

An outpatient clinic and counselling assistance for people without health insurance, Ljubljana, Slovenia

Abstract

The Pro Bono Outpatient Clinic (PBC) provides medical and counselling assistance to people who are not included in the existing national healthcare system. We offer free health services in cases of life-threatening diseases, conditions, and injuries to people residing in the territory of the Republic of Slovenia. The outpatient clinic was established by the Community Health Centre Ljubljana, the City Municipality of Ljubljana and Slovene Philanthropy. Thanks to them, we have three full-time employees, and outpatient facilities which are under the authority of the Bežigrad Health Centre Unit. Given the variety and richness of our work, the clinic can easily be named a small volunteer polyclinic. The work is performed completely differently than in conventional, general or specialist clinics due to certain characteristics which are set out below.

1. Description of the organisation and characteristics of the Pro Bono Clinic

The characteristics of our clinic are as following:

1. Volunteer work
2. Flexible teamwork
3. Marginalised patient population
4. A broad social network of work colleagues

The first characteristic of our clinic is that all doctors work here on a voluntary basis. Why do I stress that? In conventional clinics, public or private, the income of medical staff represents one of the highest expenditures. In the case of our pro bono clinic, this cost is completely eliminated. Volunteer work is performed by approximately 20 doctors of various specialties. The number changes because volunteers leave and others come according to their other commitments and obligations.

The Pro Bono Outpatient Clinic (PBC) operates at the:

- a. primary
- b. secondary
- c. tertiary level

At the primary level, general healthcare activities are performed by a General Practitioner (GP) or other medical specialists. At the PBC, initial and follow-up medical check-ups are performed. In doing so, the work is performed in the manner required by the established medical doctrine. In the first place, anamnesis and heteroanamnesis should be taken, which usually represents a problem for foreigners from the Middle East and Far East, especially if they speak poor English. Once we have at least a basic medical history, and after a clinical examination is performed and a diagnosis established, a patient is referred to tests (if necessary) and given appropriate therapy. In the case of conditions that cannot be resolved at the primary level, the patient is referred to an appropriate specialist working at the secondary level.

The work at the secondary level is performed by specialists of individual professions. If the primary care physician determines the need for a second specialist examination, the registered nurse is instructed to collect a certain number of patients and call the appropriate specialist to perform the work at our clinic at an agreed time. For instance, a gynaecologist, an internist, a neurologist, a radiologist, a paediatrician come to our location at an agreed date, and they perform check-ups, determine the necessary examinations and therapy or refer a patient to another specialist at a tertiary level. Unfortunately, due to the lack of space, we cannot render it possible for ophthalmologists and dentists to work at our clinic, because they need specific medical equipment and space for their work. In cases where specialists work elsewhere, for example in their own medical practices, and do not come to our clinic, we send our patients to the doctors' location where they are treated by the required specialist. We have such an agreement with some concessionaires and with individual clinics.

At the level of tertiary activity, the Department of Emergency Medical Care is of great help to us. In emergency cases, they perform the necessary check-ups and examinations, and refer patients to an institution at a tertiary level, which means hospitalisation, demanding examinations, minor and difficult surgical procedures, and other measures. Following treatment at the tertiary level, which was for instance necessary because of a surgical procedure, the patient is re-

ferred again to our clinic where they are treated until further notice. We constantly work with specialists from a relevant clinical institution, which is of great professional and moral support to us.¹

2. The hierarchy and content of medical work

As already mentioned, volunteer work is performed by a large number of doctors. All doctors are specialists who devote some of their time to the benefit of people who do not have the privilege and the opportunity to get the medical care received by most citizens of our country. Some of them work at our clinic a few hours a month or week, perform duties related to their own disciplines, and do not have any other responsibilities. It is therefore essential that one of the physicians is willing to take over the management of the clinic, as she can devote much more time to this function than other physicians. Therefore, it is worth paying a little bit more attention to the PBC manager.

Doctors are present at the clinic for a short period of time, 2 to 4 hours, and in their absence a registered nurse, a social worker, and a housekeeper are present at the clinic. If they need medical advice, they can always consult a doctor by phone. This responsibility is usually in the hands of the PBC head.

