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Provisional Agenda Item 4

IAHPC Written Statement

Framework for action on the health and care workforce in the WHO European Region 2023–2030

<u>Palliative care is</u> the active holistic care of individuals across all ages with serious health-related suffering due to severe illness, and especially of those near the end of life. It aims to improve the quality of life of patients, their families and their caregivers. It

- Include prevention, early identification, comprehensive assessment, and management of physical issues, including pain and other distressing symptoms, psychological distress, spiritual distress and social needs.
- Provides support to help patients live as fully as possible until death by facilitating effective communication, helping them and their families determine goals of care.
- Intends neither to hasten nor postpone death, affirms life, and recognizes dying as a natural process.
- Provides support to the family and the caregivers during the patient's illness, and in their own bereavement.
- Is delivered recognizing and respecting the cultural values and beliefs of the patient and the family.
- Is applicable throughout all health care settings (place of residence and institutions) and in all levels (primary to tertiary).
- Can be provided by professionals with basic palliative care training.

Older persons' inadequate access to palliative and social care in the EURO region causes severe preventable suffering for patients and their families. In the context of rapid population ageing in the EURO region, the Framework for Action must include basic training in geriatrics and palliative care for the primary health workforce.

If health systems had strategically supported such workforce training in palliative and primary care in recent years, nursing home residents, as well as hospitalized, and homebound patients would have suffered much

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less during the pandemic. <u>The impact of COVID-19 on Older Persons</u> was profound. The hard lessons learned must be applied to workforce training in the coming decade.

Healthy ageing discourse largely ignores the fact that the right to health through the life course includes the right to pain relief, palliative care, and access to essential medicines, including those controlled under international law and included in Chapter 2 of the WHO Model List. Member states committed to respecting, fulfilling and protecting this right will operationalize workforce training in primary palliative care. The 2018 Astana Declaration on Primary Health Care and the 2019 and 2023 Political Declarations on Universal Health Coverage included palliative care as an essential component of the spectrum of PHC services.

Basic palliative care training includes communications skills essential to a health and care workforces for older persons in all settings. Communication is essential, for example, in dementia care: few of the increasing number of persons living with advanced dementia are informed before they developed the disease, about the importance of preparing advance directives. Persons with dementia and without advanced directives experience unnecessary hospitalizations and emergency room treatments, triggering further preventable suffering as well as higher health system costs.

According to the <u>International Narcotics Control Board</u>, unduly restrictive regulations and poor workforce training limit rational opioid prescribing everywhere, including for older persons with palliative care needs, meaning older persons suffer severe preventable pain and symptoms.

To strengthen health and care systems, IAHPC calls on EURO region member states to inter alia

integrate palliative care, including education in prescription of essential palliative care medicines,
into primary health care.
develop, publish, and disseminate regional, national and local protocols for older persons with
palliative care needs, and their caregivers.

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allow mobile palliative care teams regular access to seriously ill older persons in nursing homes,
hospitals, and all places they reside.