Strengthening of palliative care as a component of comprehensive care throughout the life course

The Sixty-seventh World Health Assembly,

Having considered the report on strengthening of palliative care as a component of integrated treatment throughout the life course,

Recalling resolution WHA58.22 on cancer prevention and control, especially as it relates to palliative care,

Taking into account the United Nations Economic and Social Council’s Commission on Narcotic Drugs’ resolutions 53/4 and 54/6 respectively on promoting adequate availability of internationally controlled licit drugs for medical and scientific purposes while preventing their diversion and abuse, and promoting adequate availability of internationally controlled narcotic drugs and psychotropic substances for medical and scientific purposes while preventing their diversion and abuse,

Acknowledging the special report of the International Narcotics Control Board on the availability of internationally controlled drugs ensuring adequate access for medical and scientific purposes, and the WHO guidance on ensuring balance in national policies on controlled substances guidance for availability and accessibility of controlled medicines;

Also taking into account resolution 2005/25 of the United Nations Economic and Social Council on treatment of pain using opioid analgesics;

Bearing in mind that palliative care is an approach that improves the quality of life of patients (adults and children) and their families who are facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and correct assessment and treatment of pain and other problems, whether physical, psychological or spiritual;

Recognizing that palliative care, when indicated, is fundamental to improving the quality of life, well-being, comfort and human dignity for individuals, being an effective person-centred health service that values patients’ need to receive adequate, personally and culturally sensitive information on their health status, and their central role in making decisions about the treatment received;
SIXTY-SEVENTH WORLD HEALTH ASSEMBLY

Agenda item 15.5

24 May 2014

Strengthening of palliative care as a component of comprehensive care throughout the life course

The Sixty-seventh World Health Assembly,

Having considered the report on strengthening of palliative care as a component of integrated treatment throughout the life course;¹

Recalling resolution WHA58.22 on cancer prevention and control, especially as it relates to palliative care;
• Bearing in mind that palliative care is an approach that improves the quality of life of patients ... through the prevention and relief of suffering... treatment of pain and other problems, whether physical, psychosocial or spiritual;
• Acknowledging that palliative care is an ethical responsibility of health systems, and that it is the ethical duty of health care professionals to alleviate pain and suffering, whether physical, psychosocial or spiritual...
• ...acknowledging that palliative care uses an interdisciplinary approach...the delivery of quality palliative care is most likely to be realized where strong networks exist between professional palliative care providers, support care providers (including spiritual support and counselling, as needed),...
The World Health Assembly urges member states:

• to include palliative care as an integral component of the ongoing education and training ... according to these principles:
  (a) basic training and continuing education... should be integrated ... undergraduate medical and nursing professional education, and as part of in-service training of ... caregivers addressing patients’ spiritual needs and social workers;
• “Ideally, health care should harmonize with social, psychological and **spiritual** support to achieve the highest possible quality of life for people of all ages with serious illnesses or injuries.”

  Committee Consensus Report - Institute of Medicine, 20014

• **Spirituality** is a fundamental aspect of compassionate, patient and family centered care that honors the dignity of all persons.”

  National Consensus Project for Quality Palliative Care
  Clinical Practice Guidelines for Quality Palliative Care 3rd ed
Patients with untreated pain

<table>
<thead>
<tr>
<th>Cause</th>
<th>Number of patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer</td>
<td>5.4 million</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>1 million</td>
</tr>
<tr>
<td>emergency</td>
<td>0.8 million</td>
</tr>
<tr>
<td>surgery</td>
<td>8 - 40 million</td>
</tr>
<tr>
<td>Other</td>
<td>10 million (estimate)</td>
</tr>
<tr>
<td><strong>Total (lowest estimate)</strong></td>
<td><strong>30 million</strong></td>
</tr>
<tr>
<td><strong>Total (highest estimate)</strong></td>
<td><strong>86 million</strong></td>
</tr>
</tbody>
</table>

WHO, 2010
High Income vs Middle and Low Income Countries
Morphine Equivalent mg/capita (1990 -2008)

Source: INCB
By: Pain & Policy Studies Group, University of Wisconsin/WHO Collaborating Center, 2011
WELCOME TO THE

INTERNATIONAL ASSOCIATION for HOSPICE & PALLIATIVE CARE

At IAHPC we are dedicated to the promotion and development of palliative care throughout the world. Surf our website to learn more about what we do and about palliative care, search our global palliative care directories and find ways in which you can help us achieve our mission.

