lead to less personal income. I hoped against hope that support from medical authorities would be provided and I would witness a quick development of this service in Moldova. This would have been a reward for my personal efforts.

Local Achievements

To raise awareness about Palliative Care and adequate symptom control – and being a doctor in the Institution that supervises oncology service in the country -- I appealed to district oncologists in Moldova as an easily-accessed target. I suggested establishing a series of lectures for them on essential pain treatment, using resources from the project budget. Some oncology doctors from the Institute were also invited to the course, along with the main oncologist from the Ministry of Health and Institute department heads. The course was very beneficial, for the subject of pain and its treatment was discussed for the first time in Moldova. District oncologists showed willingness to participate in similar future presentations, and the need for such courses was generally accepted.

In 2008, while working on the draft to establish a bone marrow transplant center in Moldova, a group of employees of the Academy of Sciences refused at the last minute to allow their institution to participate in a project aimed at "End-of-Life Care" in the Republic of Moldova. The Project planned to conduct about one hundred interviews across the country with caregivers of those who had been bedridden and died of a chronic disease within the last two years. Their refusal came after preliminary agreements had been successfully completed with UNESCO Moldova, the project's English partner-sponsor, and UNESCO Moldova was just about to implement the first phase of the project.

This was the second refusal UNESCO Moldova encountered. I had happily accepted the project because I thought it would provide an opportunity to address an unexplored aspect of palliative care in our country, since caregiver input had not yet been gathered in any national study. Working together with the local UNESCO organization, we had to develop an operating system for the team of investigators within the legal foundation of the project, and devise a feasible plan for all project participants. This needed to honor project requirements and plans for investigators to travel throughout Moldova interviewing caregivers.

One problem in project implementation was finding people who met the criteria for survey caregivers. Challenges included assessing how much time had elapsed since the death of the patient (six months to two years), the caregivers' willingness to record audio interviews; their agreement about publishing; and their readiness to give consent for interviews.

It was personally almost impossible for me to travel throughout Moldova to/from interviewees and conduct the necessary number of interviews within the time-frame. I added an oncologist to help with the project and, with two of us involved, we were able to handle the interviews.

But it was a difficult situation to negotiate. I needed someone from inside the palliative care system to ensure we shared a similar background/foundation and could make informed conclusions. To motivate my colleague, I declined the position of project coordinator and proposed two co-investigators be appointed -- the oncologist and me. This suggestion was readily accepted. For these various reasons, we were delayed in starting, but the project is now complete. Results were published in a Romanian/English bilingual book in autumn 2011, and the book is being distributed to decision-making health authorities, and medical/educational units throughout the country.

Our participation in this study was emotionally overwhelming. It was very difficult to interview people who were often deeply disappointed in our medical system and the quality of care

provided to their relatives. Caregivers lacked support from state and local authorities. Governmental disinterest added to caregivers' emotional burden which was compounded by the loss of their loved one. Much of the care provided to dying patients was based on common sense and voluntary devotion, whether caregivers were relatives, neighbors or casual friends. Some interviewees refused to continue answering our questions, and we had to disregard what they had already said.

After the first few interviews we conducted, we co-investigators were deeply affected by the tragedies we heard and recorded. This was, in fact, the first study in Moldova addressing the needs of palliative care in terms of the caregiver and the dying patient. It took considerable effort to overcome our emotions.

Another challenge was that our work had to be translated into two languages, and it is rare to find good translators in Moldova, let alone fluent English-speaking palliative care specialists. The book was based on survey data but is written in a less-scientific manner which makes it more accessible to the "ordinary" reader in a wider circle of people.

Leadership Development Initiative

By 2010, SOROS Foundation Moldova told me about the LDI program at the Institute for Palliative Medicine at San Diego Hospice. I received a list of requirements for participation, and was assured of support from the SOROS organization.

My first impression was that the LDI program would require multiple activities for which I simply did not have time. After some hesitation about the project requirements, and after assessing my plans for the next two years, I decided to apply.

I knew from the start that I would not have enough time during the working week to meet the requirements of LDI, but I had been long accustomed to working on weekends and holidays. Furthermore, many of my LDI activities require concentration and silence -- conditions that are difficult to imagine at my work.

In Moldova, being a professional at work does not provide any guarantee of material stability, and people cannot survive only on the salary offered by the state. So it is common for people, in addition to their jobs, to be forced to farm some land to feed their family, or build a house manually because buying a house is impossible on a low salary.

