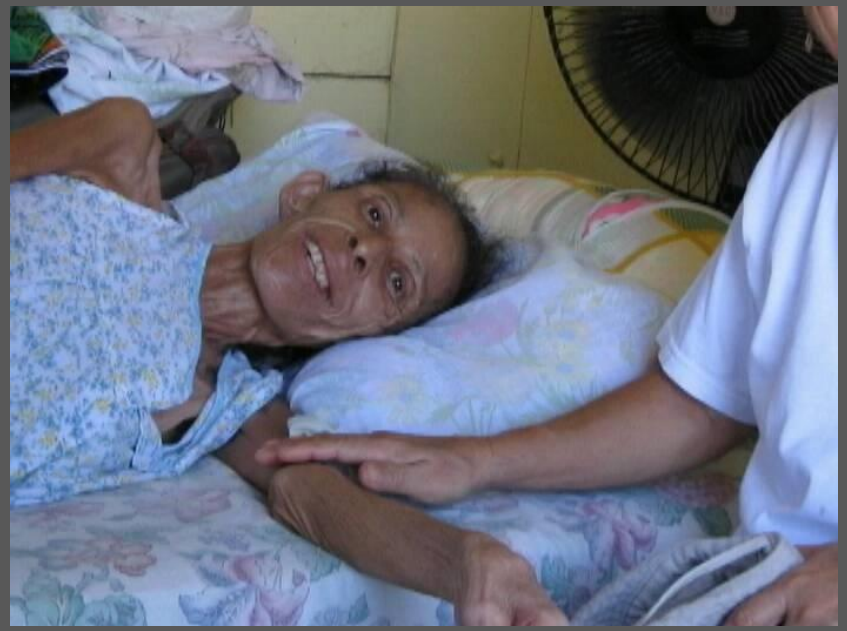
Making Spiritual Care part of Healthcare Worldwide

LILIANA DE LIMA, MHA

EXECUTIVE DIRECTOR

INTERNATIONAL ASSOCIATION FOR HOSPICE AND PALLIATIVE CARE



SIXTY-SEVENTH WORLD HEALTH ASSEMBLY WHA67.19

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;

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,[2] and the WHO guidance on ensuring balance in national policies on controlled substances: guidance for availability and accessibility of controlled medicines;[3]

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, psychosocial 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;

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[1] Document 67/31.

[2] Document E/INCB/2010/1/Supp.1.

[3] Ensuring balance in national policies on controlled substances: guidance for availability and accessibility of controlled medicines. Geneva: World Health Organization; 2011.

SIXTY-SEVENTH WORLD HEALTH ASSEMBLY **WHA67.19**

Agenda item 15.5 **24 May 2014**

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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;

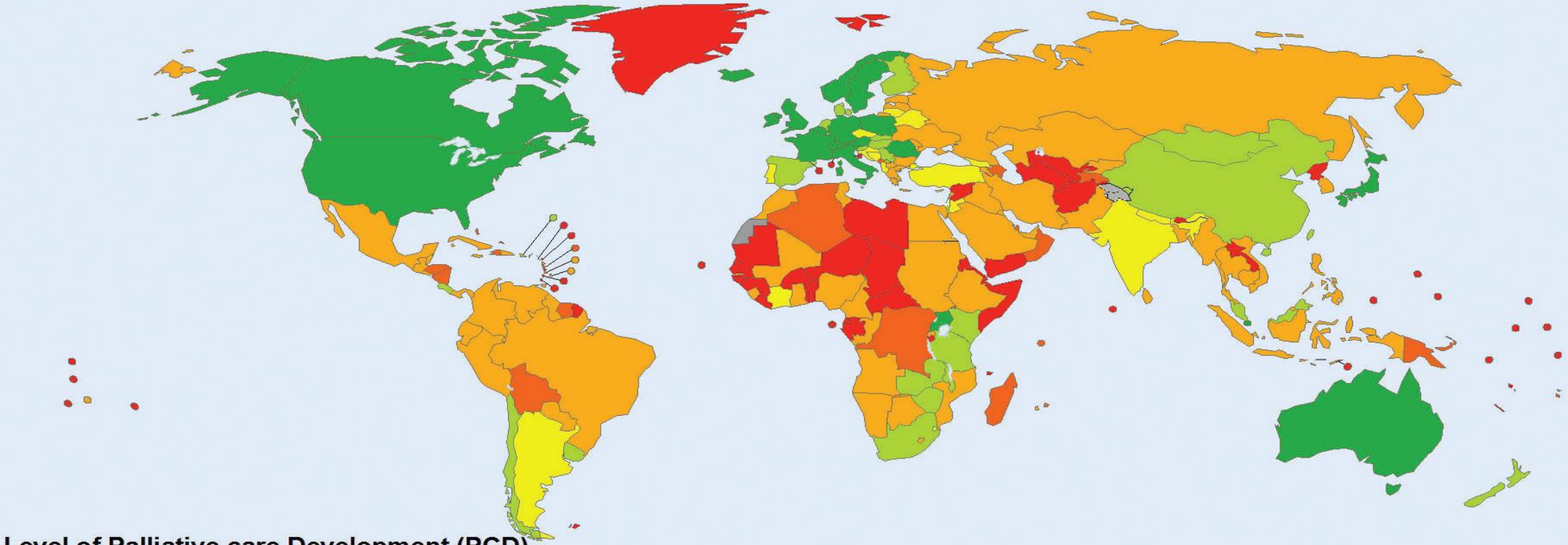
- “Ideally, health care should harmonize with social, psychological and **spiritual** support to achieve the highest possible quality of life for people of all ages with serious illnesses or injuries.”

