
Palliative care for all:
identifying and removing
barriers for non-cancer px

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Overview

- ❖ Proportional mortality rates
- ❖ Barriers to access to opioids for non-cancer patients
- ❖ Palliative care as a human right
 - ❖ Legal and ethical obligations to treat pain
- ❖ Civil society initiatives
- ❖ Model lists of essential medicines: IAHPIC and WHO
- ❖ Studies / articles
- ❖ References

Pain Prevalence Across non-cancer diagnoses

- ❖ Heart disease 41-77%
- ❖ COPD 34-77%
- ❖ HIV / AIDS 63-80%
- ❖ Cirrhosis 67%
- ❖ Parkinsons 82%
- ❖ Alzheimers and other dementias 47%
- ❖ Rheumatoid Arthritis 89%
- ❖ Diabetes Mellitus 64%
- ❖ Multi-drug Resistant TB 90%

Solano JP, Gomes B, Higginson IJ. A comparison of symptom prevalence in far advanced cancer, AIDS, heart disease, COPD, and renal disease, *J Pain & Symptom Mgmt* 2006; Jan; 31 (1):58-69

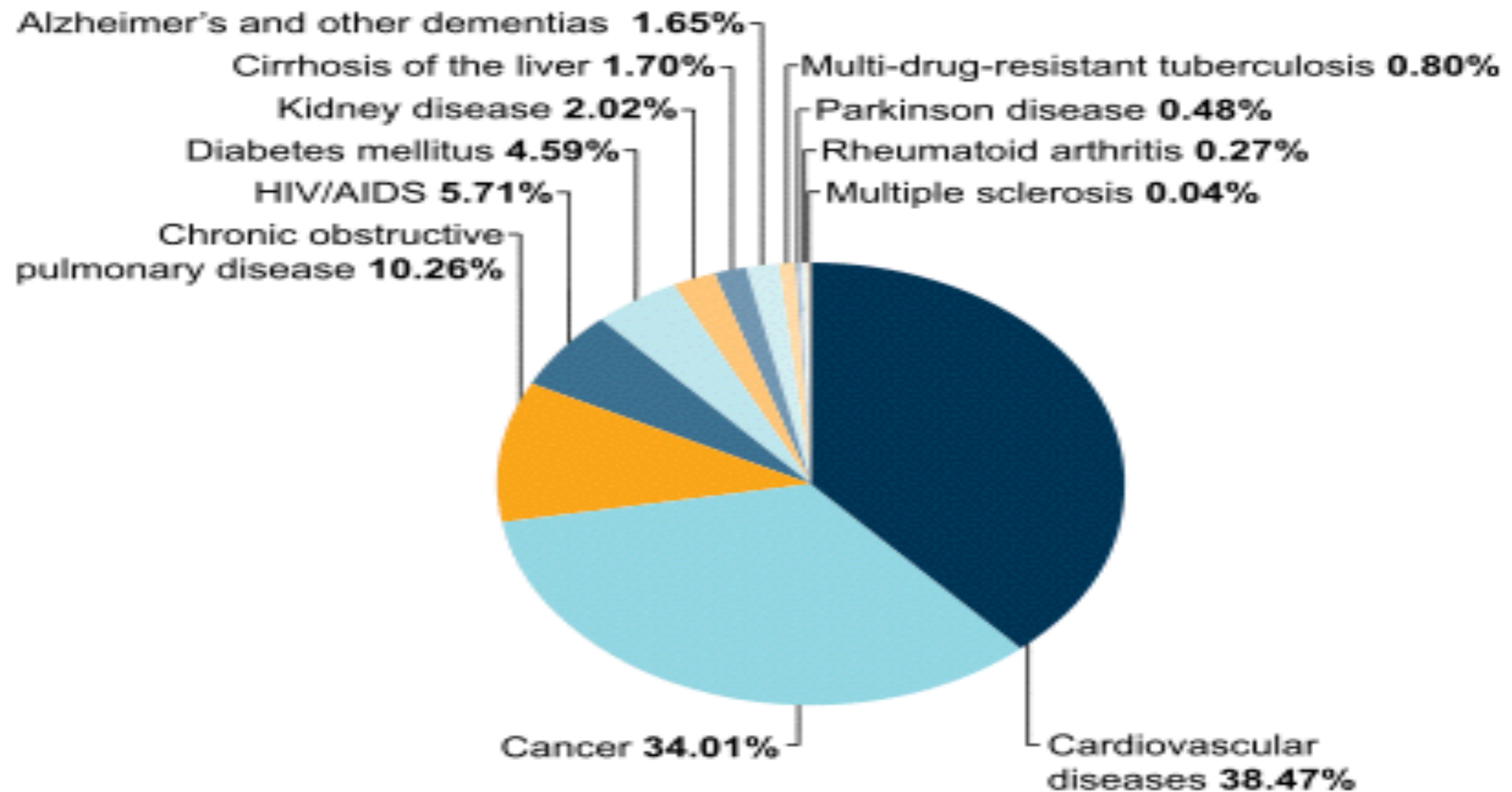
World Health Organization

“WHO estimates that **tens of millions** of people experience unrelieved pain from **diseases and conditions other than cancer**, and require access to (controlled) medicines to relieve **pain**.”

WHO: *“Ensuring Balance in National Policies on Controlled Substances”*

Diseases requiring PC at EOL (global)

2014 Global Atlas of PC



N = 19,228,760

Proportional mortality Hungary

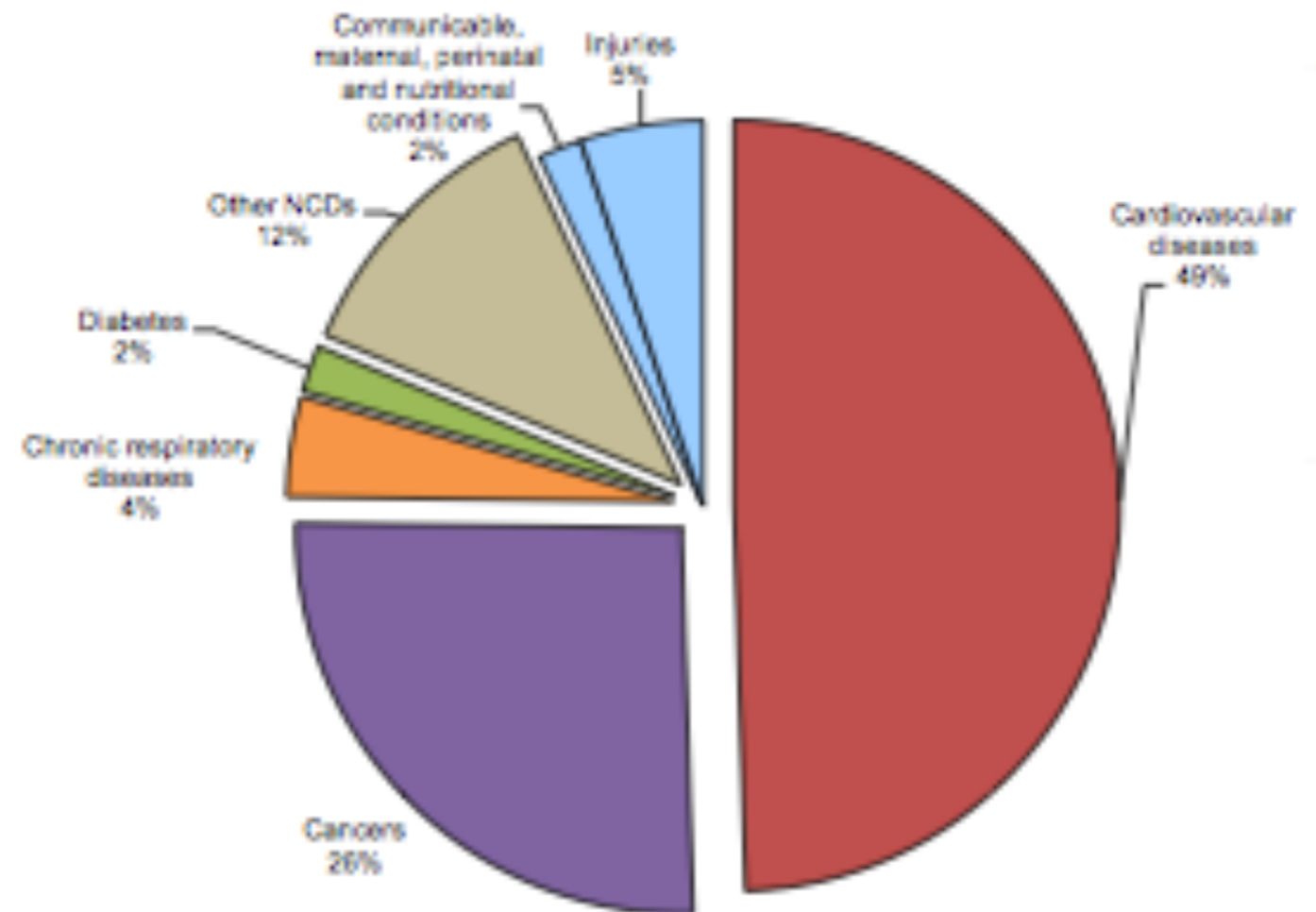
World Health Organization -
Noncommunicable Diseases (NCD)
Country Profiles , 2014
http://www.who.int/nmh/countries/hun_en.pdf

