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: IAHPC 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%

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

- Cancer: 34.01%
- Cardiovascular diseases: 38.47%
- Chronic obstructive pulmonary disease: 10.26%
- HIV/AIDS: 5.71%
- Diabetes mellitus: 4.59%
- Cirrhosis of the liver: 1.70%
- Alzheimer’s and other dementias: 1.65%
- Multi-drug-resistant tuberculosis: 0.80%
- Parkinson disease: 0.48%
- Rheumatoid arthritis: 0.27%
- Multiple sclerosis: 0.04%

Total: 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%
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
“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;
• 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
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)
IAPHC 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
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


“Ensuring Balance in National Policies on Controlled Substances” [link](https://www.unodc.org/docs/treatment/Pain/WHO_encuring_balance_controlled_substances.pdf)

Comparative Mortality Rates, Hungary, [link](http://www.who.int/nmh/countries/hun_en.pdf)
Articles on opioid treatment for non-cancer pain


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.”