© 2014, International Association for Hospice & Palliative Care IAHPC disclaimer and policy statement
5535 Memorial Dr. Suite 7 - PMB 586 Houston TX 77007 USA Ph. +1 (281) 321-0649 Tel Free: +1 (866) 314-2410 Fax. +1 (713) 508 3657

This website was made and is maintained by OsmisEE
Opioid Price Watch Project

Two sets of data are displayed in this map. The first shows the availability, affordability and accessibility of a 30-day treatment of oral solid morphine. A red dot indicates no availability of oral solid morphine. The second set of data displays the cost of other opioids and morphine formulations included in this project. You can drag or zoom in the map by using the zooming tool on the left.

The displayed prices are the lowest price of locally available formulations at retail level or hospital pharmacies. The prices displayed are prices of opioids for use outside of the hospital (not for in-patients).

How can we measure progress?

Existing indicators are focused on the quality of care provision and patient outcomes: useful at the patient and care provider level.
The ALCP Palliative Care Indicators

The ALCP Indicators

- Health Care Policy
- Education
- Service Provision
- Medications
Sources of Data
## The ALCP Index

<table>
<thead>
<tr>
<th>Country*</th>
<th>PS.2</th>
<th>PS.3</th>
<th>PO.1</th>
<th>ED.1</th>
<th>Ed.3</th>
<th>ME.1</th>
<th>ME.2</th>
<th>ALCP Index</th>
</tr>
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<tbody>
<tr>
<td>Costa Rica</td>
<td>-0.78</td>
<td>0.28</td>
<td>1.44</td>
<td>2.4</td>
<td>3.23</td>
<td>0.35</td>
<td>1.17</td>
<td>8.10</td>
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<td>-0.34</td>
<td>-0.63</td>
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<td>0.78</td>
<td>1.05</td>
<td>1.49</td>
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<td>Mexico</td>
<td>1.22</td>
<td>-0.35</td>
<td>3</td>
<td>-0.46</td>
<td>0.14</td>
<td>1.49</td>
<td>0.96</td>
<td>6.00</td>
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<td>1.44</td>
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<td>1.94</td>
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<td>3.63</td>
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<tr>
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<td>0.51</td>
<td>-0.87</td>
<td>-0.59</td>
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<td>1.22</td>
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<td>-0.11</td>
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<td>-0.6</td>
<td>2.1</td>
<td>1.53</td>
<td>2.94</td>
</tr>
<tr>
<td>Panama</td>
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<td>-0.13</td>
<td>-0.4</td>
<td>-0.14</td>
<td>-0.39</td>
<td>0.22</td>
</tr>
<tr>
<td>Colombia</td>
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<td>-0.58</td>
<td>-0.29</td>
<td>1.15</td>
<td>0.45</td>
<td>-0.12</td>
</tr>
<tr>
<td>Venezuela</td>
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<td>-0.11</td>
<td>-0.35</td>
<td>-0.56</td>
<td>-0.1</td>
<td>-0.42</td>
<td>-0.58</td>
</tr>
<tr>
<td>Peru</td>
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<td>-0.63</td>
<td>-0.59</td>
<td>-0.33</td>
<td>-0.63</td>
<td>-0.71</td>
<td>-2.33</td>
</tr>
<tr>
<td>El Salvador</td>
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<td>-0.63</td>
<td>-0.55</td>
<td>-0.6</td>
<td>-0.16</td>
<td>-0.38</td>
<td>-3.74</td>
</tr>
<tr>
<td>Ecuador</td>
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<td>0.16</td>
<td>-0.63</td>
<td>-0.51</td>
<td>-0.6</td>
<td>-0.74</td>
<td>-0.74</td>
<td>-3.84</td>
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<tr>
<td>Nicaragua</td>
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<td>-0.63</td>
<td>-0.23</td>
<td>-0.6</td>
<td>-0.59</td>
<td>-0.82</td>
<td>-4.30</td>
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<td>Guatemala</td>
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<td>-0.58</td>
<td>-0.6</td>
<td>-0.7</td>
<td>-0.88</td>
<td>-4.46</td>
</tr>
<tr>
<td>Dominican Republic</td>
<td>-0.78</td>
<td>-0.33</td>
<td>-0.63</td>
<td>-0.51</td>
<td>-0.6</td>
<td>-0.86</td>
<td>-0.87</td>
<td>-4.58</td>
</tr>
<tr>
<td>Honduras</td>
<td>-0.78</td>
<td>-0.65</td>
<td>-0.63</td>
<td>-0.63</td>
<td>-0.6</td>
<td>-0.97</td>
<td>-0.95</td>
<td>-5.21</td>
</tr>
<tr>
<td>Bolivia</td>
<td>-0.78</td>
<td>-0.65</td>
<td>-0.63</td>
<td>-0.56</td>
<td>-0.6</td>
<td>-1.14</td>
<td>-1.06</td>
<td>-5.42</td>
</tr>
</tbody>
</table>

