香港紓緩醫學學會關於紓緩治療發展的意見

二零一七年十二月十二日

地點：立法會大樓

1. 制定涵蓋全港的紓緩治療政策：

二零一四年「第六十七屆世界衛生大會」通過 67.19 決議（附件一），敦促各成員制定、加強和實施紓緩治療的整體政策，請問食物及衛生局有沒有計劃制定涵蓋全港的(包括全香港和所有年齡組別）的紓緩治療政策?

2. 進行紓緩治療水平調查：

世界衛生組織在 二零一五年進行了紓緩治療的調查問卷(附件二)，以評估各成員的服務容量，請問食物及衛生局有沒有參加這個調查及結果如何?

3. 「政策制定」和「公眾參與」：

根據國際「死亡質量指數調查」的調查，香港在「政策制定」和「公眾參與」兩方面不足，請問食物及衛生局如何跟進?

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.

Affirming that access to palliative care and to essential medicines for medical and scientific purposes manufactured from controlled substances, including opioid analgesics such as morphine, in line with the three United Nations international drug control conventions,[1] contributes to the realization of the right to the enjoyment of the highest attainable standard of health and well-being;

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, irrespective of whether the disease or condition can be cured, and that end-of-life care for individuals is among the critical components of palliative care;

Recognizing that more than 40 million people currently require palliative care every year, foreseeing the increased need for palliative care with ageing populations and the rise of noncommunicable and other chronic diseases worldwide, considering the importance of palliative care for children, and, in respect of this, acknowledging that Member States should have estimates of the quantities of the internationally controlled medicines needed, including medicines in paediatric formulations;

Realizing the urgent need to include palliation across the continuum of care, especially at the primary care level, recognizing that inadequate integration of palliative care into health and social care systems is a major contributing factor to the lack of equitable access to such care;

Noting that the availability and appropriate use of internationally controlled medicines for medical and scientific purposes, particularly for the relief of pain and suffering, remains insufficient in many countries, and highlighting the need for Member States, with the support of the WHO Secretariat, the United Nations Office on Drugs and Crime and the International Narcotics Control Board, to ensure that efforts to prevent the diversion of narcotic drugs and psychotropic substances under international control pursuant to the United Nations international drug control conventions do not result in inappropriate regulatory barriers to medical access to such medicines;

Taking into account that the avoidable suffering of treatable symptoms is perpetuated by the lack of knowledge of palliative care, and highlighting the need for continuing education and adequate training for all hospital- and community-based health care providers and other caregivers, including nongovernmental organization workers and family members;

Recognizing the existence of diverse cost–effective and efficient palliative care models, acknowledging that palliative care uses an interdisciplinary approach to address the needs of patients and their families, and noting that 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), volunteers and affected families, as well as between the community and providers of care for acute illness and the elderly;

Recognizing the need for palliative care across disease groups (noncommunicable diseases, and infectious diseases, including HIV and multidrug-resistant tuberculosis), and across all age groups;

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[1] United Nations Single Convention on Narcotic Drugs, 1961, as amended by the 1972 Protocol; United Nations Convention on Psychotropic Substances, 1971; United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, 1988.

Welcoming the inclusion of palliative care in the definition of universal health coverage and emphasizing the need for health services to provide integrated palliative care in an equitable manner in order to address the needs of patients in the context of universal health coverage;

Recognizing the need for adequate funding mechanisms for palliative care programmes, including for medicines and medical products, especially in developing countries;

Welcoming the inclusion of palliative care actions and indicators in the WHO comprehensive global monitoring framework for the prevention and control of noncommunicable diseases and in the global action plan for the prevention and control of noncommunicable diseases 2013–2020;

Noting with appreciation the inclusion of medicines needed for pain and symptom control in palliative care settings in the 18th WHO Model List of Essential Medicines and the 4th WHO Model List of Essential Medicines for Children, and commending the efforts of WHO collaborating centres on pain and palliative care to improve access to palliative care;

Noting with appreciation the efforts of nongovernmental organizations and civil society in continuing to highlight the importance of palliative care, including adequate availability and appropriate use of internationally controlled substances for medical and scientific purposes, as set out in the United Nations international drug control conventions;

Recognizing the limited availability of palliative care services in much of the world and the great avoidable suffering for millions of patients and their families, and emphasizing the need to create or strengthen, as appropriate, health systems that include palliative care as an integral component of the treatment of people within the continuum of care,

