



General Assembly

Distr.: General
3 September 2014

English only

Human Rights Council

Twenty-seventh session

Agenda item 5

Human rights bodies and mechanisms

Written statement* submitted by the IDPC Consortium, a non-governmental organization in special consultative status

The Secretary-General has received the following written statement which is circulated in accordance with Economic and Social Council resolution 1996/31.

[25 August 2014]

* This written statement is issued, unedited, in the language(s) received from the submitting non-governmental organization(s).

GE.14-15418 (E)



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Access to controlled essential medicines for palliative care*

Congratulations on your appointment Dr. Kornfield Matte and thank you for your first report.

I represent the International Association for Hospice and Palliative Care, a network member of IDPC Consortium. We have members from at least 86 countries around the world, including the global south, central and eastern Europe. I attend the Human Rights Council in Geneva, and the Commission on Narcotic Drugs in Vienna, to advocate for improved access to controlled medicines for pain relief and palliative care as a human right throughout the life course, including for older people. These medicines are controlled under a multi-lateral treaty, the Single Convention on Narcotic Drugs. Although the Single Convention says that opioid medicines are essential for the relief of pain and suffering, drug control priorities at the national level often trump the right to health and rational access to medicines such as morphine for pain relief.

According to the World Health Organization, more than 6 billion people worldwide live in countries where there is low to inadequate access to these pain relieving medications. That figure represents more than 83% of the world's population. The vast majority of elderly people suffering from cancer and other non-communicable diseases throughout the world die without palliative care or pain relief. This state of affairs violates both their right to the highest attainable standard of health as well as the right to be free from torture.

Although existing human rights instruments establish no explicit rights to either pain relief or palliative care, the United Nations Committee on Economic, Social and Cultural Rights has stated that, with regard to the realization of the right to health of older persons, "attention and care for chronically and terminally ill persons [is important], sparing them avoidable pain and enabling them to die with dignity."

Article 12 of the International Covenant Economic Social Cultural Rights, and General Comment 14 recognise that access to palliative care and to medicine to pain relief is within the penumbra of the right to the highest attainable standard of health. Furthermore, in his 2009 report to the Human Rights Council, Mr. Anand Grover, the Special Rapporteur on Torture stated that, "Given that lack of access to pain treatment and opioid analgesics for patients in need might amount to cruel, inhuman and degrading treatment, all measures should be taken to ensure full access and to overcome current regulatory, educational and attitudinal obstacles to ensure full access to palliative care" (paragraph 74(e)) and the right to be free from torture and degrading treatment. This is an absolutely essential right for older people suffering from both communicable and non-communicable diseases. We urge that you include language supporting this right in any documents produced by the Independent Expert.

Given the projected rise in the number of non-communicable diseases around the world, combined with the changing demographics of ageing, the issue of access to controlled medicines for pain and palliative care is becoming

increasingly urgent. Indeed, the European Society for Medical Oncology called this a “global pandemic of untreated pain.”

Special procedures at the Human Rights Council, and particularly you, as the Independent Expert on the Rights of Older People, can add your voice to the call to integrate palliative care into all healthcare systems worldwide, as per the 2014 World Health Assembly resolution EB134.R7. Integrating palliative care will prevent avoidable suffering and deflect calls for euthanasia for elderly people, an ethically unacceptable alternative to untreated pain. Palliative care and controlled medicines such as morphine are both low cost interventions that can be implemented at the local level, given appropriate national, regional, and international support.

My organization would like to urge you to use your mandate to explicitly collaborate with other UN treaty bodies such as the Commission on Narcotic Drugs and specialised agencies such as the WHO and the INCB to investigate and include in your reports the country situations regarding access to controlled opioid medicines for pain relief. Such collaboration would protect the rights of older people to the highest attainable standard of health. We are standing by to assist you in any way you might need with collegial and technical support in many countries around the world.

* Katherine Pettus Intervention OEWGA for International Association for Hospice and Palliative Care (accredited through Human Rights Watch), an NGO without consultative status, also shares the views expressed in this statement.