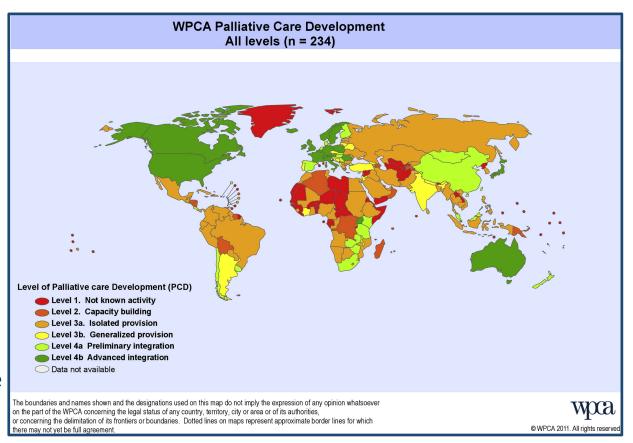
Transforming End-of-Life Care Through Innovation

Sir Thomas Hughes-Hallett
Executive Chair, Institute of Global
Health Innovation

Imperial College London

Worldwide Palliative Care Development

Each year, over 100 million people would benefit from hospice and palliative care, yet fewer than 8% of those in need are able to access it.

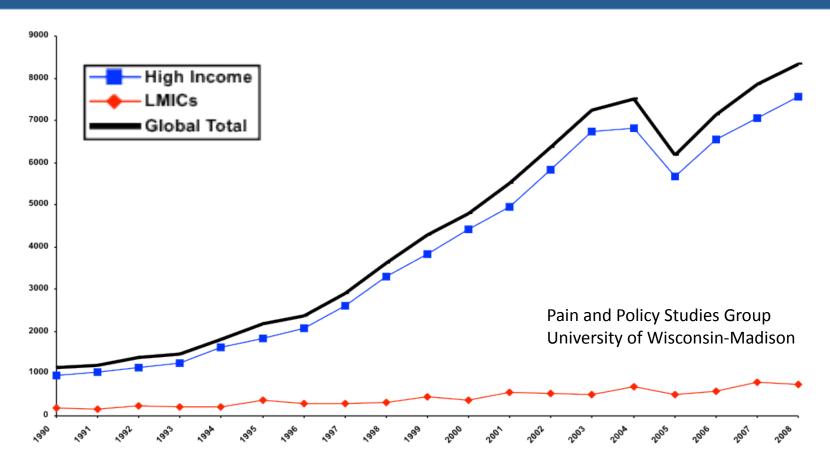


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Worldwide Opioid Consumption: Morphine Equivalence per Person



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"The world is plagued by a pain divide. But the abyss could be closed if there were global will to do so. This is a cause around which all can rally and one that can be achieved at any level of income."

-Professor Felicia Knaul, Harvard University

Motivation and Barriers to Quality End-of-Life Care

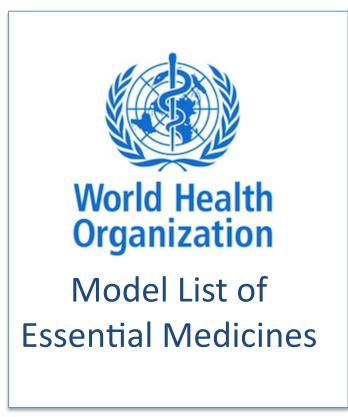
- Essential Medicines: Opioid Availability Divide
- Policy: Governments do not recognize Palliative Care as a human right or prioritize End-of-Life Care
- Cultural: Death is a taboo subject, which leads to lack of advance planning, overmedicalization, increased cost, etc.
- Data: Research on end-of-life care is under-resourced and under-developed
- People: Lack of Trained Healthcare Professionals

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How we care for dying people is a litmus test of a good health system and a responsible society — to be judged by the dignity and respect given to all people of all ages at the end of their lives and in all settings.

Step 1: Ensure Essential Medicines are Available and Used Appropriately

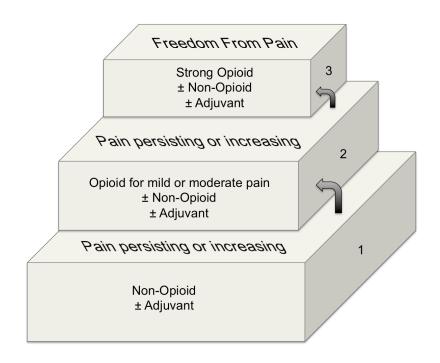


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WHO's Pain Relief Ladder



Step 2: Recognize Palliative Care as a Human Right and Adopt Policies that Prioritise End-of-Life Care

carers

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General health and

Social care strategy



EAPC

charter

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Step 3: Start a Conversation About Death and Dying and Plan for the Future









Advance Care Directives





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Step 4: Invest in Research and Use Data to Drive Innovation













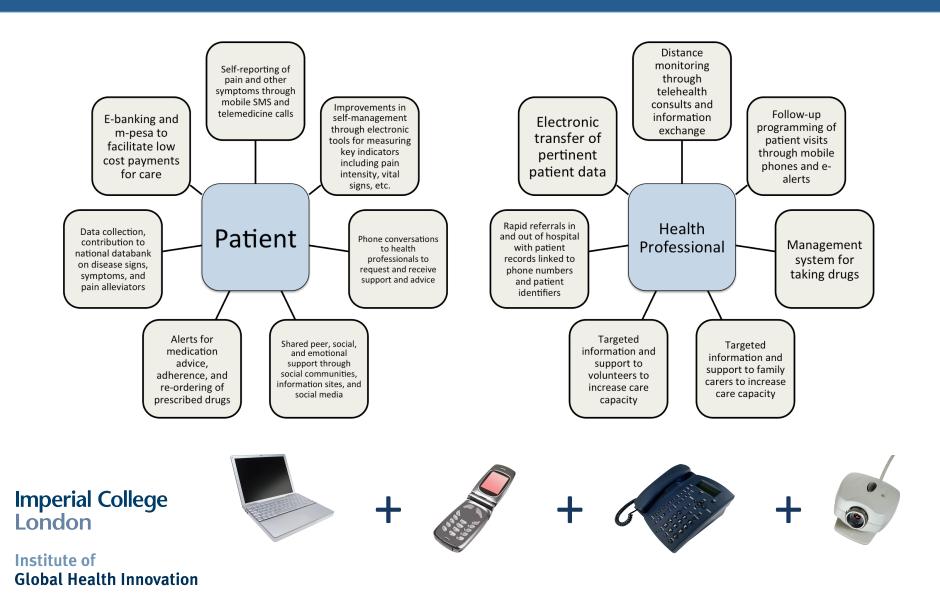


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Step 4: Utilise Technology to Maximise Resources



Step 5: Develop an Infrastructure and Work Force Able to Sustain End-of-Life Care Needs





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