1. URGES Member States:[1]

(1) to develop, strengthen and implement, where appropriate, palliative care policies to support the comprehensive strengthening of health systems to integrate evidence-based, cost-effective and equitable palliative care services in the continuum of care, across all levels, with emphasis on primary care, community and home-based care, and universal coverage schemes;

(2) to ensure adequate domestic funding and allocation of human resources, as appropriate, for palliative care initiatives, including development and implementation of palliative care policies, education and training, and quality improvement initiatives, and supporting the availability and appropriate use of essential medicines, including controlled medicines for symptom management;

(3) to provide basic support, including through multisectoral partnerships, to families, community volunteers and other individuals acting as caregivers, under the supervision of trained professionals, as appropriate;

(4) to aim to include palliative care as an integral component of the ongoing education and training offered to care providers, in accordance with their roles and responsibilities, according to the following principles:

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[1] And, where applicable, regional economic integration organizations.

(a) basic training and continuing education on palliative care should be integrated as a routine element of all undergraduate medical and nursing professional education, and as part of in-service training of caregivers at the primary care level, including health care workers, caregivers addressing patients' spiritual needs and social workers;

(b) intermediate training should be offered to all health care workers who routinely work with patients with life-threatening illnesses, including those working in oncology, infectious diseases, paediatrics, geriatrics and internal medicine;

(c) specialist palliative care training should be available to prepare health care professionals who will manage integrated care for patients with more than routine symptom management needs;

(5) to assess domestic palliative care needs, including pain management medication requirements, and promote collaborative action to ensure adequate supply of essential medicines in palliative care, avoiding shortages;

(6) to review and, where appropriate, revise national and local legislation and policies for controlled medicines, with reference to WHO policy guidance,[1] on improving access to and rational use of pain management medicines, in line with the United Nations international drug control conventions;

(7) to update, as appropriate, national essential medicines lists in the light of the recent addition of sections on pain and palliative care medicines to the WHO Model List of Essential Medicines and the WHO Model List of Essential Medicines for Children;

(8) to foster partnerships between governments and civil society, including patients' organizations, to support, as appropriate, the provision of services for patients requiring palliative care;

(9) to implement and monitor palliative care actions included in WHO's global action plan for the prevention and control of noncommunicable diseases 2013–2020;

2. REQUESTS the Director-General:

(1) to ensure that palliative care is an integral component of all relevant global disease control and health system plans, including those relating to noncommunicable diseases and universal health coverage, as well as being included in country and regional cooperation plans;

(2) to update or develop, as appropriate, evidence-based guidelines and tools on palliation, including pain management options, in adults and children, including the development of WHO guidelines for the pharmacological treatment of pain, and ensure their adequate dissemination;

(3) to develop and strengthen, where appropriate, evidence-based guidelines on the integration of palliative care into national health systems, across disease groups and levels of care, that adequately address ethical issues related to the provision of comprehensive palliative

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

care, such as equitable access, person-centred and respectful care, and community involvement, and to inform education in pain and symptom management and psychosocial support;

(4) to continue, through WHO's Access to Controlled Medicines Programme, to support Member States in reviewing and improving national legislation and policies with the objective of ensuring balance between the prevention of misuse, diversion and trafficking of controlled substances and appropriate access to controlled medicines, in line with the United Nations international drug control conventions;

(5) to explore ways to increase the availability and accessibility of medicines used in palliative care through consultation with Member States and relevant networks and civil society, as well as other international stakeholders, as appropriate;

(6) to work with the International Narcotics Control Board, the United Nations Office on Drugs and Crime, health ministries and other relevant authorities in order to promote the availability and balanced control of controlled medicines for pain and symptom management;

(7) to further cooperate with the International Narcotics Control Board to support Member States in establishing accurate estimates in order to enable the availability of medicines for pain relief and palliative care, including through better implementation of the guidance on estimating requirements for substances under international control;[1]

(8) to collaborate with UNICEF and other relevant partners in the promotion and implementation of palliative care for children;

(9) to monitor the global situation of palliative care, evaluating the progress made in different initiatives and programmes in collaboration with Member States and international partners;

(10) to work with Member States to encourage adequate funding and improved cooperation for palliative care programmes and research initiatives, in particular in resource-poor countries, in line with the Programme budget 2014–2015, which addresses palliative care;

(11) to encourage research on models of palliative care that are effective in low- and middle-income countries, taking into consideration good practices;

(12) to report back to the Sixty-ninth World Health Assembly in 2016 on progress in the implementation of this resolution.

