19th Expert Committee on the Selection and Use of Essential Medicines
April 8-12; 2013

Expert peer review on application for “Creating a new section for Palliative Care medicines on EMLc”

1. Dr W Scholten, WHO team leader WHO Team Leader, Access to Controlled Medicines, Medicines Access and Rational Use, has proposed to create a new section for Palliative Care Medicines and move all eminences related to this topic under this new section. Dr Scholten believes that “Positioning of the medicines for palliative care on the Model List in a way that indicates secondary importance can negatively affect access” and “The current placement of palliative care medicines together with antineoplastic and immunosuppressive medicines gives the impression that palliative care medicines are intended for cancer patients only”.

2. **Reviewer’s recommendation to the Committee**
   1. Medicines used for palliative care are currently listed under two section of Analgesic medicines (section 2) and 8.4 Medicines Used in Palliative Care.
   2. No evidence has been provided by the applicant that how this listing has reduced access to these medicines or has created any restriction for physicians to prescribe these medicines.
   3. Although palliative care medicines is a general term for medicines used to treat people suffering from serious and chronic illnesses such as cancer, cardiac disease such as congestive heart failure (CHF), chronic obstructive pulmonary disease (COPD), kidney failure, Alzheimer’s, Parkinson’s, Amyotrophic Lateral Sclerosis (ALS) and so on, in WHO nomenclature these medicines mostly categorized under Cancer section.
   4. No evidence has also provided by the applicant that how creations of a new section for Palliative care medicines will improve accessibility and availability of these medicines for the patients.
   5. It is not clear that analgesics will be a subsection of this potential new section or will remain as it is.
   6. Final recommendation: “Creation of a new section is not recommended”. 