For something to change, someone somewhere has to start acting differently.
Why is it so hard to make lasting changes?

The primary obstacle, is a conflict that’s built into our brains.

Our minds are ruled by two different systems—the rational mind and the emotional mind—that compete for control.

*Switch: How to change things when change is hard*
Cheap Heath and Dan Heath (2010)
Change is easy when elephants and riders move together
Key Metaphor for Change

1. Direct the Rider
2. Motivate the Elephant
3. Shape the Path
1. Direct the Rider

What looks like resistance is often a lack of clarity

Provide clear directions
The image shows a pain management algorithm with four steps:

**STEP 1**
- Nonopioid analgesics
- NSAIDS
- Acute pain
- Chronic pain without control
- Acute crises of chronic pain

**STEP 2**
- Weak opioids
- Strong opioids
- Methadone
- Oral administration
- Transdermal patch

**STEP 3**
- Strong opioids
- Neurolytic block therapy
- Spinal stimulators
- PCA pump
- Nerve block

**STEP 4**
- Chronic pain
- Non-malignant pain
- Cancer pain
- NSAIDs
  - (with or without adjuvants at each step)

**Additional Information:**
## 2. Medicines for Pain and Palliative Care

### 2.1 Non-opioids and non-steroidal anti-inflammatory medicines (NSAIDs)

<table>
<thead>
<tr>
<th>Drug</th>
<th>Formulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>acetaminophen</td>
<td>Suppository: 0 mg to 150 mg, Tablets: 100 mg to 500 mg</td>
</tr>
<tr>
<td>Ibuprofen</td>
<td>Oral liquids: 200 mg, Tablets: 200 mg, 400 mg, 600 mg</td>
</tr>
<tr>
<td>(<em>Not in children less than 3 months.</em>)</td>
<td></td>
</tr>
<tr>
<td>paracetamol</td>
<td>Oral liquids: 125 mg, Tablets: 100 mg, Suppository: 100 mg, Tablets: 100 mg to 500 mg</td>
</tr>
<tr>
<td>(<em>Not recommended for anti-inflammatory use due to lack of proven benefit to that effect.</em>)</td>
<td></td>
</tr>
</tbody>
</table>

