

Access to pain relief – an essential human right

A report entitled *Access to pain relief – an essential human right* was published on 28 September 2007 by Help the Hospices for the Worldwide Palliative Care Alliance, in time for World Hospice and Palliative Care Day, which took place on 6 October 2007.

The report highlights the lack of pain control currently available in some parts of the world and the need for government action to ensure that all sections of society have equal and adequate access to it. It is estimated that 100 million people could benefit from basic palliative care every year. New data show that, even in established palliative care units, patients sometimes lack access to the pain control that they desperately need.

The report looks at the incidence of pain and the availability of analgesics in advanced and terminal diseases including AIDS, cancer, heart disease, chronic obstructive pulmonary disease and renal disease. It points out that the majority of those denied access to pain relief live in developing countries, where the incidence of pain is also higher. The report showcases the findings of a new survey conducted in 69 hospice and palliative care services in Asia, Africa and Latin America ■

*The report can be downloaded from:
[www.worldday.org/documents/
access_to_pain_relief.pdf](http://www.worldday.org/documents/access_to_pain_relief.pdf)*

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Palliative care resources in Armenia

The country's history

Armenia is a small mountainous country in the south of the Caucasus region. In spite of its stormy history, it is an independent nation with a strong national identity and unique culture. In the past 100 years, several significant events have shaped its history. The Armenian genocide, in 1915, led to a large international diaspora with



communities in France, the USA and the Middle East. Inclusion in the Soviet Union from 1920 to 1991 influenced the country's economy and its models of healthcare. In 1988, an earthquake in the north of Armenia caused a massive loss of life and resulted in abject poverty. However, it did raise world awareness of the country's needs. Since its independence in 1991, Armenia has been at war with Azerbaijan over the disputed territory of Nagorno-Karabakh.

More than 50% of Armenia's population live in the capital, Yerevan, which is also home to the country's university, its main hospital, Erebuni, and its national oncology centre. In the rural areas, there is severe poverty and poor access to healthcare.

Second conference of the Armenian Christian Medical Association

I was invited to attend the second conference of the Armenian Christian Medical Association (ACMA) to talk about palliative care. This association aims to provide free clinics and medical procedures for people around the country who cannot afford healthcare. It also wants to develop mobile clinics to reach the rural areas and a medical disaster response unit.

Seminars at the conference covered subjects including holistic care, medical ethics and the importance of spiritual care. I gave a talk on the philosophy and history of palliative care and an

introduction to pain management, highlighting the WHO pain ladder.

There were around 170 healthcare professionals at the conference, and it was clear that few had even a basic knowledge about the concepts of palliative care. Following my talk, there was general enthusiasm for the subject and many of the delegates identified a need for palliative care within their own patient population.

In particular, Anahit Sargsyan, Vice-Director of Erebuni hospital, felt inspired to create inpatient hospice beds in her department. 'I had been dreaming of a place that people who are suffering but cannot be cured could come to and be helped,' she said. 'When I heard about palliative care, I thought: this is it!' Other palliative care enthusiasts included the occupational therapist and physiotherapist from the Yerevan rehabilitation centre and the director of the rehabilitation centre at Gyumri, Armenia's second largest city.

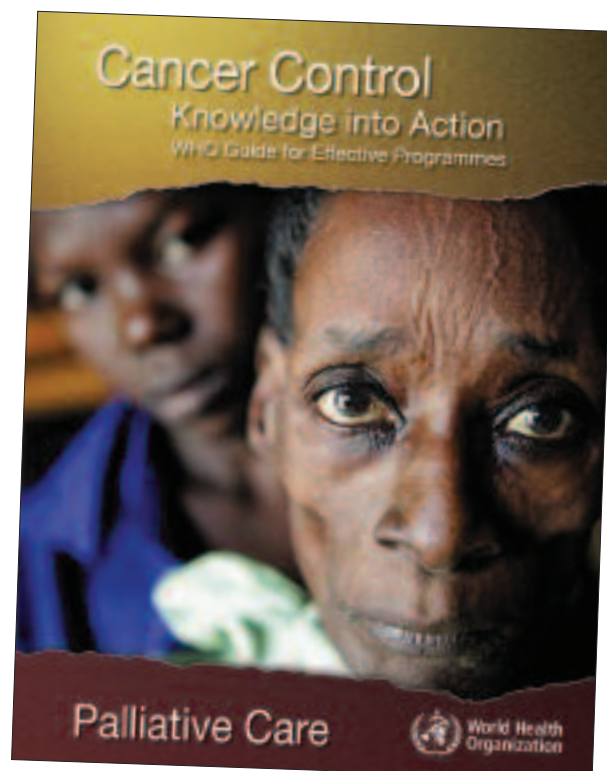
Although the country currently has some palliative care provision, there is no national policy, and it was clear that many doctors know little about it. The Armenian Pain Control and Palliative Care Association provides home care and specialist input to the national oncology centre. Owing to limited funding, however, these services are not often free. Other charities provide some home care services. Access to morphine continues to be limited and expensive.

