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Letter to Editor Open Access

Palliative Care: An Integral Component of Human Right to Health

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DEAR EDITOR,

Palliative care refers to an approach which is envisaged to improve quality of life of patients and their family members who are suffering from life-threatening illnesses.[1] It essentially advocates for a team approach with special emphasis on reduction and relief of suffering through the early detection, appropriate assessment, and treatment of pain and other concerns (physical, psychosocial, or spiritual).[1]

In fact, on an annual basis close to 40 million people needs palliative care worldwide, of which more than three-fourth are from low- and middle- income nations (in cases of children–almost 98% are residing in low/middle income nations).[1-3] Palliative care has been recommended for a wide range of chronic diseases including cardiovascular diseases, cancers, HIV/AIDS, diabetes mellitus, organ failure, and congenital anomalies.[1,4] Acknowledging the scope and the need of palliative care in the last couple of decades, palliative care has been considered as an integral component of the human right to health.[2] In fact, a comprehensive package of palliative care can significantly decrease the needs of hospitalization, thereby reducing the burden on the public health system.[2,3]

The findings of a recently released report suggest that only 10% of the individuals who need palliative care are actually receiving it.[2] Furthermore, the results of a multinational study revealed that only 8.5% nations had well-integrated palliative care services, whereas more than 40% nations had no palliative care services at all.[5] These are quite alarming facts, and a multiple number of barriers such as no priority for palliative care in national health policies;[1] poor awareness among policy makers, health professionals, and community about different aspects of palliative care;[3] lack of training sessions for health professionals;[6] myths and misconceptions prevalent among people (viz., cultural and social beliefs about death and dying, or it is needed only for cancer patients and that too in last few weeks of life, etc.);[1,3] lack of easily accessible and affordable, clinically relevant information;[7] resource constraints;[8] and highly restrictive provisions for the use of morphine/opioid analgesics, thereby denying access to adequate pain relief (due to the belief that easy access may lead to drug abuse)[1,6] have been identified, which together are playing a crucial role in augmenting the unmet need for palliative care. However, the utility of palliative care eventually depends on its personalized approach and provision of integrated health services so that the specific needs of individuals can be addressed.[1,2]

To enhance the accessibility of palliative care services and accomplish universal health coverage, the need of the hour is to merge palliative care with all relevant health policies so that it can be delivered at all levels of care.[1] Even though it is true that specialist palliative care is one of the integral components of palliative care, but to ensure sustainable palliative care, it has to be integrated with primary health care and home-based community care.[1,2] In addition, implementation of other interventions such as formulating guidelines pertaining to integrated palliative care across various levels or ethical issues in palliative care;[1,6] improving access to palliative care medicines by modifying national regulations and delivery systems;[2,3] collaborating with UNICEF to enhance palliative care for children;[1,2] ensuring mobilization of resources for palliative care programs;[8,9] increasing awareness among all the stakeholders about palliative care;[6] training health professionals regarding the need and different ways of delivery of palliative care in both hospital and community settings;[2,3] and building mechanisms for monitoring access to global palliative care and evaluation of the palliative care programs[6] can also play a defining role in the expansion of palliative care.

In conclusion, the global need for palliative care is expected to rise further owing to the increase in the prevalence of various noncommunicable diseases and increased life expectancy. Therefore, there is a significant need to strengthen and expand the existing palliative care services to the needy so that right to health becomes a universal reality.

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REFERENCES

1. World Health Organization. Palliative Care – Fact Sheet No. 402; 2015. Available from: http://www.who.int/mediacentre/factsheets/fs402/en/. [Last accessed on 2015 Jul 22].
2. World Palliative Care Alliance, World Health Organization. Global Atlas of Palliative Care at the End of Life. Geneva: WHO Press; 2014.
3. Nyatanga B. Developing palliative care globally: Facing the challenge. Int J Palliat Nurs 2015;21:317-8.
4. Jiang S, Li P. Progress in palliative care benefit of elderly patients with non-small cell lung cancer. Zhongguo Fei Ai Za Zhi 2015;18:462-8.
5. Lynch T, Connor S, Clark D. Mapping levels of palliative care development: A global update. J Pain Symptom Manage 2013;45:1094-106.
6. World Health Organization. First Ever Global Atlas Identifies Unmet Need for Palliative Care. Available from: http://www.who.int/mediacentre/news/releases/2014/palliative-care-20140128/en/. [Last accessed on 2015 Jul 31].
7. Jünger S, Klose J, Brearley S, Hegedus K, Payne S, Radbruch L. Palliative care information needs in central and Eastern Europe and the Commonwealth of independent States. J Palliat Care 2015;31:109-17.
8. Mulholland H. Lack of resources hinders palliative care. Nurs Child Young People 2015;27:7.
9. van Riet Paap J, Vernooij-Dassen M, Sommerbakk R, Moyle W, *et al.* Implementation of improvement strategies in palliative care: An integrative review. Implement Sci 2015;10:103.

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