3. The role of the PBC head

I can say that the greatest burden and responsibility for the sound operation of the clinic lies on the shoulders of the head of the clinic, who is the one who performs the most working hours per year. The PBC head carries out general healthcare activity, triage, ensures effective team communication and provides professional staff as well as housekeepers with timely information. In addition, the head takes care of staffing, maintenance, social communication, and fosters good interpersonal relations. The head also plays an important role in the education of the professional team, patients, and their relatives.

¹ Sara Gregori: Poročilo o delu ambulanse v letu 2019 za Mestno občino Ljubljana, Oddelek za zdravje [Report on the work of the outpatient clinic in 2019 of the City of Ljubljana, Department of Health]. Ljubljana 2020.

In addition, one should also not ignore her concerns to promote the clinic, thus making the professional and non-professional environment aware of the role and importance of the PBC. The PBC head is also on permanent standby so to speak, during the entire official operating hours of the clinic.

With regard to promotion and recruitment, I need to clarify the following. Occasionally people ask me if it is true that there are only second-class doctors working at the clinic. I am happy and proud to say that our staff are truly highly professional. All the physicians working at the PBC are renowned specialists with many years of experience, senior doctors, PhD holders, and also University professors. They all have the appropriate licenses, many years of clinical experience, and are still active or retired doctors who are, without exception, special people. These are experts who have a high level of social and emotional maturity, are very open, and have the ability to accept differences. They are distinguished by a special value system characterised by a high level of humanity and respect for life.

The late Prof Dr Janez Milčinski, a renowned Slovene forensic medicine expert, was once asked what, in his view, the qualities of a good doctor are. He said that a good doctor is, first and foremost, a good person, who also knows a bit of medicine.

I can say with all certainty that doctors working at the PBC are good people with big hearts and excellent medical knowledge which is becoming increasingly better and more extensive, also on account of remarkable progress in all areas of medicine and other sciences in recent decades.

Nevertheless, it is not only doctors who work voluntarily at the PBC, but also people of other professions such as a physiotherapist, a pharmacist, a nurse, a social media specialist, a midwife, and a lawyer. There is also a psychotherapist offering his services as an external collaborator. All these people are, as regards their personality, just like the volunteer doctors described above. They are people with big hearts who can sense on some very subtle levels, the distress of those from vulnerable, socially disadvantaged groups.

Another special characteristic of our clinic is flexible teamwork. There are at least 4 people who work together on a daily basis: a doctor, a registered nurse, a social worker and advisor on social and legal affairs, a housekeeper, and other profiles if necessary.²

² Alenka Ugrin Vatovec: Poročilo o delu posvetovalnice v ambulanti v letu 2019 za

4. A brief description of teamwork and work of individual team workers

A doctor, a registered nurse and a social worker represent professional staff who are responsible for the course of medical activity. There is a constant, up-to-date, horizontal communication taking place between the staff members, which is absolutely essential in order to resolve health-related and social problems of clients efficiently and successfully. The most important element of this work is flexibility.

Teamwork goes well if relations among work colleagues are good, genuine and well-coordinated. Each individual member of the above-mentioned professional team works in their area of expertise and regularly consults, adjusts, proposes and informs the other two members about an objective situation which is different for each client. It is practically impossible to establish a routine in teamwork, because of the many unknowns involved in solving the problems of each individual. And these unknowns can only be solved with the assistance of a social worker and, if necessary, with the inclusion of other experts and institutions. Therefore, without flexibility and good mental health and well-being of all employees, such work cannot be carried out.

I mentioned the volunteer work of doctors earlier. Therefore, it is also relevant that other workers – the registered nurse, the social worker, and the housekeepers, are in a regular employment relationship for an indefinite period of time. They are on duty during the entire official working hours of the clinic, even when a doctor is not present. Without them, our healthcare work is impossible to imagine.

The work of the registered nurse represents the foundation of the PBC work. The registered nurse is present every working day, and works full time. In addition to primary healthcare duties (admission of patients, the initial and follow-up check-ups, inspection of identity documents, verification of health insurance, determining the reason for the visit), the registered nurse is also in charge of all administrative work such as: keeping a register of patients, verifying their identity and health insurance, keeping a doctors' attendance schedule and a schedule of control examinations, coordination between doctors and other work-colleagues, scheduling patient appointments, informing patients, writing reports, preparing patients for preventive and cura-

Slovensko filantropijo [Report on the Work of the Consultation room in the Outpatient clinic in 2019 of Slovenian philanthropy]. Ljubljana 2020.

