

Training Session Plan

Access to Pain Treatment as a Human Rights Issue – The basics



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The International Federation of Health and Human Rights Organisations (IFHHRO)

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Learning Objectives

- To recognize that access to pain treatment can be viewed as a human rights issue.
- To understand what the different elements of a human rights approach to access to pain treatment mean in practice



Target Group

Individuals with a basic understanding of human rights in relation to health. Additional knowledge of access to pain treatment can be useful but is not a requirement.



Duration

90 minutes



Materials

- A4 paper in two colours
- Eight sheets of flipchart paper (or a big wall)
- Markers
- Masking tape or Blu-Tack



Training Aids

1. Background note – what do participants need to know about access to pain treatment as a human rights issue?
2. Overview complete set
3. Overview cards – elements
4. Overview cards – examples



Handout

1. Overview Access to Pain Treatment as a Human Rights Issue



Session Plan

The topic of this session is access to pain treatment as a human rights issue with a focus on the right to health. The session works well in combination with the session ‘Human Rights Tools’ and other introductory sessions about human rights in relation to health which can be found online in the IFHHRO training manual “Human Rights for Health Workers” at www.ifhhro-training-manual.org. If the target group has very limited knowledge about human rights the game ‘Stepping into Human Rights’ is a good starter. It is also beneficial to precede this session with a session about barriers to access to pain treatment to give participants a grasp of the problem before laying the link with human rights.

Preparation

Study the background note and if necessary read up on the different elements of the right to health and access to pain treatment using the resources indicated at the end of the background note.

Prepare 5 sheets of flipchart paper by writing the following headings on each sheet:

Sheet 1: Human Rights Are

Sheet 2: Sources of Human Rights (hang a second empty sheet underneath)

Sheet 3: Human Rights Relevant to Pain Treatment

Sheet 4: Government Obligations

Sheet 5: Meaning of the Right to Health

Sheet 6: Underlying Criteria

Sheet 7: Cross-cutting Elements

Hang up the sheets where all participants will be able to see them.

Print the overview cards on coloured paper. Use one colour for the cards with the different elements of health as a human right and access to pain treatment. Use another colour for the cards which contain examples.

Step 1 Introduction & Explanation (10 minutes)

Explain to participants that during this session they will learn about access to pain treatment as a human rights issue with a focus on the Right to Health by creating a visual overview on the prepared flipchart sheets using coloured cards with elements and examples of access to pain treatment as a human rights issue.

Spread all the prepared overview cards equally among the participants. Tell the participants that you will work together with them in order to create an overview on the flipchart sheets by asking questions about different aspects of access to pain treatment. If they think they have a card with the correct element or example on it they should hold it up in the air. Participants holding a card in the air will be asked to read it out, and if it is correct, the card it will be added to the relevant flipchart. In the case that nobody holds up a card, keep asking questions, give hints and extra information until someone holds up a card. Before accepting or rejecting a card ask the other participants whether they agree and/or understand why this card should be placed in a specific location on the overview. If necessary, provide additional explanations.

Due to the nature of this session the duration of the consecutive steps is an estimate. The exact time allotted to each step should depend on the knowledge of the participants, as this will determine the amount of questions and explanations which are necessary. The explanations that correspond with each part of the overview are therefore not fixed, and only a general outline is provided in the background note. However, remember this session is meant as a general introduction, so avoid going into too much detail.

Step 2 Flipchart Sheet # 1 –Human Rights Are (5 minutes)

Ask the participants for the four important characteristics of human rights (cards 1-4).

Step 3 Flipchart Sheet # 2 – Sources of Human Rights (10 minutes)

Begin with the additional explanation included in the background note. Write the first underlined subheadings on the flipchart sheet: International Human Rights Treaties. Ask participants for the cards with the international treaties (cards 5, 6, 7, 8, 9, 10, 11) and tape them underneath the heading. Then write the second underlined subheading on the flipchart sheet: Regional Human Rights Treaties, and ask for the cards with the regional treaties (cards 12, 13, 14, 15). Write the final underlined heading: National Level on the flipchart sheet. Ask for a law which contains rights that can ensure access to pain treatment at the national level (constitution, card 16). If you want to provide an example of how these rights are protected by a National Constitution you can end by reading out how the right to health is codified in the national constitution of Ecuador.