  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



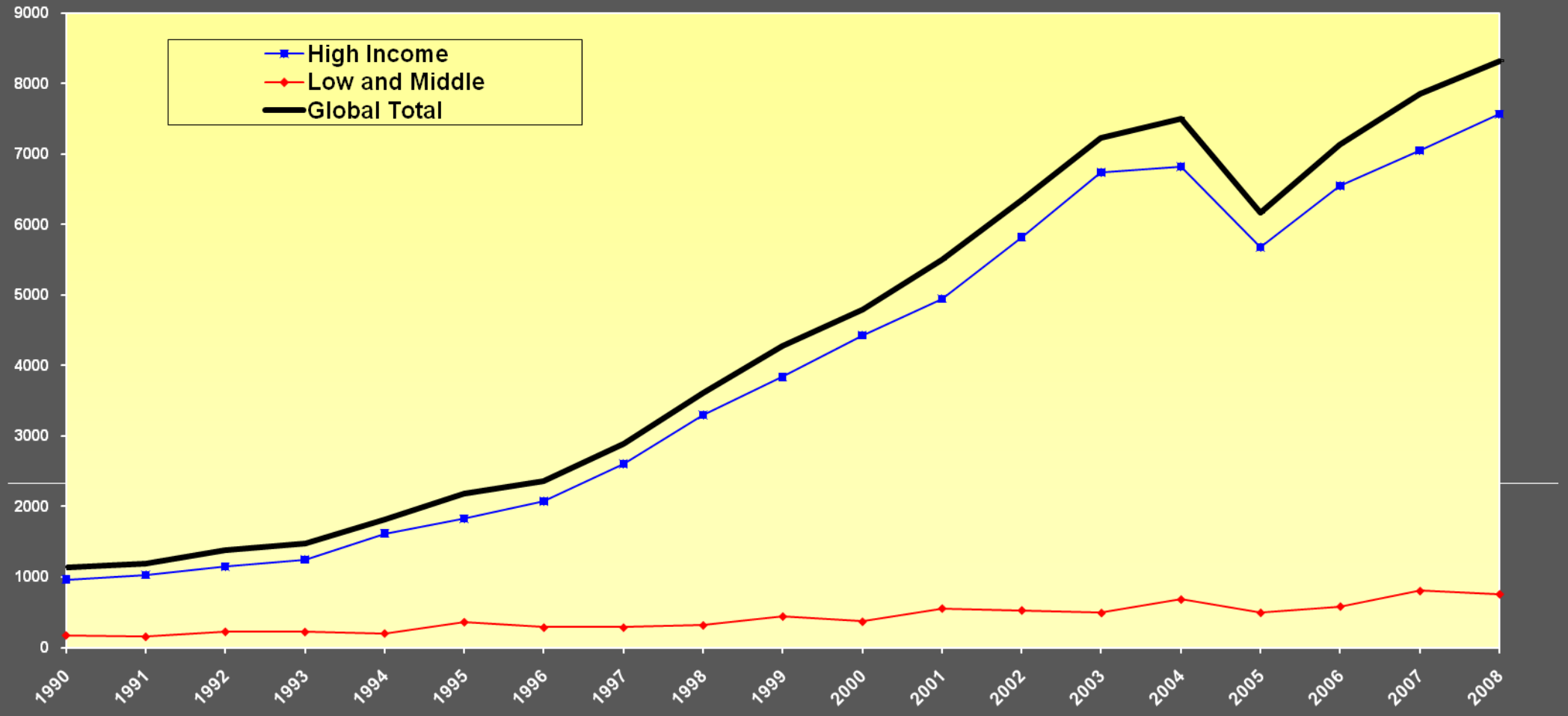
Global Atlas of Palliative Care at the End of Life, WPCA/WHO, 2014

Patients with untreated pain

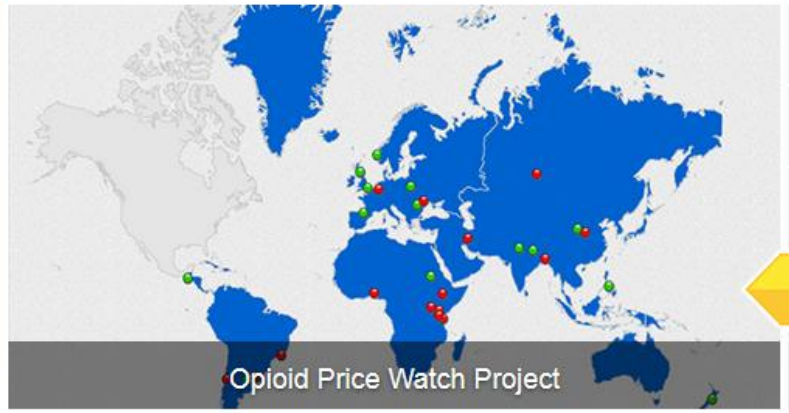
Cause	Number of patients
Cancer	5.4 million
HIV/AIDS	1 million
emergency	0.8 million
surgery	8 - 40 million
Other	10 million (estimate)
Total (lowest estimate)	**30 million**
Total (highest estimate)	**86 million**

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



Essential components in Palliative Care

Global Directory of Programs and Services

Read our latest Newsletter

Opioid Price Watch Project

Global Directory of Educational Programs

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.

5535 Memorial Dr. Suite F - PMB 509 Houston TX 77007 USA Ph: +1 (936) 321-9846 Toll Free: +1 (866) 374 2472 Fax: +1 (713) 589 3657

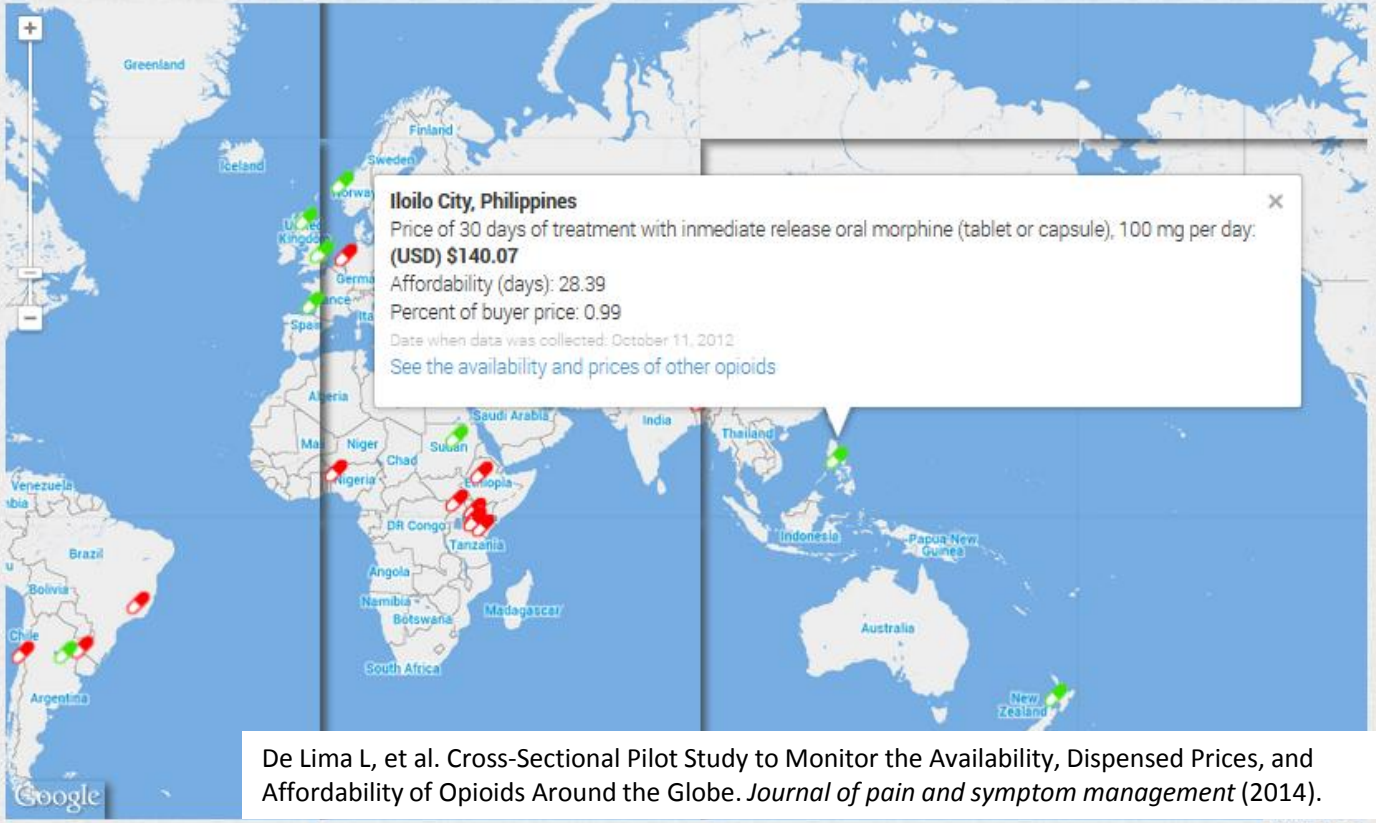
English

OPIOID PRICE WATCH

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).

