

## Minister Beatrice Lorenzin's Opening Speech on pain therapy and palliative care Informal Council of EU Health Ministers

Milan, 22 September 2014

Dear Colleagues, Commissioner, Senior Delegates,

Once more, a very warm welcome to Milan and a big thank you, already expressed to each of you separately, for accepting my invitation as rotating president of the European Union Health Council to attend this informal meeting.

Italy wants this meeting, which is due to take place during the initial months of the presidential term, to constitute an important central point of the presidency as a whole and also use it as an opportunity to better acquaint you with our experience and achievements in healthcare, which we do not lack; to facilitate achieving those aims, we have put on the agenda topics of high relevance to the health and well-being of our European citizens.

We will turn to this aspect at the opening of the plenary session. Now I invite you to concentrate during this working lunch on a topic of particular significance, namely pain therapy and palliative care. It is an issue that I personally wanted to put on the agenda of our activities and one which I want to go into right away, at the start, because I consider it to be absolutely fundamental in a society like ours here in Europe which is ageing and is seeing an increase in the number of people with chronic disease. The number of over-65s is set to rise from 87 million in 2010 to 148 million by 2060.

It is therefore essential to take action to allow this sector of the population to live in health and lead an active life for many years, by putting in place tools, procedures and an organizational infrastructure that adequately address chronic pain and – in the most severe cases not amenable to other strategies – palliative care in an approach that takes into account the psychological, social and spiritual needs as well as physical aspects. At the other end of the scale, we must not forget the specific needs of the pediatric patient population both in the area of pain therapy and palliative care.

Italy enacted legislation in 2010 with the intention of achieving these results, and put in place a system that involves not only the national health authorities but also regional and local authorities in addressing this theme, through the establishment of ad hoc networks.

The aim of such networks, apart from delivering this type of care, is to make its availability known to the public, to guarantee access to it, to monitor the results achieved, and to provide appropriate training to healthcare professionals.

***"It is of fundamental importance to guarantee access to pain therapy (...) to reduce the existing inequalities in healthcare between regions and Member States of the EU in the area of equal rights to health"***

*Beatrice Lorenzin, Minister of Health*

Other issues in this area are the due appreciation of the activities of non-profit organizations, the uptake of alternative approaches to pain therapy - non-pharmacological therapy in pediatric pain, for example - and the investigative use of innovative analgesic approaches in those who fail to respond to conventional treatments. All of this must happen, in our opinion, without forgetting the fundamental principle of the humanization of care, understood as being an approach that addresses all the aspects of a human being, not just physical but psychological and social as well. Such an approach implies that healthcare professionals share the needs, opportunities and resources of the care recipients and their families.

In the summary of today's debate in the meeting report, it would be good to be able to signal that today marks the start, on the political level, of a journey that will lead to a number of shared actions based on the adoption of similar strategies and models of support, proceeding from existing best practices which, within the organizational autonomy of the various Member States, is aimed at guaranteeing access to this type of care for all.

We would like to know whether you believe the existing supportive resources are fully capable of managing the issue of chronic pain and palliative care, including the pharmacology side of things. In terms of proposals, we would like to know the areas in which you think it would be possible to develop a shared approach, how it would be possible to guarantee access to such types of care, and which modes of communication you think would be appropriate to adopt in order to raise awareness both on the part of patients and healthcare players.

It will be useful to know which contribution you think the European Commission will be able to make to this process, and in particular if you think it is appropriate for pain therapy and palliative care to constitute a priority in Horizon 2020 and the Third Health Programme, and if you agree to the setting up of a European Day of Palliative Care.

Dear Colleagues, I'll just summarize the debate with a brief outline of the main points.

I firmly believe that national and regional public health strategies must give appropriate consideration to the inclusion of effective palliative care and pain therapy policies, while addressing the specific needs of the pediatric population. This can be done by creating national networks for pain therapy, palliative care, pediatric pain therapy and pediatric palliative care with the objective of upholding the right of the patient to avoid unnecessary suffering and pain.

It is of fundamental importance to guarantee access to pain therapy and to all the drugs currently available and essential to the provision of palliative care and pain therapy, with particular attention to opioid drugs, in order to reduce the existing inequalities in healthcare between regions and Member States of the EU in the area of equal rights to health.

Within this scope, just as enshrined in Italy in article 1 of Law 38 of 2010, it is particularly relevant to direct attention toward studying and proposing appropriate responses to the needs of the weakest categories of patients, such as children, the elderly and people with neurocognitive and sensory disabilities.

It is necessary to promote institutional communication campaigns designed to raise awareness on the medical, social and economic impact that chronic pain, chronic pain management and palliative care have on patients, families, carers and employers, as well as informing the public about the rules and criteria for access to the services and support programmes in the area of palliative care and pain therapy.

It is important to remember the contribution of non-profit associations toward the development and growth of the palliative culture; and the promotion of initiatives to strengthen and support civic organizations in their work to help patients suffering from pain and patients requiring palliative care. It is vital that patients are of their rights and able to make informed choices.

**In the area of training and research, the following is proposed:**

- To promote and spread among all healthcare players an acknowledgment of the relevance of prevention, diagnosis and management of chronic pain and of palliative care, taking the specific needs of the pediatric population into account, in particular through teaching at university and after university and regular training updates for the medical, health and social services personnel involved in pain therapy and support in the palliative care sector;
- Encourage the inclusion of palliative care and pain therapy – including pediatric care – as an integral part of the undergraduate training of doctors and all healthcare players, and

in the specialist training of professionals involved on a continuous basis in providing this type of care;

- Promote research in pain therapy and palliative care as a priority in the EU Horizon 2020 framework programme, in the Third Health Programme, and in equivalent research programmes on a national and European level, tackling the area of prevention of chronicity of pain and management of complex central pathologies, the social impact of pain, and the burden of chronic pain in the sectors of health care, social services and employment.

**Monitoring processes will help maximize the effectiveness of such support networks and, to that end, it is proposed to:**

- Support Member States in developing databases that will be useful in analyzing structure, process and outcome indicators, with the objective of monitoring the functioning of national palliative care and pain therapy networks, including pediatric care;
- Encourage the development of a European Network to monitor the development of palliative care networks and pain therapy networks.

To maximize the leverage of which proposals are decided, finally, it is proposed to set up two official European days, the first dedicated to the fight against pain, or the rights of the patient in general, and the second to Palliative Care, with the objective of raising the awareness of the general public and institutional stakeholders with regard to the right to palliative care for all patients in the advanced or terminal stages of a chronic degenerative condition, to receive competent care and support and to the assurance of having their personal dignity upheld to the end of their lives. The Italian Presidency will follow up your proposals, which I have just summed up, and will consult with the Commission and the other Trio countries on how to follow up on what emerges from our exchange of views. We will update you on the occasion of the EPSCO Council in December.

**References (in Italian):**

*Meeting Ministri Salute UE/1. Cure palliative. Lorenzin: "Tenere sempre presente principio fondamentale dell'umanizzazione", in [www.quotidianosanita.it](http://www.quotidianosanita.it), 22 September 2014 ([http://www.quotidianosanita.it/governo-e-parlamento/articolo.php?articolo\\_id=23454](http://www.quotidianosanita.it/governo-e-parlamento/articolo.php?articolo_id=23454))*

*Riunione informale dei Ministri della Salute, Ministero della Salute, 22-23 Settembre 2014 (<http://www.salute.gov.it/portale/ItaliaUE2014/dettaglioEvento.jsp?lingua=italiano&id=194>)*