Step 4 *Flipchart Sheet # 3 – Human Rights Relevant to Pain Treatment (10 minutes)*

Begin by using the additional explanation from the background note to define access to pain treatment and its relation to human rights. Subsequently, ask the participants for examples of the rights and freedoms which can be applied to access to pain treatment (cards 17-21).

Step 5 *Flipchart Sheet # 4 – Government Obligations (10 minutes)*

Start with the additional explanation and then ask for the three types of obligations (cards: 22 respect, 24 protect, 26 fulfil). Then move on to the examples: cards 23 and 25 contain examples of violations, and card 27 is an example of a government measure.

Step 6 *Flipchart Sheet # 5 – Meaning of the Right to Health (10 minutes)*

Begin with the additional explanation about the meaning of the right to health included in the background note. Next ask for a complete definition of the right to health (card 28). Then ask which types of services and goods are referred to in the definition; this includes not only health care (card 29) but also the underlying determinants of health (card 30). Participants can be asked for additional examples of underlying determinants. The underlying determinants of health also serve as a good example of the indivisibility of human rights so make a reference back to this principle (see card 4).

Step 7 *Flipchart Sheet # 6 – Underlying Criteria (10 minutes)*

An overview has now been created of the general content of the right to health and its relation to access to pain treatment. Go into more detail by giving the additional explanation and then asking participants for the four standards that are applicable to health services, goods and facilities (cards: 31 availability, 33 accessibility, 38 acceptable, 40 good quality). Subsequently, ask questions and if necessary give further information in order to get the desired examples for each standard (Cards 32, 34, 35, 36, 37, 39, 41, and 42). Participants can also be asked to come up with their own examples regarding access to pain treatment in addition to the ones provided.

Step 8 *Flipchart Sheet # 7 – Cross-cutting Elements (20 minutes)*

This final flipchart will address three principles that are essential to a human rights-based approach: non-discrimination, participation and accountability. To illustrate that these principles also form an integral part of health as a human right reference should be made to relevant elements and examples which have been previously explained in the overview.

Start by pasting the first principle (card 43: non-discrimination) on the flipchart sheet and ask for a definition (card 44). Next, walk through the complete overview together with the participants to identify where incidents of discrimination are apparent within the examples in the overview. These can be found on cards 2, 25, 36, 39, 41, and 42.

Place the second principle (card 45: participation) on the flipchart sheet and ask for a definition (card 46). Together with the participants go through the example violations and look at ways in which participation in decision-making could have changed the situation. Cards 25, 34, 36, 39 and 41 provide the clearest examples.

Stick the accountability (card 47) on the flipchart sheet and once again ask the participants for a definition (card 48). Conclude this section with the additional explanation about the necessity of accountability mechanisms within the health system. Ask for two examples of international accountability mechanisms (cards 49 and 50) and provide a brief explanation of both using the additional information in the background note.

Step 9 *Conclusion (5 minutes)*

Participants now have a comprehensive overview of human rights and access to pain treatment in front of them. Explain to the participants that this overview provides the basic

information about how access to pain treatment can be interpreted as a human rights issue. The participants should now have the knowledge to be able to start thinking about how human rights can be used to address the issue of access to pain treatment.

Training Aid 1 – Background Note

What do participants need to know about access to pain treatment as a human rights issue?

This background note contains the general outline for an introductory overview about access to pain treatment as a human rights issue with a focus on the right to health. It can be supplemented with information from the additional resources listed below. The numbers correspond with the overview cards that will be taped on different sheets of flipchart paper to create a complete overview.