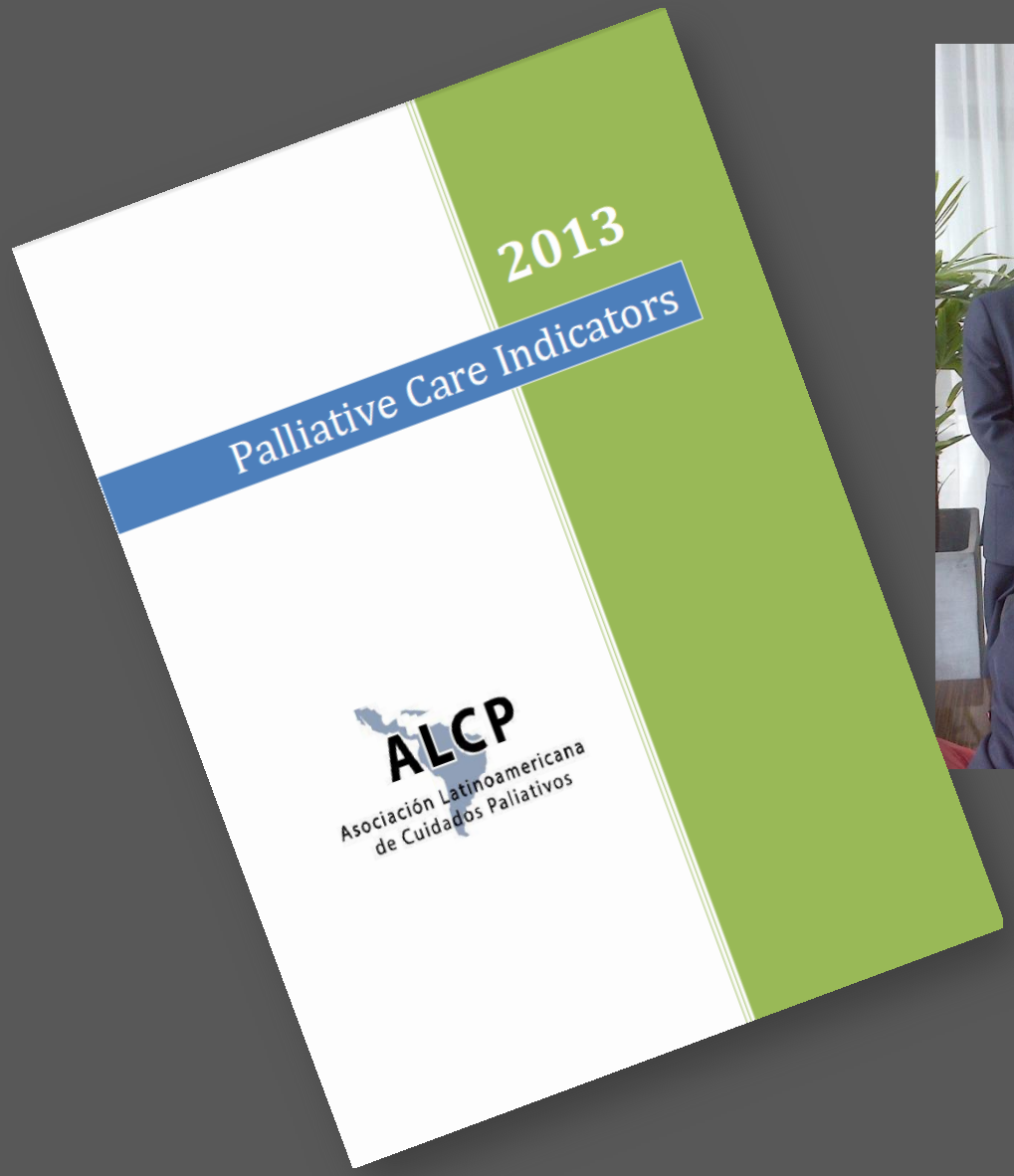


De Lima L, et al. Cross-Sectional Pilot Study to Monitor the Availability, Dispensed Prices, and Affordability of Opioids Around the Globe. *Journal of pain and symptom management* (2014).

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.