Ninth plenary meeting, 24 May 2014
A67/VR/9

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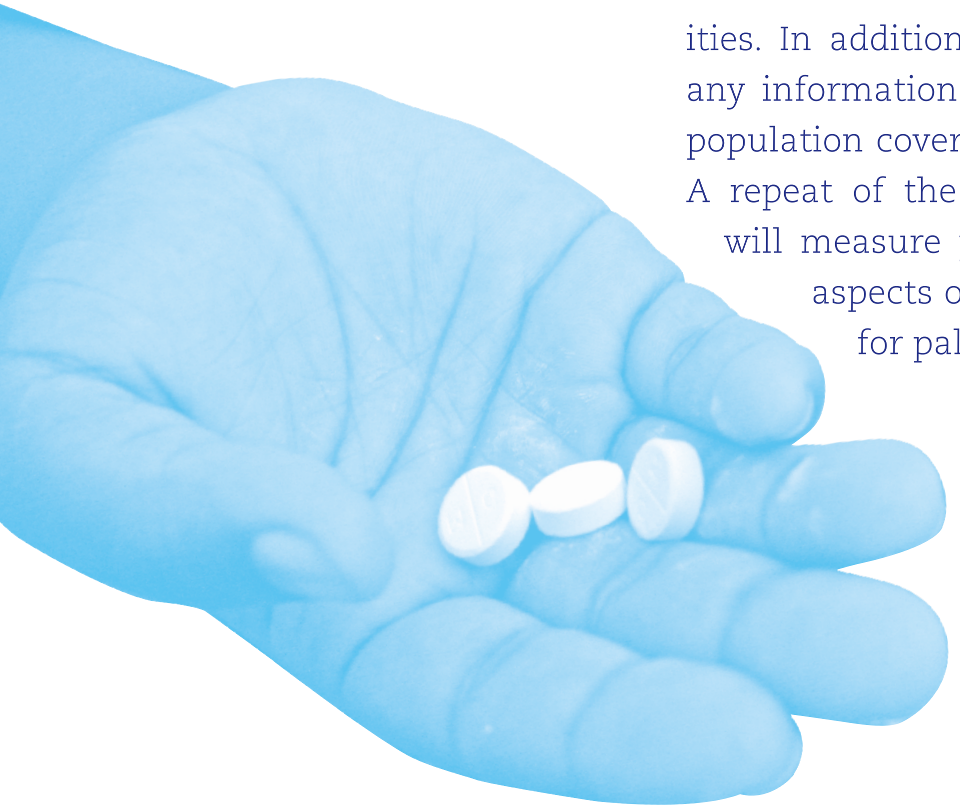
[1] International Narcotics Control Board, World Health Organization. Guide on estimating requirements for substances under international control. New York: United Nations; 2012.

SUMMARY

The results of this survey demonstrate a mixed global picture for access to palliative care, with significant variation between WHO regions. Palliative care is an essential component of a comprehensive response to NCDs, as outlined in the WHO Global Action Plan for the Prevention and Control of NCDs 2013–2020. In 2015, just over 50% of countries have included palliative care in their national NCD policy, and nearly two thirds reported some government funding for palliative care. Greater progress is needed in terms of service delivery and access to oral morphine for pain relief in primary care. There is a particularly critical need to strengthen country capacity for palliative care in low- and lower-middle-income countries. The results of this survey rely on the accuracy of information verified by national authorities. In addition, this survey does not offer any information about the scope, quality or population coverage of any services reported. A repeat of the WHO NCD CCS in 2017 will measure progress in these key aspects of country capacity for palliative care.



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Appendix 2

PALLIATIVE CARE FOR NON-COMMUNICABLE DISEASES: A GLOBAL SNAPSHOT IN 2015

SUMMARY OF RESULTS FROM THE 2015 WHO NCD COUNTRY CAPACITY SURVEY

INTRODUCTION

In 2014, the 67th World Health Assembly resolution WHA67.19[1] on palliative care recognized that the limited availability of palliative care services in much of the world leads to great, avoidable suffering for millions of patients and their families. The resolution asked the World Health Organization (WHO) to monitor the global situation of palliative care, and evaluate the progress made. In 2015, WHO undertook a global survey to assess country capacity for responding to noncommunicable diseases (NCDs) and included an expanded set of questions about palliative care. This fact sheet summarizes the key results of this survey that relate to country capacity for palliative care. The 2015 WHO NCD Country Capacity Survey (CCS) questionnaire was sent to all WHO Member States. It was completed through an online web-based platform by the NCD focal point or designated colleagues within the health ministry or a national institute or agency between May and August 2015. Out of 194 Member States, 177 responded to the survey (response rate of 91%). The questions were developed in a manner intended to obtain objective information about adequacy of capacity, and countries were requested to provide supporting documentation.

