



# Jeevodaya Hospice

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Sr. Mello F.C.C., Chairman

Dr. R. Nanjunda Rao, President

## Editorial

*When Christ walked on earth, His compassion cased him to heal many Jews who were ill and suffering. When John's disciples asks on their master's behalf "Are you the Messiah?" He tells them "Go and tell him what you witness, the deaf hear, the blind see and the lame walk." Later on his followers were to open hospitals world wide to provide medical attention to the sick especially the poor.*

*As the lead article in this newsletter shows the State parties of the International Covenant on Economic, Social, and Cultural Rights (ICESCR), in their declaration of human rights recognizes the right of everyone to the enjoyment of physical and mental health" (Art. 12°), by assuring to all medical service and medical attention in the event of sickness*

*Patients have the right to relief of their suffering according to the current state of knowledge" and "the right to humane terminal care and to die in dignity".*

*Of the more than 1 million people who die each week, only a minority receive palliative care resulting in widespread unnecessary suffering. We at Jeevodaya, with your unflinching support, have provided and will continue to provide palliative care for the poor and needy. Hopefully all hospitals will soon provide such care thereby alleviating needless suffering on the part of the patient as well as providing support for the grieving family.*

*We the F.C.C sisters of Jeevodaya are happy and proud to say that St. Alphonsa who has been Canonised by Pope Benedict the XVI on 12th October at Rome as the first saint of India is from Franciscan Clarist Congregation.*

**- Sr. Lalitha Teresa FCC, Editor**

## Joint Declaration and Statement of Commitment on Palliative Care and Pain Treatment as Human Rights

*We, as representatives of international, regional and national palliative care, pain treatment and related organizations, as well as members of civil society, declare*

### Whereas

The Universal Declaration of Human Rights recognizes the rights of everyone "to life" to freedom from "torture" and "cruel, inhuman or degrading treatment" (Art. 5), and "to a standard of living adequate for health and well-being (Art 25)"

The State parties of the International Covenant on Economic, Social, and Cultural Rights (ICESCR) recognize "the right of everyone to the enjoyment of the highest attainable standard of physical and mental health" (Art. 12°), creating the "conditions which would assure to all medical service and medical attention in the event of sickness" and that the right to health is articulated in several other international covenants.

The Committee overseeing the ICESCR issued a General Comment on the right to health, stating what it saw as one of the "core obligations" of all signatory nations the provision of access to essential medicines irrespective of resources.

The United Nations Committee on Economic, Social and Cultural Rights specifically states that parties are "under the obligation to respect the right to health by, inter alia, refraining from denying or limiting equal access for all persons . . . to preventive, curative and palliative health services".

The Committee on Economic, Social and Cultural Rights affirmed the importance of "attention and care for

*chronically and terminally ill persons, sparing them avoidable pain and enabling them to die with dignity”*

The Committee on Economic, Social and Cultural Rights indicated that access to “*essential drugs, as defined by the WHO Action Programme on Drugs*” is part of the minimum core content of the right to health<sup>6</sup> and that fourteen medications listed in the IAHPC List of Essential Medicines for Palliative Care are currently on the WHO Model List of Essential Medicines;

A right to palliative care and access to pain treatment is further protected by the right to freedom from cruel, inhuman and degrading treatment.

The Declaration on the Promotion of Patients’ Rights in Europe asserts: “*Patients have the right to relief of their suffering according to the current state of knowledge*” and “*Patients have the right to humane terminal care and to die in dignity*”

The International Guidelines on HIV/AIDS and Human Rights state that “*States should take measures necessary to ensure for all persons, on a sustained and equal basis, the availability and accessibility of... preventive, curative and palliative care ....*”

### **Recognizing**

That these commitments oblige governments to create and /or use every rightful mechanism to guarantee access to all components that contribute to the full exercise of the right to health;

That palliative care and pain treatment are such components,

That access to palliative care and pain treatment includes access to appropriate treatment, services and to essential medicines needed for the relief of suffering;

That a national palliative care and pain treatment plan also requires a focus on education for physicians, nurses and other related disciplines about the basic principles of hospice and palliative care;

That access to palliative care and pain treatment can only be achieved when governments adopt and implement a national public health strategy which includes the above mentioned components;

That several individuals, organizations and alliances have formulated the need to recognize palliative care and pain treatment as fundamental human rights for several years and in several publications and forums (see [http://www.hospicecare.com/resources/pain\\_pallcare\\_hr/](http://www.hospicecare.com/resources/pain_pallcare_hr/))

### **Alarmed**

That of the more than 1 million people who die each week, only a minority of those in need receive palliative care resulting in widespread unnecessary suffering;

That in spite of the great advances in the treatment of pain, developing countries, which represent about 80 percent of the world’s population, account for only about 6 percent of global consumption of morphine<sup>10</sup>.

