**10th SESSION OF THE OPEN ENDED WORKING GROUP ON AGEING**

**SUBMISSION OF DIS-MOI (Droits Humains Ocean Indien) Mauritius**

**Guiding question for the normative framework of : Long Term and Palliative Care**

**Answer to Question 1**

**Declarations, Conventions, Treaties and Constitution of Mauritius.**

1. Article 6 of the Universal Declaration of Human Rights (1948) which states: Every one has the right to recognition everywhere as a person before the law.
2. Article 16 of the International Covenant on Political and Civil Rights (1966) which reads: Everyone has the right to recognition everywhere as a person before the law.
3. Article 19 of the Convention of the Rights of Persons with Disabilities (2006) which says: living independently and being included in the community
4. Article 11 of the Protocol to the African Charter on Human and People’s Rights on the Rights of Older Persons in Africa (2016) reads: ensuring that older persons in palliative care receive adequate care and pain management medication.
5. The Constitution of Mauritius which is the supreme law commits to a robust welfare state with the right to health care, from primary health care to tertiary health care.

Article 3 of the Constitution guarantees the right of individual to life, liberty, security of the personand the protection of the law without discrimination by reason of race, place of origin, political opinions, colour, creed or sex.

Gaps in the Mauritian context

1. There is no clear cut, clearly defined policy on palliative care. Old persons and their close ones come to know about lengthy and painful treatment only at the time of diagnosis.
2. Palliative care is inadequate: there is no purpose built hospital, dedicated pain control unit in the public hospitals although there is an Intensive Care Unit in which all urgent or most urgent medical cases are referred.
3. Long term and palliative is not incorporated in the legislature to define although in practice the following is happening:
4. Long term care is provided at hospital
5. There are patients who express the desire to continue the care at home.

**Answer to Question 2**

We affirm that older persons

1. irrespective of caste, creed, colour, social, cultural and economic background have the right to long-term and palliative care.
2. have access to information about support services and the freedom to plan ahead for future support services.
3. have the right to create advance directives about their future medical care.
4. have the freedom to decide for themselves, with support if necessary, the type of palliative care treatment if and when they need it.

(vi) choose where to go for treatment in a medical center or in their own home.

1. choose the type of palliative care they think best for them taking into consideration that their dignity has to be respected till the end.
2. have the right (unless they choose otherwise) to know the nature of their illness that makes the required palliative care.
3. (i) Older persons have the right to know what palliative care is.

(ii) Older persons have the right to discuss, understand and give their agreement on the type of palliative care they deserve.

**(iii)** Older persons have the right to free palliative care without discrimination and in a dignified manner.

(iv) Older persons have a right to access palliative care medicine which is crucial to high quality and effective pain and symptom control.

1. **State Parties including the State of Mauritius shall take the following measures:**
2. establish a National Cancer Control Program Action Plan
3. define a clear policy on palliative care and conduct mass education campaign on the issue. An early diagnosis can save lives and unnecessary spent resources.
4. conduct a mass consultation to obtain the views and proposals of older persons in the type and implementation of palliative care policy.
5. invest in palliative care centralized hospitals ( including geriatrics) in terms of modern accessible premises, technology, qualified human resources.
6. ensure adequate preventive, curative and palliative health care is of sufficient quality to everyone who needs it, including access to pain medication to avoid unnecessary suffering.
7. cause international signage (braille included) to be posted in all strategic places including high-rise and frequently used buildings for easy access to health centers.
8. Make provision in the annual budget for available funds in the long term care and palliative care.