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ONE STORY OF UNCERTAINITY – HOME CARE SERVICES IN TURKEY

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ABSTRACT

Home care services (HCS) in Turkey are provided in two different ways. The reason for the differences is that "home care" has two different definitions and two different structures for providing th service in the scope of these definitions. In order to describe the process of development of HCS in Turkey, can be benefited from three dynamics, which are uncertainties, doubts, and policy makers.

In this study, it has been examined the situation of HCS as structurally and has developed t suggestions in the context of policy making for the improvements of HCS in Turkey. Some of these suggestio are determination of scope and content of HCS, preventing the service duplication between two different servi understanding provided by Ministry of Health and Social Services and Protection of Children and maintaini the service to be provided in one hand, encouraging and supporting the models including the independent HC

HOME CARE SERVICES IN TURKEY: AN OVERVIEW

HCS in Turkey can be examined in three different periods. The first of them is HCS implemented the frame of Public Health Law (Umumi Hıfzıssıhha Kanunu- UHK). The second of them is HCS implement in the frame of Socializing of the Health Services Law (Sağlık Hizmetlerinin Sosyalleştirilmesi Kanunu- SHS and the third one is HCS being implemented after the year-2000.

HCS implemented within the frame of UHK has focused on services related with the contagio disasters. UHK which was forced into the year 1930 includes not only medical care but also social services applications of home care services only restricted with the care of contagious disasters.

HCS in the scope of SHSK has focused on preventive health services such as immunization, pregn and baby pursuing etc. In SHSK, there are also services with the aim of treatment. The Law of SHSK al enables to visit the homes by the medical specialists without taking any money if the doctors working on villa clinics (sağlık ocağı) decide that it is necessary. However, this enability could not put into the practice.

SHSK includes the regulations to establish basic sturucture of HCS. However, in contrast to su regulations, home care services does not perceived as health care model for both the providers of these servi and recievers of this service. This situation can not be explained only by supply and demand relationship. T social structure should also be taken into account when considering the reason for unsatisfactory situation Turkey in the conterxt of HCS.

After the year 2000, HCSs have been providing by private health institutions. However, these servic have focused on the nursing services and implemented legally insufficient.

HCS is provided by the two govermental institutions, which are Ministry of Health and İnstitution Social Services and Childreen Protection (Sosyal Hizmetler ve Çocuk Esirgeme Kurumu -SHÇEK) .There two fundamental regulations on home care services. One of them is "Regulation on Providing the Home C Services – Evde Bakım Hizmetlerinin Sunumu Hakkında Yönetmelik" which has been forced into the d 10.03. 2005 with published on official gazette numbered as 25751 by Ministry of Health and the other one been published by SHÇEK with the date of 07.08.2008 and whose name is " Regulation on Daily Care Provic

at Eldelry Care Services and Home Care Services - Yaşlı Bakım Hizmet Merkezlerinde Sunulacak Gündüzlü Bakım ile Evde Bakım Hizmetleri Hakkında Yönetmelik".

In Turkey, the best comprehensive regulation on home care services was developed by the Ministry of Health with "Regulation on Providing the Home Care Services". This regulation mostly concenrates on health services related with treatment and cure. It has been implemented to plan the health services applied at home which is developing unregularly.

"Regulation on Daily Care Provided at Eldelry Care Services and Home Care Services" published by the SHÇEK includes the care except from the treatment and rehabilitation services provided at home. In addition to this, with this regulation it is planned to provide social services to the **healthy old people**.

THE UNCERTAINITIES IN HOME CARE SERVICES IN TURKEY

The main uncertainities in home care services in Turkey are what the scope and content of the home care services is, which public institution should be responsible for HCS, who should be at the implemented side and how the financial cost can be supplied.

The Scope and Content of the Home Care Services

In Turkey, there is no uniformity in definition and scope of the home care services and there are two different HCS scope. While the regulation prepared by Ministry of Health involves the services of medical care and rehabilitive care for the patient individuals, in the scope of the HCS provided by SHÇEK there are home care services which involves social, physical, physcological supports that aim to improve the life environment of healthy old people. Moreover, in home care services provided by SHÇEK, the defination of old people who will receive this service was determined as "the individual whose age is sixty and above and the person who needs to social, physical, phsycological support and well being on mental and emotional health". In this point only "healthy old people" are on the scope of HCS. However when providing the HCS to the healthy old people, old people who have chronic diseaes like diabetic medicus, high pressure, and diseases like alzheimer cannot receive such home care services. Most of the elderly people encounter with such diesases. This situation contrasts strongly with home care service's philosophical foundation.