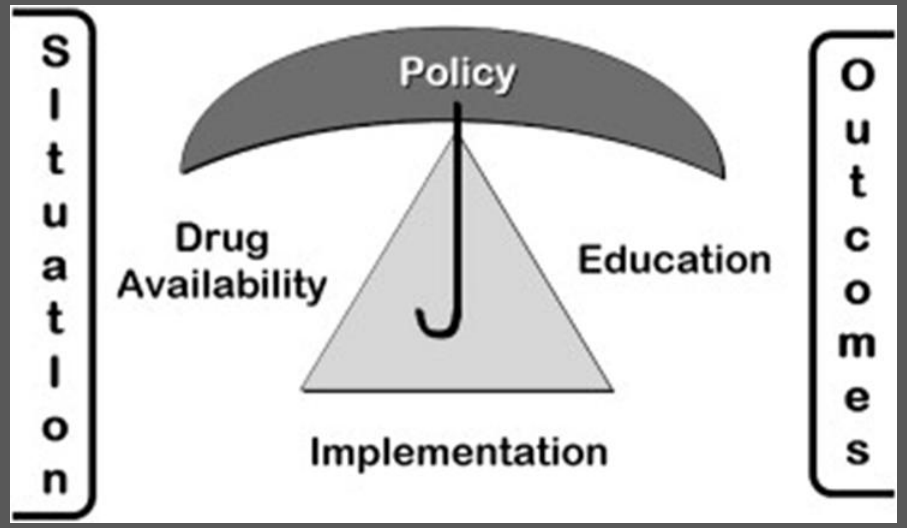
The ALCP Palliative Care Indicators



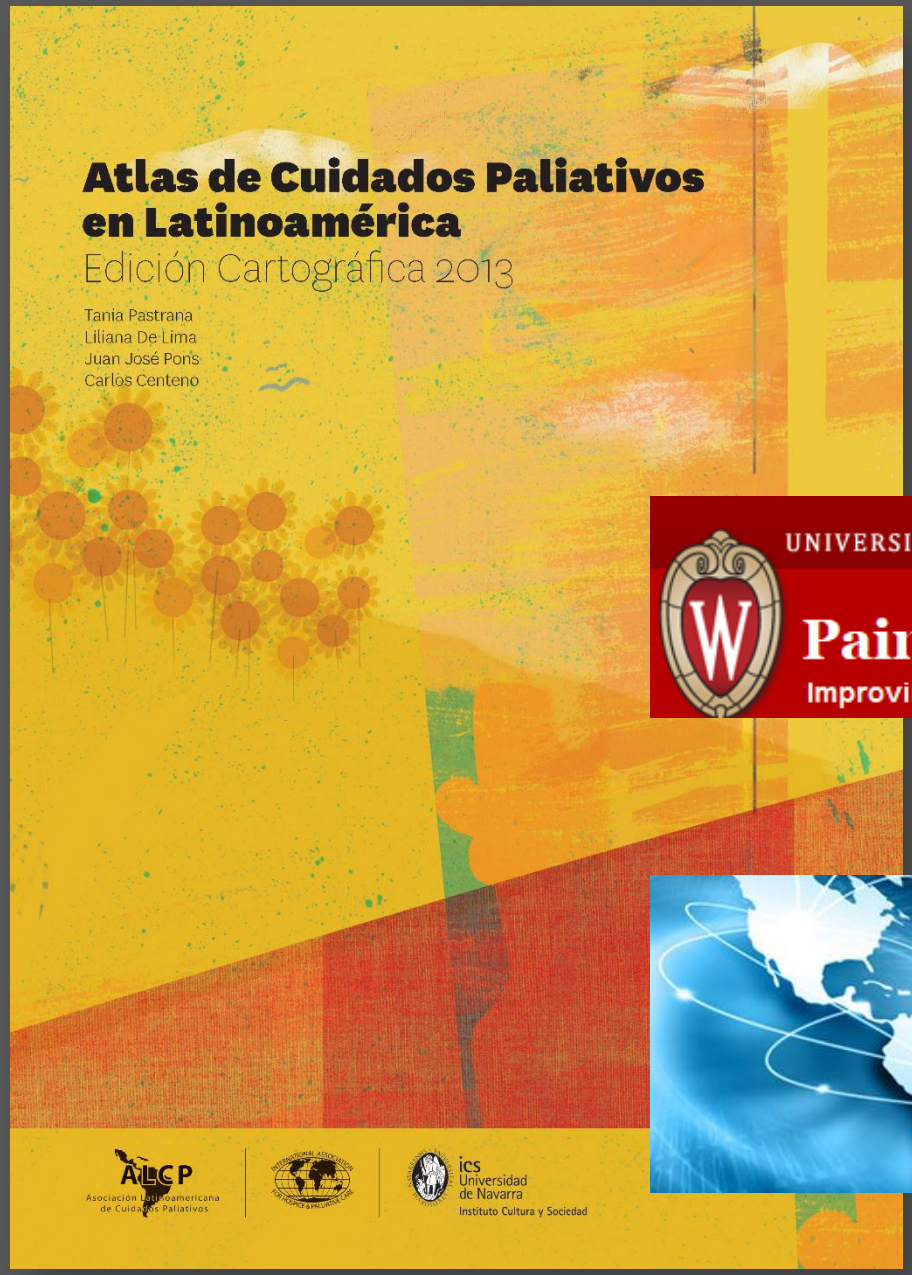
De Lima L, Perez-Castells M, Berenguel M, Monti C, Aguilar A, Ahumada M, Ramirez L, Torres-Vigil I, Vargas Y, Herrera E. Palliative Care Indicators - ALCP. Houston: IAHPC Press; 2013.