tive check-ups, participating in examinations, performing biometric and tropometric measurements, performing managerial activities, ordering and administering medicines, being in charge of healthcare education (diabetics, pregnant women, children, the chronically ill), taking care of vaccinations and storage of vaccines, handling waste, ordering medical materials with EDICO application, making sure that Ljubljana Healthcare Centre (ZDL) standards are taken into account, attending trainings and meetings, cooperating with the media, cooperating with similar clinics, obtaining donations, and countless other tasks based on communication with the umbrella organisations of our clinic. The registered nurse has to maintain regular and professional contact with all of them and inform them about the events and activities of the clinic. She also takes care of a wide professional network of medical staff, contacts with pharmacists, nurses. Her work is really highly appreciated since she can really relieve a doctor of the burden, either by doing the work on her own or by consulting a doctor over a telephone.

A nurse and a doctor who are able to facilitate a two-way communication and are willing to take into account each other's suggestions and opinions are an ideal professional partnership. Such communication facilitates the work and increases professional and time efficiency. A compatible relationship is the key to good cooperation, so that everyone gets inspired and is willing to join forces and work together. A nurse who is unable to do so, comes across as unpleasant and annoying, and can cause interpersonal tensions leading to poor quality work and team breakdown.

The work of a social worker requires specific knowledge, particularly in the field of health, administrative, social and civil legislation. It requires the abilities of exceptional tolerance, networking, decision-making, and appropriate communication with people who do not have a valid status and do not meet other conditions applicable in the Republic of Slovenia. After the first contact, the registered nurse redirects them to a social worker who finds out why they are in our country. As regards the patient visits at our clinic, the ratio between the number of Slovenian and foreign citizens has been around 50:50 % all these years.

A housekeeper, who is a non-professional colleague, plays a very important role in our team as well. She is employed as a cleaner, however, she performs her work duties on a wider scale and at a higher level. That is why I named her a housekeeper. Without her

assistance, our clinic would not function perfectly. The housekeeper is also included in continuous information flow and coordination. Due to the large fluctuation of people, the housekeeper must ensure a high level of room hygiene. In addition to the outpatient rooms, an office, an isolation room and a warehouse, she must also take care of the toilets and the bathroom which is used by the homeless to wash and change their laundry and swap donated goods. The housekeeper also supplies the homeless with basic hygiene items such as toothbrushes, towels, soap, etc. She is in charge of receiving and sorting all donated clothes and numerous other items, from laundry to orthopaedic aids, trolleys, etc. This person must also surely have personality traits such as respect and tolerance for difference, warm-heartedness, diligence and kindness, which is what the population she communicates with needs.

5. Who are our patients?

The special characteristic of PBC is our patients, who are mostly on the social margins, belonging to particularly vulnerable groups living at the edge of society, the so-called marginalised population. When providing health services, everyone is identified on the basis of their personal documents and other documents, if one has any. If we find out that a patient does not have adequate health insurance, the person is entered in the register of our patients.

Among Slovenian citizens, people visiting our clinic are those with non-existent or unregulated health insurance. These people are mostly from different marginalised categories; people with precarious employment, victims of physical violence, the homeless, addicts, the elderly, foreign students, psychiatric patients, and former prisoners who no longer have health insurance after serving their prison sentence. This group also includes people without valid identification documents. Among the Slovenes, the marginalised groups are represented by former craftsmen, the homeless, addicts, Slovene-foreigner couples, former prisoners, and those without any personal documents.

The first such group are former craftsmen who have unpaid debts to the state, failed crafts or businesses and are not capable of working due to their age or illness. A special category is represented by the homeless, mostly men, rarely women, who are more or less our reg-

ular patients, and are addicted to alcohol, drugs or both. Under the Slovenian healthcare system, drug addicts without health insurance are no longer entitled to receive free methadone treatment, therefore, in the state of abstinence crisis they often recourse to our clinic. The next category of patients are former prisoners who, after serving their prison sentence and returning to normal life, no longer have the health insurance they were entitled to during their imprisonment, regardless of their status.

We are occasionally visited by mixed-nationality couples, one of whom is a Slovene and the other a foreign citizen who has fallen ill. The foreign citizen seeks healthcare assistance at our clinic because they both wish to stay and permanently organize their life in Slovenia, but they have not yet arranged all the necessary papers.