As representatives of palliative care, pain treatment and related alliances, federations, associations, organizations and as members of civil society hereby agree to work and collaborate together to:

1. Identify, develop and implement strategies for the recognition of palliative care and pain treatment as fundamental human rights.
2. Work with governments and policy makers to adopt the necessary changes in legislation to ensure appropriate care of patients with life-limiting conditions.
3. Work with policy makers and regulators to identify and eliminate regulatory and legal barriers that interfere with the rational use of controlled medications.
4. Advocate for improvements in access to and availability of opioids and other medications required for the effective treatment of pain and other symptoms common in palliative care, including special formulations and appropriate medications for children.
5. Advocate for adequate resources to be made available to support the implementation of palliative care and pain treatment services and providers where needed.
6. Advocate for academic institutions, teaching hospital and universities to adopt the necessary practices and changes needed to ensure that palliative care and pain positions, resources, personnel, infrastructures, review boards and systems are created and sustained.
7. Encourage and enlist other international and national palliative care, pain treatment, related organizations, associations, federations and interested parties to join this global campaign for the recognition of palliative care and pain treatment as human rights.

To conclude every one who is born to this world has the Right to live, that too without ‘Pain’ and to Die in Dignity. It is the responsibility of the Administrative Body and the Society to make all possible measures to make this right into reality. So let us join hand in hand to enjoy this right mutually.

# WORKSHOP FOR SOCIAL WORKERS

## – A REPORT

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*Mar Gregorious college*



*Loyola College*

Jeevodaya successfully conducted two programs of the project for the year 2008 – 09 after the up gradation of Jeevodaya into a training centre on the **28<sup>th</sup> of June and 2<sup>nd</sup> August 2008.**

It was one day workshops for the MSW [Master of Social Work] students of Mar Gregorious college of Chennai. [Twenty – five students] and Loyola College Chennai (19 students and two faculty).

The morning session started with registration and ice – breaking session followed by the first topic ‘Overview of Cancer – Causes and Prevention’. After the tea break, they were introduced to the Concept and Principles of

palliative care. Both these topics were covered by Dr. Manjula Krishnaswamy – Hon. Medical Director, Jeevodaya.

The students were split into groups of five and each group was allotted a patient – They were asked to interact with the patient [one group interacted with the spouse of a terminally ill patient], and identify three problems which they faced. The interactive session that followed was lively and it revealed that the students understood the concept of PC clearly as they were able to identify all the dimensions of PC – namely the physical, and emotional, social and spiritual aspects.

For the first work shop the post –lunch session was devoted to ‘The role of Social Worker in Palliative Care and Pain Relief. This session was facilitated by Dr. Udaya Mahadevan – a well known social worker and Professor and HOD Dept. of Social work, Loyola College, Chennai and a Founder Member of Jeevodaya [She is the Social Work Consultant for Jeevodaya and a Life member of IAPC] – and her teammate Mr. Antony Joseph.

It was a fun filled session with games and role – plays – which highlighted important aspects, such as team work, communication skills – verbal and non – verbal, the art of listening and observing, leadership building, qualities of a professional carer, etc. Every single member actively and enthusiastically contributed to this session.

For the 2<sup>nd</sup> August program a group from Mukthi Trust lead by Mr. Lipi trained the participants for street play which is an effective communication art to communicate with the common public.

The program ended with the distribution of ‘Certificate of Participation’ which they received from Sr. Liberatta, Executive Director of Jeevodaya. It was evident from the written feedback from the participants that programme was a huge success – all of them were unanimous in saying that they enjoyed the programme immensely especially as they had got exposure to a totally new field – palliative care – and wanted many more such programmes for all social workers.

# Saint Alphonsa

**The First Woman  
Saint of India  
Canonised  
on 12.10.2008**



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INDIAN ASSOCIATION OF PALLIATIVE CARE

*In Association With*

Jeevodaya Hospice, 1/272,  
Kamaraj Road, Manali P. O., Chennai.

**CERTIFICATE COURSE IN  
ESSENTIALS OF PALLIATIVE CARE  
2008**



- ▀ A basic course in Palliative Care for Doctors and Nurses
- ▀ Eight weeks of learning at home through Distance Education
- ▀ Fifteen Hours of Contact Session & Evaluation
- ▀ Ten Days Clinical Placement (Optional)

*at*

**Jeevodaya Hospice**

Eligibility: MBBS (House Surgeons are also eligible)  
Diploma in Nursing / B. Sc. Nursing

*For details please contact:*

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Course delivered through various Regional Centres in India  
Courses starting on 1<sup>st</sup> June 2008 and 1<sup>st</sup> November 2008



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