OhioHealth

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Growing Global Leaders…
Advancing Palliative Care

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NCI's Office of International Affairs

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The Work Continues

Empowering the Leader within You

Liliana De Lima, MHA

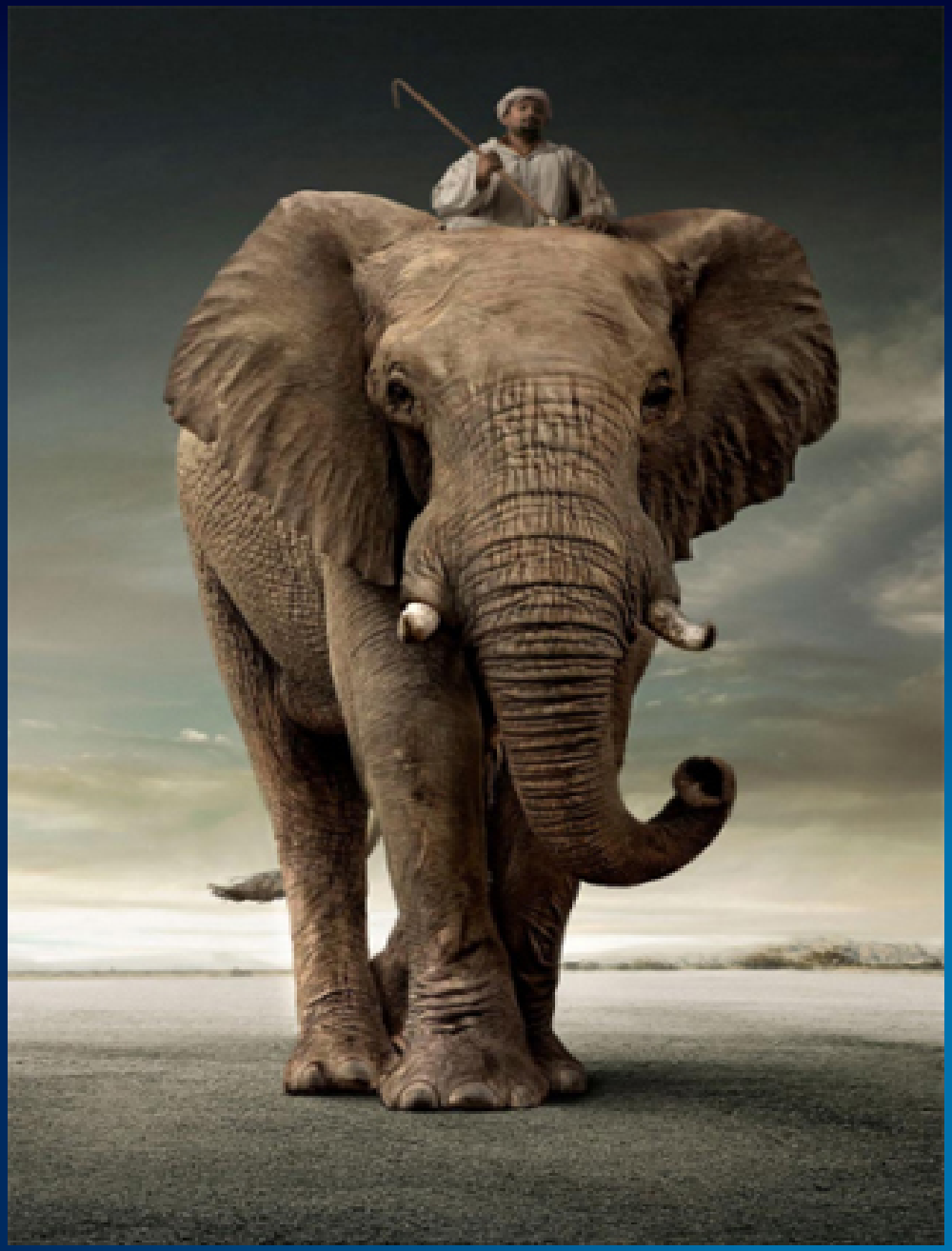
IAHPC Executive Director

LDI C2 RC3

October 13-18, 2013

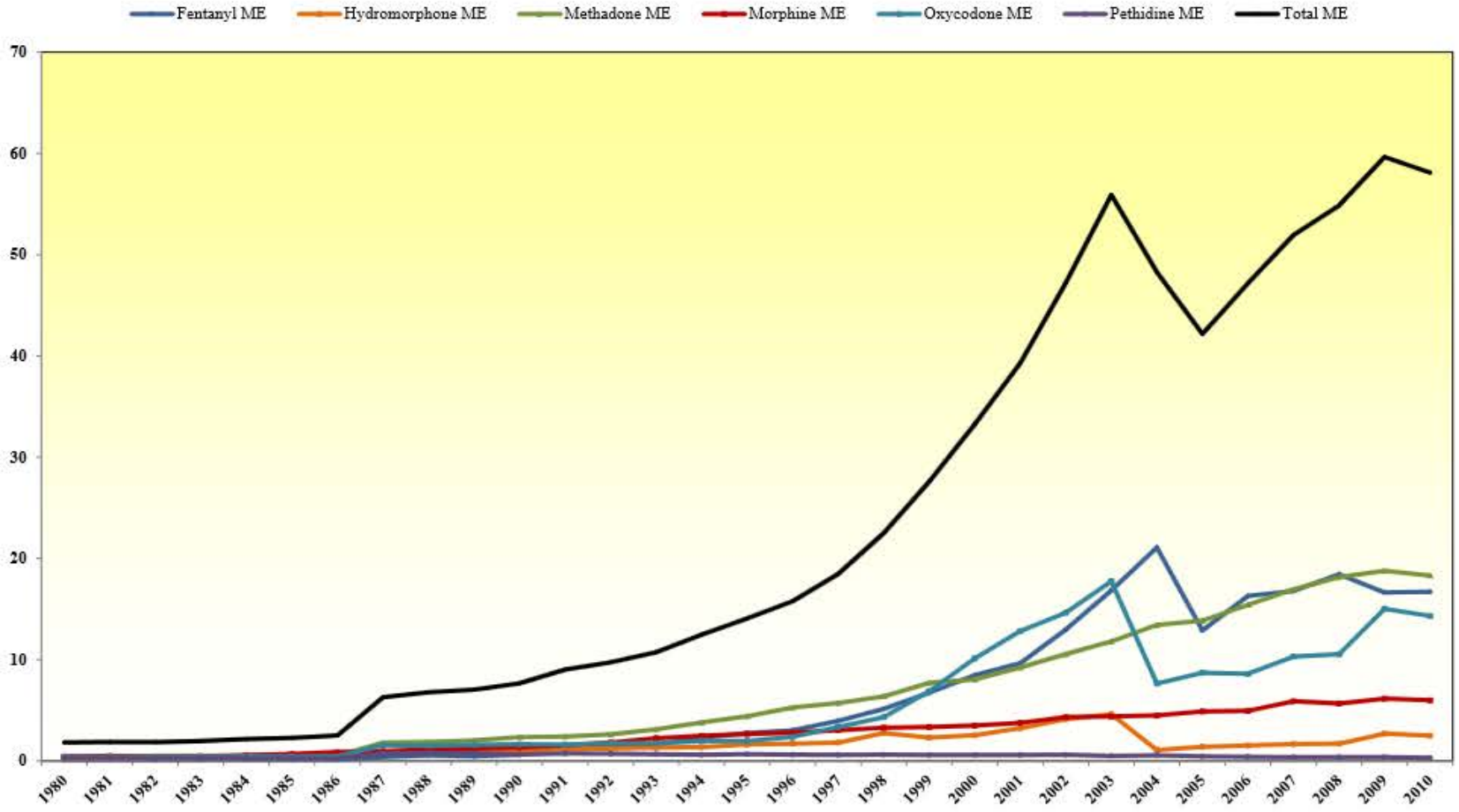
OhioHealth

BELIEVE IN *WE*™



Global

Opioid Consumption in Morphine Equivalence (ME), Mg/person



Data sources:
Consumption data - International Narcotics Control Board;
Population – United Nations World Population Prospects, 2010 Revision;
ME conversion factors – WHOCC Centre for Drug Statistics Methodology

Pain & Policy Studies Group
University of Wisconsin
Carbone Cancer Center
WHO Collaborating Center

