

Editorial

The International Association for Hospice and Palliative Care List of Essential Medicines for Palliative Care

The World Health Organisation has a model list of 'essential medicines', a list of minimum medicine needs for a basic healthcare system, including the most efficacious, safe and cost-effective medicines for priority conditions. In response to a request from the Cancer Control Programme of the World Health Organisation (WHO), the International Association for Hospice and Palliative Care (IAHPC) in collaboration with other organisations recently developed a list of medicines essential for palliative care. The current list is published in this issue of the journal together with a description of the way in which the list was derived and an indication of the organisations and individuals involved. The guiding principles which the IAHPC have adopted in developing this list are outlined in this editorial.

The *IAHPC Essential Medicines List for Palliative Care* has been produced by a representative group of palliative care specialists, each with very considerable experience in this discipline. Some work in countries where palliative care is well established and developing rapidly, others in countries at earlier stages of development. They come from countries differing in the sophistication of their health care provision, culture, ethnic, linguistic and religious traditions. They are each affiliated to, and represent, national and international associations and societies for the study and provision of palliative care.

These palliative medicine specialists share a commitment to the provision of palliative care to who all need it irrespective of race, colour, creed, class or financial means. They believe that

- Every person with a life threatening illness has the right to receive appropriate palliative care.
- It is the responsibility of every clinician to provide appropriate palliative care to those who need it.
- That patients receiving palliative care should be enabled to receive it in the place of their choice.

The *IAHPC Essential Medicines List for Palliative Care* is not a directive but is offered for guidance. Important as the cost of medicines is in every country, the list is not based on cost, which must be calculated nationally.

The *IAHPC Essential Medicines List for Palliative Care* has been produced with only one aim – the provision of the best possible care for those with advanced life-threatening illness, uninfluenced by financial and other benefits or political considerations.

The *IAHPC Essential Medicines List for Palliative Care* will be of little use if

- physicians and students are not taught how to use these medicines in the palliative care setting;
- the medicines are not made available and accessible, if needs be by appropriate legislation;
- the list is not brought to the attention of physicians and pharmacists by relevant government, professional and academic bodies, professional journals and charities involved in promotion and supporting the provision of palliative care;
- countries do not have in place, or are prepared to produce, national palliative care policies/guidelines.

The list is not an endorsement of any product. It does not assume similar pharmacological action or adverse effects and should not be read as promoting a proprietary preparation.

The *IAHPC Essential Medicines List for Palliative Care* will need to be reviewed and revised on a regular basis, taking into account research findings, changes in practice and constructive comments from palliative care workers worldwide.

The following principles flow from the points listed above:

Every effort should be made to ensure ready availability and accessibility of all essential medicines before approving more expensive but equally efficacious formulations.

Every effort should be made to ensure that prescribing physicians and pharmacists are made aware of comparative costs of drugs on the essential medicines list and their more expensive competitors with equivalent therapeutic benefit. [This can only be done at national rather than international level]

Every encouragement should be given to editors of scientific and in particular palliative care, journals to

encourage the publication of the essential medicines list for palliative care.

Every effort should be made to get charities supporting palliative care to encourage recipients of their funds to use the drugs on the essential medicine list in preference to more expensive ones with equivalent therapeutic benefit.

All trainees in palliative care – whether medical, nursing, pharmacy, clinical psychology – should be made aware of the *IAHPC Essential Medicines List for Palliative Care*, should expect to be examined on it, and understand why drugs were selected for the list.

The *IAHPC Essential Medicines List* should be brought to the attention of the groups being set up in many countries to keep politicians informed about palliative care so that they may learn of the benefits of

such a list, of the pressing need for legislation to establish availability and accessibility of the medicines, and know what is being done in other countries to promote and provide palliative care to all who need it, irrespective of race, creed, or financial means.

The *IAHPC Essential Medicines List for Palliative Care* should be studied by all the national and international professional associations and societies represented by the specialists who have drawn it up, and their considered opinions and suggestions on it, taken into account when the list is finalized and subsequently kept up-to-date.

Derek Doyle
Edinburgh