



**Side Event
OEWGA 7th Session**

**How States Can Respect, Protect, and Fulfill the Right to Palliative Care
for Older Persons**

Monday, December 12
1:15-2:30 pm Conference Room C
UN Headquarters Conference Room Building

Co-Sponsors: The World Hospice and Palliative Care Association (WHPCA), the International Association for Hospice and Palliative Care (IAHPC), Geneva NGO Committee on Ageing, New York Committee on Ageing, International Network for the Prevention of Elder Abuse (INPEA), Care Rights.

Panelists: Dr. Stephen Connor, Executive Director WHPCA
Ms. Maria Soledad Cisternas Reyes, Chair, Committee on Rights of Persons with Disabilities
Sooyoun Han Ph.D. MSW. LCSW. Founder of Care Rights
Mr. Ivan Chanis, President of Working Group, Rights of Older Persons, OAS
Dr. Diane Meier, Director, Center to Advance Palliative Care (CAPC) Professor of Geriatrics and Palliative Medicine, Mount Sinai Hospital, New York
Chair: Katherine Pettus, PhD, IAHPC

States' obligations to respect, protect, and fulfill:

- The duty to respect requires responsible parties to refrain from acting in a way that deprives people of the guaranteed right. Regarding the right to health, for example, a government may not deprive certain communities such as older persons, of access to health care facilities;
- The duty to protect is the obligation concerning third parties. It requires responsible parties to ensure that third parties do not deprive people of the guaranteed right, for example, the right to be free from cruel and inhumane treatment;
- The duty to fulfill is the positive obligation that requires responsible parties to establish political, economic and social systems that provide access to the guaranteed right for all members of society. For example, a government must provide essential health services such as accessible primary care and clean water.

Palliative care

- Provides relief from pain and other distressing symptoms;
- Affirms life and regards dying as a normal process;
- Intends neither to hasten nor postpone death;
- Integrates the psychological and spiritual aspects of patient care;
- Offers a support system to help patients live as actively as possible until death;
- Offers a support system to help the family cope during the patient's illness and in their bereavement;

- Uses a team approach to address the needs of patients and their families, including bereavement counseling, if indicated;
- Will enhance the quality of life, and will also positively influence the course of illness
- Is applicable early in the course of illness, in conjunction with other therapies that are implemented to prolong life, such as chemotherapy or radiation therapy, and includes those investigations needed to better understand and manage distressing clinical complications. (WHO, August 2002)

How Older Persons with Life Limiting Illness can Benefit from Palliative Care

- The goal of palliative care is quality of life. Quality of life relates to an individual's subjective satisfaction with life and a quality of life assessment usually looks at four domains: physical, social, emotional (psychological) and spiritual (existential). Quality of life changes as an individual's experience and expectations change
- The unit of care is the patient and family. Patient-centred care requires open and honest communication with the patient, respect, sharing of information in words the patient understands, mutual agreement of goals of care and treatment options. The family's views are important, but should not supersede the patient's wishes.
- Palliative care provides total care: physical, psychosocial and spiritual. No one element of care is more important than another, although it is true that when a patient is in severe pain, it is difficult for the patient to focus on psychosocial issues until the pain is controlled
- Palliative care can be provided in the home, in a nursing or care home, in a hospital, in a hospice, or a walk in clinic.

The Human Rights Approach to Palliative Care

Both palliative care and human rights are rooted in respect for human dignity.

- General Comment 14 to the Covenant on Economic, Social and Cultural Rights acknowledges a right to palliative care,
- Two Special Rapporteurs for Health have discussed the right to palliative care in their reports;
- Two Special Rapporteurs on the Right to be Free from Torture, Cruel, Inhumane Treatment have noted that lack of palliative care and controlled medicines for the relief of pain may amount to cruel and inhuman treatment;
- The Independent Expert on the Rights of Older Persons has identified a right to palliative care for older persons;
- The Inter-American Treaty on the Rights of Older Persons recognises a right to palliative care and controlled medicines for the relief of pain and suffering