We also have cases of patients living in Slovenia for many years, who have no personal documents. They are known to the police who initially fined them, but then eventually left them alone because they have not been causing any trouble. The issue arises when one of them gets ill, and the situation becomes so complicated that such patients end up being passed between various institutions which do not know how to sort out or simply handle their situation. Here, it seems that a systemic solution at the state level is likely to be needed.

Among foreign nationals, there are refugees who have applied for international protection, and other foreigners without residence status. There are also some foreign students and tourists. A social worker tries to help these people, particularly when it comes to sorting out issues with their documents such as arranging and obtaining certificates of temporary and permanent residence or obtaining permission to stay in our territory, certificate attesting the absence of any criminal record, work visa, and last but not least acquisition of citizenship.

Among foreign nationals, there are people who have applied for international protection and/or have unfit living conditions, for instance: migrants who are mostly younger men, tourists who are foreign nationals and find themselves stuck in Slovenia, foreign students, and the elderly visiting their children who have lived and worked in Slovenia for many years. Occasionally, we also deal with victims of domestic violence. These are most often individual cases of young women who have no education, some of them even being illiterate, who are completely financially dependent on their partners, have at least two children and are thus unable to become independent.

Given the diversity of our patients and the specifics of the work, we truly are a very special institution which could also be called a Small Polyclinic of Volunteers. Our patients come from all corners of the world, from all continents, and are of all varieties of religions, skin colours, languages, and cultures: Ecuador, Brazil, Gambia, Eritrea, Algeria, Libya, Iraq, Syria, Russia, Ukraine, Bosnia, Serbia, Croatia, Turkey, India, Afghanistan, the USA, the UK, etc.

When communicating, we use several different languages, sometimes with the help of translators the patients bring with them. Common non-verbal forms of communication with pantomime, hand and foot gestures and facial expressions regularly prove useful as well. Occasionally, patients bring a medical report from their country of origin, however, most patients visit our clinic without any medical records, possibly having only a foreign ID, and besides, they cannot even explain what they want. Sometimes it turns out that their visit is not about a medical problem at all, but a social, cultural or other conflict situation they do not know how to get out of. Some patients speak some basic English, others almost nothing, and there are many who speak only their own language, for instance Arabic, Farsi or Turkish, which makes basic communication and assistance very difficult.

6. Some statistics on visits to the Pro Bono Clinic

As established in the 2019 annual report of the registered nurse, 599 patients were treated at the general outpatient clinic. While working independently, the registered nurse recorded 1.400 visits (consultations, donations, providing information, calls related to bringing medicines and clothes). When examining our patients' medical records, we eliminated those who had already had their health insurance arranged or had died or had not visited our clinic for more than 10 years. We came to the conclusion, that at the end of 2019, there were 911 registered patients in total. Out of 911 patients, 291 have open medical records, and 620 patients have been entered in a special medical book because they visit a doctor less frequently. If their health deteriorates, we also open a medical record for them. Out of 911 registered patients there are 905 adults and 6 children.

As is apparent from the social worker's annual report, there were 1205 visitors who received her counselling service, of whom 89 pa-

tients visited the outpatient clinic for the first time in 2019. Among these patients, 16 of them subsequently arranged their health insurance, and 1 patient died.

At the first visit, the patient is treated very thoroughly, therefore the initial treatment includes a visit to the social worker, the registered nurse, and a doctor. Once all the professionals align their opinions and determine how we can provide assistance, we agree on the procedures and possibilities of lending a helping hand to the person in need. During follow up visits, the work is less complicated because the professionals are already familiar with certain data and the procedures can only be further supplemented.

In 2019, we classified the users of our Pro Bono Outpatient Clinic into the following categories:

- a. Slovene citizens: 17
 - entrepreneurs with debt resulting from their unpaid contributions: 6
 - self-payers of basic health insurance with retained rights to health services: 1
 - people without a permanent place of residence (often homeless people): 6
 - other: 4
- b. Foreigners: 72
 - foreigners with a permanent residence permit: 1
 - foreigners with a temporary residence permit: 32 (based on work: 2, based on family reunification: 11, based on schooling and studies 14, based on other justifiable reasons: 4)
 - applicants for international protection: 13
 - other EU citizens: 8
 - holders of a stay permit: 1
 - other: 18 (persons who are tourists in the Republic of Slovenia: 11; persons without a residence permit: 2; persons who have applied for a residence permit, but a decision regarding their permit has not yet been determined by a competent authority: 3; nullified status of the »erased« – the group of people in Slovenia that remained without a legal status after the declaration of the country's independence in 1991: 2).