Cancer 26%

CVD 49%

Percentage of population living in urban areas: 69.5%
Population proportion between ages 30 and 70 years: 55.0%

Proportional mortality (% of total deaths, all ages, both sexes)



Total deaths: 129,000
NCDs are estimated to account for 93% of total deaths.

Definitions as a barrier

Decree on Hospice Minimum Standards in Hungary

“Definitions of Hospice (Palliative) Care”

...a healthcare form that aims to provide symptom and pain control treatment to incurable patients, **primarily end-stage cancer patients**

Palliative mobile team tasks:

- Provide professional help to terminal stage patients, **primarily cancer patients** and their families

Affordability as a barrier

Only cancer patients get opioids (almost) free

- “Box price” — state subsidised — HUF300 for any meds for cancer patients

Non-cancer patients opioids subsidised 90%

- might be much more than HUF300 for more expensive meds such as fentanyl

Prescribing barriers

Providers

- are unfamiliar with new national regulations
 - don't know that *all* physicians can prescribe opioids
 - *fear* criminal penalties
- Lack clinical education — changing!
 - *fear* prescribing morphine

Ethical Obligations to Treat Pain

- Autonomy and informed consent
 - providers *must* tell patients about opioids / available treatments
- Beneficence
 - providers must relieve *all* suffering
- Non-Maleficence
 - providers cannot neglect and abuse
- Justice
 - providers cannot discriminate

International Legal Framework

Human Rights – based on dignity

To life and medical care

- Universal Declaration of Human Rights

To the highest attainable standard of health

- International Covenant Economic Social Cultural Rights

Human Rights Ctd.

To be free from torture / cruel and degrading treatment

- Universal Declaration
- Int. Covenant Civil and Political Rights
- Convention against Torture
 - Failure to provide pain relief *and*
 - Over-treatment

Special Rapporteur on Torture

“Given that lack of access to pain treatment and opioid analgesics for patients in need might amount to cruel, inhuman and degrading treatment, all measures should be taken to ensure full access and to overcome current regulatory, educational and attitudinal obstacles to ensure full access to palliative care”

2009 report to the Human Rights Council

WHA 2014 Resolution

“Opioid analgesics are **essential** for treating moderate-to-severe pain in cancer patients **and severe pain in patients with various advanced progressive non-cancerous conditions.**

Pain is particularly frequent in the terminal phase of illness.

WHA Resolution Ctd.

.... For example, around 80% of both cancer and AIDS patients

and

67% of patients with cardiovascular diseases and those with chronic obstructive pulmonary diseases will experience moderate-to-severe pain at the end of their lives.”

