Editorial

Far, Far Away Land: palliative care as a human right

Shrek fans will know that all the action happens in a mythical place called Far Far Away Land. If you don’t know what I am talking about, go watch the films!

At the recent European Association for Palliative Care (EAPC) Congress in Prague, there was a growing call for palliative care to be seen as a human right. The EAPC has come together with other international bodies to, in their own words, ‘urge governments to relieve suffering and ensure the right to palliative care’.

At the Congress, Esther Schmidlin, a nurse from Switzerland, presented the work that she and others at the EAPC have been doing to promote this initiative, through the establishment of the Prague Charter. This petition argues that governments should develop comprehensive policies that address the needs of people with life-limiting illness, foster greater access to essential medicines, including opioids, ensure that health professionals are appropriately educated about the care and management of patients with palliative care needs, and work toward the integration of palliative care within a programme of population health issues.

The Prague Charter includes a number of previous initiatives to establish this important principle, and it offers several key messages. The first is that palliative care needs to develop political visibility if it is to have any impact on those responsible for decision making on global health issues. Coming together with others to advocate for the same thing could simply not be politically wise thing to do. We have a voice and should use it to raise awareness that what may be taken for granted in some countries is simply not the case in others. Further, as nurses, we all have a responsibility to identify and respond to inequity and disadvantage that prevents patients and families from accessing the care they deserve.

Back to Shrek. For me, the most important message delivered by Esther was that we don’t need to look to ‘Far Far Away Land’ to find the injustice of inequitable palliative care. Esther highlighted a case of inequity in her own country of Switzerland, so we should not be blind to the challenges that people face in our own communities. There has been an argument that, through its focus on cancer, palliative care inadvertently raised barriers to access for people with a range of other chronic, life-limiting, and end-of-life needs. This barrier is now slowly being eroded. Further, we have a responsibility to ensure that palliative care is not seen as the answer to caring for poorer communities unable to access or finance more technological disease-modifying treatments (Selwyn et al, 2008).

In trying to see how I as an individual can respond, I have found the work of Lynch et al (2005) on affective equality a helpful resource. They argue that a key component of an equal society is that people can access the love, care, and solidarity they need to sustain them. We therefore have a responsibility to ensure that ideals such as respect, opportunity, adequate resources, and recognition of the impact of power relations on people’s lives can colour their experience of living and dying. This language resonates well with the principles and practices we associate with palliative care: seeing the patient and family as a unit, supportive care, the value of community in the delivery of that care, etc. The small things matter.

I urge you to go to the EAPC website (www.eapcnet.eu/themes/policy/praguecharter) and sign the petition—not for ‘them’, but for us. As a marginalised ogre in society, Shrek would.

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