



July 25, 2018

Statement of International Association of Palliative Care to the OEWSGA 9

The International Association of Palliative Care thanks the Bureau for including palliative care in the focal questions of the 9th OEWSGA. I am thrilled, as Advocacy Officer, to hear the words “palliative care” pass the lips of member state representatives and NGOs, many of whom hardly know what palliative care is, on the floor at the United Nations, especially when palliative care is paired with ageing, also a regular omission in the agendas of multilateral organisations.

A brief definition: palliative care attends to the physical, psycho-social, and spiritual suffering of persons facing life limiting illnesses and chronic conditions such as cancer, diabetes, heart disease, HIV/AIDS.” It neither attempts to delay or hasten death, but improves quality of life, often allowing people who would otherwise be disabled and in agony, to return to family life, work, and community participation. Palliative care is the ethical and clinical third way between patient abandonment – those dreadful words – “there is no more we can do,” so go back to your village (where there are no medicines or help), and die, and overtreatment, or “therapeutic obstinacy,” which often drives families deeper into the medical poverty trap.

Why *hasn't* palliative care been at the top of ministerial health, social welfare, and development agendas for older persons, now we know what it is, and what its benefits are? Why *should* governments allow their people to undergo such deep preventable suffering, when the solution is relatively inexpensive, as a recent Lancet Commission report has pointed out, and within reach through workforce training and health system strengthening? One reason is because there is no binding international convention to hold governments accountable for allowing their people, particularly their elders, to slip into such an enormous abyss of suffering. Such a binding convention must stipulate the right to palliative care for all older persons and their



families, and include the right to internationally controlled essential medicines such as morphine for the relief of severe pain, as the recent UNGASS Outcome document recommended.

A premise of the palliative care movement is that we must be the change we want to see, in Gandhi's words. Creating more age-friendly environments and incorporating palliative care as a routine service for the seriously ill and frail older persons, will diminish the fear that drives our societies' endemic ageism. Witnessing to person-centered care in a world that is cure focused and status-centered, slowly transforms that world by shaping ageless societies that don't despise the sight of our future selves.

Acknowledging older persons' rights to palliative care and participating in that praxis through volunteering in our home communities and caregiving for our loved ones, develops our emotional intelligence, transforming us as individuals, households, communities, and countries. Let it begin with me, and with everyone here.

Let us begin drafting a binding international convention that supports the rights of all persons: those who are fragile, differently abled, members of indigenous communities, and those in closed institutions,. We can do better than we are doing now, allowing 70% of our fellow human beings, most of whom are older persons, to die in severe preventable suffering, often alone. Every person's death in such suffering, without palliative care, diminishes us, to paraphrase John Donne, because we are all a part of humankind.

I thank you.