

**Declaration on  
Development of Palliative Care in CIS countries**  
CIS Pre-Conference Meeting, EAPC 17th World Congress  
October 5, 2021

In the last decade, efforts have been underway to build palliative care (PC) into Russia's and other CIS countries national health care systems. Thus in 2017 the level of PC development in Russia, Georgia, Ukraine and Kazakhstan was assessed as 4a<sup>1</sup> (level 4a: PC services at a preliminary stage of integration to mainstream health care services). Based on this progress, the time is right for mutually beneficial collaboration between PC clinicians and professional organisations of the CIS countries that are united by numerous mechanisms of socio-economic and intercultural exchange. The symposium participants call for concerted efforts to develop mutually beneficial training programs, strategic planning of clinical services, research and clinical guideline collaborations, and scientific conferences for PC clinicians from the CIS countries.

The participants in this session focused on how CIS countries have responded to the increasing demand for palliative care and how standards of palliative care have been raised. Thirteen speakers and nine country reports, including five reports from the Russian Federation and four from CIS countries that addressed the:

- level of integration of palliative care into national health policy and healthcare systems,
- accessibility without undue restriction, of oral immediate-release and injectable morphine for medical uses such as pain relief for adults and children,
- paediatric palliative care,
- long-term ventilatory support as a PC task,
- training of various healthcare professionals in PC,
- role of non-profit professional, charitable and volunteer organisations.

**Session members acknowledge that:**

- Considering the ageing population and increasing prevalence of chronic non-communicable diseases in CIS countries, the need for palliative care is expected to continue to rise.
- Palliative care is essential to improve quality of life of patients with serious illnesses, their families and caregivers.
- Palliative care, as an interdisciplinary approach, seeks to alleviate physical, psychosocial and spiritual suffering of patients and families and is an effective socially oriented type of care that respects patient's need to receive adequate information about their health, taking into account personal values and cultural factors, as well as their central role in decision-making about treatment strategy.
- Access to palliative care is a human right (the right of everyone to enjoy the highest attainable level of physical and mental health)<sup>2</sup> and is recognised by the World Health Organization as an integral element of Universal Health Coverage. The provision of palliative care is one of the ethical responsibilities of healthcare systems.
- Inadequate integration of palliative care into healthcare and social service systems is one of the reasons for the lack of equal access.

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<sup>1</sup> Clark D, Baur N, Clelland D, Garralda E, López-Fidalgo J, Connor S, Centeno C. Mapping Levels of Palliative Care Development in 198 Countries: The Situation in 2017. *J Pain Symptom Manage.* 2020 Apr;59(4):794-807.e4. doi: 10.1016/j.jpainsymman.2019.11.009. Epub 2019 Nov 22. PMID: 31760142; PMCID: PMC7105817.

<sup>2</sup> United National General Assembly report A/65/255

- Inclusion of palliative care in continuous care, especially at the level of primary health care, is relevant for all CIS countries.
- Excessive regulatory restrictions of essential controlled medicines deprive patients of access to effective pain relief and palliative care in CIS countries. However, efforts by NPOs and civil society to advocate for access to palliative care and pain relief have improved the situation.
- Effective organisation of palliative care can reduce the burden on the healthcare system.
- Effective organisation of palliative care should be based on cost-effective and efficient models of palliative care, already implemented in some CIS countries, as a result of interaction between the government, medical organisations, social services, professional and charitable NPOs, as well as volunteer and religious communities. Involvement of each party is important to ensure the best interests of patients and their families.

Based on the data presented by the speakers, and considering common economic and social factors, geography, historical, cultural and spiritual values, the similarity of the organisational and regulatory framework of healthcare in the CIS countries,

**The participants of the session consider necessary and call for efforts:**

To unite non-profit professional and patient communities of the CIS countries under the auspices of the Hospice Care Professionals Association, as a platform for interaction of professionals in palliative care, with the aim of:

- Jointly developing of measures to improve the accessibility and quality of palliative care in the countries of the region,
- Initiating measures aimed at recognising palliative care as an integral part of the health systems of the participating countries and integrating its development into health development strategies,
- Designing effective country strategies, programs and initiatives for the development of palliative care, taking into account the available resources and capacities of individual countries,
- Improving accessibility of pain relief to patients in need by:
  - Assuring safe access and sufficient supply of essential oral immediate-release and injectable morphine,
  - Helping to making modern, more expensive non-invasive forms of opioids accessible only after essential preparations of morphine are safely accessible to all,
  - Facilitating the regulatory changes and frameworks needed for rapid but also safe prescription and ordering of controlled substances, considering the need for the prevention of their illicit trafficking
  - Introducing clinical guidelines and standards for the treatment of patients with chronic pain syndrome.
- Improving the level of competence of doctors, nurses, including primary care specialists and health care organisers in the field of organisation and provision of palliative care.
- Creation of a joint online resource for PC training,
- Informing and uniting the professional and patient communities and jointly supporting the interests of terminally ill patients and their families to improve their quality of life,
- Informing civil society about the goals and objectives of palliative care.

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