### 2.2 Opioid analgesics

<table>
<thead>
<tr>
<th>Drug</th>
<th>Formulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>codeine</td>
<td>Tablets: 30 mg (phosphate).</td>
</tr>
<tr>
<td>morphine*</td>
<td>Granules: 10 mg, mix with water: 20 mg to 200 mg (morphine sulfate), Injection: 10 mg (morphine hydrochloride or morphine nitrate) in 1-ml ampoules, Oral liquids: 10 mg (morphine hydrochloride or morphine sulfate) 10 ml, Tablet (immediate release): 10 mg (morphine sulfate), Tablet (slow release): 10 mg to 200 mg (morphine hydrochloride or morphine nitrate).</td>
</tr>
<tr>
<td>(<em>Alternatives limited to hydrocodone and oxycodone.</em>)</td>
<td></td>
</tr>
</tbody>
</table>

### 2.3 Medicines for other common symptoms in palliative care

<table>
<thead>
<tr>
<th>Drug</th>
<th>Formulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>amitryptiline</td>
<td>Tablets: 10 mg, 25 mg, 75 mg.</td>
</tr>
<tr>
<td>midazolam</td>
<td>Injection: 4 mg, Tablets: 5 mg</td>
</tr>
<tr>
<td>promethazine</td>
<td>Injection: 4 mg, Oral liquid: 2 mg/5 ml, Tablets: 2 mg, 4 mg, 8 mg</td>
</tr>
<tr>
<td>dexamethasone</td>
<td>Injection: 5 mg/ml, Oral liquid: 2 mg/5 ml, Rectal suppositories: 0.5 mg, 2 mg, 5 mg, 10 mg, Tablets: 2 mg, 5 mg, 10 mg</td>
</tr>
</tbody>
</table>
## ACTION PLAN

**Country:** Guatemala  
**Name group representative:** Eva R. Duarte

<table>
<thead>
<tr>
<th>(What?)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Describe the problem/barrier</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(How?)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Which steps need to be taken?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(Who?)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individuals who have the authority and responsibility to take action to solve the problem</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(When?)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Estimated time (and date if possible)</td>
</tr>
</tbody>
</table>

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>No immediate release morphine available in the country</td>
<td>(a) National Council of Professionals, pain and palliative care professionals, IASP chapter, anesthesiologist, NCI</td>
<td>(a) AGETD AGARTD INCAN UNOP IGSS</td>
<td>(a) Before May 30th</td>
</tr>
<tr>
<td></td>
<td>(b) Meet with the pharmaceutical industry representatives.</td>
<td>(b)</td>
<td>(b) Before June 30th</td>
</tr>
</tbody>
</table>

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>No points of sale (street pharmacies) for home use of strong analgesics</td>
<td>(a) Approach pharmacies to find potential pharmacies willing to stock and sell opioids 24/7</td>
<td>(a) DCRFFA-AGETD-INCAN-AGARTD</td>
<td>(a) Before June 30th</td>
</tr>
<tr>
<td></td>
<td>(b) Essential List of Medications for Palliative Care</td>
<td>(b)</td>
<td>(b)</td>
</tr>
</tbody>
</table>
### Colombia: Proyecto LUCY (2014-2016)

<table>
<thead>
<tr>
<th>POLICY</th>
<th>National Palliative Care Law: Sanctioned August, 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>INCREASE DEMAND FOR SERVICES AND TREATMENT</td>
<td>• HMOs: increase coverage to 30% of the population</td>
</tr>
<tr>
<td></td>
<td>• Service providers: increase by 300%</td>
</tr>
<tr>
<td>EDUCATION</td>
<td>• Changes undergraduate curricula (nursing, medical): 1st and 2nd levels</td>
</tr>
<tr>
<td></td>
<td>• Specialized programs: monitoring, supervising, training, 3rd and 4th levels.</td>
</tr>
<tr>
<td>ADVOCACY</td>
<td>• Generate awareness and demand from the civil society</td>
</tr>
</tbody>
</table>
## Colombia: Proyecto LUCY – Expected Outcomes

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of HMOs with PC coverage</td>
<td>1</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>No of Insured in HMOs with PC programs</td>
<td>2 MM</td>
<td>6 MM</td>
<td>10 MM</td>
</tr>
<tr>
<td>No of Institutions providing PC services</td>
<td>10</td>
<td>20</td>
<td>30</td>
</tr>
<tr>
<td>No of patients treated</td>
<td>4.000</td>
<td>10.000</td>
<td>25.000</td>
</tr>
</tbody>
</table>
2. Motivate the Elephant

What looks like laziness is often rider exhaustion.