The ALCP Indicators

- Health Care Policy
- Education
- Service Provision
- Medications



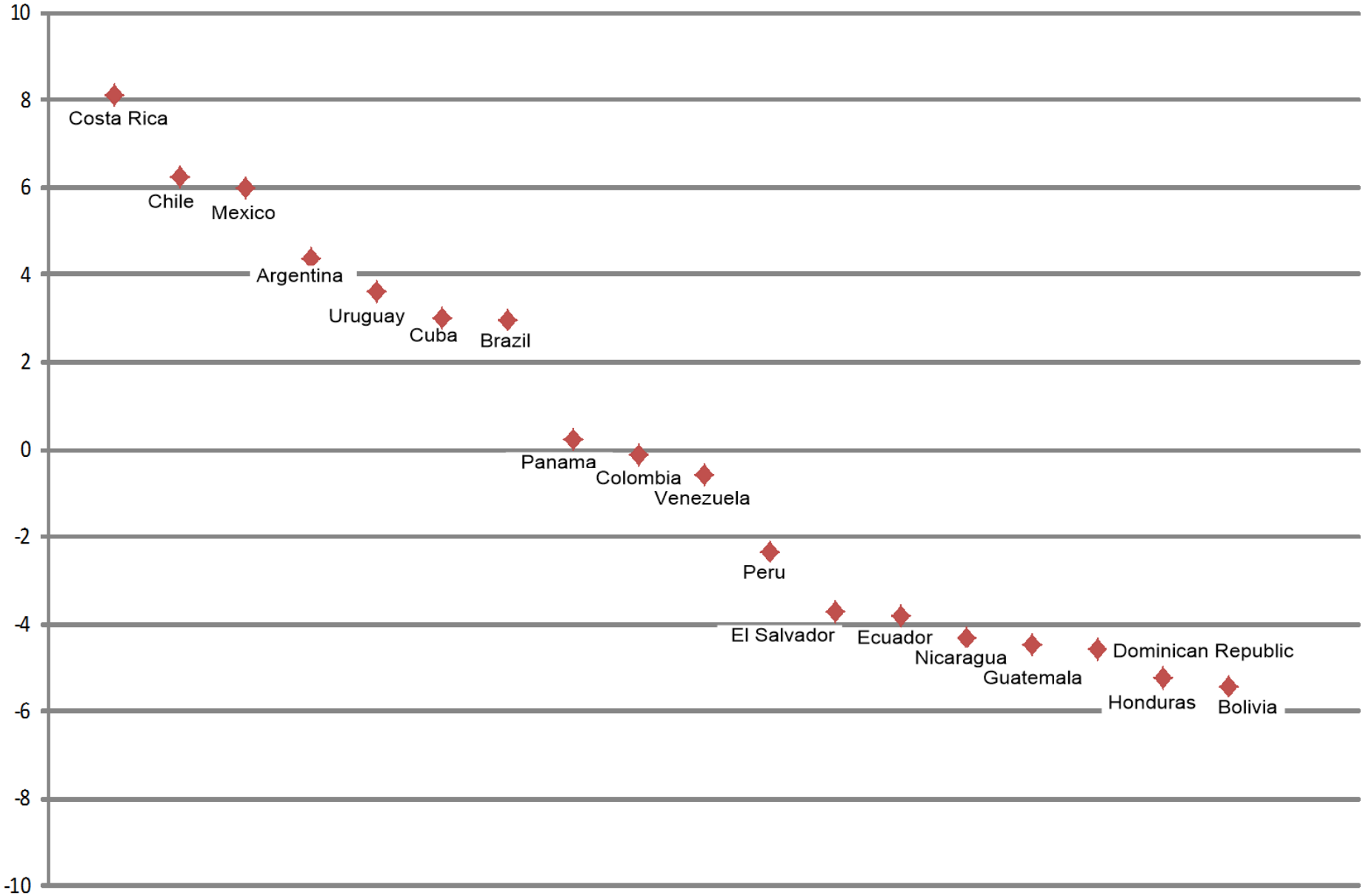
Sources of Data



The ALCP Index

Country*	PS.2	PS.3	PO.1	ED.1	Ed.3	ME.1	ME.2	ALCP Index
Costa Rica	-0.78	0.28	1.44	2.4	3.23	0.35	1.17	8.10
Chile	1.22	-0.34	-0.63	2.69	0.78	1.05	1.49	6.25
Mexico	1.22	-0.35	3	-0.46	0.14	1.49	0.96	6.00
Argentina	-0.78	0.07	1.44	0.11	0.24	1.36	1.94	4.39
Uruguay	-0.78	2.61	-0.11	0.79	1.45	-0.62	0.28	3.63
Cuba	1.22	2.61	-0.11	0.27	0.51	-0.87	-0.59	3.03
Brazil	1.22	-0.62	-0.11	-0.58	-0.6	2.1	1.53	2.94
Panama	1.22	0.16	-0.11	-0.13	-0.4	-0.14	-0.39	0.22
Colombia	-0.78	-0.48	0.4	-0.58	-0.29	1.15	0.45	-0.12
Venezuela	1.22	-0.24	-0.11	-0.35	-0.56	-0.1	-0.42	-0.58
Peru	1.22	-0.65	-0.63	-0.59	-0.33	-0.63	-0.71	-2.33
El Salvador	-0.78	-0.65	-0.63	-0.55	-0.6	-0.16	-0.38	-3.74
Ecuador	-0.78	0.16	-0.63	-0.51	-0.6	-0.74	-0.74	-3.84
Nicaragua	-0.78	-0.65	-0.63	-0.23	-0.6	-0.59	-0.82	-4.30
Guatemala	-0.78	-0.29	-0.63	-0.58	-0.6	-0.7	-0.88	-4.46
Dominican Republic	-0.78	-0.33	-0.63	-0.51	-0.6	-0.86	-0.87	-4.58
Honduras	-0.78	-0.65	-0.63	-0.63	-0.6	-0.97	-0.95	-5.21
Bolivia	-0.78	-0.65	-0.63	-0.56	-0.6	-1.14	-1.06	-5.42

Pastrana T, Torres-Vigil I, De Lima L. *Palliat Med*. 2014 Jun 12



Pastrana T, Torres-Vigil I, De Lima L. *Palliat Med*. 2014 Jun 12

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

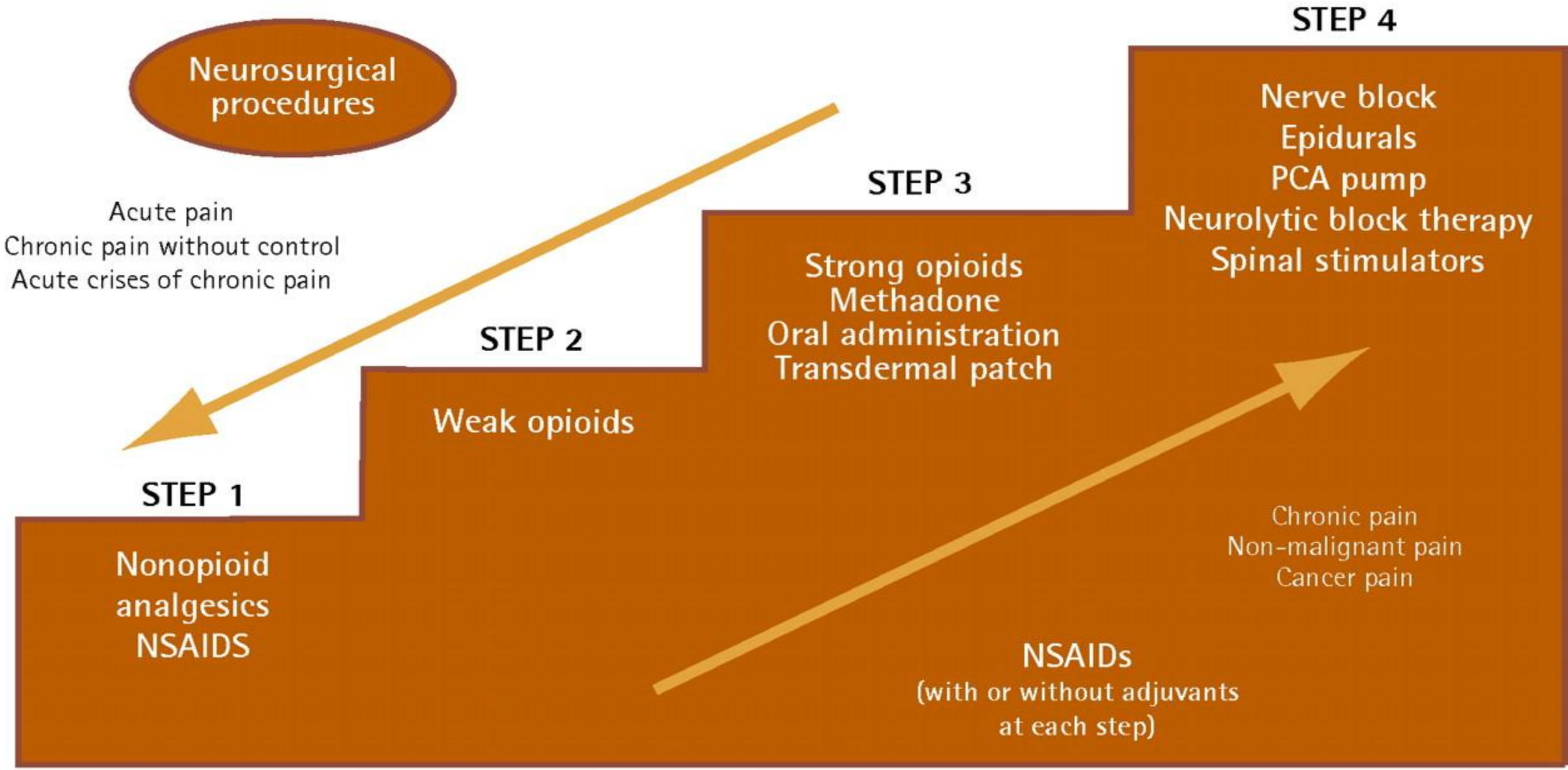
Key Metaphor for Change

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



NSAID—nonsteroidal anti-inflammatory drug, PCA—patient-controlled analgesia.

