

who have difficulty eating because of advanced dementia. The evidence is overwhelming that this does no good for the patient; it neither prolongs life nor improves the quality of life by preventing pneumonia or healing pressure ulcers, for example. But it is very hard to get doctors and families to trust the evidence, because it goes against the instinct not to feed the people who depend on you.

I believe that we should not provide treatments unless they bring real benefits to patients. The choice is not between curative treatment and neglect. We can offer treatment that deals with the need for families to provide care but does not cause suffering and does not cost a lot.

*Q: How important is care provided by families as opposed to professional care?*

A: In the USA about 80% of all care for disabled elderly and dying people is provided by family. The figures may be higher in poorer countries. However much care families provide, they cannot provide optimal care without some professional help in certain domains such as symptom management.

*Q: Are drugs for pain control an issue?*

A: Certainly. Easy access to opioids – morphine and related drugs – is essential for control of pain. A lot of progress has been made in the USA by showing people that these medications do not kill patients and, when properly used near the end of life, they do not cause addiction.

“It is very difficult for doctors to accept that not all life-prolonging measures are desirable from the point of view of the patient.”

*Q: How do we teach people about these things?*

A: Stories of real patients provide the key. Here is one. A 66 year-old engineer could no longer do complicated mathematical calculations in his head.

He saw a doctor, and tests showed that he had a highly malignant brain tumour. He had weeks to live. His doctor suggested surgery and chemotherapy, although there was little chance that this would prolong his life outside hospital. He and his family chose not to have curative treatment. What mattered to him was to control symptoms, to be able to talk to his family and to leave a positive legacy. Skilfully prescribed drugs controlled his pain and prevented most of his seizures, so that he was able to spend his last weeks at home with his family and friends. He was able to die well because – and only because – he had access to good palliative care. Good palliative care is not complicated or expensive: it simply means that his care was managed by professionals who were skilled in using opioids and who appreciated the value he placed on his autonomy and legacy.

*Muriel Gillick was interviewed as a guest speaker of the World Health Organization's global health history seminar series. Access the seminars online at: [http://www.who.int/global\\_health\\_histories/seminars/en/](http://www.who.int/global_health_histories/seminars/en/) ■*

### Recent news from WHO

- By 12 August, more than 14 million people had been affected by **Pakistan's** worst floods on record, according to the United Nations' Office for the Coordination of Humanitarian Affairs. More than 1200 people have died and at least 2 million left homeless by the disaster which has also destroyed homes, farmland and major infrastructure in large parts of the country, most notably the north-west province of Khyber Pakhtunkhwa. United Nations aid agencies, including WHO, have requested almost US\$ 460 million to help Pakistan address the needs of flood-affected families, including by providing food, clean drinking water, tents and other shelter and non-food items, as well as medical supplies.
- WHO is calling for increased access to **infant diagnosis of HIV** within four to six weeks after birth. Without treatment, an estimated one-third of HIV-infected infants will die before their first birthday, and about half will die before reaching two years of age. By the end of 2009, 355 000 children were receiving life-saving HIV treatment, compared to 276 000 at the end of 2008; but many more lives could be saved if more infants started on medication earlier.
- On 19 July at the **XVIII International AIDS Conference** in Vienna, WHO announced that an estimated 5.2 million people in low- and middle-income countries were receiving life-saving HIV treatment at the end of 2009. WHO estimates that 1.2 million people started treatment in 2009, which is the largest increase in people accessing treatment in a single year.
- The **maximum amount of melamine** allowed in powdered infant formula is 1 mg/kg and in other foods and animal feed is 2.5 mg/kg, according to new rulings decided in July at the 33rd Session of the United Nations' food standards body, Codex Alimentarius Commission. Melamine is a chemical used in a variety of industrial processes and traces of it unavoidably get into food without causing health problems. However, the substance is toxic at high levels.
- **WHO and the International Olympic Committee** (IOC) signed a memorandum of understanding on 21 July in Lausanne to promote healthy lifestyle choices, including physical activity, sports for all, tobacco-free Olympic Games and the prevention of childhood obesity. The WHO and IOC will work at both the international and country level to promote activities and policy choices to help people reduce their risk of noncommunicable diseases such as cardiovascular disease, cancers and diabetes.

For more about these and other WHO news items please see: <http://www.who.int/mediacentre>