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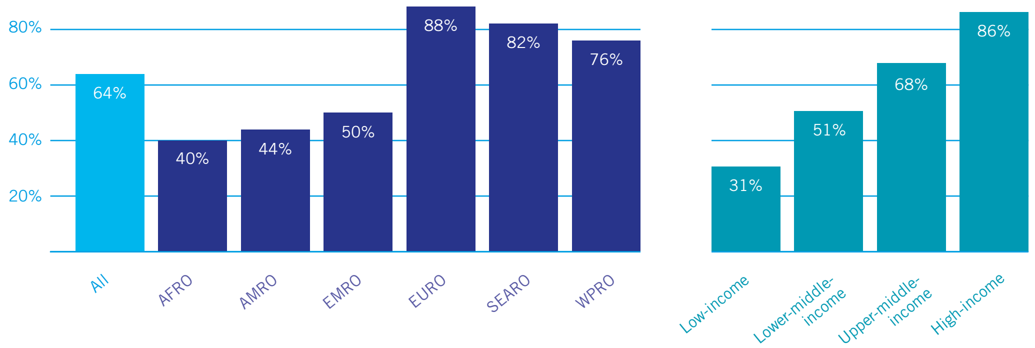
[1] *http://apps.who.int/medicinedocs/documents/s21454en/s21454en.pdf*

FUNDING FOR PALLIATIVE CARE

Overall, 64% of Member States reported that the Ministry of Health or equivalent agency has some type of funding available for palliative care (Figure 1). No further information was available regarding the amount or sources of this funding. In the South-East Asia Region and European Region, over 80% of countries reported funding for palliative care. In the African Region, Region of the Americas and Eastern Mediterranean Region, 50% or less of the countries reported funding for palliative care. There was a strong income gradient: 86% of high-income countries reported funding for palliative care compared to 31% of low-income countries.

FIGURE 1
Percentage of Member States with government funding for palliative care, by WHO Region and income group

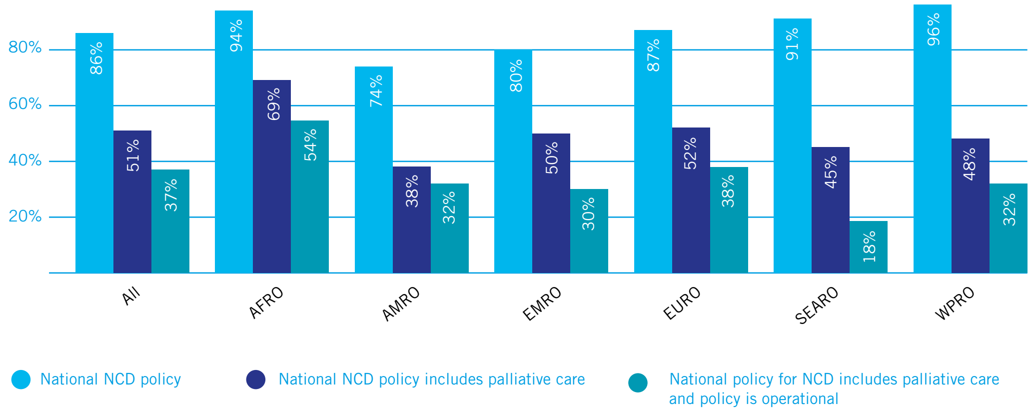


Note: Based on 177 responses.
AFRO : African Region,
AMRO : Region of the Americas,
SEARO : South-East Asia Region,
EURO : European Region,
EMRO : Eastern Mediterranean Region,
WPRO : Western Pacific Region
Source: WHO NCD CCS 2015.

PALLIATIVE CARE AS AN ESSENTIAL COMPONENT OF NCD POLICIES

Overall, 86% of Member States reported that they have an integrated national strategy, policy or action plan for NCDs, and over half of these policies include palliative care (Figure 2). In total, 51% of countries reported that they have a national NCD policy that includes palliative care, and 37% reported they have a fully operational national NCD policy that includes palliative care. The African Region had the highest percentage of Member States with national NCD policies that include palliative care.