2. MEDICINES FOR PAIN AND PALLIATIVE CARE	
2.1 Non-opioids and non-steroidal anti-inflammatory medicines (NSAIMs)	
acetylsalicylic acid	**Suppository:** 50 mg to 150 mg. **Tablet:** 100 mg to 500 mg.
ibuprofen [a]	**Oral liquid:** 200 mg/5 ml. **Tablet:** 200 mg; 400 mg; 600 mg. [a] Not in children less than 3 months.
paracetamol*	**Oral liquid:** 125 mg/5 ml. **Suppository:** 100 mg. **Tablet:** 100 mg to 500 mg. * Not recommended for anti-inflammatory use due to lack of proven benefit to that effect.
2.2 Opioid analgesics	
codeine	**Tablet:** 30 mg (phosphate).
morphine*	**Granules (slow-release; to mix with water):** 20 mg to 200 mg (morphine sulfate). **Injection:** 10 mg (morphine hydrochloride or morphine sulfate) in 1-ml ampoule. **Oral liquid:** 10 mg (morphine hydrochloride or morphine sulfate)/5 ml. **Tablet (immediate release):** 10 mg (morphine sulfate). **Tablet (slow release):** 10 mg to 200 mg (morphine hydrochloride or morphine sulfate). *Alternatives limited to hydromorphone and oxycodone.
2.3 Medicines for other common symptoms in palliative care	
amitriptyline	**Tablet:** 10 mg; 25 mg; 75 mg.
cyclizine [c]	**Injection:** 50 mg/ml. **Tablet:** 50 mg.
dexamethasone	**Injection:** 4 mg/ml in 1-ml ampoule (as disodium phosphate salt). **Oral liquid:** 2 mg/5 ml. **Tablet:** 2 mg [c]; 4 mg.
diazepam	**Injection:** 5 mg/ml. **Oral liquid:** 2 mg/5 ml. **Rectal solution:** 2.5 mg; 5 mg; 10 mg. **Tablet:** 5 mg; 10 mg.

ACTION PLAN

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

(What?)	*(How?)*	*(Who?)*	*(When?)*
Describe the problem/barrier	***Which steps need to be taken?***	***Individuals who have the authority and responsibility to take action to solve the problem***	***Estimated time (and date if posible)***
No immediate release morphine available in the country	(a) National Council of Professionals, pain and palliative care professionals, IASP chapter, anesthesiologist, NCI	(a) AGETD AGARTD INCAN UNOP IGSS	(a) Before May 30th
	(b) Meet with the pharmaceutical industry representatives.	(b)	(b) Before June 30th
No points of sale (street pharmacies) for home use of strong analgesics	(a) Approach pharmacies to find potential pharmacies willing to stock and sell opioids 24/7	(a) DCRPFA-AGETD-INCAN-AGARTD	(a) Before June 30th
	(b) Essential List of Medications for Palliative Care	(b)	(b)


Instituto de Cancerología y Hospital "Dr. Bernardo del Valle S."
8a. Ave. 8-58, Zona 11 • 01011 Guatemala, C. A.
PBX: 2417-2100 • DIRECCION Telefax: 2471-3135
Guatemala, 19 de Enero de 2012
Morfan Cap.
Morfan
Lote 8783
CHEMINTER
MORFAN CAPSULAS
30 CÁPSULAS
MORFAN
Sulfato de Morfina, 30 mg

Colombia: Proyecto LUCY (2014- 2016)

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

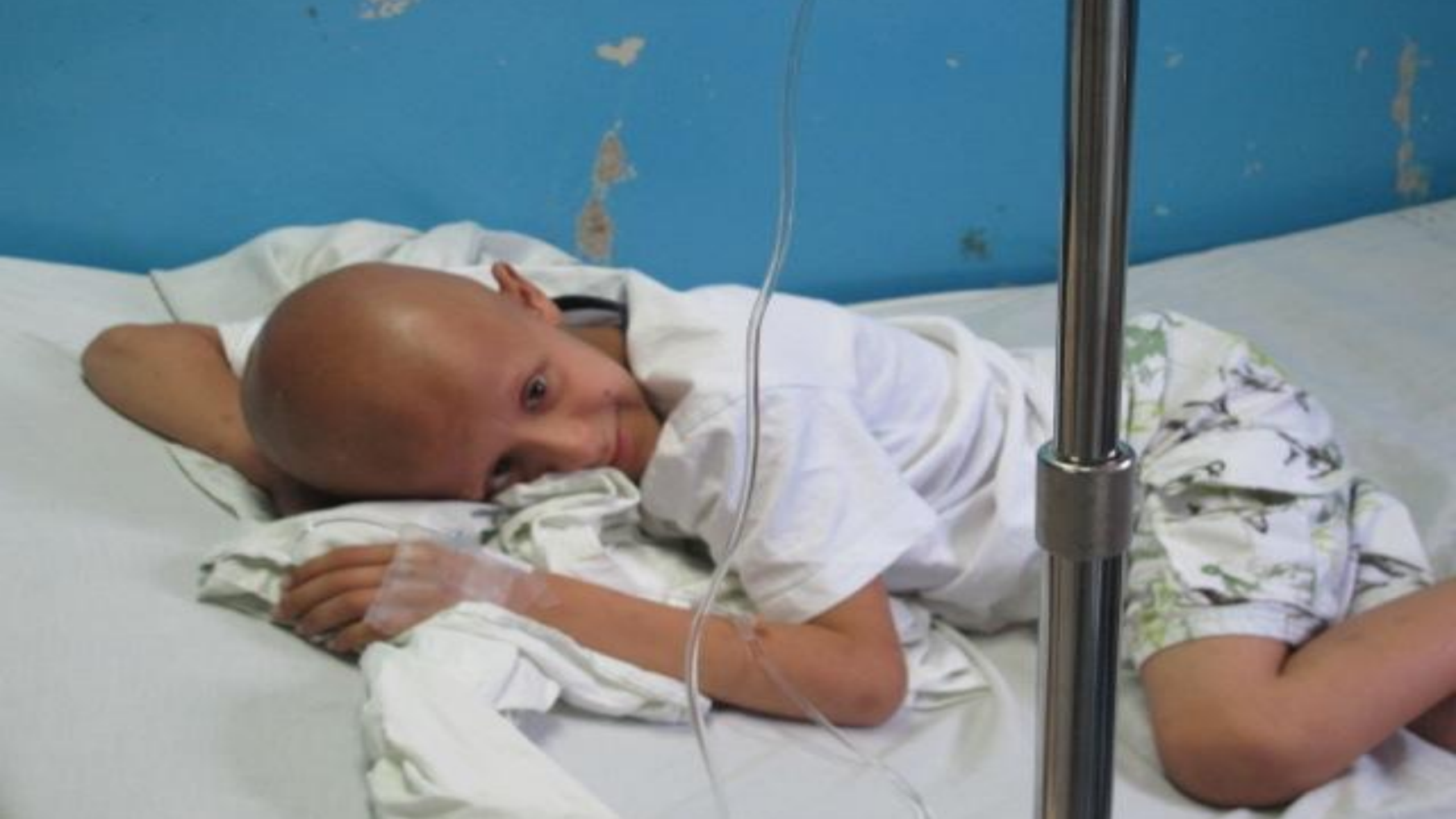
Colombia: Proyecto LUCY – Expected Outcomes

	2014	2015	2016
No. of HMOs with PC coverage	1	3	6
No of Insured in HMOs with PC programs	2 MM	6 MM	10 MM
No of Institutions providing PC services	10	20	30
No of patients treated	4.000	10.000	25.000

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


SỞ Y TẾ TP.HỒ CHÍ MINH
BỆNH VIỆN UNG BƯỚU
THE HARVARD MEDICAL
INTERNATIONAL PALLIATIVE CARE PROGRAM
THE INSTITUTE FOR PALLIATIVE CARE
MEDICINE AT SAN DIEGO HOSPICE
TẬP HUẤN CHĂM SÓC GIẢM NHẸ
& CHĂM SÓC BỆNH NHÂN TẠI NHÀ
BỆNH VIỆN UNG BƯỚU TP.HỒ Chí MINH
28/02/2011 - 11/03/2011
PALLIATIVE CARE & HOME CARE TRAINING
HO CHI MINH
CANCER
PITAL
28 Februar
011

What is not working?