The cards contain elements and examples (in italics) of access to pain treatment as a human rights issue. If necessary, examples can be changed or adjusted to better suit a specific region or target group. The ‘additional explanations’ serve to link the different parts of the overview.

Flipchart Sheet # 1 – Human Rights Are

Introduction: Health is a human right, this means it is:

1. Fundamental – to human survival, dignity and development
2. Universal – it applies to everyone everywhere
3. Inalienable – it cannot be taken away from a person
4. Indivisible – it is closely connected to other human rights

Flipchart Sheet # 2 – Sources of Human Rights

Additional explanation: Another feature of human rights is that they are legally protected. Therefore, these rights can be found in international law, regional law and national laws.

International Human Rights Treaties

5. CESR (Covenant on Economic, Social and Cultural Rights)
6. CCPR (Covenant on Civil and Political Rights)
7. CAT (Convention against Torture)
8. CERD (Convention on the Elimination of all forms of Racial Discrimination)
9. CEDAW (Convention on the Elimination of all forms of Discrimination Against Women)
10. CRC (Convention on the Rights of the Child)
11. CRPD (Convention on the Rights of Persons with Disabilities)

Regional Human Rights Treaties

12. African Charter on Human and Peoples’ Rights
13. European Social Charter
14. European Convention on Human Rights
15. American Convention on Human Rights

National

16. Constitutions

An example of a constitution article:

Article 42 The State guarantees the right to health, its promotion and protection, through the development of food security, the provision of drinking water and basic sanitation, the promotion of a healthy family, work and community environment, and the possibility of permanent and uninterrupted access to health services, in conformity with the principles of equity, universality, solidarity, quality and efficiency. (Ecuador, 1998)

Flipchart Sheet # 3 – Human Rights relevant to Pain Treatment

Additional explanation: Access to pain treatment ensures that an individual who is experiencing pain has the option of receiving medication to deal with the pain. The WHO has published a *Model List of Essential Medicines* which includes pain medications morphine and codeine. It has been estimated by the WHO that 80% of the worlds population has either no or insufficient access to pain treatment for moderate to severe pain. Under international human rights law governments must take measures to ensure access to pain treatment.¹

There are several rights and freedoms which can be applied to access to pain treatment.

17. Right to Health
18. Right to Life
19. Freedom from Cruel, Inhumane and degrading treatment
20. Right to non-discrimination
21. Right to information

Flipchart Sheet # 4 – Government Obligations

Additional explanation: Human rights legislation imposes obligations on governments, however these rights are defined in a broad sense. To get a more clear insight into what governments obligations are in terms of what they should and should not do in relation to access to pain treatment, their obligations can be divided into three categories.

22. Respect – refrain from violating the right to health
23. (Violation) *The government has developed a complex licensing system for hospitals to receive pain medication*
24. Protect – prevent others from violating the right to health
25. (Violation) *The government has not taken measures against a private hospital which is denying pain treatment to HIV-positive patients*
26. Fulfil – take measures necessary for the realization of the right to health
27. (Measure) *The government has not adopted a comprehensive national strategy on pain treatment*

Flipchart Sheet # 5 – Meaning of the Right to Health

Additional explanation: The remainder of the overview will focus on the interpretation of the right to health in the Covenant on Economic, Social and Cultural Rights and how it can be applied to access to pain treatment.

The right to health is not a right to be healthy, as good health is influenced by a number of factors that a government has no control over such as genetics or risky lifestyles. The right to health is therefore a right to the *highest attainable* standard of physical and mental health.

In detail this means the right to health contains:

28. (Definition) Right to the enjoyment of a range of facilities, goods, services, and conditions necessary for the realization of the highest attainable standard of health
29. Health care
30. Underlying determinants of health

Flipchart Sheet # 6 – Underlying Criteria

Additional explanation: There are four essential standards that the right to health imposes on health services, goods and facilities. These are underlying criteria that a government must make progress on in order to realize the right to health. Together they are often referred to as 'triple A Q' (31, 34, 39, 42).