FIGURE 2
Percentage of Member States with a national NCD policy that includes palliative care, by WHO Region

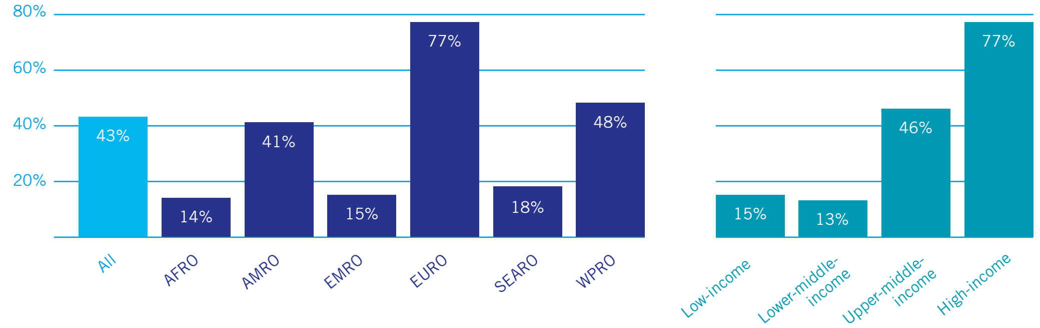


Note: Based on 177 responses
Source: WHO NCD CCS 2015.

ESSENTIAL PALLIATIVE CARE MEDICINES IN PRIMARY CARE

Oral morphine is included on the list of basic essential NCD medicines for primary health care in the WHO Package of Essential NCD Interventions in Primary Health Care (WHO PEN).[2] In 2015, only 43% of countries reported that oral morphine is generally available in primary care facilities in the public health sector (available in >50% of pharmacies) (Figure 3). Availability of oral morphine was highest in the European Region, with 77% of countries reporting that it is generally available. The availability was lowest in the African Region, South-East Asia Region and Eastern Mediterranean Region, with only 14–18% of countries reporting that oral morphine is generally available. There was also a strong income gradient: 77% of high-income countries reported that oral morphine was generally available compared to 15% of low-income countries.

FIGURE 3
Percentage of Member States reporting that oral morphine is available in >50% pharmacies, by WHO Region and income group

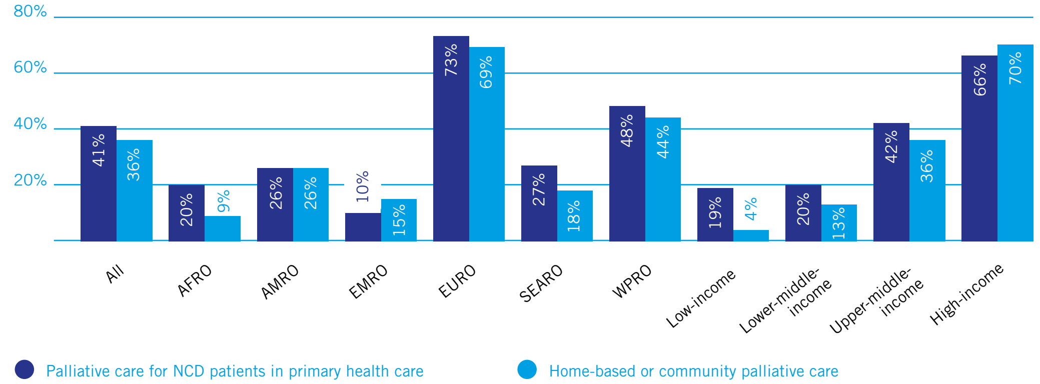


Note: Based on 177 responses.
Source: WHO NCD CCS 2015.

PALLIATIVE CARE SERVICES

WHA67.19 resolution on palliative care calls upon Member States to strengthen and implement palliative care services, with an emphasis on primary care, home care and community-based care. In 2015, 41% of countries reported that palliative care services are available to NCD patients (reaching 50% or more of patients in need) through primary care, and 36% reported that palliative care services were available (reaching 50% or more of patients in need) through home care or community-based care (Figure 4). There was a strong income gradient: 66% and 70% of high-income countries reported that they provide palliative care services through primary care or through home care or community-based care, respectively, compared to 19% and 4% of low-income countries.

FIGURE 4
Percentage of Member States providing palliative care services for NCD patients through primary care, home care or community care, by income group



Note: Based on 177 responses.
Source: WHO NCD CCS 2015.

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[2] *http://apps.who.int/iris/bitstream/10665/133525/1/9789241506557_eng.pdf?ua=1&ua=1*