

Global palliative care: from need to action



Katherine Sleeman and colleagues¹ report the first worldwide projection of the future global burden of serious health-related suffering. The calculation followed the methods used by the *Lancet* Commission on Palliative Care and Pain Relief assessing global palliative care need.² Combining these methods with WHO's revised global and regional projections of mortality up to 2060,³ the authors estimate the global burden of serious health-related suffering requiring palliative care by world regions and age groups for 20 health conditions. The vision of the future delivered by this Article is alarming: "By 2060, an estimated 48 million people (47% of all deaths globally) will die each year with serious health-related suffering, and 83% of these deaths will occur in low-income and middle-income countries".¹ These numbers indicate that 130 000 people worldwide will die every day with serious health-related suffering by 2060, the equivalent to twice the size of a Super Bowl stadium. The real burden of serious health-related suffering is even greater because the authors' calculations are based on mortality data and do not include the burden of people living with serious health-related suffering who do not die in a given period.

Palliative care and pain relief is an essential health intervention that alleviates health-related suffering.² Evidence supporting investment in palliative care shows that it is effective in reducing suffering for patients and families and cost-effective.⁴ As the world population ages, comorbidity also increases. A shift from a health system centred in medical specialties to person-centred care is required. Palliative care and its model of holistic medicine can contribute effectively to this necessary change in health systems. However, this field remains unaddressed on the global health agenda and governments continue to neglect patients in need of palliative care. In fact, almost 50% of the world's countries have no access to palliative care,⁵ whereas the development of palliative care in the remaining half of countries has been uneven, with inequalities affecting mostly low-income and middle-income countries.² The projections presented by Sleeman and colleagues suggest that inequality will not only continue to exist, but will also increase.

This Article is timely in the debate about global awareness of palliative care as an essential component

of universal health coverage. The authors have provided a meaningful input to the global health community, contributing to an improved understanding of the scale of this growing problem. These projections can be used as a valuable tool for advocacy. The figures presented call for urgent action: improving access to palliative care is not only key to reduce serious health-related suffering but is also a moral imperative. Neglecting this need is no longer an option. Our health systems are insufficiently prepared to integrate palliative care and cover the growing needs of our populations. In light of the increasing global burden of serious health-related suffering, health systems must now be strengthened to meet the current and future demand for palliative care.

The global health community has the responsibility and the opportunity to improve the quality of life of people living and dying with serious health-related suffering, by recognising it as a public health priority and by supporting initiatives to tackle it. WHO set an example in supporting palliative care at the global level by promoting its integration in national health policies through Resolution WHA67.19 of the World Health Assembly.⁶ In 2018, WHO continued to support the cause of palliative care by including an indicator to assess progress in this field in the General Programme of Work 13⁷ and recognising palliative care as an essential service of primary health care.⁸

One way for health systems to respond to important public health problems is by implementing and adapting globally endorsed strategies (eg, the case of HIV/AIDS, tuberculosis, or dementia). The rising burden of serious health-related suffering also requires a specific global strategy that provides countries with a roadmap to improve palliative care, which also means developing solid health indicators to evaluate outcomes. At present, it is unclear which indicators will be most effective; however, a combination of indicators evaluating the numerous dimensions of WHO's public health strategy for palliative care,⁹ along with integration into other parts of the health system, and more broadly into society itself, is likely to be the most fruitful line of development. The findings of Sleeman and colleagues support the development of a global strategy, implementation, and indicators as a matter of extreme urgency.

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- 1 Sleeman KE, de Brito M, Etkind S, et al. The escalating global burden of serious health-related suffering: projections to 2060 by world regions, age groups, and health conditions. *Lancet Glob Health* 2019; published online May 22. [http://dx.doi.org/10.1016/S2214-109X\(19\)30172-X](http://dx.doi.org/10.1016/S2214-109X(19)30172-X).
- 2 Knaul FM, Farmer PE, Krakauer EL, et al. Alleviating the access abyss in palliative care and pain relief—an imperative of universal health coverage: the Lancet Commission report. *Lancet* 2018; **391**: 1391–454.
- 3 WHO. Projections of mortality and causes of death, 2016 to 2060. 2018. https://www.who.int/healthinfo/global_burden_disease/projections/en/ (accessed April 22, 2019).
- 4 Reid EA, Kovalerchik O, Jubanyik K, Brown S, Hersey D, Grant L. Is palliative care cost-effective in low-income and middle-income countries? A mixed-methods systematic review. *BMJ Support Palliat Care* 2018; published online Oct 1. DOI:10.1136/bmjspcare-2018-001499.
- 5 Lynch T, Connor S, Clark D. Mapping levels of palliative care development: a global update. *J Pain Symptom Manage* 2013; **45**: 1094–106.
- 6 WHO. Strengthening of palliative care as a component of comprehensive care throughout the life course: resolution WHA67.19. Geneva: World Health Organization, 2014.
- 7 WHO. WHO 13th General Programme of Work (GPW 13) impact framework: targets and indicators. 2018. https://www.who.int/about/what-we-do/GPW13_WIF_Targets_and_Indicators_English.pdf (accessed April 22, 2019).
- 8 WHO. Global Conference on Primary Health Care: declaration of Astana. 2018. <https://www.who.int/docs/default-source/primary-health/declaration/gcphc-declaration.pdf> (accessed April 4, 2019).
- 9 Stjernswärd J, Foley KM, Ferris FD. The public health strategy for palliative care. *J Pain Symptom Manage* 2007; **33**: 486–93.