

Long-term care and palliative care

1) In your country/region, how is long-term care for older persons defined and provided for in legal and policy frameworks? What types of support and services are covered?

The national legal framework establishes three forms of institutions for the long-term care of older people: the welfare centers, social protection centers and care institutions. Those centers offer housing services, social welfare, and permanent or temporal comprehensive care for older people¹.

2) What are the specific challenges faced by older persons accessing long-term care?

The main challenge faced by older persons is the high cost of long-care, and the lack of articulation and supply of social and health services, required in an uninterrupted way. Having care services entails significant affectation of out-of-pocket expenses, as there is still not a clear integration of health services with complementary social services.

Also, much of the care actions are empirical, within the family, as primary guardian, or in the community, as a secondary agent, without the knowledge and the physical and economic means to do it in an effective way that contributes to the welfare and improvement of the quality of life of the elderly.

3) What measures have been taken/are necessary to ensure high-quality and sustainable long-term care systems for older persons?

Following the application of the legal framework,² the Government is working on proposals to differentiate long-term service modalities and elaborating standards and basic quality criteria for providers in welfare or protection centers for older persons.

4) What other rights are essential for the enjoyment of the right to long-term care by older persons, or affected by the non-enjoyment of this right?

Colombian Political Charter defines as rights related to long-term care the right to life, the right to comprehensive social security and food subsidies in case of indigence.³

5) In your country/region, how is palliative care defined in legal and policy framework?

¹ Ley 1276 de 2009

² Leyes 1251 de 2008, 1276 y 1315 de 2009 y 1850 y 1857 de 2017.

³ Constitución Política de 1991. Artículo 46.

Law 1733 of 2014 defines palliative care as "the appropriate care for a patient with a terminal, chronic, degenerative and irreversible disease where the control of pain and other symptoms require, in addition to medical, social and spiritual support, psychological and family support, during illness and grief. The objective of palliative care is to achieve the best possible quality of life for the patient and his family. Palliative medicine reaffirms life and considers dying as a normal process. "

6) What are the specific needs and challenges facing older persons regarding end-of-life care? Are there studies, data and evidence available?

The main challenges are defined in terms of availability and access to services, and opportunity. To date there are no studies or evidence available on care at the end of life of older people in Colombia. However, based on data from the total older adult population⁴, it is estimated that there are approximately 80,000 people/year under palliative care in Colombia, a number considered underestimated.⁵

According to the document "Lineamientos para la Atención en Cuidados Paliativos", elaborated in 2017 by the Ministry of Health and Social Protection⁶, in Colombia, more than 110.00 people die every year from chronic diseases such as cardiovascular diseases, cancer, diabetes and lung diseases. (...) It is estimated that approximately 70% of people who die in Colombia have a chronic disease and go through a stage of advanced and terminal illness with a series of conditions that would have required attention in Palliative Care.

7) To what extent is palliative care available to all older persons on a non-discriminatory basis?

Palliative care development in Colombia is just beginning. Starting with Law 1733 of 2014, the need of these services is being more visible and the provision of those services is being structured for all persons that require it, regardless of their age, gender or condition, prioritizing in the application of the public expense to those considered vulnerable because of their economic condition, victim of the conflict, displaced by violence, ethnicity or other condition.

8) How is palliative care provided, in relation to long-term care as described above and other support services for older persons?

The integration of palliative care and long-term care is still incipient in Colombia. The provision of these services in social protection centers for the elderly is starting with first level actions, or of low complexity. Also, there are few developments for home

⁴ According to the "Departamento Nacional de Estadística –DANE", in Colombia, there are currently 5.2 million people over 60 (10.8%) and it is estimated that by the year 2050 that number will reach 14.1 million (23%).

⁵ Instituto Nacional de Cancerología. Modelo y Programa Nacional de Soporte y Cuidados Paliativos. Documento borrador. 2015.

⁶ Ministerio de Salud y Protección Social. "Lineamientos para la Atención en Cuidados Paliativos" Documento de trabajo, 2017.

care due to the lack of clarity about the care that must be funded with resources from the health sector and the care that must be funded with different sources. However, once this situation is identified, a proposal will be generated to overcome this difficulty and thus advance in the legal and financial framework to improve the response to this need.

9) Are there good practices available in terms of long-term care and palliative care? What are lessons learned from human rights perspectives?

There are a some examples of good experiences in the main cities of the country where institutions like Sura Entidad Promotora de Salud (Medellín), Hospital Geriátrico San Miguel, Empresa Social del Estado (Cali) y Fundación Amparo de Ancianos San José (Pasto) are implementing this kind of care. Also, there are known developments in the Instituto Nacional Cancerológico and in the academy through Universidad Javeriana.

Colombia's development in long-term and palliative care is still incipient and characterized by low offer and low demand, according to the World Ranking on Palliative Care 2015, but there are some advances. In September 2016, only the 72% of national departments had palliative care services, being 6% public institutions, 80% private and 14% independent professional⁷.