Opioid Consumption Maps — Morphine, mg/capita, 2010

Additional Information about consumption data

Map | Chart

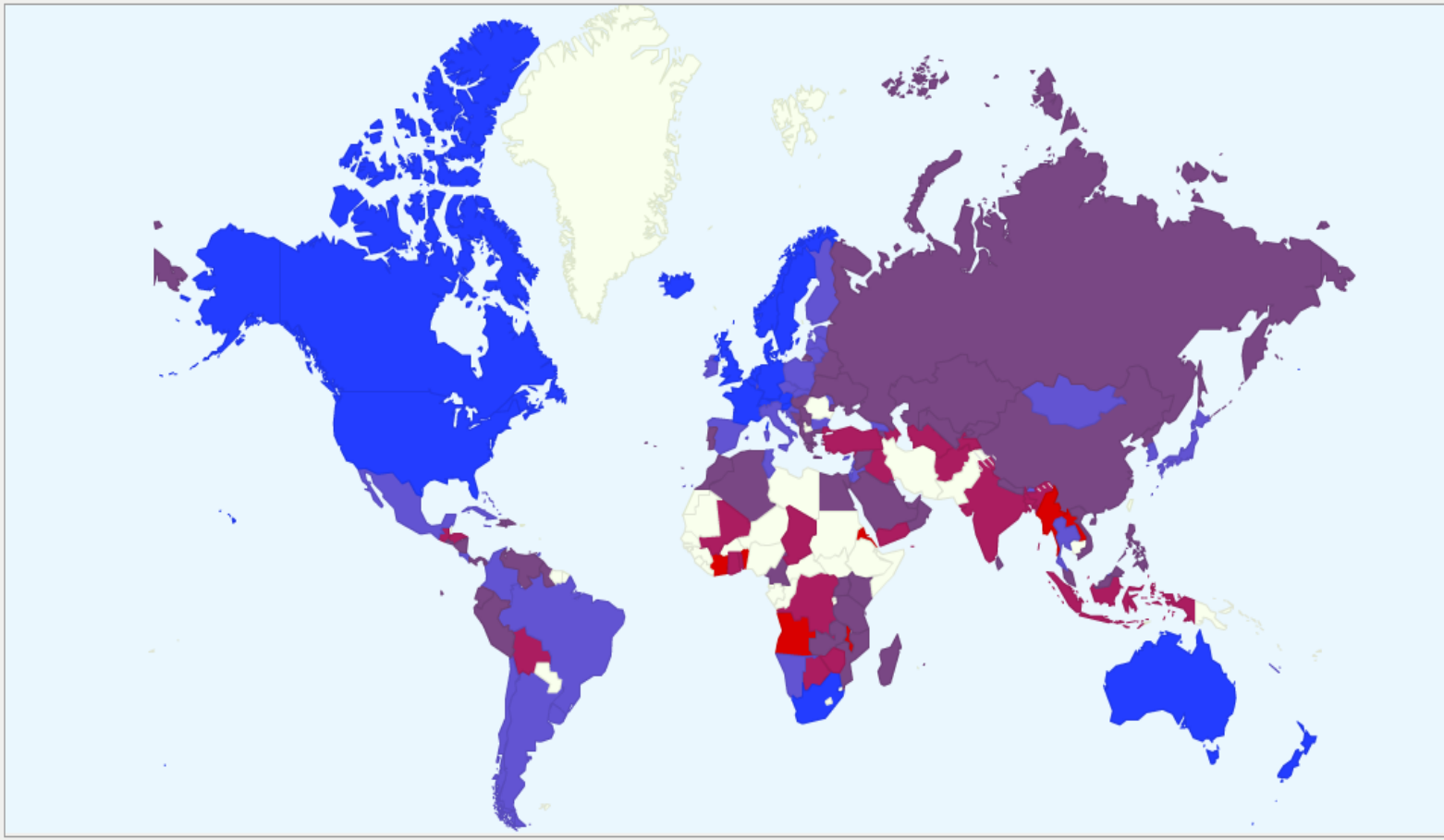
Drugs

Codeine
Fentanyl
Hydromorphone
Methadone
Morphine
Oxycodone
Pethidine
Morphine Equivalence

What is Morphine Equivalence?

Regions

World
South America
Central America
North America
All of Africa
Central Africa
Northern Africa
Southern Africa
Eastern Asia
Southern Asia
Asia/Pacific region
Central Asia
Middle East
Northern Asia
Northern Europe
Western Europe
Southern Europe

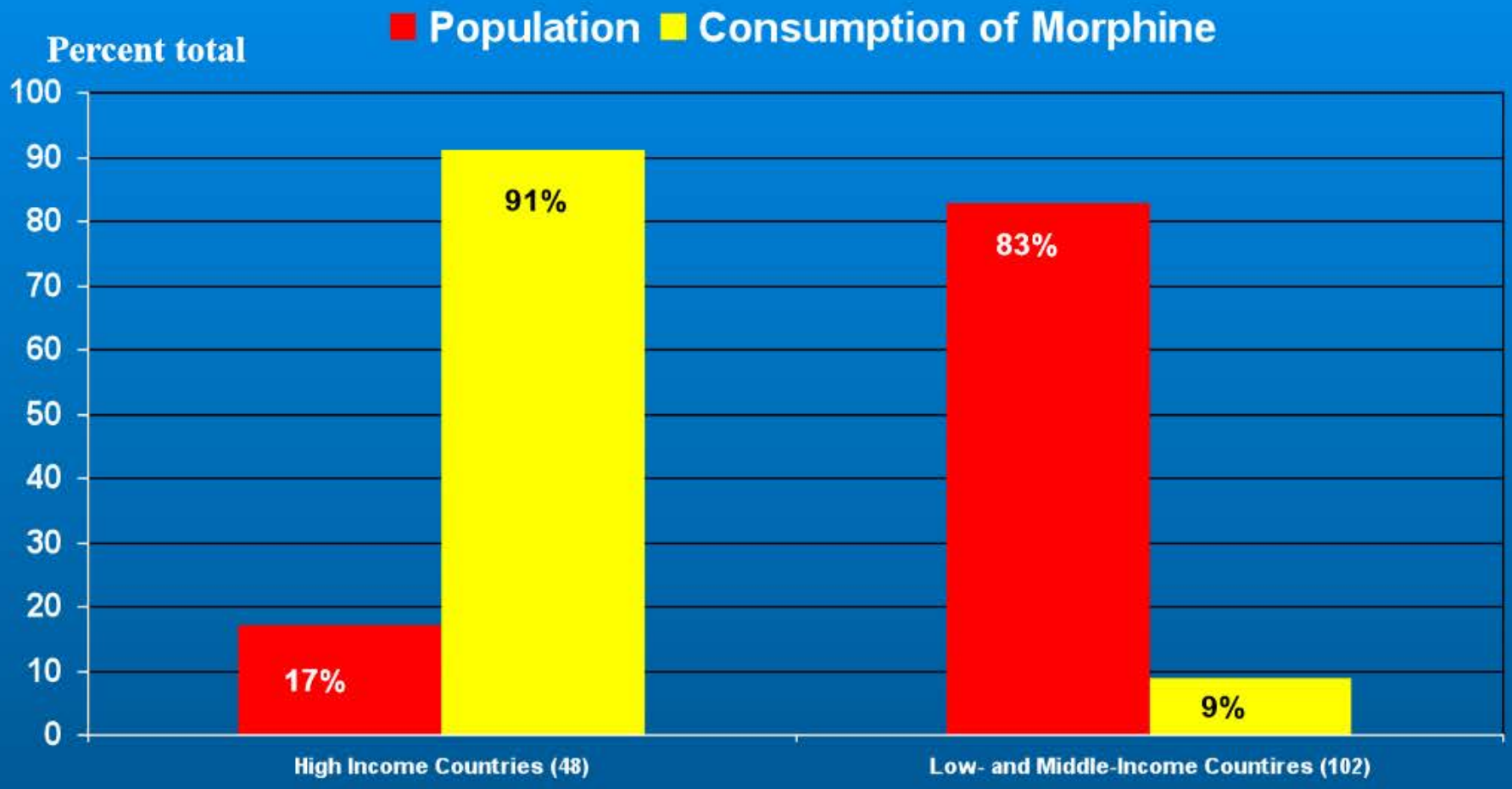


The consumption statistics are displayed in milligrams per capita, which is calculated by dividing the total amount of opioid consumed in kilograms by the population of the country for that particular year (cite United Nations population data). This provides a population-based statistic that allows for comparisons between countries.

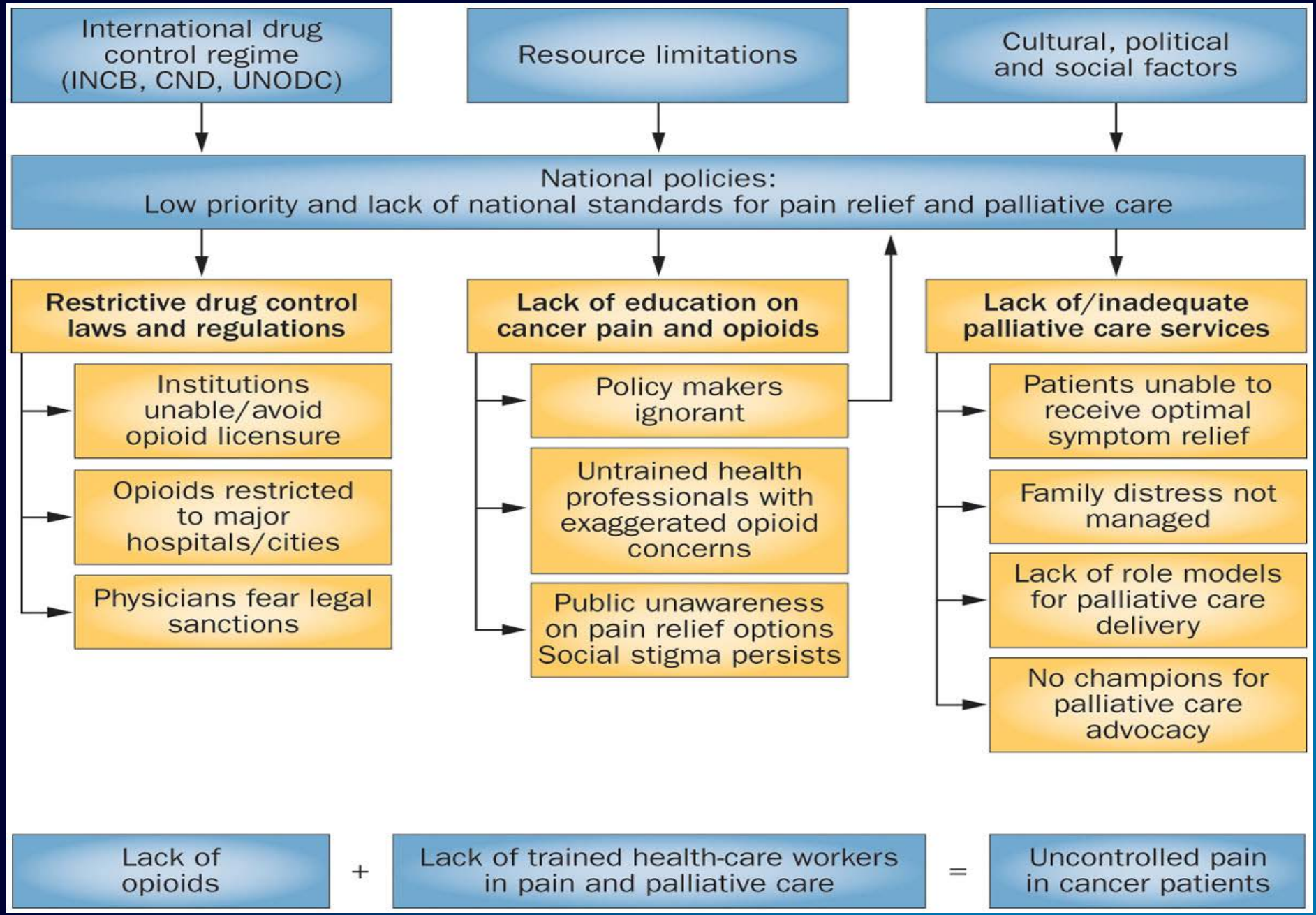
Sources: International Narcotics Control Board; United Nations population data