Plans for future training

The main need currently is for training those who wish to take this further. There appear to be few teaching resources in either Armenian or Russian, but the ACMA is looking into the translation of some basic texts. There is also a need for greater publicity among healthcare professionals and patients. The ACMA intends to link up with existing organisations and, if possible, share resources. Anahit Sargsyan hopes to present her proposals to the minister for health and, through links with the medical school, arrange lectures with final-year students.

I hope to continue supporting this new movement but I am delighted that the momentum is coming from inside the country. My overall impression is that people are seeing the need for palliative care within their country and are keen to take this further ■

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A new guide on palliative care services for people living with advanced cancer

On 5 October 2007, the WHO launched its first guide on planning palliative care services for people living with advanced stages of cancer. The guide, which is based on consultations with more than 70 of the world's leading cancer experts, has identified highly effective, low-cost public health models to care for advanced and terminally ill cancer patients, especially in developing countries.

The guide, *Cancer Control. Knowledge into Action – WHO Guide for Effective Programmes. Palliative Care*, was launched on the occasion of World Hospice and Palliative Care Day on 6 October 2007.

Palliative care improves the quality of life of patients facing life-threatening illness and their families by providing pain relief and management of other distressing and debilitating symptoms. Palliative care services are appropriate from the time of diagnosis throughout the course of the disease. Preliminary estimates show that, every year, 4.8 million people who suffer from moderate-to-severe pain caused by cancer do not receive treatment.

An urgent worldwide need

'Everyone has a right to be treated, and die, with dignity. The relief of pain – physical, emotional,

spiritual and social – is a human right,’ says Dr Catherine Le Galès-Camus, WHO Assistant Director-General for Noncommunicable Diseases and Mental Health. ‘Palliative care is an urgent need worldwide for people living with advanced stages of cancer, particularly in developing countries, where a high proportion of people with cancer are diagnosed when treatment is no longer effective.’

Guidance for public health planners

The new guide is aimed primarily at public health planners. It provides guidance on how to conduct a national situation analysis and response review, mapping the burden of cancers in advanced stages against available palliative care services, and recommending plans for low-cost public health models to close any gaps.

‘Simple and low-cost public health models of palliative care can be implemented to reach the majority of the target population, particularly in developing countries where the majority of cases are diagnosed in late stages,’ says Dr Benedetto Saraceno, WHO Acting Director for Chronic Diseases and Health Promotion. ‘These models consider the integration of palliative care services in the existing health system, with a special emphasis on community- and home-based care.’

The rise in deaths from cancer

In 2005, out of 58 million deaths worldwide, 7.6 million were due to cancer. More than 70% of all cancer deaths occur in developing countries, where resources available for prevention, diagnosis and treatment are limited or non-existent. Based on WHO projections, cancer deaths will continue to rise, with an estimated nine million people dying from cancer in 2015 and 11.4 million in 2030.

Yet many of these deaths can be avoided. More than 40% of all cancers can be prevented. Others can be detected early, treated and cured. And in late-stage cancers, the suffering of patients can be relieved with good palliative care ■

The guide can be downloaded from:
www.who.int/entity/cancer/media/FINAL-PalliativeCareModule.pdf

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Academic positions open at the School of Nursing, American University of Beirut

The American University of Beirut (AUB), the first American university abroad, was founded in 1866. Historically, it is the premier university in the Middle East.

The AUB School of Nursing, founded in 1905, was the first nursing school in the Middle East. Its mission is to promote the highest educational standards of excellence, integrity and professionalism in the science of nursing. It plays a leading role in the development of nursing knowledge and practice in Lebanon and in the region. Some of its graduates currently occupy leadership positions in the field of nursing in Lebanon, the Middle East and the world.

In 2003, the AUB School of Nursing launched a Master of Science in Nursing (MSN), with an emphasis on advanced clinical practice. The MSN has currently three tracks:

- Adult Care, with a possible Minor in Nursing Education
- Mental Health & Psychiatric Nursing
- Nursing Administration

An MSN/MBA is currently being planned. The MSN is benchmarked against leading programmes in the USA and Europe and tailored to the health problems and cultural needs of Lebanon and the Middle East. It is hoped that other specialty areas, such as paediatrics, care of the elderly and community care, will be covered in the near future.

Both the Bachelor of Science in Nursing (BSN) and the MSN have recently been accredited by the US Commission on Collegiate Nursing Education (CCNE). The AUB School of Nursing is the first one to be accredited by the CCNE outside the USA.

Applications invited for academic positions

A number of academic positions are currently open. We are inviting applications from PhD-prepared faculty with expertise in nursing administration and advanced nursing practice, and an emphasis on paediatrics and elderly care. Applicants are requested to submit a complete curriculum vitae, a letter including a statement on teaching and research interests, and the names, postal addresses, telephone numbers and email addresses of three references, to:

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