According to the regulation of SHÇEK people who are addict and have contagious diseases are kept out of the home care services. This situation does not overlap with the sample of countries that have developed HCS pratics. HCS is especially preferred by the individual with contagious diseases. In individuals who have HIV positive, the basic health service is the model of HCS.

The Uncertainities in Which Public Institution Should Be Responsible for Home Care Services

Divisions of content of HCS as medical services and social services lead to arise the challenges in practical applications. This "artificial divisions" cannot be overlapped with the definition of health the determined by WHO. The regulation of SHÇEK includes social and psychological services in HCS but it does not include medical services, treatment and nursing care whereas according to this regulation, it is obligatory that the physician and nurses must be exist in the department of HCS. In fact, it can be considered as dilemma within itself. Providing the medical services like injecting is responsibility of nurses.

In the regulation implemented by the Ministry of Health, although it involves the articles related with the only medical care, the explanatory documents published by the Ministry in order to clarify and to solve problem encountered in practical applications include that the social support must also be actualized in HCS. Because of nature of HCS, "such an artifical division" cannot be workable and applicable in pratic. Therefore, eventhough Ministry of Health and SHÇEK separate providing of HCS services applications integrate in pratic and most of the time these institutions can enter into the other institution's field.

Many countries, such as Belgium, France, Italy, Portugal, Spain and the United Kingdom, have an organizational model in which the "health" component of home care is part of the health care system and the "social" component is part of the social system *(1, 2)*. In other countries, especially Germany, Netherlands, Denmark, Finland and Sweden, policy-makers recognized the advantages of providing home care within a single organization under the responsibility of one institution. For example, municipalities have provided home care in Denmark since 1992. In contrast to local government-oriented single-agent solutions,

Germany and the Netherlands, for example, have a single funding stream (insurance-based) that covers home nursing and social care services. In addition to these institutional actors, voluntary, charitable and for-profit providers of home care services have extensive role (3).

The Uncertainities in Funding of Home care Services

There are uncertainities on how the home care services can be funded. Although the large part of the costs is provided by "pocket-payments" in Turkey, there are also different home care applications that can be financed by various resources.

In the scope of "family medicine", it is possible to be provided some part of the HCS to the people that can not enable to come to the doctor. Howver in this situation family medicine will not take any money for providing this service. Hence, HCS provided during the family medicine" applications is not preferential situation, it is actually necessity in providing health service at home.

According to the Regulation of Ministry of Health, public insurance does not give any money to the service providers in HCS. In addition to these, the departments to be established under the public hospitals are also in this regulation scope. Some of the private insurances can supply the costs of the determined part of the HCS. However, the costs funded by the private sector can show some differences according to the scope of the bill.

HCS provided by the SHÇEK afford some part of the costs of HCS. Apparently, it can be said that there are severe uncertainities related with the financial issues in regulation of SHÇEK.

According to the Regulation prepared by commonly SHÇEK and Administration for Disabled People, which is under the Prime Ministry, the payment is provided for the care services given at home, if the families of disabled person provide the care and if they are poor.

DOUBTS ON HOME CARE SERVICES IN TURKEY

Doubts on home care services in Turkey can be listed as below;

- Will the HCS decrease the costs as it is in example of European countries?
- Will the HCS make contribution to the autonomy of patients?
- Will the quality of services be rised?
- Should HCS be assessed as an alternative ehealth model to the hospitals?
- Is HCS suitable for the Turkish care culture?
- Is HCS accepteable for Turkey?
- Is the health staff already exists well prepared to this new HSC system?
- Is it necessary additional training for the existing health staff?

Doubts on Whether the Home Care Services Will Decrease the Costs or Not

There are lots of studies showing that HCS decrease the costs of health services (4, 5) However, there is no study that can compare the costs of HCS and hospital costs. In this point, it can not be tested the assumption that HCS will decrease the costs.

During the comparation of costs, it can be used two different approaches to evaluate the issue. The first one is the comparation of services already existed and the second approach is the comparation of the costs that will be added with the new condition. With health services provided at home, it will be occurred the new service type and will be established the area that did not provided before.

