



PAL-LIFE Advocacy Group on improving Palliative Care around the World

The global situation

It is estimated that over 40 million people currently require palliative care every year, and this is expected to grow due to population ageing, the global prevalence of Non-communicable diseases, and the persistence of other chronic and infectious diseases worldwide¹.

40 OVER 40 MILLION
PEOPLE CURRENTLY
REQUIRE PALLIATIVE
CARE EVERY YEAR

PAL-LIFE project

The Pontifical Academy for Life (PAV) has identified the **Palliative Care movement** as the most humane response to the needs of seriously ill and dying children, adults, and fragile elders, to ensure that they are cared for until the end. In 2017, it launched an international project called “PAL-LIFE: International Advisory Working Group on Diffusion and Development of Palliative Care in the World”².

13 THE PAL-LIFE CREATED
THE AD HOC GROUP
COMPOSED OF 13 PC
LEADERS

The PAL-LIFE created the **ad hoc group composed of 13 PC leaders**, selected based on their professional expertise, demonstrated participation in PC advocacy activities, and as representatives of different geographical regions and professional backgrounds.

The **aim of the PAL-LIFE Project** is to heighten social and cultural awareness regarding the existence of PC, and to promote dialogue and cooperation between the various stakeholders in the development and implementation of PC. The goal is to improve the global treatment and care of patients and their families facing life-limiting illness, taking into account the perspective of different religions.

White Paper for Global Palliative Care Advocacy

During the initial meeting of the PAL-LIFE ad hoc group, the participants developed the basis for a global PC strategy for PAV, which included plans to draft a position statement: the **White Paper for Global Palliative Care Advocacy**. This white paper aims at presenting the most important **recommendations for the diverse stakeholder groups** involved in global PC development.

1 World Health Assembly Resolution WHA 67.19. *Strengthening Palliative Care as a Component of Comprehensive Care throughout the Life Course*.

2 Nunziata Comoretto, “PAL-LIFE Project: International Advisory Working Group on Diffusion and Development of Palliative Care in the World”: First Meeting Report’, *Journal of Palliative Medicine*, 20.9 (2017), 913–14 <<https://doi.org/10.1089/jpm.2017.0237>>.



Selected Recommendations for the Stakeholders

POLICYMAKERS

Policymakers must recognize this societal and ethical value of PC and modify the existing structures, policies and outcome measures of healthcare to allow universal access to PC for all patients with progressive chronic diseases before death.

UNIVERSITIES (ACADEMIA)

All universities engaged in formation of healthcare workers (doctors, nurses, pharmacists, social workers, chaplains, etc.) should include basic level PC training as mandatory undergraduate coursework.

PHARMACISTS

Pharmacists should work to provide efficient mechanisms for extemporaneous compounding of nonstandard dosage forms, and should find ways to make them available and accessible for the patient, especially when there are no generic/cheaper formulations available in the country.

PROFESSIONAL ASSOCIATIONS & SOCIETIES

Professional associations and societies should also support the advocacy role and the domestication of regional and global policy frameworks and declarations such as the 2014 WHA PC Resolution, Universal Health Coverage, the Sustainable Development Goals and the Non-Communicable Diseases declaration.

PHARMACEUTICAL AUTHORITIES

Morphine is the preferred medicine for moderate/severe cancer pain control and should be made available, especially the immediate-release oral one. Other opioids are helpful, but should not replace morphine.

MASS MEDIA

Mass media should be involved in creating a culture of understanding around advanced illness and the role of PC throughout the illness.

INTERNATIONAL ORGANIZATIONS

WHO Member states should develop policies and procedures to implement WHA Resolution 67/19 as an integral part of their strategies to implement Agenda 2030 for Sustainable Development, paying specific attention to the needs of children and older persons.

RELIGIOUS INSTITUTIONS, SPIRITUAL GROUPS

Religious leaders and organizations should advocate for the inclusion of spiritual care in PC on the local, state and country levels. They should ensure developing of professional spiritual care providers or chaplains and ensure their sustainability in all health settings.

HOSPITALS AND HEALTH CARE CENTRES

Every Hospital and Healthcare Centre should ensure affordable access to basic PC medicines, particularly to opioid medicines like Morphine which is in the essential medicines list of WHO.

PATIENTS & PATIENTS' GROUPS

PC patients need a health literacy campaign to integrate PC for all serious or life limiting diseases.

HEALTH CARE WORKERS

All healthcare workers engaging in PC should receive certification appropriate for one's profession and degree of involvement in palliative care, while actively participating in ongoing education to develop competences required for certification.

PHILANTHROPIC ORGANIZATIONS & CHARITIES

PC individuals and organizations must engage, educate and advocate for philanthropic organizations and charities to support PC development and implementation. Recommended areas of funding should include PC education and training of all health care professionals, revising government health policy to include PC, making pain relieving medicines available, raising public awareness about the need for PC, model service delivery at home, in hospital and hospices.

PROF. ASS. & SOCIETIES OTHER THAN PC

To encourage human rights organizations to take into account existing declarations and to implement strategies whose aim is advancing PC development worldwide within the Human Rights framework.