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Health systems are completely unprepared for ageing populations. These are the populations who have benefited from public health measures and advances in infection control that allow them to live longer everywhere, often with chronic and so-called "non-communicable" diseases. There is consensus that living longer is not necessarily living better, and not necessarily dying better.

COVID revealed how states have abandoned their older populations. Particularly those in congregate settings and those living alone. So called developed countries had the highest rates of nursing home deaths, sending in the army to remove the bodies of those who died unattended. This massacre of the elderly, as a high ranking Vatican official put it recently, must not be allowed to happen again.

Health systems must integrate palliative care as an essential service, along with prevention, promotion, treatment and rehabilitation. Yet health services that address serious illness and dying are stigmatized, gendered, and underpaid compared to specialties that "save" lives and reduce "preventable mortality."

Palliative care advocacy calls out this short-sighted policy lens, insisting on the long game. Saving lives for what? More suffering, dependence, dementia, and possibly euthanasia? This is the dystopic universe we are facing without broad institutionalization of palliative care. It is the only viable third way between abandonment and euthanasia once treatment has been pronounced 'futile'.

The normative framework exists now at the global level to support states developing palliative care as a component of primary care and ensuring adequate access to essential palliative care medicines for the treatment of pain and symptoms. These are lacking in more than 70% of the world, a violation of the rights of all people to the highest attainable standard of health and to freedom from cruel and inhumane treatment. The former Independent Expert, Ms. Rosa Kornfeld Matte called this deficit out several times in her reports and public statements.

The International Association for Hospice and Palliative Care has submitted a paper on the normative and technical elements of a right to palliative care for older persons. Such a right should be included in any binding convention, whose drafting should begin with all deliberate speed.

I thank you.

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