

**Special Article**

# Integrating Palliative Care into National Policies

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**Abstract**

*Good policies lay the groundwork for an effective health care system and society. They facilitate the implementation of palliative care programs aimed at providing care for all people in need of these services, and they ensure equitable access to affordable medications and therapies. The lack of good policies can lead to unnecessary suffering and costs for patients, families, and society. Three-quarters of cancer patients worldwide are incurable when diagnosed. Because the size of the problem—and the suffering associated with cancer—is enormous, development of a national cancer control policy is an effective point of entry to begin integrating palliative care into a country's health care system. To be comprehensive, every cancer center must include palliative care. Ideally, palliative care is incorporated as a priority within all aspects of each country's national health plan, so that all patients living with or dying from any chronic disease may have their suffering relieved, including children and the elderly. To this end, policies that address essential medicines must include a list of palliative care medications. Supplies of affordable, generic medications that are "equally efficient" must be adequate and available throughout the country wherever patients live (especially opioids for pain control). J Pain Symptom Manage 2007;33:514–520. © 2007 U.S. Cancer Pain Relief Committee. Published by Elsevier Inc. All rights reserved.*

**Key Words**

*Policy, national cancer control policy, drug availability, education, implementation, palliative care*

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**Introduction**

National policies are the cornerstone for facilitating the implementation of palliative care programs that will provide care for all people in need of these services. These policies can

be empowering and can ensure equitable access to affordable medications and therapies, or can be restrictive and lead to unnecessary suffering by patients, families, and the society.

**Process**

National policies are typically developed through a process that starts by advocacy to increase global and local awareness and change attitudes about the importance of the subject.<sup>1</sup>

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Once interest is expressed, meetings are held with key leaders to sensitize them to the size of the problem, opportunities for improved quality of life, and more cost-effective health care services to provide strategies to address the challenges of integrating palliative care policies. Once there is uptake, policymakers and regulators can use existing policies as samples or create their own national policies.

### *Advocacy*

There are many consensus-based advocacy documents that convey the importance of palliative care in cancer care, AIDS care, and elder care. Each advocacy document aims to increase the awareness of policymakers and the public about the size of the problem and solutions, the importance of palliative care as a human right and responsibility, and the integration of palliative care with disease management strategies to provide more comprehensive care. Documents have been produced by many different national and international organizations. A few selected resources follow (see references for links to specific documents and web sites):

- American Geriatrics Society<sup>2</sup>
- American Society of Clinical Oncology (ASCO)<sup>3</sup>
- Council of Europe<sup>4</sup>
- European Society of Medical Oncology (ESMO)<sup>5</sup>
- Help the Hospices, UK<sup>6</sup>
- Institute of Medicine, USA<sup>7-9</sup>
- International Association of Hospice and Palliative Care<sup>10</sup>
- World Health Organization (WHO)<sup>11-13</sup>

### *Sensitization*

Once key stakeholders become aware of the importance of palliative care, it is then possible for international expert facilitators to hold specific meetings and workshops with key policymakers and regulators to further sensitize them to palliative care and stimulate them to make concrete changes to national health care policies and programs. In the 1980s, the WHO Cancer Unit approached the International Narcotics Control Board (INCB) to promote the availability of opioids for pain control. This resulted in strong advocacy by

INCB for increased opioid usage to better manage pain control worldwide.<sup>14</sup>

On a worldwide basis, the WHO World Health Assembly in May 2005 was able to sensitize participating Ministers of Health from over 190 countries to the issues. As a result, the Assembly passed Declaration 58.22 on Cancer Prevention and Control.<sup>15</sup> It urges member states to ensure the medical availability of opioid analgesics and requests the WHO Director General to 1) explore mechanisms for funding cancer prevention, control, and palliative care, especially in developing countries, and 2) examine with the INCB how to facilitate the adequate treatment of pain using opioid analgesics.

Detailed sensitization workshops have been held with delegates who are mandated by their Ministers of Health to explore the issues in more depth, report back, and change policy. Examples include workshops held in Banff, Alberta;<sup>16</sup> Australia;<sup>17</sup> South Africa;<sup>18</sup> Florianopolis, Brazil;<sup>19</sup> and Open Society Institute workshops in Budapest, Hungary.<sup>20</sup>

### *Policy Development Guidelines*

When policymakers are ready to incorporate palliative care into their National Policies, several documents exist to guide the process.<sup>11,21-24</sup>

## ***National Cancer Control Policy***

Because of the size of the problem, and the suffering associated with cancer, development of a national cancer control policy is a frequent point of entry for integrating palliative care into a country's health care system.<sup>25</sup> From the outset, it is important for all stakeholders to be knowledgeable about the incidence of cancer in their country, the percentage of patients presenting with advanced disease, the reality that patients experience with cancer, and the realistic potential for therapeutic strategies that involve pain relief and palliative care to change this experience. For all cancer control programs, primary prevention, early detection, curative treatment, and palliative care are the four key components (pillars) of comprehensive cancer care (see Fig. 1).