¹ Lohman, Diedrik et al. *Access to pain treatment as a human right*. BMC Medicine 2010, 8:8
www.biomedcentral.com/1741-7015/8/8

31. Available - in sufficient quantity
32. *An old man with severe pains due to lung cancer only receives one injection of morphine a day because the stock at the hospital is limited by drug regulations.*
33. Accessible - to everyone
34. (Financially) *A mother can no longer afford the prescribed pain drugs for her child because import taxes for pain medication have risen.*
35. (Physically) *During the winter a young man cannot reach the central district hospital which is the nearest place where he can obtain medication against the pain in his knee*
36. (On the basis of non-discrimination) *A former drug user cannot find a doctor who is willing to prescribe her pain medication for the unbearable pain in her back*
37. (Health-related information) *Patients often refuse treatment with morphine for pain because they believe it is a dangerous drug and no explanations are made available to help them understand this is not the case.*
38. Acceptable
39. *At a hospital with a multicultural patient population the method of pain assessment used is not sensitive to the influence of culture on the experience and expression of pain*
40. Good Quality
41. (Medicine) *Most of the pain medication available in a prison is expired.*
42. (Trained health workers) *No pain relief is administered to infants because health workers believe that young children have an underdeveloped sensory nerve system meaning they will not experience pain*

Flipchart Sheet # 7 – Cross-cutting Elements

Additional explanation: Non-discrimination, participation and accountability are three principles that are central to a human rights approach. These principles inform and affect all aspects of health as a human right. Note: Do not hand out the cards 43, 45 and 47 but keep them to yourself and place them in the framework one by one.

43. Non-discrimination

44. (Definition) People's chances of enjoying good health must not be disadvantaged because of their sex, race, colour, age, language, religion, disability, health status, sexual orientation, socio-economic or other status²
(Examples on cards: 2, 25, 32, 36, 39, 41, and 42).

45. Participation

46. (Definition) The active involvement of people and groups in health-related decision-making that affects them
(Examples where participation could have changed the situation on cards: 25, 35, 36, and 37).

47. Accountability

48. (Definition) International, national and regional procedures which require a government to show, explain and justify what it is doing to realize the right to health for all

Additional explanation: Accountability mechanisms are necessary to monitor whether a government is doing what it is supposed to do to realize the right to health. At the national level there can be courts, human rights institutions and political procedures that assess the performance of the government in relation to the right to health. At the Regional level there are human rights courts and commissions.

² Definition adapted from: Helen Potts, *Accountability and the Right to the Highest Attainable Standard of Health*, University of Essex, 2008, p. 10

49. *Committee on Economic, Social and Cultural Rights*

Additional explanation: Attached to each international human rights treaty is a Committee which has the task to monitor the implementation of the treaty. For the International Covenant on Economic, Social and Cultural Rights this is the Committee on Economic, Social and Cultural Rights. This Committee comes together several times each year to assess how the relevant treaty is being implemented in a certain country and to give recommendations for improvement. This is done by means of the reporting procedure, according to which governments have to submit periodic reports explaining the progress made and the obstacles encountered in implementing the treaty.

50. *UN Special Rapporteur on the Right to the Highest Attainable Standard of Health*

Additional explanation: The Special Rapporteur on the Right to Health is an individual appointed by the United Nations Human Rights Council to investigate, monitor, advise and report on the status of the right to health throughout the world. To carry out this work the Special Rapporteur submits an annual report to the Human Rights Council and the UN General Assembly, undertakes official country and other missions, and receives individual complaints of alleged violations of the right to health.