Global Consumption of Morphine

High-Income vs. Low - and Middle - Income Countries, 2008



Source: International Narcotics Control Board; United Nations Population Data, 2007; World Bank Income Classification, 2008.
By: Pain & Policy Studies Group, University of Wisconsin /WHO Collaborating Center, 2010.



Dalal, S. & Bruera, E. (2013) Access to opioid analgesics and pain relief for patients with cancer *Nat. Rev. Clin. Oncol.* 2012

Emotional side = Elephant
Rational side = Rider

Rider holds the reins and seems to be the leader. But the Rider's control is precarious because it is so small relative to the Elephant.

The Rider provides the planning and direction, the Elephant provides the energy.

Patients with untreated pain

Cause	Number of patients
Cancer	5.4 million
HIV/AIDS	1 million
emergency	0.8 million
surgery	8 - 40 million
Other	10 million (estimate)
Total (lowest estimate)	**30 million**
Total (highest estimate)	**86 million**

WHO, 2010

For something to change, someone somewhere has to start acting differently.

Change is easy when elephants and riders move together

Key Metaphor for Change

- Direct the Rider
- Motivate the Elephant
- Shape the Path

Direct the Rider

What looks like resistance is often a lack of clarity

Provide clear directions

Direct the Rider (cont)

1. Find and follow the bright spots:
   a. What is working now?
   b. Understanding a problem does not solve it.
   c. Beware of too much problem focus vs constructing solution.

Opioid Price Watch Project

Two sets of data are displayed in this flash map. The first shows the availability, affordability and accessibility of a 30-day treatment of oral solid morphine. A red dot indicates no availability of oral solid morphine. By clicking on the dot, a second set of data appears, with the cost of treatment the other opioids and morphine formulations included in this project. You can drag or zoom in the map.

The displayed prices are the lowest price of locally available formulations at retail level or hospital pharmacies. The prices displayed are prices of opioids for use outside of the hospital (not for in-patients).

To read the corresponding definitions, click here.
To read/see the sources of information, tools and disclaimer, click here.
If you wish to participate in this project, click here.

Roberto Wenk, MD., Liliana DeLima, MHA (eds) and Danilo Fritzler, developer.

This Opioid Price Watch project was funded with a seed grant from the US Cancer Pain Relief Committee.

Opioid Price Watch Project

Two sets of data are displayed in this flash map. The first shows the availability, affordability and accessibility of a 30-day treatment of oral solid morphine. A red dot indicates no availability of oral solid morphine. By clicking on the dot, a second set of data appears, with the cost of treatment the other opioids and morphine formulations included in this project. You can drag or zoom in the map.

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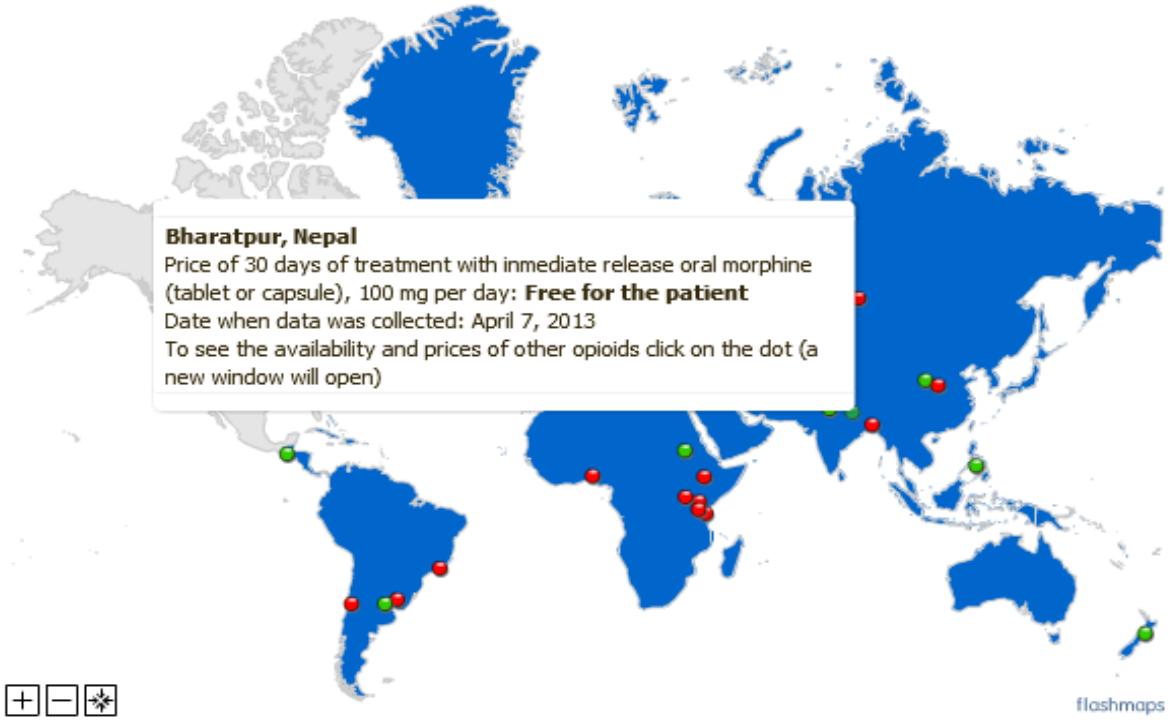
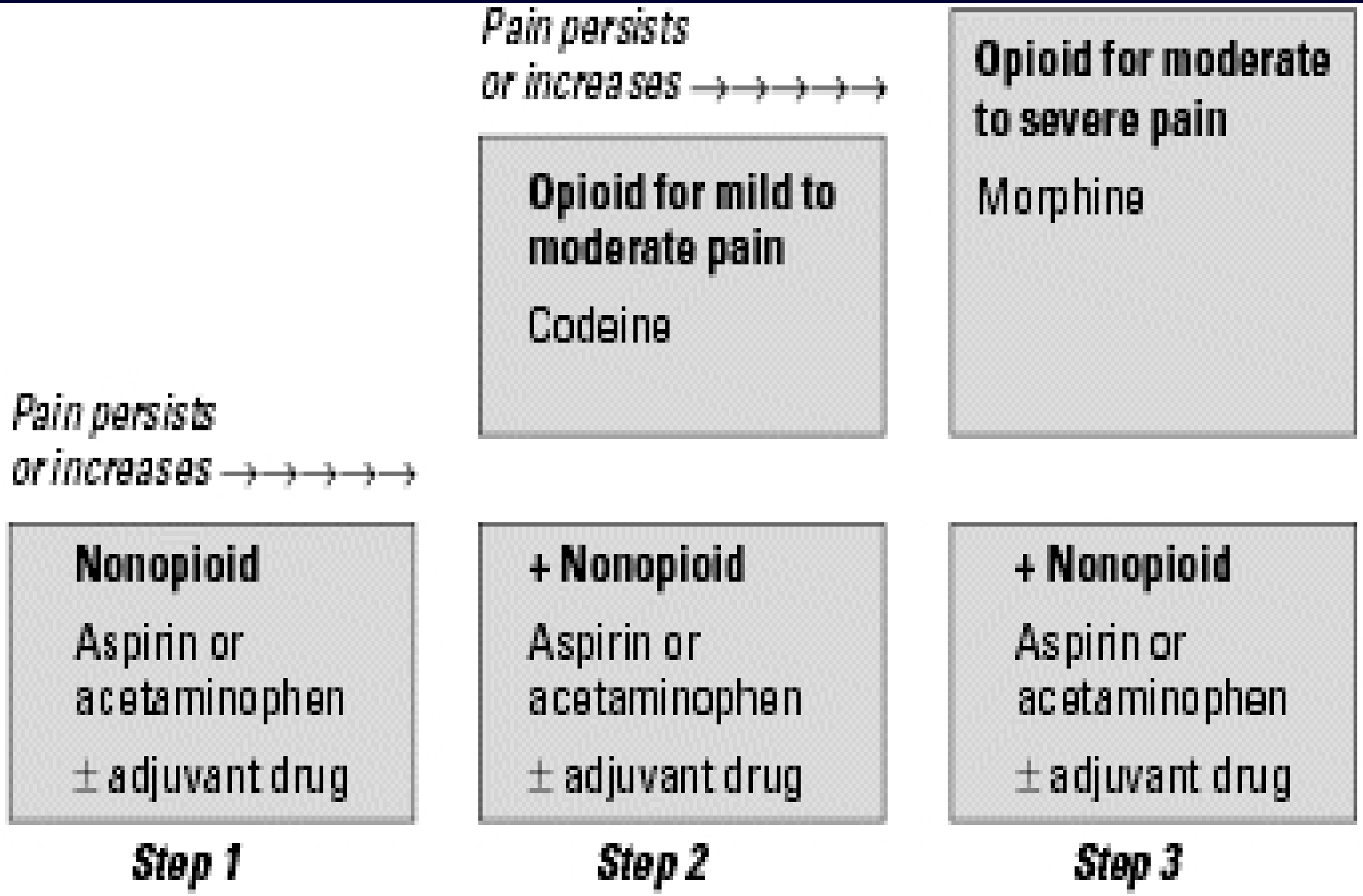


