

The value of alleviating suffering and dignifying death in war and humanitarian crises



Despite a vast literature on humanitarian crisis response,¹⁻⁵ palliative care, pain relief, and care for the dying and bereaved need increased and urgent attention,⁵⁻¹¹ particularly in the context of armed conflict. *The Lancet Commission on the Value of Death*¹² challenged the medicalisation of dying and death and reaffirmed the moral injustice of the global palliative care and pain relief divide.¹³ The devastating humanitarian crisis in Ukraine raises the vital importance of these issues.^{12,13}

Between 2014 and 2021, the long-term Russian-Ukrainian armed conflict led to more than 50 000 Ukrainian casualties and since Feb 24, 2022 more than 3 million Ukrainian residents have been displaced.¹⁴ In Ukraine, attending to the seriously ill and dying is complicated by the trauma and instability of war,^{11,12} as well as the unfolding COVID-19 pandemic in a country with low vaccination coverage.¹⁵ Organisations such as the Palliative Care in Humanitarian Aid Situations and Emergencies (PallCHASE) have called for multisectoral

global leaders and governments to ensure timely measures are enacted to maintain human dignity for those with serious health-related suffering during the conflict.¹⁶

Global health stakeholders cannot remain silent about the value of life, death, and the alleviation of suffering in the face of humanitarian crises occurring worldwide, most receiving less press coverage than Ukraine. This under-reporting of conflicts in many low-income and middle-income countries is largely due to the structural, societal, and racialised devaluation of the lives and deaths of the world's poorest people,¹⁷ people of colour, those of differing religious beliefs, and Indigenous populations—eg, violence and instability in Afghanistan, Cameroon, the Democratic Republic of the Congo, Mexico, Syria, and Venezuela.¹⁸⁻²³ In such crises, crucial moral and existential questions must be asked. What is the value of death in the face of war?²⁴ How do we grapple with the

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Panel: Steps to alleviate suffering and dignify death amid humanitarian crises

Urgent recommendations

- Prioritise humane, dignified, and compassionate care for the dying even in the face of conflict as outlined in the Sendai Framework for Disaster Risk Reduction²⁸
- Leverage multidisciplinary academic, clinical, and policy stakeholders to partner with civilians and community-based networks to create safe, supportive spaces to discuss anticipatory grief and fear, and provide psychosocial and spiritual support for the dying and the grieving
- Strengthen and extend existing bereavement support systems and services that bridge transitional care gaps between health systems and communities
- Relay the experiences of families and children confronting death and dying to provide realistic understanding of the consequences and harms of militarised violence
- Provide telehealth supports within and outside of conflict regions to provide psychosocial, spiritual, and bereavement supports
- Triage serious health-related suffering in both community-based and hospital-based settings to ensure timely and strategic responses to the dying processes of those with life-threatening illness
- Create pathways for controlled essential medicines access (ie, opioids) to manage pain and other distressing symptoms for surgery, the seriously ill and injured, and those at end of life

Ongoing recommendations

- Identify war and violence as a social determinant of dying, death, and grief, creating future crises standards of care that include attention to end-of-life care and bereavement
- Address war as an integral component of the death system that mediates life and death in the presence of threat, danger, and violence
- Continue to relay the stories of death and dying in the face of war in academia and lay media to reveal the dehumanising truths of end-of-life experiences and grief amid violence
- To address the intersectionality of violence and structural discrimination highlight stories of marginalised groups within conflict regions, including the incarcerated, refugees, people experiencing homelessness, people with disabilities, minoritised cultural and ethnic groups, children, women, and older people
- Continue to support policies and practices to actively dismantle racism, bias, and neo-colonialist structures that devalue the living and dying of human beings across cultures and contexts
- Advocate for integrated palliative care models in all countries to ensure suffering is alleviated across the serious illness continuum in both times of peace and war
- Increase death literacy and global collective action towards health and social equity, freedom, and the right to a sacred dying and death

uncertainty of living when the sacredness of death and dying is invaded? What steps must we take to preserve and protect human dignity and ameliorate suffering as life is stolen and health and death systems break down?

*The Lancet Commission on the Value of Death*¹² identified future scenarios of death and dying to afford adequate preparation for anticipatory patient, family, and community needs. For instance, the Commission described a situation where mass trauma and loss of life spurred by pandemic, war, and humanitarian disasters overwhelm both health and death systems. The risk of this scenario seems more likely as the conflict worsens in Ukraine. Bombs and heavy shelling are bombarding Ukrainian cities, stripping the health system of its functional capacity to treat those who are sick or respond to the escalating demand for emergency treatment.²⁵ Civilian and military injuries and deaths are accumulating while families are separated, destroying social support structures for the seriously ill, the dying, and their caregivers.

Data from *The Lancet Commission on Global Access to Palliative Care and Pain Relief* showed that before the current Russia-Ukraine armed conflict, more than half a million people in Ukraine needed palliative care and pain relief each year for life-threatening or life-limiting conditions.¹³ But access to this care is inadequate compared with even pre-2022 needs, particularly in rural areas. In 2021, the country's first Center of Palliative Medicine opened at the Kharkiv National Medical University and Ukraine had about 22 adult and nine paediatric palliative and hospice programmes, mainly in major cities (Riga O, unpublished). Access to opioid analgesics for surgery and pain and symptom management is among the most limited in Europe, substantially curtailed by opiophobic regulations.^{13,26} In 2015, Ukraine had roughly 120 mg of distributed opioid morphine-equivalent (DOME) annually per patient with serious health-related suffering, satisfying only 7% of the country's national palliative care need.¹³ Ukraine's DOME is estimated to satisfy less than 1% of all medical needs (including surgery and trauma) when compared with the average requirements among 19 western Europe countries.¹³ In the current conflict, the increase in requirements for pain relief medicines for war-related injuries is an emergency, given previous insufficient stock and access to opioid analgesics. Sparsely available controlled essential medicines must

be prioritised based on triaged need in alignment with crisis standards of care;^{5,6,10} regulations or actors that delay provision of pain and symptom relief must be held to account.¹⁶ The International Narcotics Control Board has emphasised that during humanitarian crises: protocols may be simplified for the export, transport, and provision of controlled medicines; appropriate national authorities can permit export of controlled medicines (eg, opioids, psychotropic substances) to areas in need without import authorisation or medicine estimates; and receiving countries do not need to include urgent shipments of controlled medicines in their estimates.²⁷

Armed conflict and war are social determinants of death, dying, and grief. These crises are compounded by cumulative losses, pervasive existential terror, and mass bereavement that must be addressed through commitments and actions that uphold the ethical obligation of non-abandonment of seriously ill individuals, as well as their families, communities, and the nations in which they live and die. We propose steps to help respond to current needs and plan for the future in the face of humanitarian crises (panel). The value of death will be determined not only in how we value life in times of peace, but also by how we alleviate suffering in the face of war.

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