Engage the emotional side
3. Shape the Path

What looks like a people problem is often a situation problem.

Shrink the problem
Shrink the problem

No access to pain treatment

a) Tweak the environment

b) Build habits

c) Rally the herd
Tweak the environment: What is not working?

- Lack of education
- Stringent policies
- Government estimates to INCB are not enough
What is not working?

- Lack of education
- Stringent policies
- Government estimates to INCB are not enough
3. Shape the Path

a) Tweak the environment
b) Build habits
c) Rally the herd
IAHPC Opioid Essential Prescription Package

**Opioid:**
Morphine, oral, 5mg, every 4 hrs

**Laxative:**
Combination of Senna and Ducosate, oral 8.6mg/50mg, every 12 hrs
OR
Bisacodyl, oral, 5mg every 12 hrs

**Antiemetic**
Metoclopramide, oral, 10mg, every 4hrs OR as needed

3. Shape the Path

a) Tweak the environment
b) Build habits
c) Rally the herd
WMA Resolution on the Access to Adequate Pain Treatment

Adopted by the 62nd WMA General Assembly, Montevideo, Uruguay, October 2011

PREAMBLE

Around the world, tens of millions of people with cancer and other diseases and conditions experience moderate to severe pain without access to adequate treatment. These people face severe suffering, often for months on end, and many eventually die in pain, which is unnecessary and almost always preventable and treatable. People who may not be able to adequately express their pain - such as children and people with intellectual disabilities or with consciousness impairments - are especially at risk of receiving inadequate pain treatment.

It is important to acknowledge the indirect consequences of inadequate pain treatment, such as a negative economic impact, as well as the individual human suffering directly resulting from untreated pain.

In most cases, pain can be stopped or relieved with inexpensive and relatively simple treatment interventions, which can dramatically improve the quality of life for patients.

It is accepted that some pain is particularly difficult to treat and requires the application of complex techniques by, for example, multidisciplinary teams. Sometimes, especially in cases of severe chronic pain, psycho-emotional factors are even more important than biological factors.

Lack of education for health professionals in the assessment and treatment of pain and other symptoms, and unnecessarily restrictive government regulations (including limiting access to opioid pain medications) are barriers to adequate pain treatment.
Declaration of Montréal

Declaration that Access to Pain Management is a Fundamental Human Right

We, as delegates to the International Pain Summit (IPS) of the International Association for the Study of Pain (IASP) representing IPM representatives from Chapters in 40 countries and members in 120 countries, as well as members of the community, have given in-depth attention to the suffering pain in the world.

Finding that pain management is inadequate in most of the world because:

- There is inadequate access to treatment for acute pain caused by trauma, illness, and terminal illness and failure to recognize that chronic pain is a serious chronic health problem requiring access to management akin to other chronic diseases such as diabetes or chronic heart diseases.
- There are major deficits in the knowledge of healthcare professionals regarding the mechanisms and management of pain.
- Chronic pain with or without diagnosis is highly stigmatized.
- Most countries have no national policy at all or very inadequate policies regarding the management of pain as a health problem, including an inadequate level of research and education.
- Pain Medicine is not recognized as a distinct specialty with a unique body of knowledge and defined scope of practice based on research and comprehensive training programs.
- The World Health Organization (WHO) estimates that 50 to 80 million people live in countries with low or no access to controlled analgesics and have no or insufficient access to treatment for moderate to severe pain.
- There are severe restrictions on the availability of opioids and other essential medications critical to the management of pain.