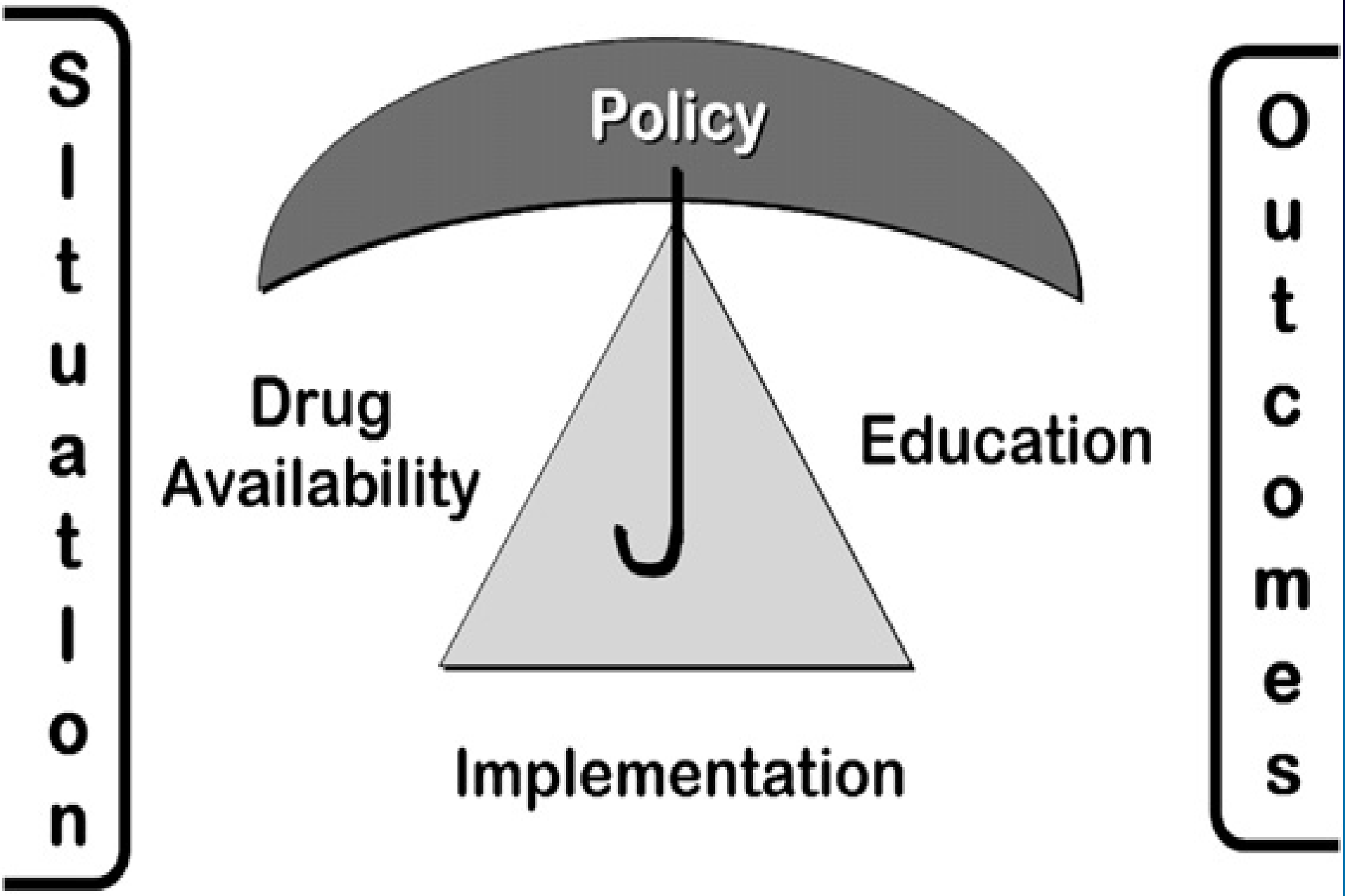
To read the corresponding definitions, click here.
To read/see the sources of information, tools and disclaimer, click here.
If you wish to participate in this project, click here.

Direct the Rider (cont)

2. Script the critical moves:
   a. Show the rider where to go
   b. Beware of too many options
      (most familiar path = status quo)
   c. A big problem does not
      necessarily need a big solution



Source: WHO 1990.



Stjernsward, et al. JPSM, 33(5); 2007.

WHO Model List of Essential Medicines

18th list
(April 2013)

Status of this document

This is a reprint of the text on the WHO Medicines web site

http://www.who.int/medicines/publications/essentialmedicines/en/index.html

2. MEDICINES FOR PAIN AND PALLIATIVE CARE	
2.1 Non-opioids and non-steroidal anti-inflammatory medicines (NSAIMs)	
acetylsalicylic acid	**Suppository:** 50 mg to 150 mg. **Tablet:** 100 mg to 500 mg.
ibuprofen [a]	**Oral liquid:** 200 mg/5 ml. **Tablet:** 200 mg; 400 mg; 600 mg. [a] Not in children less than 3 months.
paracetamol*	**Oral liquid:** 125 mg/5 ml. **Suppository:** 100 mg. **Tablet:** 100 mg to 500 mg. * Not recommended for anti-inflammatory use due to lack of proven benefit to that effect.
2.2 Opioid analgesics	
codeine	**Tablet:** 30 mg (phosphate).
morphine*	**Granules (slow-release; to mix with water):** 20 mg to 200 mg (morphine sulfate). **Injection:** 10 mg (morphine hydrochloride or morphine sulfate) in 1-ml ampoule. **Oral liquid:** 10 mg (morphine hydrochloride or morphine sulfate)/5 ml. **Tablet (immediate release):** 10 mg (morphine sulfate). **Tablet (slow release):** 10 mg to 200 mg (morphine hydrochloride or morphine sulfate). *Alternatives limited to hydromorphone and oxycodone.
2.3 Medicines for other common symptoms in palliative care	
amitriptyline	**Tablet:** 10 mg; 25 mg; 75 mg.
cyclizine [c]	**Injection:** 50 mg/ml. **Tablet:** 50 mg.
dexamethasone	**Injection:** 4 mg/ml in 1-ml ampoule (as disodium phosphate salt). **Oral liquid:** 2 mg/5 ml. **Tablet:** 2 mg [c]; 4 mg.
diazepam	**Injection:** 5 mg/ml. **Oral liquid:** 2 mg/5 ml. **Rectal solution:** 2.5 mg; 5 mg; 10 mg. **Tablet:** 5 mg; 10 mg.

docusate sodium	**Capsule:** 100 mg. **Oral liquid:** 50 mg/5 ml.
fluoxetine **a**	**Solid oral dosage form:** 20 mg (as hydrochloride). **a** >8 years.
haloperidol	**Injection:** 5 mg in 1-ml ampoule. **Oral liquid:** 2 mg/ml. **Solid oral dosage form:** 0.5 mg; 2mg; 5 mg.
hyoscine butylbromide	**Injection:** 20 mg/ml.
hyoscine hydrobromide **[c]**	**Injection:** 400 micrograms/ml; 600 micrograms/ml. **Transdermal patches:** 1 mg/72 hours.
lactulose **[c]**	**Oral liquid:** 3.1-3.7 g/5 ml.
loperamide	**Solid oral dosage form:** 2 mg.
metoclopramide	**Injection:** 5 mg (hydrochloride)/ml in 2-ml ampoule. **Oral liquid:** 5 mg/5 ml. **Solid oral dosage form:** 10 mg (hydrochloride)
midazolam	**Injection:** 1 mg/ml; 5 mg/ml. **Oral liquid:** 2 mg/ml **[c]**. **Solid oral dosage form:** 7.5 mg; 15 mg.
ondansetron **[c]** **a**	**Injection:** 2-mg base/ml in 2-ml ampoule (as hydrochloride). **Oral liquid:** 4 mg base/5 ml. **Solid oral dosage form:** Eq 4 mg base; Eq 8 mg base. **a** >1 month.
senna	**Oral liquid:** 7.5 mg/5 ml.
3. ANTIALLERGICS AND MEDICINES USED IN ANAPHYLAXIS	
dexamethasone	**Injection:** 4 mg/ml in 1-ml ampoule (as disodium phosphate salt).
epinephrine (adrenaline)	**Injection:** 1 mg (as hydrochloride **or** hydrogen tartrate) in 1-ml ampoule.
hydrocortisone	**Powder for injection:** 100 mg (as sodium succinate) in vial.