### *Priorities and Strategies*

For the eight most common cancers worldwide, primary prevention has a significant

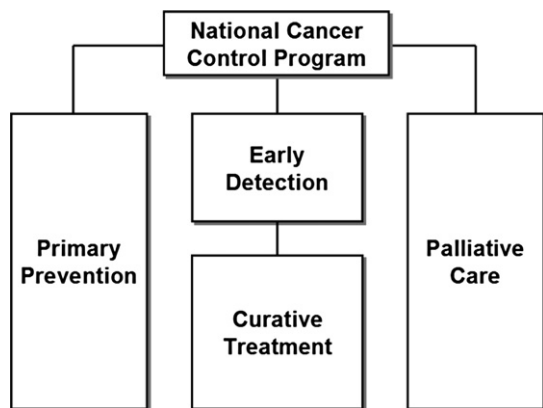


Fig. 1. Pillars of a National Cancer Control Program.

role to play in any cancer control program; curative treatment is only successful when coupled with early detection for breast, cervix, and mouth/pharyngeal cancers (see shaded area of Table 1<sup>25</sup>). Palliative care has universal value for all patients, whether they are receiving treatments with curative intent or not (see Table 1). It has been shown to improve quality of life, enhance patients' capacity to live life optimally, and be cost-effective when it is an integral part of comprehensive cancer care.

Policy makers developing a National Cancer Control Program will need to decide which of the four key components will provide the maximum benefit for their population. They will be significantly influenced by the percentage of their patients presenting with advanced-stage cancer and the limits of the country's resources to provide cancer care.

For many countries where a significant number of patients are presenting with stage III or

IV cancer, for which curative care is not available, palliative care, with or without palliative chemotherapy, radiotherapy, and surgery, will be very important to offer. For these patients, palliative care alone offers a therapeutic approach that will improve quality of life and save patients from overtreatment, high morbidity, and wastage of resources when their cancers are incurable.

In countries where patients are presenting with early-stage cancers, palliative care will also be an important component of comprehensive cancer care from the time of presentation until death, whether the patient is receiving curative treatment, or not (see Fig. 2<sup>26</sup>). Thus, a national policy introducing palliative care for all patients at the time of diagnosis will be as important as incorporating primary prevention and curative therapy, coupled with effective early detection, into National Cancer Control Programs (see Table 1). No cancer center can be classified as comprehensive without integrating palliative care throughout the patients' illness experience.

### Examples

Several national and regional cancer control programs have already incorporated palliative care, including the ones in Kerala,<sup>27</sup> Ontario,<sup>28</sup> Norway,<sup>29,30</sup> Hungary,<sup>31</sup> and Mongolia.<sup>32,33</sup>

### National Health Policy

In addition to incorporating palliative care into a country's National Cancer Control Program, palliative care can play a significant role in the care of patients with any diagnosis, any time during their illness experience. Ideally, pain relief and palliative care are incorporated as priorities within the national health plan that is the umbrella for all health-related policies within the country.

Table 1  
Priorities for the Eight Most Common Cancers Worldwide

	Primary Prevention	Early Detection	Curative Treatment	Palliative Care
Lung	++	—	—	++
Stomach	+	—	—	++
Colorectal	+	+	+	++
Breast	—	++	++	++
Cervix	++	++	++	++
Mouth/ pharynx	++	++	++	++
Esophagus	—	—	—	++
Liver	++	—	—	++

Updated from previously published versions to incorporate available vaccines, etc.<sup>25</sup>

++, effective; +, partly effective; —, ineffective.

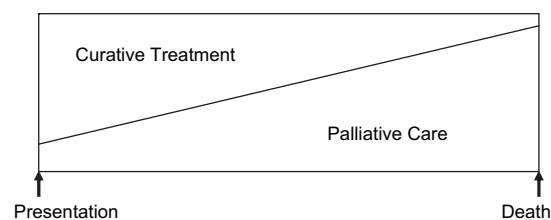


Fig. 2. Integration of curative treatment and palliative care (adapted from original versions of this diagram published in 1987 and 1990<sup>11,26</sup>).

Once policy makers have been sensitized to the importance of palliative care, holding a national workshop with leading policy makers and clinicians offers an effective way to include palliative care in the national health policy and address practical policies and regulations that govern opioid prescribing, opioid availability, education of health care professionals, and implementation of specific palliative care services. Examples where palliative care has been incorporated into national or regional (states or provinces) health policy include:

- Canada<sup>34</sup>
- Catalonia<sup>35</sup>
- Kerala<sup>36</sup>
- Georgia<sup>37</sup>
- Mongolia<sup>38</sup>
- Ontario<sup>39</sup>
- Uganda<sup>40</sup>
- United States<sup>41</sup>

Once palliative care has been incorporated into the National Health Plan, policy makers and regulators will want to review and update related policies and regulations to ensure that they are supportive and not restrictive.