And, recognizing the intrinsic dignity of all persons and that withholding of pain treatment is professionally wrong, leading to unnecessary suffering which is harmful, we declare that the following human rights must be recognized throughout the world:

**Article 1.** The right of all people to have access to pain management without discrimination (Responsory 1-4).

**Article 2.** The right of people in pain to be acknowledged and understood and to be informed about how it can be assessed and managed (Responsory 3).

**Article 3.** The right of all people with pain to have access to appropriate assessment and treatment of their pain by adequately trained health care professionals (Responsory 2-3).

In order to ensure these rights, we recognize the following obligations:

1. The obligation of governments and all health care institutions, within the scope of the legal limits of their authority and taking into account the health care resources reasonably available, to establish laws, policies, and systems that will help to promote, and will certainly not inhibit, the access of people in pain to fully adequate pain management. Failure to establish such laws, policies, and systems is a violation of the human rights of people harmed as a result.

2. The obligation of all health care professionals in a treatment relationship with patients, within the scope of the legal limits of their professional practice and taking into account the treatment measures reasonably available, to offer to a patient in pain the management that would be offered by a reasonably careful and competent health care professional in the same situation (Responsory 4).

Additional Information

Organizational Signatories
Individual Signatories
Sign the Declaration
Download PDF in English
Download PDF in Portuguese (Tradução da Sociedade Brasileira de Estudos de Dor)
The Prague Charter: Relieving suffering

Why this is important

A right for palliative care

Access to palliative care is a legal obligation, as acknowledged by United Nations conventions, and has been advocated as a human right by international associations, based on the right to the highest attainable standard of physical and mental health. In cases where patients face severe pain, government failure to provide palliative care can also constitute cruel, inhuman or degrading treatment. Palliative care can effectively relieve or even prevent this suffering and can be provided at comparably low cost.

Yet, the governments of many countries throughout the world have not taken adequate steps to ensure patients with incurable illnesses can realize the right to palliative care.
The Morphine Manifesto

A call for affordable access to immediate release oral morphine.

Total Signatures: >3,400

http://palliumindia.org/manifesto/
Montreal Declaration on Hospice and Palliative Care
September 2014

Palliative Care McGill, International Association of Hospice and Palliative Care, International Children’s Palliative Care Network, Worldwide Hospice Palliative Care Alliance, Cicely Saunders Institute, Canadian Hospice Palliative Care Association and the Canadian Society of Palliative Care Physicians call on delegates of the 20th International Congress on Palliative Care and others to support the following Montreal Declaration for the inclusion of hospice and palliative care in the United Nations Sustainable Development Goals.

The World Health Organization defines palliative care as an approach that improves the quality of life of patients (adults and children) and their families who are facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and correct assessment and treatment of pain, and other problems, whether physical, psychosocial or spiritual.
Welcome

About World Day
Latest news
Get Involved
Materials
Voices for Hospices
Share Your Story
Events
Messages of Support
PR & Press
Reports
Partners

11 October 2014

Achieving Universal Coverage of Palliative Care: Who Cares? We Do!

Latest News

- Use #WHPCD14 for your twitter posts
- Share your story 2014
- World Day 2014 Who Cares? We Do!
- World Day 2013 Promotional Materials Now Available!
- Sign the Prague Charter
- More news stories...

Latest Events

- Fields of Hope - Budapest, Hungary
- Rally, Flash Mob and Street play - Chennai, India
- Cuidados Palativos Pediátricos: Una experiencia nacione - Lima, Peru
- VOICES FOR HOSPICES: Encuentro de Coros...Cantamos por los Cuidados Paliativos
- Sneha Santhyanam, Malayalam Drama promoting palliative care - Trivandrum, India
- More events

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Our Intention:

Translate scientific progress into societal benefit.

Social Justice
Blessed be the longing that brought you here
And quickens your soul with wonder.

May you have the courage to listen to the voice of desire
That disturbs you when you have settled for something safe.

May you have the wisdom to enter generously into your own unease
To discover the new direction your longing wants you to take.

by John O’ Donohue
The best way to find yourself is to lose yourself in the service of others.

-Mahatma Gandhi