



IPOS Human Rights Declaration for Psychosocial Cancer Care

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Title of Proposal: A Joint Declaration and Statement of Commitment Calling for the Recognition of Psychosocial Cancer Care as a Human Right

Submitted by: The IPOS Human Rights Task Force

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“Whereas recognition of the inherent dignity
and of the equal and inalienable rights
of all members of the human family
is the foundation of freedom, justice
and peace in the world”

- The Universal Declaration of Human Rights (preamble, U.N. General Assembly resolution 217, December 10, 1948)

A Joint Declaration and Statement of Commitment Calling for the Recognition of Psychosocial Cancer Care as a Human Right

The International Psycho-Oncology Society, as the leading international organization dedicated to the science and practice of psychosocial care of cancer patients, throughout the continuum of care (prevention, treatment, survivorship, palliative care, and bereavement), along with representatives of international, regional and national cancer, cancer advocacy, palliative care, mental health and related organizations, as well as members of civil society, declare **whereas** the “Right to Health” is a fundamental part of our human rights and of our understanding of a life in dignity. Internationally, it was first articulated in the 1946 Constitution of the World Health Organization (WHO),¹ whose preamble defines health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.” The preamble further states that “the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.”

The Universal Declaration of Human Rights (articles 5,25), the State parties of the International Covenant on Economic, Social, and Cultural Rights (ICESCR), the United Nations Committee on Economic, Social and Cultural Rights, the Declaration on the Promotion of Patients’ Rights in Europe, as well as a dozen more international, regional and national treaties, conventions and constitutions 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.²⁻⁷

The United Nations Committee on Economic, Social and Cultural Rights affirmed that access to essential drugs,⁶ as identified by the WHO’s Action Programme on Drugs and WHO’s declaration on *Improving Access and Use of Psychotropic Medicines*, is a part of the minimum core content of the right to health; at least ten psychotropic medications for the treatment of anxiety, depression, mood disorders, and delirium utilized in cancer patients are among the “WHO essential list of psychotropic medications.”

The right to psychosocial cancer care, including access to cancer prevention services for example: smoking cessation, screening for distress, diagnosis and treatment of psychosocial sequelae of cancer (non-pharmacologic and pharmacologic interventions), throughout the course of cancer treatment, including end of life care, bereavement services, and survivorship care, is protected under existing Human Rights Law and the Right to Health.

RECOGNIZING:

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

That access and availability of psychosocial cancer care are such components guaranteed by International Human Rights Covenants;

That access to psychosocial cancer care includes access to appropriate treatment and services, including: screening for distress, access to assessment and diagnosis of psychological disorders, psychological interventions, and essential medicines, needed for the relief of emotional suffering due to cancer and cancer treatments, as well as behavioral interventions for the prevention of cancer;

That access to psychosocial cancer care can only be achieved when governments adopt and implement national public health strategies or national cancer plans, which include a focus on education for physicians, nurses and other related disciplines about the basic principles of psychosocial cancer care.

ALARMED:

That 40% to 60% of all cancer patients and family members experience levels of psychological distress that meets criteria for a psychiatric diagnosis and requires intervention (8, 9, 10);

That of the 28 million people worldwide with cancer (as well as their family members), only a minority of those in need receive proper psychosocial cancer care by trained professionals, resulting in widespread unnecessary suffering.¹⁰

THEREFORE:

We, as representatives of: psychosocial oncology and related alliances, federations, associations, organizations, interested parties, stakeholders, and as members of civil society hereby agree to work and collaborate together, worldwide to:

1. Identify, develop and implement strategies for the recognition of psychosocial cancer care and treatment as fundamental human rights;
2. Work with governments and policy makers to adopt the necessary changes in legislation to ensure appropriate psychosocial care of patients with cancer, cancer survivors, or those at risk of developing cancer;
3. Advocate for improvements in access to and availability of psychosocial cancer care required for the effective treatment of the emotional, interpersonal, familial and social impact of cancer;
4. This includes the promotion of screening for Distress as the 6th Vital Sign, access to effective psychosocial interventions and essential medications, and training in communications and interpersonal skills for cancer care professionals;
5. Advocate for adequate resources to be made available to support the implementation of psychosocial cancer care and psychosocial oncology services where needed, including support of such services in cancer centers and ongoing professional training in psychosocial cancer care;
6. Advocate for academic institutions, teaching hospitals, universities and health care systems to adopt the necessary practices and changes needed to ensure that psychosocial cancer care, resources, personnel, infrastructures, review boards and systems are created and sustained;

7. Encourage and enlist other international and national organizations, associations, federations and interested parties to join this global campaign for the recognition of psychosocial cancer care as a human right; and
8. Encourage the recognition that psychosocial cancer care must be provided in a manner consistent with the diversity of cultural, social and religious contexts of individual regions and countries worldwide.

References

1. Constitution of the World Health Organization (1946)
2. UN General Assembly, *Universal Declaration of Human Rights*, 10 December (1948), 217 A (III), available at: <http://www.unhcr.org/refworld/docid/3ae6b3712c.html> [accessed 4 November 2012]
3. International Covenant on Economic, Social and Cultural Rights (1966)
4. Committee of Economic, Social and Cultural Rights. 22nd Session, April-May (2000)E/C 12/2000/4 para 43
5. Health and Human Rights Office UN High Commissioner Fact Sheet 31 United Nations, Geneva - June (2008) 13, 600 GE.08-41061
6. *Improving access and use of psychotropic medicines*. Geneva, World Health Organization, 2005 (Mental Health Policy and Service Guidance Package)
7. General Comment 12, para 12. The right to the highest attainable standard of health (article 12) of the International Covenant on Economic, Social and Cultural Rights CESR twenty second session Geneva, 25 April-12 May,(2000)
8. Zabora J, Brintzenhofeszoc K, Curbow B: The prevalence of psychological distress by cancer site. *Psychooncology* 10:19-28, 2001
9. Adler N.E., Page A.E.K. (eds) (2008) *Cancer Care for the Whole Patient: Meeting Psychosocial Health Needs*, National Academies Press, Washington, DC
10. *Psycho-oncology: An International Perspective*, (2012) Grassi L. Riba M. (eds), Wiley Blackwell and Sons Ltd., United Kingdom

The IPOS Human Rights Task Force has an extensive collection of all the documents referred to in this joint statement plus other readings. This can be accessed at the following link:

http://www.ipos-society.org/members/members_human_rights.aspx.

Appendix Material Available upon request:

- 1) History of IPOS involvement in Recognizing Pain and Palliative Care as a Human Rights Issue
- 2) Reference articles and supporting documents