Prague Charter

Recognizing that:

- cardiovascular diseases and cancer account for the **majority** of deaths in developed countries and that most patients will suffer from **pain**, fatigue and depression, or other symptoms such as **dyspnea** in the course of the illness;

Prague Charter ctd.

- palliative care has been proven to offer effective interventions for these patients as well as for other patients with end stage chronic obstructive pulmonary disease (**COPD**) or renal failure, neurological diseases such as multiple sclerosis or amyotrophic lateral sclerosis (**ALS**) and late stage dementia

Council of Europe (COE) Parliamentary Assembly

8. ... calls upon member states to provide in domestic law the necessary legal and social protection against these specific dangers and **fears** which a terminally ill or dying person may be faced with in domestic law, and in particular against:

i. dying exposed to unbearable symptoms (for example, **pain**, suffocation, etc.);

COE: Recommendation

Legislation should make **opioids** and other medicines accessible in **a range of formulations** and dosages for medical use.

The fear of abuse should not hinder access to necessary and effective medication. Countries may wish to consider whether this will require new legislation or an amendment to existing legislation.

November 12, 2003 (White Paper on Opioids and Pain)

IAPHHC Model List

Medication: Morphine

IAHPC Indication for PC

- Moderate to severe **pain**
- **Dyspnea**

Immediate release: 10-60 mg tablets

Immediate release: 10mg/5ml oral solution

Immediate release: 10 mg/ml injectable

Sustained release: 10 mg tablets

Sustained release: 30 mg tablets

WHO Model List

MEDICINES FOR PAIN AND PALLIATIVE CARE

2.2 Opioid analgesics

- codeine

Tablet: 30 mg (phosphate).

- morphine*

Granules (slow-release; to mix with water): 20 mg to 200 mg (morphine sulfate).

Injection: 10 mg (morphine hydrochloride or morphine sulfate) in 1-ml ampoule.

Oral liquid: 10 mg (morphine hydrochloride or morphine sulfate)/5 ml.

Tablet (immediate release): 10 mg (morphine sulfate). Tablet (slow release): 10 mg to 200 mg (morphine hydrochloride or morphine sulfate).

*Alternatives limited to hydromorphone and oxycodone.

References

Protection of the human rights and dignity of the terminally ill and the dying. (Extract from the Official Gazette of the Council of Europe – June 1999) <http://assembly.coe.int/main.asp?link=/Documents/AdoptedText/ta99/EREC1418.htm>

Global Atlas of Palliative Care (2014): <https://app.box.com/s/symgbu002iaejqwcwm46>

Gwyther, L. "Palliative care as a human right." Cancer Control (2014): 117.WHO, "Ensuring Balance in National Policies on Controlled Substances" <http://cancercontrol.info/wp-content/uploads/2014/06/116-121-Gwyther.pdf>

"Ensuring Balance in National Policies on Controlled Substances"

https://www.unodc.org/docs/treatment/Pain/WHO_encuring_balance_controlled_substances.pdf

Comparative Mortality Rates, Hungary, http://www.who.int/nmh/countries/hun_en.pdf

Articles on opioid treatment for non-cancer pain

National Institute of Health and Care Excellence Guidelines 2012 *Opioids in palliative care: safe and effective prescribing of strong opioids for pain in palliative care of adults*. <http://www.nice.org.uk/nicemedia/live/13745/59287/59287.pdf>

Fleischer, Wolfgang, Karen Reimer, and Petra Leyendecker. "Opioids for the treatment of the chronic obstructive pulmonary disease (copd)." U.S. Patent No. 8,518,925. 27 Aug. 2013.

Grahmann PH; Jackson KC II; Lipman AG Clinician beliefs about opioid use and barriers in chronic nonmalignant pain [corrected] [published erratum appears in J PAIN PALLIAT CARE PHARMACOTHER 2004;18(4):145-6].

“Increasing evidence about pharmacological interventions in chronic pain is available in the pain literature and through the international Cochrane Collaboration.¹⁵ This results of this study indicate a need for better dissemination of the evidence among all pain clinicians to assure that they consider the full range of treatments that may be medically indicated and helpful for their patients with chronic nonmalignant pain.”