

Early Detection and Treatment



Palliative Care

Policies that promote access to key medications to support symptom control for people with advanced life-limiting illness, including opioids.

The Facts

The major symptoms of advanced cancer and other life-limiting non-communicable diseases include fatigue, anorexia, pain and breathlessness; symptoms increase in prevalence and severity as death approaches.

Pain can be well controlled for more than 90% of people with advanced cancer, with a combination of inexpensive opioids together with simple analgesics. These are safe medications that can be adjusted carefully to the person's needs and for which addiction has not been a documented problem.

Each year more than 7.6 million people with cancer will die worldwide. Most people with advancing cancer will have pain that may be severe and totally disabling. Many people will also have pain from the cancer leading to the diagnosis, and during, or as a result of treatment. However, in a number of countries, people in severe pain have little or no access to opioid medications.

This is because many countries (at all resource levels) have no predictable access to opioid medications and many more countries have restrictions that render the use of opioids for chronic and worsening cancer pain almost impossible to access.



1 in 10 people will die in severe pain due to a lack of access to opium-based medicines.

World Health Organization, March 2009

UICC's Response

The UICC Cancer Outcomes Statement, a set of action-oriented objectives, supports the delivery of the 11 targets of the World Cancer Declaration and calls for the following:

By 2015, cancer patients to have access to essential medicines for pain relief and symptom control, including opioid analgesics.

A Global Solution

A small number of medications, none of which are limited by patent, can control pain for almost 90% of all people with cancer pain⁴ including children⁵. This short list of medications when used alone or in combination will significantly reduce pain, and directly improve the quality of care, level of function and level of comfort for millions of people around the world.

Without pain, people are better able to care for themselves without help from health or social services. Without pain, people can continue to actively contribute to their communities.

Supporting Evidence

Most people with cancer will have clinically significant pain as a result of the cancer or treatment¹. People with advanced cancer have increasing prevalence and severity of pain as death approaches. The medications that are required for good pain relief are some of the most inexpensive medications available². Medications, especially opioids such as morphine, can be tailored to the needs of the individual³.

The World Health Organisation analgesic ladder⁶ (guidelines on cancer pain relief), when used systematically can improve pain control for almost every person with cancer-related pain.

Organisationally, processes can be put in place for safe distribution, dispensing and administration of opioids even in low resource countries.

Meeting the Challenge

Cost, safety and efficacy are not the major drivers impairing access – policy restrictions are. Limitations on formulations; number of doses in a dispensed prescription; locations of opioid administration; and the authority to prescribe, dispense or administer opioids; are all major barriers to the adequate use of this important class of medications for the majority of people in the world. Countries must invest in the policies and procedures that enable access, effective and safe prescribing, dispensing and administering of key medications, especially opioids.

It is going to take an active process of government commitment to ensure mechanisms are enacted for the manufacture, distribution, prescription, dispensing and use of these essential medications. It will also require active support at a global level from the International Narcotic Control Board.

Uganda: Building effective partnerships to deliver pain relief

Hospice Africa Uganda (HAU) was established in 1993 to look after cancer and HIV/AIDS patients by bringing modern methods of pain and symptom control, counselling and spiritual support to patients and their families, mainly in their own homes and hospitals. Liaising with the Ministry of Health, HAU secured the importation of morphine powder which could be re-constituted on site. The leadership demonstrated by HAU in driving a clinical community outreach service, family and carer support, training for health care workers, and advocacy for policy makers; combined with a change in the national narcotics legislation to allow trained nurses to prescribe oral morphine, has led to affordable, accessible morphine being widely available. National awareness events using the local media and the involvement of community leaders have begun to help people realise that suffering and pain are not inevitable, and this has led to strong community awareness, involvement and advocacy. A national stakeholders team led by the Ministry of Health now seeks to ensure access to oral morphine and has led to a steady increase in morphine consumption alongside the development of palliative care services.

For more information, go to <http://www.hospiceafrica.or.ug>

Partners

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In 2009, UICC co-founded the NCD Alliance with the International Diabetes Federation and World Heart Federation. The International Union Against Tuberculosis and Lung Disease has since joined the Alliance, which now represents the four main NCDs and the interests of 880 member organisations in more than 170 countries.