The available information shows the growing need for this kind of care in the country, with the challenge to achieve ethical and management commitment by the providers and in the framework of patient rights and support networks, which it is verified by the Departmental and District Health Secretariats, in their capacity as health authorities and under the jurisdiction of Inspection, Surveillance and Control.

Autonomy and independence

1) In your country/region, how is the right to autonomy and independence of older persons defined in legal and policy frameworks?

The Political Constitution of Colombia establishes that all people are born free and equal before the law, grant the same protection and treatment of the authorities and enjoy the same rights, freedoms and opportunities without discrimination based on sex, race, national origin or family, language, religion, political or philosophical opinion. In addition, the Political Charter orders the State, society and family to agree for the protection and assistance of the elderly and promote their integration into active and community life.

⁷ Ibidem, Ministerio de Salud y Protección Social. "Lineamientos para la Atención en Cuidados Paliativos" Documento de trabajo, 2017.

Specifically, Law 1251 of 2008 develops these constitutional mandates, creating rules to seek the protection, promotion and defense of the rights of older people, pointing out the importance of promoting their independence and autonomy, taking into account the experiences of life, through the promotion of respect, restoration, assistance and the exercise of their rights and as essential factors to achieve effective participation in the development of society.

With the purpose to promote the right to autonomy and independence of people with functional dependency -a situation faced by a considerable number of older people⁸- the government of President Juan Manuel Santos included in his government plan entitled: National Development Plan 2014-2018, the commitment to create the institutional, technical and economic bases to develop the National Care System and define a National Agenda on Care Economy. The construction of this system has been developed in an articulated and inter-institutional manner between different sectors and entities part of the State.

2) What other rights are essential for the enjoyment of the right to autonomy and independence by older persons, or affected by the non-enjoyment of this right?

According to Colombian legal framework, there is a connection with the right to autonomy and independence and, i) the right to the free development of personality, with no limitations other than those imposed by the rights of others and the legal order; ii) right to social security; iii) right to health care; iv) right to education; v) right to decent housing and vi) right to work. Also, from a gender perspective and through the provisions of Law 1257 of 2008, the Colombian State has recognized the right to a life free of violence, which allows the enjoyment of the right to autonomy and independence, in particular, of older women

3) What are the key issues and challenges facing older persons in your country/region regarding autonomy and independence? What studies and data are available?

The main challenge for older people in Colombia is to overcome poverty, income security and access to decent housing. Recently the Ministry of Health and Social Protection funded through Colciencias and operated by the Universidad del Valle and Universidad de Caldas, the “Encuesta Nacional de Salud, Bienestar y Envejecimiento-SABE Colombia 2015”, which is officially published⁹. Similarly, the “Encuesta Nacional del Uso del Tiempo –ENUT” provides data regarding the percentage of older people surveyed who said they had some degree of functional dependency¹⁰.

⁸ Ministerio de Salud y Protección social. Encuesta de Salud, Bienestar y Envejecimiento –SABE Colombia, 2015

⁹ Encuesta SABE. Enlace: www.minsalud.gov.co/proteccionsocial/promocion-social/Paginas/envejecimiento-vejez.aspx

¹⁰ DANE. Enlace: https://formularios.dane.gov.co/Anda_4_1/index.php/catalog/214

4) *What steps have been taken to ensure older persons' enjoyment of their right to autonomy and independence?*

Since 2007, Colombia has been implementing the “Metodología Integrada para la Participación Social de las Personas Mayores –MIPSAM”¹¹, through which the association is promoted, as well as the building of support networks, empowerment and participation of older people at municipal and departmental levels.

Additionally, Colombia develops the program “Centros de Vida para Personas Mayores”, at the municipal and district levels, aiming to promote functional independence and personal autonomy through the development of actions related to active and healthy aging.

5) *What mechanisms are necessary, or already in place, for older persons to seek redress for the denial of autonomy and independence?*

Attending public and private instances, describing their condition and needs of training, orientation and support¹², as well as in judicial instances, older people can ask for the protection of their rights through guardianship actions and enforcement actions that restore the rights that they consider violated, including autonomy and independence.

6) *What are the responsibilities of other, non-State, actors in respecting and protecting the right to autonomy and independence of older persons?*

In accordance to the provisions of Law 1251 of 2008, civil society has, among others, the following obligations with older persons: a) Give special and preferential treatment; b) Generate spaces for recognition of knowledge, skills and abilities; c) Encourage their participation; and, d) Recognize and respect their rights.

Families have the following responsibilities: a) Recognize and strengthen the skills, competences and abilities of the elderly; b) Respect and generate spaces where their rights are promoted; c) To propitiate them of an environment of love, respect, recognition and help; d) Provide an environment that satisfies the basic needs to maintain adequate nutrition, health, physical, psychic, psychomotor, emotional and affective development.

¹¹ Ibidem, www.minsalud.gov.co/proteccionsocial/promocion-social/Paginas/envejecimiento-vejez.aspx

¹² Estas solicitudes pueden ser ante los responsables de los Centros Vida, Centros día, entidades promotoras de salud, Secretarías de Salud o comisarios de familia.