Additional Resources

Lohman, Diedrik et al. *Access to pain treatment as a human right*. BMC Medicine 2010, 8:8
www.biomedcentral.com/1741-7015/8/8

OHCHR/WHO, *Fact Sheet No. 13 The Right to Health*
Online: [www.who.int/hhr/activities/Right to Health factsheet31.pdf](http://www.who.int/hhr/activities/Right%20to%20Health%20factsheet31.pdf)

WHO, *25 Questions and Answers on Health and Human Rights*
Online: www.who.int/hhr/NEW37871OMSOK.pdf

Judith Asher, *The Right to Health: A Resource Manual for NGOs*, Commat, 2004
Online: shr.aas.org/pubs/rt_health/rt_health_manual.pdf

Helen Potts, *Participation and the Right to the Highest Attainable Standard of Health*, University of Essex, 2008
www2.essex.ac.uk/human_rights_centre/rth/docs/Participation.pdf

Helen Potts, *Accountability and the Right to the Highest Attainable Standard of Health*, University of Essex, 2008
www2.essex.ac.uk/human_rights_centre/rth/docs/HRC_Accountability_Mar08.pdf

Training Aid 2 – Overview complete set

The following overview contains the right order in which the cards make their appearance during the exercise.

<p>Fundamental to human survival, dignity and development</p>	<p>Universal it applies to everyone everywhere</p>	<p>Inalienable it cannot be taken away from a person</p>	<p>Indivisible it is closely connected to other human rights</p>
<p>Covenant on Economic, Social and Cultural Rights</p>	<p>Covenant on Civil and Political Rights</p>	<p>Convention against Torture</p>	<p>Convention on the Elimination of all forms of Racial Discrimination</p>
<p>Convention on the Elimination of all forms of Discrimination Against Women</p>	<p>Convention on the Rights of the Child</p>	<p>Convention on the Rights of Persons with Disabilities</p>	<p>African Charter on Human and Peoples' Rights</p>

<p>European Social Charter</p>	<p>European Convention of Human Rights <hr/> American Convention on Human Rights</p>	<p>Constitutions</p>	<p>Right to Health <hr/> Right to Life</p>
<p>Freedom from cruel, inhumane and degrading treatment</p>	<p>Right to non-discrimination and equality</p>	<p>Right to information</p>	<p>Respect refrain from violating human rights</p>
<p><i>The government has developed a complex licensing system for hospitals to receive pain medication</i></p>	<p>Protect prevent others from violating human rights</p>	<p><i>The government has not taken measures against a private hospital which is denying pain treatment to <u>HIV-positive patients</u></i></p>	<p>Fulfil take measures necessary for the realization of human rights</p>

<p><i>The government has not adopted a comprehensive nation strategy on pain treatment</i></p>	<p>Right to the enjoyment of a range of facilities, goods, services, and conditions necessary for the realization of the highest attainable standard of health</p>	<p>Health Care</p> <p>-----</p> <p>Underlying determinants</p>	<p>Available in sufficient quantity</p>
<p><i>An old man with severe pains due to lung cancer only receives one injection of morphine a day because the stock at the hospital is limited by drug regulations</i></p>	<p>Accessible to everyone</p>	<p><i>A mother can no longer afford the prescribed pain drugs for her child because import taxes for pain medication have risen</i></p>	<p><i>During the winter a young man cannot reach the central district hospital which is the nearest place where he can obtain medication against the pain in his knee</i></p>
<p><i>A former drug user cannot find a doctor who is willing to prescribe her pain medication for the unbearable pain in her back</i></p>	<p><i>Patients often refuse treatment with morphine for the pain because they believe it is a dangerous drug and no explanations are made available to help them understand this is not the case</i></p>	<p>Acceptable</p>	<p><i>At a hospital with a multicultural patient population the method of pain assessment used is not sensitive to the influence of culture on the experience of pain</i></p>