Direct the Rider (cont)

3. Point to the Destination:
   a. SMART goals
   b. Set a goal that people can relate to
   c. Create a destination postcard

International Pain Policy Fellowship, 2006

Dr. Simbo Daisy Amanor-Boadu
Nigeria

Dr Snežana Bošnjak
Serbia

Prof. Rosa Buitrago
Republic of Panama

Mrs. Nguyen Thi Phuong Cham
Vietnam

Dr. Henry Ddungu
Uganda

Dr. Jorge Eisenchlas
Argentina

Dr. Marta Ximena León
Colombia

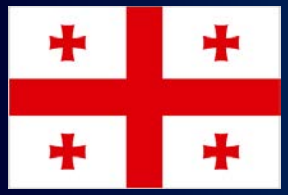
Mr. Gabriel Madiye
Sierra Leone

Pain & Policy Studies Group
University of Wisconsin
October 2006 Madison, Wisconsin

Supported by the Open Society Institute

International Pain Policy Fellowship, 2008

Dr. Hrant Karapetyan
Dr. Irina Kazaryan
Armenia



Dr. Pati Dzotsenidze
Mr. Mikheil Pavliashvili
Georgia

Dr. Eva Rossina Duarte Juárez
Lic. Ana Lucía Arango Espigares
Guatemala

Dr. Dingle Spence
Mrs. Verna Walker-Edwards
Jamaica

Dr. Zippy Ali
Dr. Jacinta Wasike
Kenya

Dr. B. Paudel
Mr. R. Prasad Teli
Nepal

ACTION PLAN

Country: Guatemala **Name group representative:** Eva R. Duarte

(What?)	*(How?)*	*(Who?)*	*(When?)*
Describe the problem/barrier	***Which steps need to be taken?***	***Individuals who have the authority and responsibility to take action to solve the problem***	***Estimated time (and date if posible)***
No immediate release morphine available in the country	(a) National Council of Professionals, pain and palliative care professionals, IASP chapter, anesthesiologist, NCI	(a) AGETD AGARTD INCAN UNOP IGSS	(a) Before May 30th
	(b) Meet with the pharmaceutical industry representatives.	(b)	(b) Before June 30th
No points of sale (street pharmacies) for home use of strong analgesics	(a) Approach pharmacies to find potential pharmacies willing to stock and sell opioids 24/7	(a) DCRPFA-AGETD-INCAN-AGARTD	(a) Before June 30th
	(b) Essential List of Medications for Palliative Care	(b)	(b)

Peru - Decreto Ley 22095 Feb 21, 1978

Provisions in the law	Previous	With changes
Prescription Expiration	48 hours	10 days
Number of days for prescription	10 days	30 days

Colombia

	Regulation 4651 2005	Regulation 01478 2006
Max number of days allowed to prescribe	10 days	30 days

Motivate the Elephant

What looks like laziness is often rider exhaustion.

→ Engage the emotional side

Motivate the Elephant

1. Find the Feeling:

   a. Analyze → Think → Change

   ⇒ See → Feel → Change

   b. Knowing how to act

   vs.

   Being motivated to act

Patients with untreated pain

Cause	Number of patients
Cancer	5.4 million
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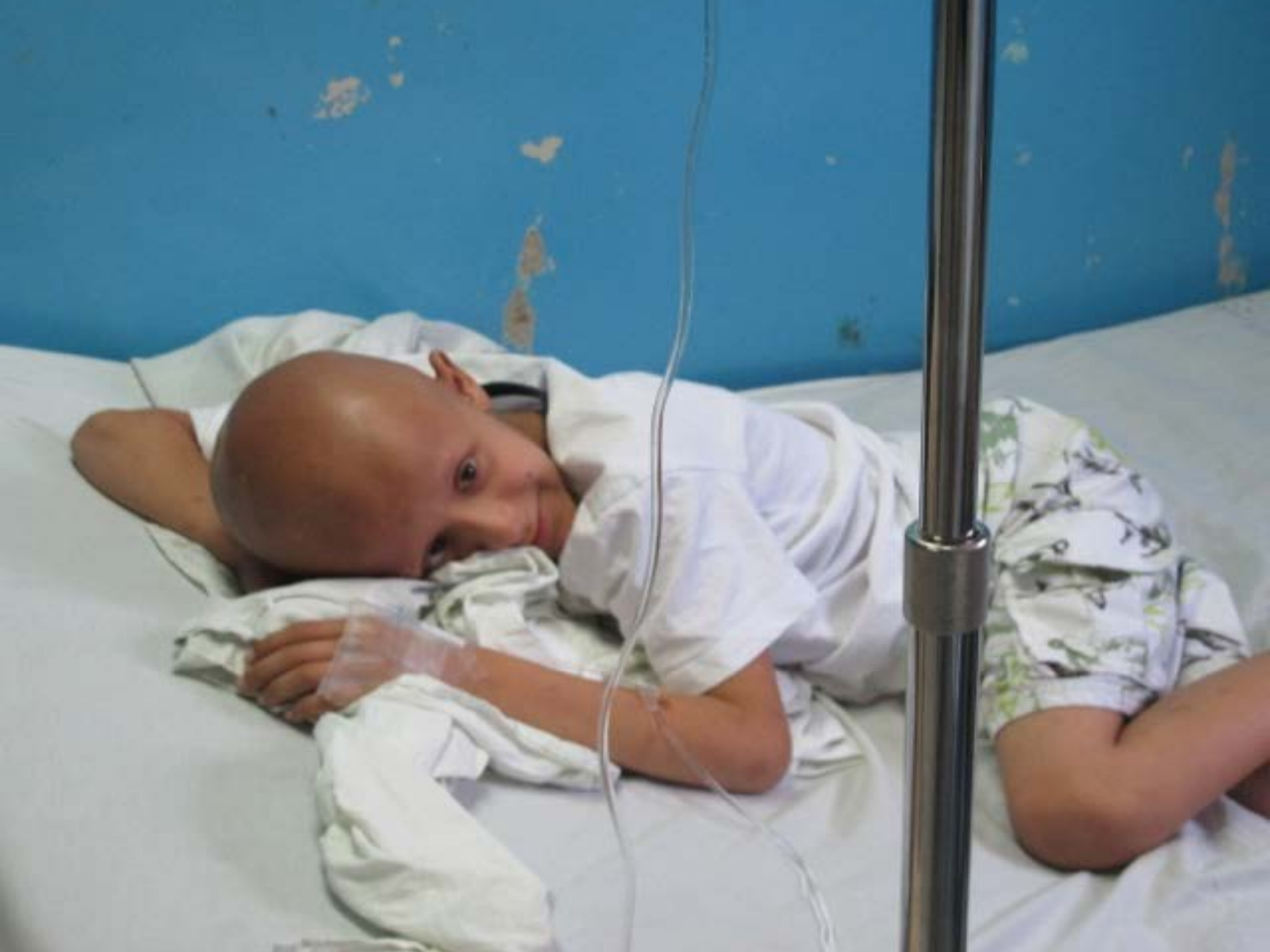
WHO, 2010

