

Joint Declaration and Statement of Commitment on Palliative Care and Pain Treatment as Human Rights

We, as representatives of international, regional and national palliative care, pain treatment and related organizations, as well as members of civil society, declare

Whereas

The Universal Declaration of Human Rights recognizes the rights of everyone “*to life*” to freedom from “*torture*” and “*cruel, inhuman or degrading treatment*” (Art. 5), and “*to a standard of living adequate for health and well-being* (Art 25)”¹;

The State parties of the International Covenant on Economic, Social, and Cultural Rights (ICESCR) recognize “*the right of everyone to the enjoyment of the highest attainable standard of physical and mental health*” (Art. 12°), *creating the “conditions which would assure to all medical service and medical attention in the event of sickness”* and that the right to health is articulated in several other international covenants²;

The Committee overseeing the ICESCR issued a General Comment on the right to health, stating what it saw as one of the “*core obligations*” of all signatory nations the provision of access to essential medicines irrespective of resources;³

The United Nations Committee on Economic, Social and Cultural Rights specifically states that parties are “*under the obligation to respect the right to health by, inter alia, refraining from denying or limiting equal access for all persons . . . to preventive, curative and palliative health services*”⁴;

The Committee on Economic, Social and Cultural Rights affirmed the importance of “*attention and care for chronically and terminally ill persons, sparing them avoidable pain and enabling them to die with dignity*”⁵;

The Committee on Economic, Social and Cultural Rights indicated that access to “*essential drugs, as defined by the WHO Action Programme on Drugs*” is part of the minimum core content of the right to health⁶ and that fourteen medications listed in the IAHPC List of Essential Medicines for Palliative Care are currently on the WHO Model List of Essential Medicines;

A right to palliative care and access to pain treatment is further protected by the right to freedom from cruel, inhuman and degrading treatment⁷;

¹ United National. Universal Declaration of Human Rights. UN, Adopted and proclaimed by General Assembly resolution 217 A (III) of 10 December 1948.

² International Covenant on Economic, Social and Cultural Rights (1966).

³ Committee on Economic, Social and Cultural Rights. 22nd Session April May 2000 E/C 12/2000/4, para 43.

⁴ Gen Comment 14. The right to the highest attainable standard of health (article 12 of the International Covenant on Economic, Social and Cultural Rights) CESCR Twenty-second session Geneva, 25 April-12 May 2000, para. 34.

⁵ Gen Comment 14 para 25.

⁶ Gen Comment 12, para 12.

⁷ International Covenant on Civil and Political Rights, article 7.

The Declaration on the Promotion of Patients' Rights in Europe asserts: "*Patients have the right to relief of their suffering according to the current state of knowledge*" and "*Patients have the right to humane terminal care and to die in dignity*"⁸;

The International Guidelines on HIV/AIDS and Human Rights state that "*States should take measures necessary to ensure for all persons, on a sustained and equal basis, the availability and accessibility of... preventive, curative and palliative care*"⁹;

Recognizing

That these commitments oblige governments to create and /or use every rightful mechanism to guarantee access to all components that contribute to the full exercise of the right to health;

That palliative care and pain treatment are such components,

That access to palliative care and pain treatment includes access to appropriate treatment, services and to essential medicines needed for the relief of suffering;

That a national palliative care and pain treatment plan also requires a focus on education for physicians, nurses and other related disciplines about the basic principles of hospice and palliative care;

That access to palliative care and pain treatment can only be achieved when governments adopt and implement a national public health strategy which includes the above mentioned components;

That several individuals, organizations and alliances have formulated the need to recognize palliative care and pain treatment as fundamental human rights for several years and in several publications and forums (see http://www.hospicecare.com/resources/pain_pallcare_hr/)

Alarmed

That of the more than 1 million people who die each week, only a minority of those in need receive palliative care resulting in widespread unnecessary suffering;

That in spite of the great advances in the treatment of pain, developing countries, which represent about 80 percent of the world's population, account for only about 6 percent of global consumption of morphine¹⁰.

As representatives of palliative care, pain treatment and related alliances, federations, associations, organizations and as members of civil society hereby agree to work and collaborate together to:

1. Identify, develop and implement strategies for the recognition of palliative care and pain treatment as fundamental human rights.

⁸ WHO. Declaration on the promotion of patients' rights in Europe, Articles 5.10 and 5.11, 1994.

⁹ UN Office of the High Commissioner for Human Rights and the Joint Program on HIV/AIDS. International Guidelines on HIV/AIDS and Human Rights; Guideline 6; 2006.

¹⁰ International Narcotics Control Board for 2004, document E/INCB/2004/1, paragraph 143.

2. Work with governments and policy makers to adopt the necessary changes in legislation to ensure appropriate care of patients with life-limiting conditions.
3. Work with policy makers and regulators to identify and eliminate regulatory and legal barriers that interfere with the rational use of controlled medications.
4. Advocate for improvements in access to and availability of opioids and other medications required for the effective treatment of pain and other symptoms common in palliative care, including special formulations and appropriate medications for children.
5. Advocate for adequate resources to be made available to support the implementation of palliative care and pain treatment services and providers where needed.
6. Advocate for academic institutions, teaching hospital and universities to adopt the necessary practices and changes needed to ensure that palliative care and pain positions, resources, personnel, infrastructures, review boards and systems are created and sustained.
7. Encourage and enlist other international and national palliative care, pain treatment, related organizations, associations, federations and interested parties to join this global campaign for the recognition of palliative care and pain treatment as human rights.

In witness hereof, we, the representatives of the following organizations have signed this Joint Declaration: