

## Guiding Questions: Equality and non-discrimination

- 1) Does your country's constitution and/or legislation
- (a) guarantee equality explicitly for older persons or people of all ages and
- (b) forbid discrimination explicitly on the basis of age?

If so, how is the right to equality and non-discrimination defined?

In our country we have not an explicit legislation for older people, but we have many important documents that can offer some guarantees to older patients as to people of all ages:

**1. Charter of Fundamental Rights of the European Union, 2000** (Art. 25 – Rights of elderly people.

**2. Italian Constitution, 1948** (Art. 38 – Every citizen unable to work and lacking the means necessary to live has a right to maintenance and social assistance. Workers have the right to receive necessary means, tailored to their needs in the event of accident, sickness, disability and old age, or involuntary unemployment. The incapacitated and disabled people have the right to education and vocational training)

**3. Law 38/2010** - The most significant change since 2010 is the approval of Law 38/10 by the Italian Parliament, that is the first national law about Palliative Care:

- **Art.1** - It establishes that palliative care is a fundamental right for all Italian people, for any age and patients, affected by any all diseases, and that must be implemented by local health services to guarantee this right for terminal patients, to dignity and autonomy and support to the family
- **Art.7** - It defines the obligation to assess and treat pain of every patient, included the pediatric ones, the new rules (more simplified than in the past) about availability and accessibility of essential medications for palliative care, mainly about prescribing and dispensing opioids for pain relief
- It establishes that, in every region, there will be two separated but integrated networks, palliative care network and pain therapy network, indicating also the standards for the accreditation of services and the professional requirements for doctors and nurses to work in palliative care teams, respecting an interdisciplinary team approach
- It establishes that each year, the Ministry of Health has to present a report about the development of palliative care networks and pain therapy networks in different Italian regions to the Italian Parliament.
- It provides access to home care that is responsive to the patient and family 24 hours a day, 7 days a week, thus promoting continuing education to all healthcare professionals on the domains of palliative care and hospice care, through an adequate training and clinical support to assure that professional staff are confident in their ability to provide palliative care for patients with Master educational programmes
- It develops and offers a grief and bereavement care plan to provide services to patients and families prior and after the death of the patient

- 2) Does your country produce information about discrimination against older persons in the following or other areas?

If so, what are the main findings?

Employment

- Access to goods and services
- Social protection
- Health care
- Social care
- Justice, Inheritance
- Decision-making and autonomy, Living environment
- Other areas (please specify)

We have no information regarding discrimination against older persons in the mentioned areas.

- 3) Is there information available about inequality of opportunities or outcomes experienced by older persons in the following areas?

Availability of, access to and quality of health care services

- Financial services

**Geriatric medicine:** In Italy in many hospitals and in local health units, we have the geriatric medicine. The primary scope of the geriatric medicine is to minimise all negative outcomes of chronic diseases thus optimising the functionality of residual abilities with a view of improving as much as possible the quality of life of the individual. This novel approach to the care of elderly patients and flexibility of available evaluation tools allows the Health Service to reach care continuity for this population, which makes it possible to follow the patients in different care settings.

- 4) Are there any areas where differential treatment based on old age is explicitly justified?

Examples:

- Access to goods
- Mandatory age of retirement
- Age limits in financial services and products
- Age-based benefits

**LEA – LIVELLI ESSENZIALI DI ASSISTENZA:** Yes, in Italy there are some areas where differential treatment based on old age is explicitly justified. Infact the italian NHS guarantees essential level of assistance, provided free to all citizens.

In our country we have the Nursing homes and the Residential homes for the elderly but in this setting the palliative care has until now, an insufficient development. There are some interesting local experiences but not so widespread.