Division by gender and age:

- men 35
- women 48
- young girls 4
- young boys 2
- total 89

In 2019, 1205 users were provided with our social work counselling service. Not all of those treated needed medical assistance, but only a consultation with a social worker.³

7. The most common health problems of our patients

The most common health problems of our patients are: cardiovascular disease, often arterial hypertension, cardiac problems, chronic respiratory diseases, smoking bronchitis, dyspnoea, pneumonia, tracheitis, laryngitis, alcohol and/or drug addicts, diabetes, oncological diseases, psychological disorders, various addictions, adjustment disorders, anxiety, depression, dementia,⁴ endocrine disorders, gynaecological issues, pregnancy care for women, preventive examinations, childhood vaccinations, seasonal virus infections, allergies, dermatological diseases, psoriasis, scabies.

All our visitors are, without exception, special in the sense that they are present in our country, but they do not »exist« administratively and are therefore not entitled to obtain compulsory health insurance. At the end of 2020, there were more than 141,000 people without a general practitioner in Slovenia.⁵ As a result, they are also not entitled to the same rights as those who have health insurance. After the first contact, the registered nurse who receives the patient, enters his/her name in the list of patients and takes the basic data. The registered nurse then refers the patient to the social worker who is a counsellor for social, administrative, and other relevant matters. Only after the social worker verifies the patient's identity and establishes

³ Alenka Ugrin Vatovec: Poročilo o delu (Note 2).

⁴ Združenje psihiatrov pri Slovenskem zdravniškem društvu in Republiški kolegij za psihiatrijo: Navodila za izvajanje psihiatričnih storitev v času epidemije Covid-19 [Instructions for the provision of psychiatric services during the Covid-19 epidemic]. Ljubljana 2020.

⁵ Sarah Neubauer: Iskanje osebnega zdravnika je skoraj misija nemogoče. NISLO, 26. 6. 2021. <https://n1info.si/novice/slovenija/osebni-zdravnik/>

that the patient does not have health insurance, the patient is referred back to the registered nurse. The registered nurse then refers the patient with the prepared medical documentation to a doctor who determines the need for a medical examination, intervention, therapy, or further procedures. Before the patient sees a doctor, the social counsellor, the registered nurse and a doctor have already exchanged all the necessary information and discussed their opinions.

Any patients who already have health insurance in the Slovenian system are referred to their personal doctor. A special category exists that accounts for patients who have state health insurance, but do not have a personal doctor of their choice because they have never been ill before. We try to help people in that situation as well, one way or another, but one administrative action we cannot provide them is registering for sick leave, since sick leave can only be issued by a personal physician. We still sometimes remain powerless in such situations.

The basic problem with our patients is not really health insurance, but the fact that they are forced to visit us due to their illness, since they have no other choice. At this point, other problems that are essential to survival also often surface. In a state of illness, people rise from anonymity in which they have been listless for months, countless among them for years. They do not have the basic conditions for normal living, permanent employment, housing, money, have sub-standard or deficient documentation, or they live without any official documents that would prove their identity. In the last year, we have treated two men in very poor health who have never in their lives received any official documents confirming their identity, and so they live, work, and have managed to exist in complete administrative anonymity to the Republic of Slovenia, which might seem completely impossible to us, »normal« Slovenian citizens. Most of our patients belong to the marginalised population of the homeless, »the erased« – the group of people in Slovenia who remained without legal status after the country's declaration of independence in 1991, migrants and refugees. We also have a high number of alcohol and drug addicts as well as former convicts who are released from prison and fail to arrange their insurance. In previous years we assisted quite a lot of Roma people, but now they no longer tend to visit. A special category is represented by mental health patients who lose touch with reality and do not know or are unable to arrange appropriate documentation. We have one other very vulnerable group comprising women and

their children who are victims of violence, have no education and are often even illiterate.⁶