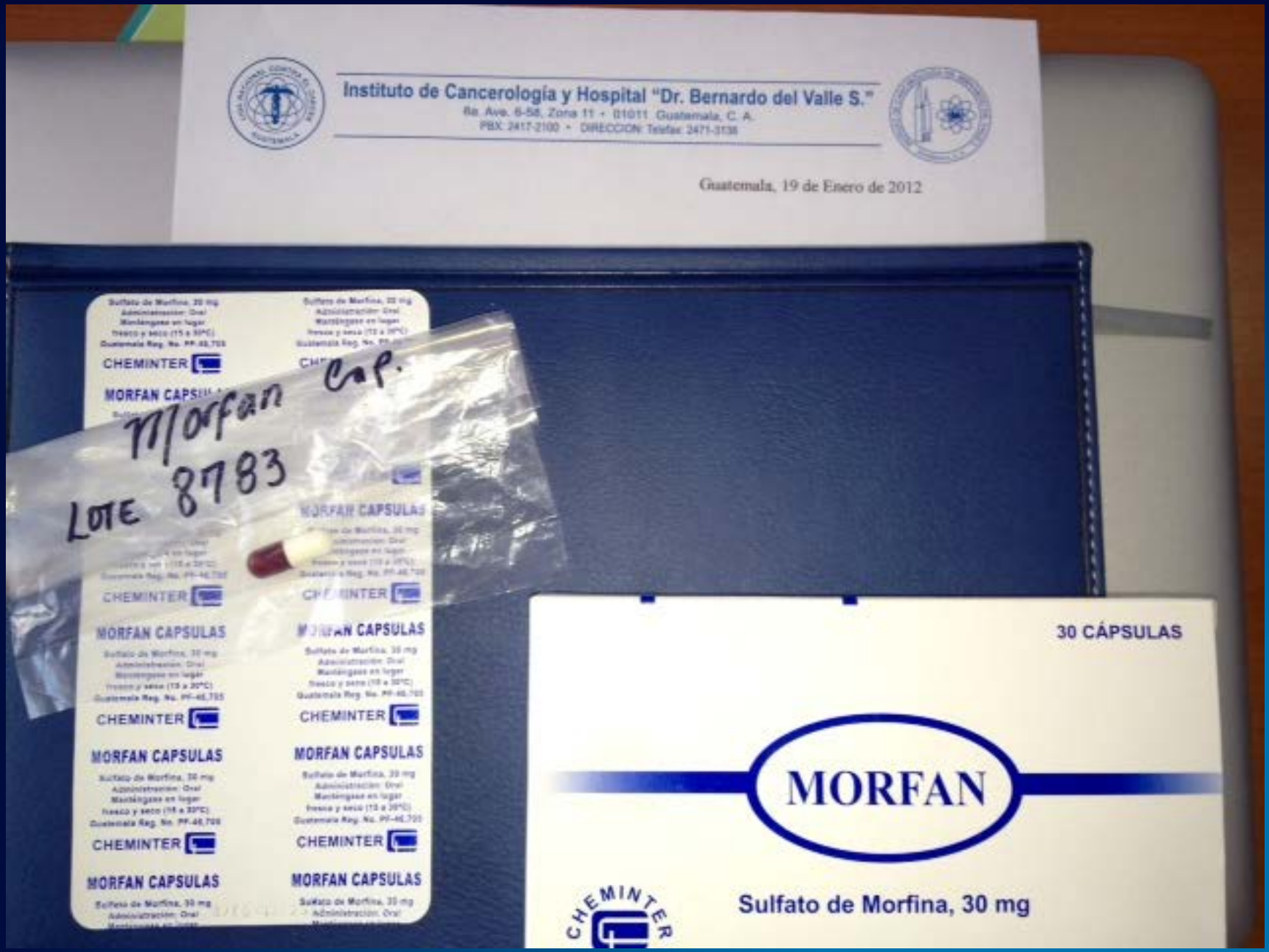


MOONSHINE MOVIES

NEWS

Motivate the Elephant (cont)

2. Shrink the Change:
   a. Closer to the goal
   b. Small wins = milestones
   c. Small targets lead to small victories which lead to spiral changes


Instituto de Cancerología y Hospital "Dr. Bernardo del Valle S."
Ave. 6-58, Zona 11 • 01011 Guatemala, C. A.
PBX: 2417-2100 • DIRECCION Telefax: 2471-3138
Guatemala, 19 de Enero de 2012
Morfan Cap.
Lote 8783
CHEMINTER
MORFAN CAPSULAS
30 CÁPSULAS
MORFAN
Sulfato de Morfina, 30 mg

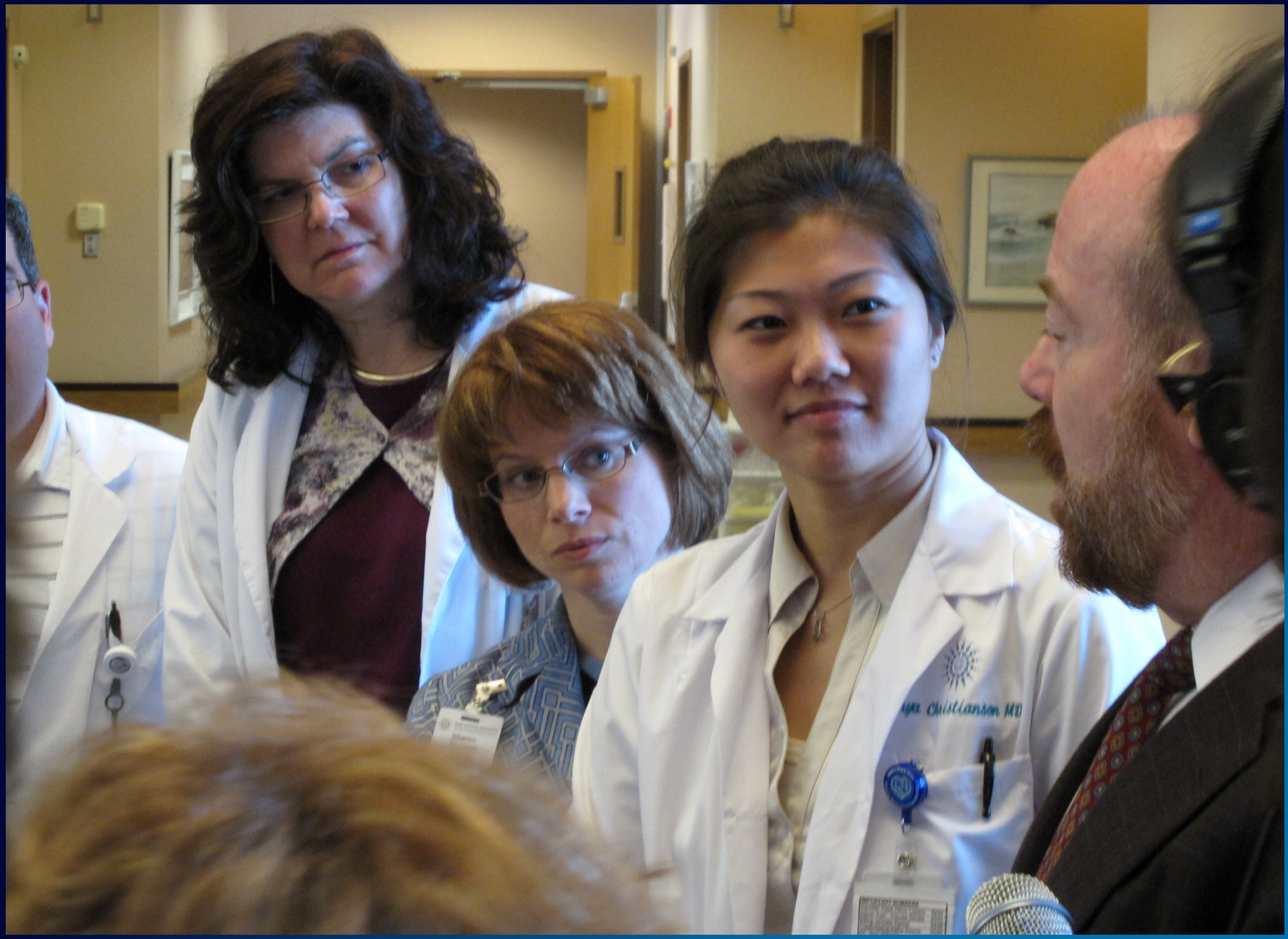
Motivate the Elephant (cont)

3. Grow your people:
   a. Identity in the situation: What would you do? What kind of situation is this?
   b. Strong and positive identities that people have = egos


SALIDA
FORMULACIÓN (EDUCACIÓN)
-QUE DATOS del PIE -Mt-
-Dobla Tipo de letra

Motivate the Elephant (cont)

4. Growth vs. Fixed:
   a. Focus on growth mindset
   b. There are learning stages and practices stages.



If you think education is expensive, try ignorance.


SỞ Y TẾ TP.HỒ CHÍ MINH
BỆNH VIỆN UNG BƯỚU
THE HARVARD MEDICAL
INTERNATIONAL PALLIATIVE CARE PROGRAM
THE INSTITUTE FOR PALLIATIVE CARE
MEDICINE AT SAN DIEGO HOSPICE
TẬP HUẤN CHĂM SÓC GIẢM NHẸ
& CHĂM SÓC BỆNH NHÂN TẠI NHÀ
BỆNH VIỆN UNG BƯỚU TP.HỒ Chí MINH
28/02/2011 - 11/03/2011
PALLIATIVE CARE & HOME CARE TRAINING

Shape the Path

What looks like a people problem is often a situation problem.

→ Shrink the problem

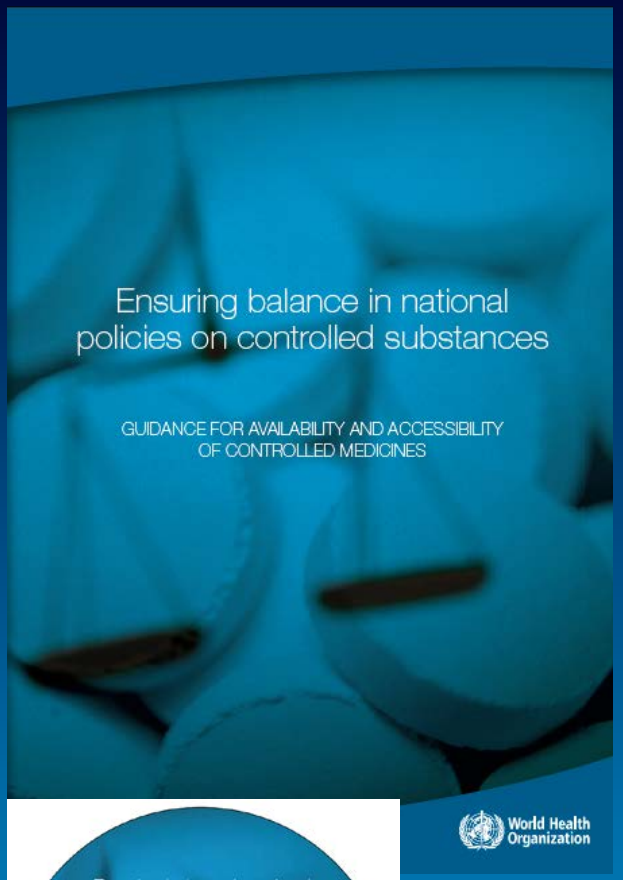
Shape the Path

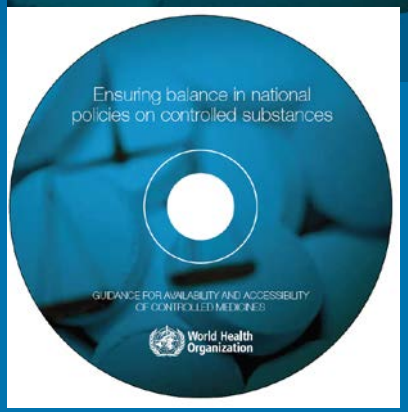
1. Tweak the environment:
   a. Change the situation
   b. Attribution error
   c. How can we alter the situation or environment?