In addition, should Moldovans play sports in order to remain physically and intellectually active (recreational activities and vacations being ruled out due to cost) all these activities must take on weekends, interspersed with other demanding activities.

LDI was a catalyst for me to get involved in something new, to do an activity of sustainable value, and to receive support and resources to achieve these goals.

IP Team Activity in the Institute of Oncology

My IP activity began in 2009 as a result of the project I drafted, which was sponsored by the Soros Foundation. Initially, the concept consisted of a mobile hospital team of five people --

two doctors, a psychologist and two nurses. The project title was "Initiating Mobile Palliative Care Services Team in the Institute of Oncology" and provided team training within the Training Center of Palliative Care, consultation with hospital patients, staff room furniture and office equipment. During project implementation, team members were involved in multiple activities related to developing service -- establishing Palliative Care concepts, performance standards, national protocol "Pain in Cancer" and others.

I was appointed by the Ministry of Health as a National Trainer of Trainers in Palliative Care to draft the protocol that was approved in 2011. It fulfills the requirements of national protocols, but differs from other countries' requirements for it specifies specialized research sources. Protocol information was adapted from international sources, largely translated from English, on the treatment of cancer pain and palliative care. Protocol statements are new to doctors in Moldova so we could not rely on existing knowledge/experience treating pain in cancer. We included recommendations for patients and caregivers concerning care for patients with pain. The draft protocol was reviewed and edited by Daniela Mosoiu, approved by Ministry of Health experts and published on the Ministry website in June 2011.

But international protocols differ from ours. Translating terms was difficult because there are no analogies in the Romanian language; terms cannot be translated in one word. The protocol included national concerns, requirements of international approaches to pain management, anticipated eventual changes in legislation, and weighed availability/accessibility of medical drugs to treat pain. This was the first formal document in Moldova to address a consistent approach for patients with cancer, and guides doctors who face these problems daily. It represents an important accomplishment in cancer pain control in the Republic of Moldova.

Since I entered this field, the scope of my activities evolved. Currently I spend much time in activities most doctors find uninteresting -- reporting, budgeting, drafting/implementing strategic plans, attending meetings and working groups. Would that I had team-members to whom I could delegate responsibilities. In fact, we need organizational change to establish the team as an institutional sub-division with full-time employees.

To boost the future of the Institute of Oncology, the Director established a working group in 2010 with the aim of attracting oncologic projects. I made several presentations about my project experience, seeing this as an opportunity to change the perception of palliative care within the Institute and the country.

On one hand, I could use some of my palliative care skills that were not previously required and, on the other hand, I had to develop other abilities necessary for the work I am currently doing. Palliative care helped me rediscover and explore another side of medicine -- the human aspect of suffering.

Following the collapse of USSR, we Moldovans inherited beliefs that continue to affect our achievement today: a perception that almost everything from abroad is seen as superior but that which is local lacks value. We tolerate messages from foreign language speakers -- Romanian, Russian, and English -- more easily than our own. We fear of all types of bosses,

big and small, because in the not-so-distant past one risked everything if one fell into disfavor at work. It was easier and safer to obey superiors.

This is an obstacle to medical progress because to initiate change, you have to challenge the process with the very people responsible for the problem. Questioning superiors was an act of provocation – even an insult. I believe it will take time to change this thinking.

Multidisciplinary teamwork is problematic, too. We did not evolve team skills so we do not trust that team feedback and problem-solving are actually strengths. We are ill-equipped team workers and prefer to remain silent instead of suggesting solutions. We are not entirely happy with the achievements of others – if they are not our closest friends -- and tend to talk in secret behind their backs, looking for hidden meaning behind their achievements. We diminish the value of their work, disregarding values and ethics.

What Would I do Differently?

I would recommend to a close friend at the beginning of his/her career that they waste less time on insignificant things. Learn a foreign language. Access broad-based information -- more readily available today than in my youth. Challenge your values and give them priority in your life. Meet interesting, able people who enjoy positive thinking. Read non-academic books. Develop interpersonal relationships. Learn effective communication. Take time for yourself.

As my career progressed, these matters proved increasingly difficult for me to address. I would like to invest more time in self-development and strengthen my team colleagues by sharing what I learned through my activities.

Thanks to my participation in the LDI program, I managed to fill in many gaps in my self-development. It may not have brought complete happiness, but it has provided a foundation for my future activity.