Although cancer has been the disease focus for the majority of national policies in palliative care, there is an enormous need to incorporate palliative care policies into national health strategies for HIV/AIDS, the elderly, and pediatric populations. There are excellent models of such policies from Catalonia, Canada and Uganda.<sup>11,28,35,40</sup>

### *Drug Availability*

*Essential Medicine Policy.* The WHO has put considerable effort into developing a list of essential medicines that every country should have in their national formulary, including a list of palliative care medications.<sup>42</sup> These essential palliative medicines should be included in the country's essential medicine policy.

*Opioids and Other Essential Medicines.* An adequate supply of affordable, generic medications that are "equally efficient" must be available so that everyone will have access to them in the community where they live. As an example, oral morphine is an excellent medication with a minimum of adverse effects when it is used appropriately. Of the opioids

that a country will import, we estimate that most patients' pain will be easily managed if the country ensures that they have a supply that includes 30% immediate-release morphine, 60% slow-release morphine, 5% parenteral morphine, and 5% other opioids.<sup>37,38,40,43,44</sup> Annually, regulators must review the existing INCB opioid quota, estimate what will be needed by the country for the coming year, and request the estimated quota from INCB.

If there is no policy on the importation of "equally efficient," affordable, generic formulations of medications, there is a risk that the country's market will be overtaken by aggressive pharmaceutical companies marketing the same chemicals imbedded in expensive technology at prices that are only affordable to a few. Concurrently, there may be an increased risk of coercive activities that lead to secondary gains by health care providers and politicians to push the market in directions that limit access to essential medicines to only a few people who can afford them.

*Opioid Prescribing.* Patients must have morphine and other opioids when they are indicated, and policy makers and regulators will need to ensure that national laws and regulations control opioid usage appropriately and do not restrict prescribing to the detriment of patients or families. Opioids are central to effective management of pain and shortness of breath irrespective of the diagnosis. All doctors, irrespective of the setting of care, should be able to prescribe sufficient doses of opioids, so they can be taken by the patient as frequently as they are needed to control the patient's symptoms (as guided by each medication's pharmacology). The maximum quantity of medication allowed in each prescription and the frequency of prescriptions must be guided by patient need, as determined by the doctor, and not be restricted so that there is no worsening of patient suffering or burden to families who may have to travel long distances to acquire each prescription.

### *Education*

*Health Care Professionals.* All health care workers (doctors, nurses, social workers, psychologists, pharmacists, etc.) should be

knowledgeable and skilled in the core competencies of palliative care. This could include policies that encourage or mandate palliative care education: 1) in the curricula and examinations of undergraduate and postgraduate health care students; 2) in continuing education programs for practicing health care professionals; and 3) for health care professionals requesting or renewing licenses.

*Palliative Care Experts.* A process for educating and recognizing doctors, nurses, social workers, and pharmacists with expertise in palliative care should exist so that community health care professionals can refer for consultations, training, and support.

*Public.* The concepts of aging, chronic illness, and death should be incorporated into elementary and secondary school education for the public.

### *Implementation*

*Funding Palliative Care Services.* There must be funding and service delivery models in place that provide the financial and manpower resources and the service structure needed to support the delivery of effective palliative care services throughout the country. Palliative care services will need to be available in all settings where patients receive care, i.e., through homecare in the communities where they live and in acute and long-term care facilities. Regional palliative care centers of excellence will be needed to develop and support community palliative care staff and services.<sup>43,45,46</sup>

*Funding Health Care Professionals.* Adequate funding is necessary to support the health care professionals working in palliative care, including adequate reimbursement for services provided (through salaries or fees for service).

*Supporting Family Caregivers.* As much of day-to-day palliative care is provided by family caregivers, to be fully effective, policy makers must ensure that policies adequately support this essential “workforce” through: 1) compassionate family caregiver leave; 2) tax benefits to cover the high costs to families for providing care, medicines, equipment, supplies, etc.; and 3)

homecare support through professionals, home support workers, volunteers, etc.

*Technology Acquisition.* In the face of the enormous pressure to have the latest of everything, the aggressive marketing of pharmaceutical and medical technology companies and the resulting pressures from patients on the health profession and policy makers, essential drugs and technology must be specified and distinguished from what is optional and “nice to have” if sufficient resources are available to purchase them. This is especially important in low- and middle-income countries, where a cost-effective approach is essential to allocate limited resources wisely.

### *Summary*

Good policies lay the groundwork for an effective health care system and society. To ensure the best possible implementation of palliative care in a country, it must be incorporated in the National Health Plan and all related policies and regulations so that affordable medications are widely available, and palliative care education and services are integrated into the health care system and society at all levels.

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