WHO Policy Guidelines

Ensuring Balance in National Policies on Controlled Substances

- **ATOME Project (12 countries): Bulgaria, Cyprus, Estonia, Greece, Hungary, Latvia, Lithuania, Poland, Serbia, Slovakia, Slovenia, Turkey**
- **Available in 15 languages – English, Spanish and French included**
- **Free online version: http://www.who.int/medicines/areas/quality_safety/guide_nocp_sanend/en/**





INTERNATIONAL NARCOTICS CONTROL BOARD

Guide on Estimating Requirements for Substances under International Control

Developed by the International Narcotics Control Board and the World Health Organization for use by Competent National Authorities

United Nations A/HRC/22/53

General Assembly

Distr.: General
1 February 2013

Original: English

Human Rights Council
Twenty-second session
Agenda item 3
Promotion and protection of all human rights, civil, political, economic, social and cultural rights, including the right to development

Report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, Juan E. Méndez

Summary

The present report focuses on certain forms of abuses in health-care settings that may cross a threshold of mistreatment that is tantamount to torture or cruel, inhuman or degrading treatment or punishment. It identifies the policies that promote these practices and existing protection gaps.

By illustrating some of these abusive practices in health-care settings, the report sheds light on often undetected forms of abusive practices that occur under the auspices of health-care policies, and emphasizes how certain treatments run afoul of the prohibition on torture and ill-treatment. It identifies the scope of State's obligations to regulate, control and supervise health-care practices with a view to preventing mistreatment under any pretext.

The Special Rapporteur examines a number of the abusive practices commonly reported in health-care settings and describes how the torture and ill-treatment framework applies in this context. The examples of torture and ill-treatment in health settings discussed likely represent a small fraction of this global problem.

treatment[126] by, inter alia, investing in and offering marginalized individuals a wide range of voluntary supports that enable them to exercise their legal capacity and that fully respect their individual autonomy, will and preferences.

1. Denial of pain relief

86. The Special Rapporteur calls upon all States to:

(a) Adopt a human rights-based approach to drug control as a matter of priority to prevent the continuing violations of rights stemming from the current approaches to curtailing supply and demand (A/65/255, para. 48). Ensure that national drug control laws recognize the indispensible nature of narcotic and psychotropic drugs for the relief of pain and suffering; review national legislation and administrative procedures to guarantee adequate availability of those medicines for legitimate medical uses;

(b) Ensure full access to palliative care and overcome current regulatory, educational and attitudinal obstacles that restrict availability to essential palliative care medications, especially oral morphine. States should devise and implement policies that promote widespread understanding about the therapeutic usefulness of controlled substances and their rational use;

(c) Develop and integrate palliative care into the public health system by including it in all national health plans and policies, curricula and training programmes and developing the necessary standards, guidelines and clinical protocols.

2. Compulsory detention for medical reasons

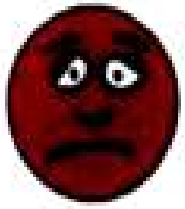
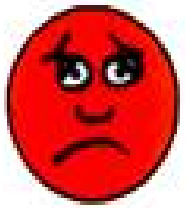
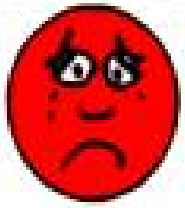
87. The Special Rapporteur calls upon all States to:

Shape the Path

2. Build habits:
   a. Habits are auto-pilots
   b. Use “action triggers”
   c. How can I set the situation to bring out the best of people?

UNIVERSAL PAIN ASSESSMENT TOOL

This pain assessment tool is intended to help patient care providers assess pain according to individual patient needs. Explain and use 0-10 Scale for patient self-assessment. Use the faces or behavioral observations to interpret expressed pain when patient cannot communicate his/her pain intensity.

	0 1	2	3 4 5	6 7	8 9	10
Verbal Descriptor Scale	NO PAIN	MILD PAIN	MODERATE PAIN	MODERATE PAIN	SEVERE PAIN	WORST PAIN POSSIBLE
WONG-BAKER FACIAL GRIMACE SCALE						
	Alert Smiling	No humor serious flat	Furrowed brow pursed lips breath holding	Wrinkled nose raised upper lips rapid breathing	Slow blink open mouth	Eyes closed moaning crying
ACTIVITY TOLERANCE SCALE	NO PAIN	CAN BE IGNORED	INTERFERES WITH TASKS	INTERFERES WITH CONCENTRATION	INTERFERES WITH BASIC NEEDS	BEDREST REQUIRED

Department of Veterans Affairs

Pain as the 5Th Vital Sign Toolkit

October 2000

Revised Edition

Geriatrics and Extended Care Strategic Healthcare Group
National Pain Management Coordinating Committee
Veterans Health Administration
810 Vermont Avenue NW
Washington, DC 20420

IAHPC Opioid Essential Prescription Package (OEPP)

Opioid:
Morphine, oral, 5 mg every 4 hrs.

Laxative:
Combination of Senna and Docusate, oral, 8.6mg/50mg every 12 hrs.
OR:
Bisacodyl, oral, 5mg every 12 hrs.

Antiemetic:
Metoclopramide, oral, 10mg every 4 hrs OR as needed.

Ref: Vignaroli E, Bennett MI, Nekolaichuk C, De Lima L, Wenk R, Ripamonti CI, Bruera E. Strategic Pain Management: The Identification and Development of the IAHPC Opioid Essential Prescription Package. JPM First published online in DOI: 10.1089/jpm.2011.0296
Available in
http://cl.exct.net/?qs=6d889d03e282742055597de69b54412f42e66930d3b810dc9a5e242d6ca2cbe1

Shape the Path

3. Rally the herd:
   a. Peer pressure
   b. Encourage and give credit
   c. Celebrate

− Policies
+ About
+ Archives
+ Council Resolutions
+ World Medical Journal
+ Medical Ethics Manual
+ White Papers
+ Background Documents
+ Toolkits
+ CPW Book
+ Speaking Books
+ Videos

WMA Resolution on the Access to Adequate Pain Treatment

Adopted by the 62nd WMA General Assembly, Montevideo, Uruguay, October 2011

PREAMBLE

Around the world, tens of millions of people with cancer and other diseases and conditions experience moderate to severe pain without access to adequate treatment. These people face severe suffering, often for months on end, and many eventually die in pain, which is unnecessary and almost always preventable and treatable. People who may not be able to adequately express their pain - such as children and people with intellectual disabilities or with consciousness impairments - are especially at risk of receiving inadequate pain treatment.

It is important to acknowledge the indirect consequences of inadequate pain treatment, such as a negative economic impact, as well as the individual human suffering directly resulting from untreated pain.

In most cases, pain can be stopped or relieved with inexpensive and relatively simple treatment interventions, which can dramatically improve the quality of life for patients.

It is accepted that some pain is particularly difficult to treat and requires the application of complex techniques by, for example, multidisciplinary teams. Sometimes, especially in cases of severe chronic pain, psycho-emotional factors are even more important than biological factors.

Lack of education for health professionals in the assessment and treatment of pain and other symptoms, and unnecessarily restrictive government regulations (including limiting access to opioid pain medications) are

World hospice & palliative care day

12 October 2013

10 days 03h:59m:35s

Achieving Universal Coverage of Palliative Care: Dispelling the myths

Reports

Share your story

Events

Sign the Charter!

ehospice

Palliative care news, views and inpiration from around the world

wpca

World Hospice and Palliative Care Day is facilitated by the Worldwide Palliative Care Alliance. The WPCA is a network of regional and national hospice and palliative care organisations from around the world.

Latest News

- World Day 2013 Promotional Materials Now Available!
- Sign the Prague Charter
- Logos for 2013 now available to download
- Registration for 2013 now open
- Theme for 2013 announced
- More news stories...

Latest Events

- Screening of "Now Is Good" - Chisinau, Moldova
- The end of life is not just a matter of time
- World Hospice and Palliative Care Day 2013, Georgetown
- Celebration Balloon Launch, USA
- Pirkanmaa Hospice 25th anniversary , Findland
- More events

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Access to pain relief – an essential human right

A report for World Hospice and Palliative Care Day 2007
Published by Help the Hospices for the Worldwide Palliative Care Alliance

WORLD HOSPICE & PALLIATIVE CARE DAY

The Morphine Manifesto

A call for affordable access to immediate release oral morphine.

