

Resolution 2249 (2018)¹

The provision of palliative care in Europe

Parliamentary Assembly

1. The Parliamentary Assembly recognises that palliative care is fundamental to human dignity and a component of the human right to health.
2. Building on the definition given by the World Health Organization, the Assembly notes that palliative care focuses on preventing and relieving suffering associated with a life-threatening or life-limiting condition through a holistic approach addressing physical, psychosocial and spiritual problems. The goal of palliative care is to improve the quality of life for patients and their families, and to uphold their dignity, by alleviating suffering in all its forms.
3. Echoing its [Resolution 1649 \(2009\)](#) “Palliative care: a model for innovative health and social policies”, the Assembly stresses that palliative care should be available not just to the terminally ill, but also to those who are chronically ill and to persons requiring high levels of individual care who would benefit from the palliative care approach. With an ageing population, living longer and with more years of chronic illness and pain, a substantial increase in palliative care needs can be anticipated over the coming years.
4. The Assembly deeply regrets that fifteen years after the adoption of Committee of Ministers Recommendation Rec(2003)24 on the organisation of palliative care, hundreds of thousands of people in Europe still do not have access to appropriate palliative-care services. The Assembly is particularly concerned about the lack of access to appropriate pain relief, leading to situations in which patients suffer for months and even years, and die in pain that could be prevented.
5. The Assembly notes that the lack of appropriate palliative-care services not only increases suffering for patients and families, but also involves higher costs for the health-care system, as it leads to unnecessary hospital admissions, as well as inappropriate recourse to expensive emergency services and treatments. Consequently, it is of utmost importance to identify palliative-care needs as early as possible and to provide palliative-care services at all levels of care. This should include, in particular, palliative-care services at community level and home-based care, which can be provided at a lower cost and through which people with limited access to medical facilities can be reached.
6. The Assembly pays tribute to the millions of informal caregivers – spouses, partners, relatives and friends – who provide care to loved ones suffering from a chronic illness, disability or other long-lasting health affliction. It recognises the crucial and irreplaceable role which informal caregivers play in the provision of palliative care and stresses the importance of adequately supporting these caregivers. Bearing in mind that most patients prefer to stay, and eventually die, at home, the Assembly notes that the need for informal caregiving can only grow in the coming years.
7. In view of the above, the Assembly calls on the Council of Europe member States to take the following measures with a view to strengthening palliative-care services and to ensuring access to quality palliative care for both adults and children who need it:

- 7.1. recognise palliative care as a human right, define it as part of the health-care system and dedicate the necessary resources to it;

1. *Text adopted by the Standing Committee, acting on behalf of the Assembly, on 23 November 2018 (see [Doc. 14657](#), report of the Committee on Social Affairs, Health and Sustainable Development, rapporteur: Mr Rónán Mullen).*



- 7.2. integrate palliative care into all services and settings of the health-care system, in particular extend palliative-care services to all patients with life-threatening or life-limiting chronic conditions;
 - 7.3. ensure access to pain treatment and management as a crucial component of palliative care, in particular:
 - 7.3.1. remove legal and regulatory obstacles that restrict access to pain-relieving medication in the context of palliative care;
 - 7.3.2. address educational and attitudinal barriers by raising awareness of appropriate and effective pain management, including opioid-based treatments, among health-care professionals and the general public;
 - 7.4. provide comprehensive support for informal caregivers, and in particular:
 - 7.4.1. offer them respite services and bereavement support, and protect them against financial losses;
 - 7.4.2. remove any barriers that prevent men and women from identifying, sharing, determining and playing their role in informal caregiving, having regard to their particular situation and needs;
 - 7.5. ensure adequate training on palliative care for health-care professionals, in particular:
 - 7.5.1. include basic palliative-care training in medical and nursing schools, and ensure continuing professional education on palliative care;
 - 7.5.2. recognise palliative care as a medical speciality;
 - 7.6. systematically provide psychological, emotional and spiritual support for patients and families;
 - 7.7. improve public awareness of palliative care via media and information campaigns;
 - 7.8. take measures to foster a partnership between government and civil society in the provision of palliative-care services;
 - 7.9. consult people living with life-threatening or life-limiting conditions, as well as their carers and health professionals, on the development of palliative care-related policies and services.
8. Finally, the Assembly invites the World Health Organization to pay particular attention to palliative care when following the implementation of target 3.8 of the Sustainable Development Goals on achieving universal health coverage.