



25th July 2018

**Statement on long-term and palliative care
for the 9th Session of UN OEWG on Ageing
by AGE Platform Europe**

Madam Chair, dear panellists,

In the European Union, access to long-term care is mentioned in several regional policies and legislation; these include the recently proclaimed European Pillar of Social Rights, mentioned by the representative of the European Union, which recognises the right to quality long-term care. However, this and the other regional instruments are non-binding. There is currently no legally binding, common definition of long-term care in the European Union.

Despite very wide differences in accessibility and availability of long-term care within Europe, there are serious issues consistently reported across the region. These include the unavailability of services, the lack of choice regarding the preferred care option and the living arrangement, the lack of affordability, the poor quality, isolation and segregation, discrimination in access based on health condition, and restrictive and abusive practices, among others. According to a study of the International Labor Organization, mentioned by Mr Hada earlier, around 30% of older persons lack access to quality long-term care in the European region, and there is evidence that even those who have access to services may not be receiving as much quality care as they would need to live truly dignified lives.

Madam Chair,

Long-term care is, most times in Europe, a means-tested or highly targeted entitlement, and not a universal right. Public funding for long-term care is on average considerably lower than for other welfare services, which translates into the aforementioned lack of access and unaffordability, as well as into a precarious working sector. Cases of violence, abuse and neglect are reported across the spectrum of care services, and such situation has been made worse by the cuts implemented in funding for long-term care over the past years: care



has become a variable of adjustment in the framework of fiscal consolidation in Europe, with serious consequences on the ability of older persons to live in dignity. Several countries have cut entitlements, closed down or privatised residential care facilities without home-based alternatives or transferred the competence for long-term care to the local level without a consistent transfer of funding, to give just few examples.

Madam Chair,

Quality long-term care is essential for older persons to live in dignity and fully included in the community. As stated by several panellists, we need a shift from a vision of long-term care as a reversible cost, as charity, a vision driven to a great extent by ageism, in which older persons are purely passive receivers of services, in which their wills and preferences are overlooked, to a vision of long-term care and support, where older persons enjoy a right to access as much quality care as they need, and are also supported to get involved in their communities and to participate as much as they wish. In this regard, our discussions on autonomy and independence yesterday should inform also our discussions on long-term care today: quality services should also focus on supporting older persons to enjoy autonomous and independent lives, regardless of the living arrangement. Older persons should also be able to decide where they want to live and how they want to access care, and be supported to make such decisions.

Madam Chair,

Palliative care should be an integral element of such quality, rights-based long-term care and support. As we could hear today, older persons are particularly affected by the lack of access to timely and comprehensive palliative care, and here again there is no binding European or international instrument to ensure access. As speakers have reminded, palliative care should not be associated to specific illnesses or delivered only at the last stages of life, but as soon as the person can benefit from it to avoid suffering. Ensuring access to long-term care and support organised around the needs and preferences of the person includes ensuring access to such comprehensive palliative care, including treatment of pain, physical, psychosocial and spiritual or existential concerns.

Madam Chair,

The inadequate or lack of access to long-term and palliative care, and the fact that services too often overlook the dignity of users and are unable to ensure

that they live autonomously, independently and included in the community, is a constant threat to the dignity of older persons. Therefore, we ask this group to move towards drafting a legally binding instrument as the right tool to address the situation.

Thank you.