Total Signatures: 3,383

http://palliumindia.org/manifesto/

The Prague Charter: Relieving suffering

Created by
EAPC onlus h.
Italy

To be delivered to:
Governments from all nations

10,000

6,451

6,451 signers. Let's reach 10,000

SIGN THIS PETITION

The Prague Charter: Urging governments to relieve suffering and recognize palliative care as a human right
1. Governments should develop health policies that address the needs of patients with life-limiting or terminal illnesses.
2. Governments should ensure access to essential medicines, including controlled medications, to all who need them.
3. Governments should ensure that healthcare workers receive adequate training on palliative care and pain management at undergraduate and subsequent levels.
4. Governments should ensure the integration palliative care into healthcare systems at all levels.

Enter your email address

Email

Avaaz.org will protect your privacy and keep you posted about this and similar campaigns.

SIGN

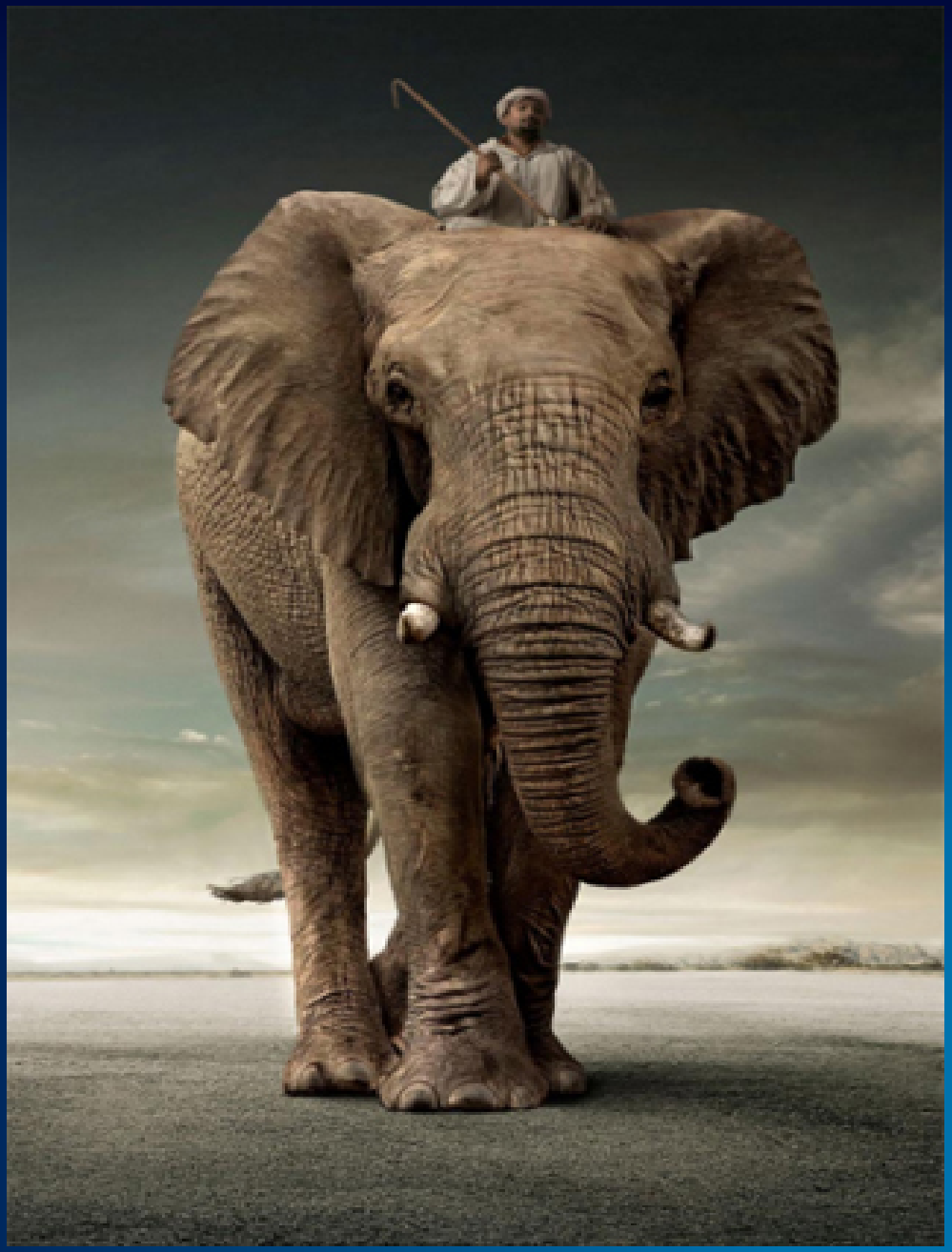
This petition has been created by EAPC onlus h. and may not represent the views of the Avaaz community.

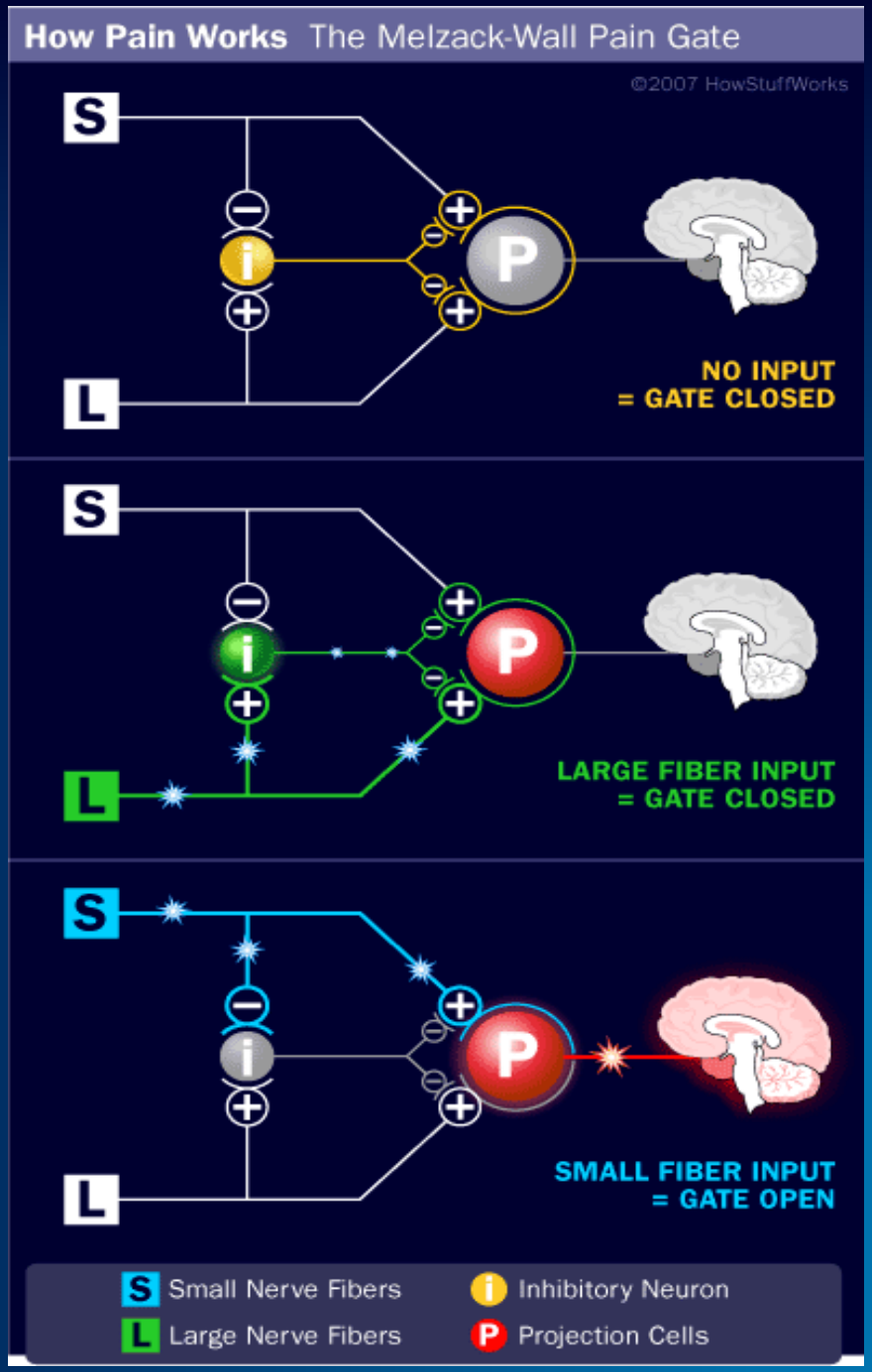
Why this is important

A right for palliative care
Access to palliative care is a legal obligation, as acknowledged by United Nations conventions, and has been advocated as a human right by international associations, based on the right to the highest attainable standard of physical and mental health. In cases where patients face severe pain, government failure to provide palliative care can also constitute cruel, inhuman or degrading treatment. Palliative care can effectively relieve or even prevent this suffering and can be provided at comparably low cost.
Yet, the governments of many countries throughout the world have not taken adequate steps to ensure patients with incurable illnesses can realize the right to

RECENT SIGNERS

2 weeks ago		Pan Lu, Australia
2 weeks ago		Maria Bara, Australia
2 weeks ago		Justina, South Korea




How Pain Works The Melzack-Wall Pain Gate
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i
P
NO INPUT
= GATE CLOSED
LARGE FIBER INPUT
= GATE CLOSED
SMALL FIBER INPUT
= GATE OPEN
Small Nerve Fibers
Large Nerve Fibers
Inhibitory Neuron
Projection Cells

“Happiness is when what you think, what you say, and what you do are in harmony.”

Mahatma Ghandhi

OhioHealth

BELIEVE IN *WE*™

Gandhi…

You need to be the change you want to see in the world…