- Lack of education
- Stringent policies
- Government estimates to INCB are not enough

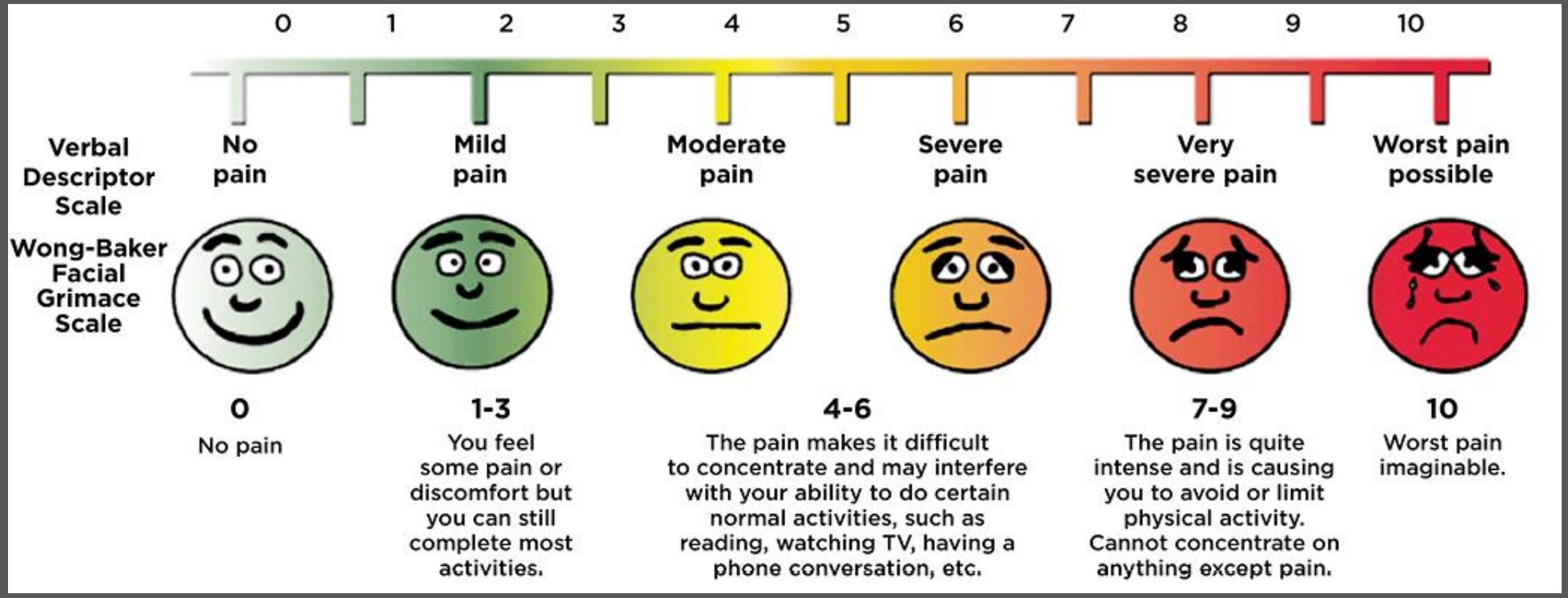

INTERNATIONAL NARCOTICS CONTROL BOARD
INCB
Guide on
Estimating Requirements
for Substances
under International Control
Developed by the International Narcotics Control Board
and the World Health Organization for use
by Competent National Authorities
UNITED NATIONS
World Health
Organization
Ensuring balance in national
policies on controlled substances
GUIDANCE FOR AVAILABILITY AND ACCESSIBILITY
OF CONTROLLED MEDICINES
World Health
Organization

3. Shape the Path

a) Tweak the environment

b) Build habits

c) Rally the herd


0 1 2 3 4 5 6 7 8 9 10
Verbal Descriptor Scale
No pain
Mild pain
Moderate pain
Severe pain
Very severe pain
Worst pain possible
Wong-Baker Facial Grimace Scale
0
No pain
1-3
You feel some pain or discomfort but you can still complete most activities.
4-6
The pain makes it difficult to concentrate and may interfere with your ability to do certain normal activities, such as reading, watching TV, having a phone conversation, etc.
7-9
The pain is quite intense and is causing you to avoid or limit physical activity. Cannot concentrate on anything except pain.
10
Worst pain imaginable.

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

Vignaroli et al Strategic pain management: IAHPC Opioid Essential prescription package. *J Palliat Med* 15.2 (2012): 186-191.

3. Shape the Path

a) Tweak the environment

b) Build habits

c) Rally the herd

Policies
- About
- Archives
- Council Resolutions

World Medical Journal

Medical Ethics Manual

White Papers

Background Documents

Toolkits

CPW Book

Speaking Books

Videos

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

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) (comprising IASP representatives from Chapters in 64 countries plus members in 130 countries, as well as members of the community), have given in-depth attention to the unrelieved 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, disease, 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 disease.
- There are major deficits in knowledge of health care 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 founded on research and comprehensive training programs.
- The World Health Organization (WHO) estimates that 5 billion people live in countries with low or no access to controlled medicines 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 profoundly 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 (Footnotes 1-4).

Article 2. The right of people in pain to acknowledgment of their pain and to be informed about how it can be assessed and managed (Footnote 5).

Article 3. The right of all people with pain to have access to appropriate assessment and treatment of the pain by adequately trained health care professionals (Footnotes 6-8).

In order to assure 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 unethical and a breach of the human rights of people harmed as a result.
2. The obligation of all health care professionals in a treatment relationship with a patient, within the scope of the legal limits of their professional practice and taking into account the treatment resources 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 that field of practice. Failure to offer such management is a breach of the

Recommended Content
Pain Education: Molding the Trainee-Patient Dialogue
2004-2005 Right to Pain Relief
National, Regional, and Global Pain Initiatives
Pain Relief as a Human Right
Managing Acute Pain in the Developing World

Additional Information
Organizational Signatories
Individual Signatories
Sign the Declaration
Download PDF in English
Download PDF in Portuguese (translation by Sociedade Brasileira de Estudo da Dor)

The Prague Charter: Relieving suffering

10,000

6,451

6,451 signers. Let's reach 10,000

Created by
EAPC onlus h.
Italy

To be delivered to:
Governments from all nations

SIGN THIS PETITION

The Prague Charter: Urging governments to relieve suffering and recognize palliative care as a human right
1. Governments should develop health policies that address the needs of patients with life-limiting or terminal illnesses.
2. Governments should ensure access to essential medicines, including controlled medications, to all who need them.
3. Governments should ensure that healthcare workers receive adequate training on palliative care and pain management at undergraduate and subsequent levels.
4. Governments should ensure the integration palliative care into healthcare systems at all levels.