<p>Good Quality</p>	<p><i>Most of the pain medication available in a prison is expired</i></p>	<p><i>No pain relief is administered to infants because health workers believe that young children have an underdeveloped sensory nerve system meaning they will not experience pain</i></p>	<p>Non-Discrimination</p>
<p><i>People's chances of enjoying good health must not be disadvantaged because of their sex, race, colour, age, language, religion, disability, health status, sexual orientation, socio-economic or other status</i></p>	<p>Participation</p>	<p><i>The active involvement of people and groups in health-related decision-making that affects them all</i></p>	<p>Accountability</p>
<p><i>International, national and regional procedures which require a government to show, explain and justify what it is doing to realize the right to health for all</i></p>	<p><i>Committee on Economic, Social and Cultural Rights</i></p> <hr/> <p><i>UN Special Rapporteur on the Right to the Highest Attainable Standard of Health</i></p>		

Training Aid 3 – Overview Cards (Elements)

Print the cards with the different elements for the overview on coloured paper (27 sheets). Print the cards containing the examples (in italic) as provided in Training Aid 4 on a different colour paper. Take out the cards with Non-discrimination, Participation and Accountability. Shuffle the elements and examples well and hand them out during step 1 of the exercise.

Universal

it applies to

everyone

everywhere

Fundamental
to human survival,
dignity and
development

Indivisible

it is closely

connected to other

human rights

Inalienable

it cannot be taken
away from a
person

Covenant on Economic, Social and Cultural Rights



Constitutions

Covenant on Civil and Political Rights



Convention against Torture

Convention on the
Elimination of all forms
of Racial
Discrimination

Convention on the
Elimination of all forms
of Discrimination
Against Women

Convention on the Rights of the Child



Convention on the Rights of Persons with Disabilities

African Charter on Human and Peoples' Rights



European Social Charter

European Convention of Human Rights



American Convention on Human Rights

Right to Health



Right to Life

Freedom from
cruel, inhumane
and degrading
treatment

Right to non-
discrimination
and equality

Right to information

Respect
refrain from
violating
human rights

Protect

prevent others from
violating
human rights

Fulfil

take measures
necessary for the
realization of
human rights

Right to the enjoyment of a
range of facilities, goods,
services, and conditions
necessary for the realization
of the highest attainable
standard of health

Health Care



Underlying determinants

Available
in sufficient
quantity

Accessible
to everyone

Acceptable

Good Quality

Non-
Discrimination

Participation

Accountability

Training Aid 4 – Overview Cards (Examples)

Print the cards with the different examples for the overview on a different colour paper than used for the elements (13 sheets needed).
Shuffle the elements and examples well and hand them out during step 1 of the exercise.

The government has developed a complex licensing system for hospitals to receive pain medication



The government has not adopted a comprehensive nation strategy on pain treatment

*The government has not taken
measures against a private
hospital which is denying pain
treatment to HIV-positive
patients*

*An old man with severe pains
due to lung cancer only
receives one injection of
morphine a day because the
stock at the hospital is limited
by drug regulations*

*A mother can no longer afford
the prescribed pain drugs for
her child because import taxes
for pain medication have risen*

✂

*Most of the pain medication
available in a prison is expired*

During the winter a young man cannot reach the central district hospital which is the nearest place where he can obtain medication against the pain in his knee

A former drug user cannot find a doctor who is willing to prescribe her pain medication for the unbearable pain in her back

Patients often refuse treatment with morphine for the pain because they believe it is a dangerous drug and no explanations are made available to help them understand this is not the case

At a hospital with a multicultural patient population the method of pain assessment used is not sensitive to the influence of culture on the experience of pain

No pain relief is administered to infants because health workers believe that young children have an underdeveloped sensory nerve system meaning they will not experience pain

People's chances of enjoying good health must not be disadvantaged because of their sex, race, colour, age, language, religion, disability, health status, sexual orientation, socio-economic or other status

The active involvement of people and groups in health-related decision-making that affects them all

International, national and regional procedures which require a government to show, explain and justify what it is doing to realize the right to health for all

Committee on Economic, Social and Cultural Rights



*UN Special Rapporteur on the
Right to the Highest Attainable
Standard of Health*

Handout – Overview Access to Pain Treatment as a Human Rights Issue

