

RELIGIONS OF THE WORLD CHARTER PALLIATIVE CARE FOR OLDER PEOPLE

WHEREAS

- Between 2000 and 2050 the proportion of the world's population aged over 60 years will double and the number of persons aged 80 years or over is projected to increase by almost fourfold.
- Each older person has full value and human rights, and contributes to society including when fragile and in need of care.
- Serious chronic conditions, end of life, death and bereavement affect every aspect of peoples' lives, including the family, friends and community in which they live.
- Older persons frequently have poor access to appropriate health care services and Palliative Care is no exception to this. They often report symptoms less, problems are put down to 'age'. Psychological, social and spiritual issues are less recognised.
- Older persons can have multiple chronic conditions over a long period of time, but health care is often fragmented, crisis based and not organised in ways to facilitate their timely access to care. Therefore, the cumulative problems of multimorbidity and their Palliative Care needs are frequently missed.
- Social deprivation, isolation, poverty can render older persons more vulnerable in accessing the care they need.
- Older persons are often excluded from decision-making processes, without respect for their choices, culture, beliefs and prior preferences.
- Symptoms, including pain and suffering, are often under-recognised and undertreated in older persons.
- Spiritual leaders and leaders of religions and faith-based organisations can cooperate with health care workers in respect of beliefs, culture, customs and choices to address these challenges. They can promote the integration of Palliative Care and the relief of suffering into national health systems.

The World Health Organisation has defined Palliative Care as an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.

Palliative Care affirms life and regards dying as a normal process, intends neither to hasten nor to postpone death and uses a team approach to address the needs of patients and their families, including support in bereavement if indicated. Modern Palliative Care, including established interventions and multiprofessional services integrated with existing care, is proven and cost-effective in helping older people to live well, even with their illness, as well as providing better care towards the end of life.

THEREFORE

We, the undersigned, having diverse life-experiences, with different perspectives and expertise, from varied personal, professional, cultural, religious and spiritual backgrounds, have gathered today in Rome to affirm the essential right of older persons and their families to receive Palliative Care appropriate for them. We give strong support to the representatives of faith organisations and religions using different perspectives – clinical, patients and family, human rights and religious and spiritual – to call for the broadest possible dissemination of Palliative Care for older persons.

We believe that everyone involved in the care of these persons, as well as governments, policy makers and spiritual and religious leaders, should engage with and advance the awareness, development, promotion, improvement and dissemination of Palliative Care for older persons in order that these persons and their families in all parts of the world have access to Palliative Care.

Clinical Perspectives

Older persons have a right to be informed about and to have early access to high quality Palliative Care. This can help them to live well when they face the problems associated with multiple or complex illnesses.

Older persons should be offered Palliative Care on the basis of need, in terms of physical, emotional, social, spiritual and/or caregiver concerns. These concerns should be monitored routinely in health care, using validated tools, and can be used to trigger Palliative Care provision.

Outcomes, quality of life and needs should be assessed using measures that meet the internationally accepted criteria for outcome measures.

Priority should be given for research to improve Palliative Care therapies, services, tools and educational approaches for older persons, including those with frailty.

All workers in all care settings, including health, social, spiritual care and community workers and volunteers need to be appropriately trained and educated in Palliative Care, with capacity building in communities and developing leaders and specialised expertise.

Patients and Families Perspectives

Quality of life, beliefs and needs of older persons are highly subjective and should be respected in the context of family, significant others and culture. These should be upheld regardless of age or condition. Dignity, self-determination, reconciliation, and peace are important.

Older persons should be enabled to live their life to the full and be respected as individuals in every aspect of care. Wherever possible this should be within the family or with significant others, with respect, acceptance and support, having their needs timely and systematically assessed and met within an holistic approach.

Irrespective of setting it is important that there is respect for individual cultural norms and beliefs. Good knowledge of his/her biography, identification of the person's wishes and preferences, is important in all aspects of care and should be included in planned and integrated care.

Communities and organisations should support patients and those close to them, whatever the care setting. They should foster social relations, ensure an awareness of Palliative Care and other resources, work to overcome loneliness, isolation and barriers to good care.

Human Rights Perspectives

Palliative Care for older persons is a human right and is implicated in the rights to health, non-discrimination, freedom of religious belief, and freedom from cruel, inhuman, and degrading treatment, as enshrined in human rights law.

Governments must ensure the accessibility of Palliative Care interventions for life threatening and life limiting illness. Governments must include essential medicines for Palliative Care, including controlled medicines, such as oral morphine, on their national medicines lists and remove unnecessarily restrictive barriers.

Older persons have the inalienable right to free and informed consent at all times. They have the right to freely consent to, refuse, or suspend medical or surgical treatment, and to be given clear and timely information about the potential consequences and risks of such a decision. When a person has impaired capacity for a particular decision, those acting on their behalf must respect the person's human rights and consider their previously expressed preferences.

Education in Palliative Care should include human rights and the knowledge, skills, attitudes and behaviors to provide Palliative Care to older persons and their families.

Older persons' right to justice includes the elimination of ageism, regulations facilitating a person's right to receive appropriate and timely care to live well in their preferred place, and support to manage their affairs. Government and community leaders must provide resources and supportive networks for all aspects of Palliative Care.

Spiritual and Religious Perspectives

The dignity of older persons, as they continue to have meaning and value, is core to religious faiths. Older persons deserve respect, by our being a compassionate presence, by showing empathy and by accompanying older persons in the midst of their suffering, and celebrating their lives. Religious faiths can inspire Palliative Care to create space for intergenerational connectedness so that older persons can pass on their legacy and wisdom about living until the end of their life.

Religious faiths can help transform aging and dying as meaningful living throughout all of life, even in the midst of chronic and serious illness. Religious faiths support the principles of Palliative Care in the relief of pain and suffering approaching a natural end of life.

Faith communities can advocate for Palliative Care with older persons within their communities, government and with media. They can integrate the spiritual dimension within patient and family resources. Religious leaders can address Palliative Care in their teachings and counselling, promoting a greater awareness of the preciousness of human life and experience, and the shared vulnerability of human existence.

Religious leaders can encourage dialogue and collaboration between science and religion to develop models of care and an evidence base for spiritual care interventions and outcomes, to ensure that all older persons have their beliefs, values and preferences addressed and respected.

Religious faiths can contribute to the support and training of religious leaders, spiritual care professionals and other members of the healthcare team and communities at large; training particularly in compassionate listening, eliciting spiritual values and beliefs, supporting the spiritual life of professionals and family caregivers and emphasizing the development of the inner life and inner strength.