8. Volunteers from elsewhere

The special feature of our work is the establishment of a wide voluntary social network of individuals and institutions that are willing to provide free-of-charge assistance. These are people and institutions who are prepared to do voluntary work, regardless of their primary social, political and socio-economic role. We work with a lawyer, a psychologist, a psychotherapist, social workers, doctors, nurses, educators, a pharmacist, a physiotherapist, a midwife. We have also managed to attract private and state health-institutions to take part in our activities. We use their services or advice in if we cannot deal with the situation at our Pro Bono Clinic. We work with a private dentist, a dermatologist, an orthopaedist, and various different clinics such as: The Clinical Department (CD) of Cardiovascular Surgery, CD of Rheumatology, CD of Septic Surgery, CD of Infectious Diseases, the Institute of Oncology, CD of Otorhinolaryngology, the Institute of Microbiology and Immunology, CD of Dermatology and Venereal Diseases, etc. Adria Lab, a private diagnostic laboratory, carries out basic laboratory tests for us. All emergency outpatient clinics of the above listed departments are very efficient and well organised.

In addition to healthcare, there are two other programmes of non-governmental organisations included within the framework of our Pro Bono Outpatient Clinic. Slovene Philanthropy attends to psychosocial care, while the Slovenian Red Cross provides our patients with hygienic supplies. For 25 years, Slovene Philanthropy has been responding to social problems, promoting and developing volunteering as well as intergenerational cooperation. Besides, it has also been working in the area of migration, helping the most deprived and defending human rights.

In addition to the above organisations, we also cooperate with the following non-governmental organisations: Shelter for the Homeless in Ljubljana – we provide them with bedding and clothes, Red Cross,

⁶ Vida Drame Orožim: Lastna opažanja in izkustva 5-letnega dela v ambulanti, od leta 2015 do 2020 [My own observations and experiences from 5 years of work in the clinic from 2015 to 2020]. Ljubljana 2020.

Caritas, Pro Bono Outpatient Clinics in Maribor and Koper, The Missionaries of Love in Ježica (Ljubljana), Kralji ulice (Street Kings), Stigma (a non-profit humanitarian organisation) and others.

The most common social-assistance activities we carry out for our users are as following: arranging basic and supplementary health insurance, arranging personal documents, arranging permanent residence, arranging permanent or temporary residence permits in the Republic of Slovenia, arranging better and more suitable accommodation, job-search assistance, assistance in providing legal aid, escorting patients who need to visit a certain clinic or medical facility, establishing contacts with appropriate institutions, providing information, counselling services, advocacy, psychosocial and psychotherapeutic assistance, fieldwork – visiting our users/patients at home.

As can be seen from the information above, we perform a number of different activities which can be described by means of one single denominator – volunteering for people in need.⁷

9. Conclusion

The outpatient clinic and counselling centre for people without health insurance carries out interdisciplinary activities intended for people without health insurance, people who belong to the most vulnerable social groups.

We provide emergency medical, general and specialist services at a primary, secondary and tertiary level for all patients without health insurance, whether Slovenian or foreign nationals, for adults and children, regardless of their age, gender, education, religion, skin colour, cultural or political affiliation.

These are mostly different marginal categories, failed craftsmen, homeless people, the unemployed, former prisoners, the erased, victims of violence, undocumented people living in Slovenia, the Slovenes who want to establish life in our country together with a foreign national, refugees who have applied for international protection or are without a legitimate residence, foreign tourists and students as well as the elderly staying with their children who have been living and working in our country for a long time. We have not seen any Roma people for many years now.

⁷ Vida Drame Orožim, Lastna opažanja in izkustva (Note 5).

Doctors working at the Pro Bono Clinic perform, without exception, volunteer work, while the registered nurse, the social worker, and the housekeeper are all full-time employees without whom the clinic would not be able to function. At the level of a general outpatient clinic, flexible teamwork is essential, and due to the great diversity of people and their hardships, such work necessitates good mental organisation. Therefore, the work in our general outpatient clinic cannot be compared to outpatient clinics dealing with patients who have regular health insurance, residence and documents. In addition to preventive and curative work and thanks to our highly experienced registered nurse and social worker, we also provide counselling, guidance, educational activities and supervision.

A broad social network makes it possible to tackle unusual and complex medical, administrative, and other situations. We cooperate with health and non-governmental organisations (Red Cross, Caritas) which contribute their share of psychosocial and basic hygiene care. Volunteer work is also performed by a midwife, a lawyer, a physiotherapist, pharmacists, and a PR person.

All our volunteers are considered to be special people with mature emotional intelligence, high socio-moral sense, tolerance and the ability to accept differences. They are warm-hearted people who are open, good and kind. They all love life and dedicate their knowledge and time to less fortunate ones in need.