In this point, providing the new services can not only bring the additional costs, but also due to the improvements of health services, it can drop the costs.

Doubts on Whether the Home Care Services Will İncrese the Autonomy of Patients

In literature, the studies show that home care services can incerese the autonomy of patients. However, there are also discussion on that autonomy of patient and family privacy can be damaged since the health staff provide the service at home which is the basic and special place for the individuals (6, 7,8) . Sometimes, home care services can be considered as restrictor for freedom. Moreover, while providing HCS at patient's home can be assessed as improving the independence of patient, on the other hand, expanding the public area by visiting the homes to provide care services can also be evaluated as restrictive for independence. Bauman has a sentence about the freedom as "Any freedom is not absolute, inclusive everthing and unlimited. The unique way to be rescued from one dependence is to use dependence as it is like lever." (9)

Should the Home Care Services Be Assessed As An Alternative Health Institution to the Hospitals?

Providing home care services have been organized in two distinct models as supported by hospitals and independent home care servise institutions. In Turkey, Ministry of Health promotes to be established the home care departments under the hospitals. This approach can lead to think that department of home care services is an alternative department to the hospital service sor it can be considered as an institution that provides care services after the patient leave from hospital. Such a structure organized for HCS can cause to perception that the HCS will be an alternative for the hospital services in the future. Therefore HCS dependent on to the hospital services will not achieve the sustainability of HCS.

Is the health staff well qualified for the Home Care Services?

Human resources place in the core of the long life home care services (10). Home care services are required to health staff to be educated specially and to be chosen precisely. Individuals who will provide HCS need to know the basic principles of HCS and he or she needs to focus on the uniqueness of the patient. In this context, HCS is required to professions who are creative, smart and have high power of empathy (11). Wghen compared to the other health staff, staff of HCS should take contiously and especially in service training. However, there is no staff to take such training.

Does Home Care Services Find Acceptence from Society?

Doubts on whether the health care services find acceptance from society or not can be examined in two basic frame which are the content of this service and socal and cultural faztors. The expression of HCS as it is in the same level with the hospital services or as if it is the complementary part of the hospital services leads to the comparation of the services provided at home and at hospitals. This is the reason why acceptance of HCS will become difficult in Turkey.

In addition to these, during the providing of HCS, to be with together with the patient contnously, It may cause stress between the family members living at home. For relatives of patient, to provide health services at hospital or tos tay the patient at hospital may lead to relaxation.

The study done by Aksayan and Cimete shows that the reason why the patients choose to stay at hospitals is "not to bring any additional burden to the family" which is the answer of people of %78 percentage (12).

Policy Makers in Home Care Services in Turkey

The actors in HCS can be classified in three groups, which are the society that can not be organized, non-govermental organizations and public institutions.

The society that can not be organized involves patients and their relatives. They could not find any any way to convey their opinions during the process of policy making and during the providing of services. Although some patients having certain diseases have been organized, this is very little part of the whole. Although the fundamental group that takes the HCS is deprieved, poor, bed ridden and old people, these groups can not take place in policy making process.

Non-govermental organizations (NGO) do not convey clearly their thoughts and opinions about HCS. When examinig limitedly the literature of HCS, it has not found the certain opinion of NGOs like Turkish Medical Association, Turkish Nurses Association, Association of Health Administrators, Association of Phsyotherapists, Association of Social Service Experts. However, some members of these Asssociations express their opinions on HCS; they are not done under the organizational structure.

Policy makers from public sector are Ministry of Health, SHÇEK, Social Insurance Institution (Sosyal Güvenlik Kurumu-SGK), Ministry of Finance, Administration of Disabled People. However, they can not come together at the common point.

In Turkey, the policy makers on HCS does not give place the opinion of people who recieve this service and they improve the policy as the way they understand, percieve and define the HCS. Moreover, NGOs have not conveyed their opinions apperantly.

CONCLUSIONS

To get rid of the uncertainities and doubts mentioned above, it is thought that it should be falled through the model of homecare services supported by hospital. Instead of this model, it should be implemented the model of independent home care centers. HCS should take place as helath service under the Ministry of Health. With the investigation of examples from European Union, it should be organized the HCS model that is applicable and suitable for Turkey and then after the pilot study applications, it should be implemented. In this point Turkey should benefit from its experiences gained during the preventive health services.

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