
Palliative care improves health

Why and how WHO is working on palliative care?

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WHO definitions

- *“Palliative care is an approach that improves the **quality** of life of **patients and their families** facing the problem associated with **life-threatening illness**, through the prevention and relief of suffering by means of **early identification** and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.”*
- *"Health is a state of complete physical, mental and social **well-being** and not merely the absence of disease or infirmity. The enjoyment of the highest attainable standard of health is one of the **fundamental rights of every human being** without distinction of race, religion, political belief, economic or social condition."*



The WHA resolution



"Recognizing that palliative care (...) is fundamental to improving the quality of life, well being, comfort and human dignity for individuals, being an effective person-centred health service that values patients' needs (..)"

WHA67.19 - 2014

Overview

- The moral imperative / ethical duty of palliative care
- The need to transform the modalities of care
- From the "*umbrella strategy*" to building the "*house*" of palliative care for the patients and their families
- WHO's work

Ethical duty

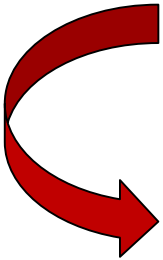
- *"I will use those dietary regimens which will benefit my patients according to my greatest ability and judgement, and I will do no harm or injustice to them."*

Hippocratic oath

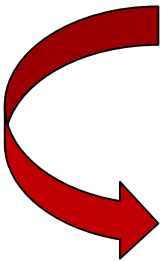
- *"The physician must adopt an attitude to suffering that is compassionate and humane, and act with empathy, respect and tact. Abandonment of the patient when he or she needs such care is unacceptable medical practice."*

WMA Declaration on end-of-life medical care (2011)

Ethical duty



Abandonment of patients in need of palliative care violates the principle of beneficence and non-maleficence. It has been assimilated to torture.



Health professionals have a duty to care patients until the end of their life.

National policies must be in place to allow the provision of palliative care, across ages and disease groups.

Ethical duty

Tensions between universal principles, particular values and singular situations:

 Decision making processes must ensure these tensions are managed at all stages of the disease, engaging the patients and their families

 Training care providers

Transforming the modalities of care to improve quality of life



- Historically palliative care was initiated within cancer programs, for end-of-life patients
- The current challenge for health systems is to develop new modalities of care
 - based on advanced care planning
 - coordinated between all levels of care, with a strong component at primary health care level
 - meeting complex needs of the patients and their families

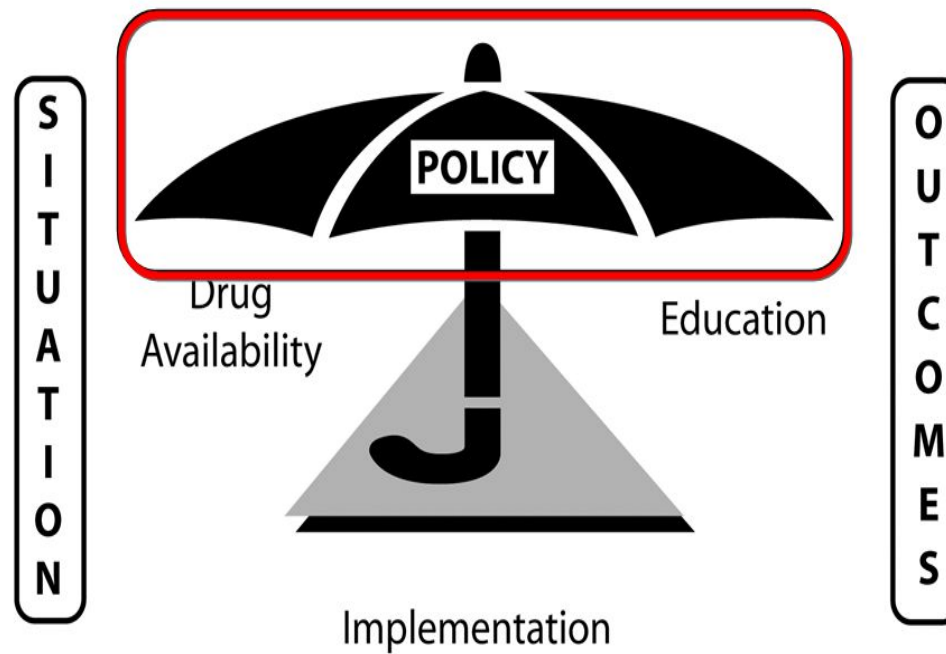
2007

J.Stjernsward

K. Folley

F.Ferris

WHO Public Health Strategy for Palliative Care



Building the "house" of palliative care

An analogy to describe

- *an integrated people centred approach*
- *a cultural transformation of health services*



Diversity of models



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The foundations

- Availability of essential medicines for PC, at all levels of care

see WHO Model List of Essential Medicine

http://www.who.int/medicines/publications/essentialmedicines/20th_EML2017.pdf?ua=1

- Appropriate regulations
- International collaboration to harmonize regulations
- Advocacy

The walls

- Educational programs for all stake holders: health professionals, policy makers, social workers, etc.
 - Fighting against *opiophobia*, preventing over prescriptions
 - Improving the communication between palliative care specialists, general practitioners and other care providers
 - Considering physical symptoms, as well as psychological and spiritual needs
- Information of the public, the patients, their families, the patient organizations, the media
- Patient and family engagement

The door

Entry point of a national program on palliative care:

- National policy on palliative care and palliative care component in all policies e.g. NCD, TB, HIV
 - ❖ Based on national need assessment
 - ❖ Monitored with quality and satisfaction indicators

The windows

Multiple and integrated approaches to address complex needs

- chaplains working with nurses, family care givers interacting with pain specialists, physicians (GP and specialists) collaborating with psychologists, pharmacologists, policy makers, community care givers, etc.
- patients and families actively engaged in the decision making processes from an early stage

The roof

Public debate

- ✓ is needed to address ethical issues, taking into account the social and cultural contexts
 - e.g.
 - ❖ the advance directives can be useful in the decision making processes but are not appropriate in all settings.
 - ❖ the role of family care givers and home based care is particularly important in LMICs
- ✓ contributes to cultural changes and clarification of misconceptions

WHO's work

WHO Current activities


Following the adoption of the WHA resolution which includes palliative care in UHC, a series of guides for healthcare planners, implementers, and managers is developed



- * Planning and implementing palliative care
- *Integrating Palliative Care and Symptom Relief into Pediatrics*
- *Integrating Palliative Care and Symptom Control into Primary Health Care*
- *Palliative Care and Symptom Control in Responses to Humanitarian Emergencies & Crises*

- Guidelines on Medical Management of Cancer Pain in Adults and Adolescents (WHO-NVI) to be published in 2018
- Communication tools to share country experience
 - ❖ WHO website <http://www.who.int/palliativecare/en/>
 - ❖ Community of Practice
<http://www.integratedcare4people.org/communities/integrated-people-centred-palliative-care/>

mPalliative Care project: study in Zimbabwe, Uganda and India

- Background: most patients in need of palliative care in LMICs are at home under the care of a family caregiver  need to explore how evidence-based mHealth interventions could form part of the evolving palliative care services in LMICs.
- Objective : to develop a mobile app for informal / family caregivers and a web-based application for palliative care team and to determine feasibility, acceptability, activity and potential effectiveness in LMICs.

The 40th anniversary of the Alma-Ata Declaration provides an opportunity to insist on the ethical responsibility of governments to give access to palliative care, at primary health care level, as part of a life course approach promoting the active engagement of the patients and their family in all decision processes.

More research is needed to develop indicators and measure the quality of palliative care





Thanks!

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