



Ambassador Mr. Martín García Moritán  
Chair Working Group (OEWG) on Ageing  
Division for Inclusive  
Social Development (DISD)  
United Nations Department of  
Economic and Social Affairs (UN DESA)  
UN Headquarters,  
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**Call for inputs: Tenth Working Session of the Working Group will be held from 15 to 18 April 2019**

9 January, 2019

Your Excellency,

The World Medical Association welcomes your work and effort to develop an international standard on the protection of the rights of older people to “Autonomy and Independence” and “Long-term and Palliative Care”. We appreciate the opportunity to give input to this working group. Your questionnaire asks for local situations. This is unsuitable for global NGOs like us, however we think we can add valuable aspects to the discussion.

The World Medical Association (WMA) is the global federation of National Medical Associations representing the millions of physicians in over 110 countries. Acting on behalf of patients and physicians, the WMA endeavors to achieve the highest possible standards of medical care, ethics, education and health-related human rights for all people.

As patient autonomy, chronic illness, palliative care, end of life and advanced directives are of utmost importance to us, we are convinced to have developed useful guidance on some of the issues pertaining to your workgroup.

We strongly welcome the idea of fostering patient autonomy during the process of ageing, but demand that this has to be combined with a Universal Health Coverage, providing real choice to elderly patients. A specific focus has to be laid on the care for chronic diseases, rehabilitation and palliative care including a sufficient pain relief.

Elderly persons will have specific needs in communication and health services and goods delivered at their home place. Technology will support to provide such care and communication but should not lead to a dehumanization or isolation.

We think that the following WMA policies related to these issues could add value to your work and discussion (the policies are accessible as a link or attached as pdf):

### WMA Declaration of Lisbon on the Rights of the Patient

<https://www.wma.net/policies-post/wma-declaration-of-lisbon-on-the-rights-of-the-patient/>

While a physician should always act according to his/her conscience, and always in the best interests of the patient, equal effort must be made to guarantee patient autonomy and justice. This Declaration represents some of the principal rights of the patient that the medical profession endorses and promotes such as right to medical care of good quality, freedom of choice, self-determination, information, confidentiality, health education and dignity.

### WMA Statement on Ageing

<https://www.wma.net/policies-post/wma-statement-on-ageing/>

The increase in longevity has been paired with a decreasing number of children and the challenge to put the infrastructure for an aging population place. The WMA policy covers the topics of medical expenses, effect of ageing on health systems, special health care considerations, considerations for health care professionals, reducing impact on health care, establishing optimal health care systems, specificities of health care, and education and training for physicians,

### WMA Statement on the Global Burden of Chronic Disease

<https://www.wma.net/policies-post/wma-statement-on-the-global-burden-of-chronic-disease/>

Chronic diseases, including cardiovascular and circulatory diseases, diabetes, cancer, and chronic lung disease are the leading cause of death and disability in both the developed and developing world. The ongoing and anticipated global trends that will lead to more chronic disease problems in the future include an aging population, urbanization and community planning, increasingly sedentary lifestyles, climate change and the rapidly increasing cost of medical technology to treat chronic disease. The primary solution is disease prevention. National policies that help people achieve healthy lifestyles and behaviors are the foundation for all possible solutions. Increased access to primary care combined with well designed and affordable disease-control programs can greatly improve health care. The WMA policy gives policy recommendations to governments, professional associations, medical schools and individual physicians regarding the importance of prevention and national health programs, health care system strengthening, the health workforce, primary health care, and education of health professionals.

### WMA Declaration of Venice on Terminal Illness

<https://www.wma.net/policies-post/wma-declaration-of-venice-on-terminal-illness/>

When a patient's medical diagnosis precludes the hope of health being restored or maintained, and the death of the patient is inevitable, the physician and the patient are often faced with a complex set of decisions regarding medical interventions. Advances in medical science have improved the ability of physicians to address many issues associated with end-of-life care. However, it is an area of medicine that historically has not received the attention it deserves. The dying phase must be recognized and respected as an important part of a person's life.

The World Medical Association recognizes that attitudes and beliefs toward death and dying vary widely from culture to culture and among different religions. In addition, many palliative and life-sustaining measures require technologies and/or financial resources that are simply not available in many places. The approach to medical care of the terminally ill will be influenced significantly by these factors, and thus attempting to developing detailed guidelines on terminal care that can be universally applied is neither practical nor wise. Therefore, the World Medical Association

articulates some core principles to assist physicians and National Medical Associations with decision-making related to terminal care.

#### WMA Declaration on End-of-Life Medical Care

<https://www.wma.net/policies-post/wma-declaration-on-end-of-life-medical-care/>

All people have the right to high-quality, scientifically-based, and humane healthcare. Therefore, receiving appropriate end-of-life medical care must not be considered a privilege but a true right, independent of age or any other associated factors.

Palliative care at the end of life is part of good medical care. The need for access to improved quality palliative care is great, especially in resource-poor countries. The objective of palliative care is to achieve the best possible quality of life through appropriate palliation of pain and other distressing physical symptoms, and attention to the social, psychological and spiritual needs of the patient. The WMA policy deals in particular with the aspects of Pain and symptom management, communication and consent; ethics and values, Medical records and medico-legal aspects, Family members, Teamwork, Physician training, Research and education.

#### WMA Declaration on Euthanasia

<https://www.wma.net/policies-post/wma-declaration-on-euthanasia/>

WMA sees euthanasia as unethical, however it does not prevent the physician from respecting the desire of a patient to allow the natural process of death to follow its course in the terminal phase of sickness.

#### WMA Statement on Physician Assisted Suicide

<https://www.wma.net/policies-post/wma-statement-on-physician-assisted-suicide/>

Physician-assisted suicide, like euthanasia, is considered as unethical, however the right to accept or decline medical treatment is a basic right of the patient.

We hope that we could add to the discussion and we are happy to provide more information, if you deem, we can be helpful.

Respectfully yours,



Dr. Otmar Kloiber  
Secretary General