Enter your email address

Email

Avaaz.org will protect your privacy and keep you posted about this and similar campaigns.

SIGN

This petition has been created by EAPC onlus h. and may not represent the views of the Avaaz community.

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

RECENT SIGNERS

2 weeks ago	Pan Lu, Australia
2 weeks ago	Maria Bara, Australia
2 weeks ago	Justina, South Korea

The Morphine Manifesto

A call for affordable access to immediate release oral morphine.

Total Signatures: >3,400

http://palliumindia.org/manifesto/

20th International Congress on Palliative Care

September 9 - 12, 2014 Montréal, Canada Palais des Congrès

Presented by:
Palliative Care McGill
McGill University

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.

World hospice & palliative care day

11 October 2014

5 days 09h:56m:21s

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

ehospice

Palliative care news, views and

wpca

World Hospice and Palliative Care Day is facilitated by the Worldwide Palliative Care Alliance. The WPCA is a network of regional and national hospice and palliative care organisations from around the world.

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 Palaitivos Pediátricos: Una experiencia nacienet - Lima, Peru
- VOICES FOR HOSPICES: Encuentro de Coros....Cantamos por los Cuidados Paliativos
- Sneha Santhvanam, Malayalam Drama promoting palliative care - Trivandrum, India
- More events

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wpca


IASP
International Association for the Study of Pain


HUMAN
RIGHTS
WATCH


EAPC
ONLUS
European Association for Palliative Care
Non Governmental Organisation (NGO) recognised by the Council of Europe


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FEMEBA
Hospitales B. Houssay, B. Sommer, E. Tornú


newhealth
foundation

PALLIUM INDIA
CARE BEYOND CURE


salud
Ministerio de Salud
Panamá


African Palliative Care Association
APCA
Relieving pain and Suffering


UNIVERSITY OF WISCONSIN-MADISON
Pain & Policy Studies Group
Improving global pain relief by achieving balanced access to opioids worldwide


The NCD Alliance
Putting non-communicable diseases on the global agenda


ESMO
GOOD SCIENCE
BETTER MEDICINE
BEST PRACTICE
European Society for Medical Oncology


HARVARD GLOBAL EQUITY INITIATIVE
HGEI


uicc
global cancer control
A MEMBERSHIP ORGANISATION
FIGHTING CANCER TOGETHER


idpc


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Asociación Latinoamericana
de Cuidados Paliativos


THE UNIVERSITY OF TEXAS
MD Anderson
Cancer Center
Making Cancer History®


icpcn
international children's
palliative care network

Our Intention:

Translate scientific progress into societal benefit.

Social Justice

Blessed be the longing that brought you here

And quickens your soul with wonder.

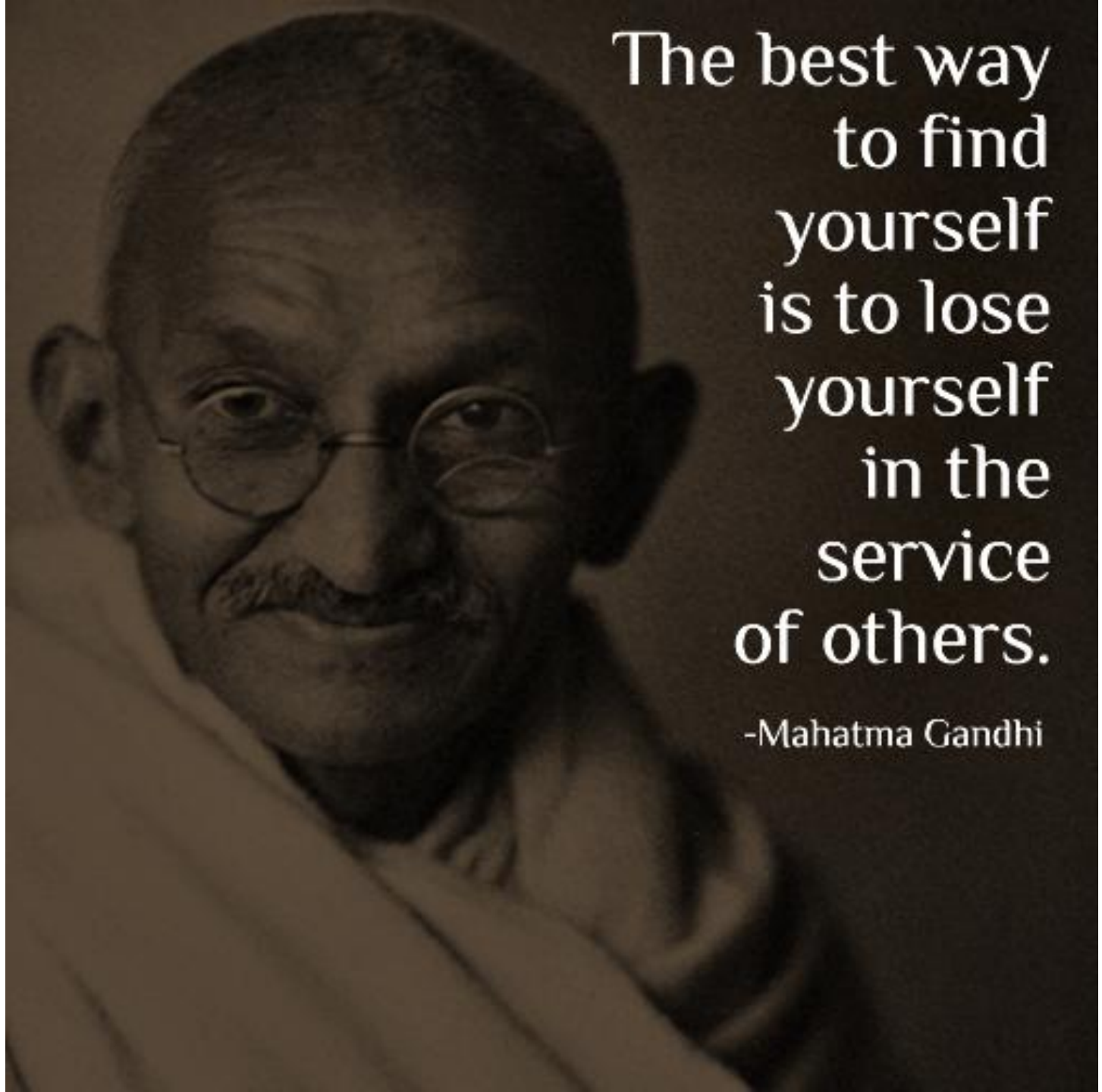
May you have the courage to listen to the voice of desire

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

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