



# **ESPEN**

## **Action Plan**

### **The International Declaration on the Human Right to Nutritional Care**

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#### **Introduction**

The International Declaration on the Human Right to Nutritional Care was signed during the 44th ESPEN congress in the city of Vienna, Austria, by major international clinical nutrition Societies ASPEN, ESPEN, FELANPE and PENZA, in conjunction with representatives of patient associations (EPF), dietitians (EFAD), and a global network of more than 70 national clinical nutrition Societies. The Declaration states that Nutritional Care is a human right, directly connected to the right to food and the right to health, for each patient at risk of malnutrition or with overt malnutrition induced by disease. Disease-related malnutrition (DRM) is indeed a major but neglected clinical problem, representing a common complication of virtually any acute and chronic illness. Lack of awareness on DRM is all the more unacceptable in the light of strong evidence demonstrating the effectiveness of nutritional care to prevent and treat impairment of nutritional state and its negative impact on clinical outcomes.

The Declaration provides a framework of 5 principles which can guide the development of action plans, while contributing to raise DRM awareness and to forge cooperation networks between relevant stakeholders. ESPEN hereby outlines an action plan along the lines of the Declaration principles.

#### **Objectives**

The action plan will aim at generating tools to promote the translation of the 5 principles of the Vienna Declaration into consistent actions to promote access to nutritional care for all patients with DRM or at risk for DRM. The program will also represent a platform for collaboration with policymakers and other key stakeholders, including but not limited to other clinical nutrition Societies, other professional and scientific Societies, patient organizations.

## **Action plan**

The Action plan will aim at generating and providing tools facilitating the overall implementation of the Declaration by specifically promoting implementation of each principle.

### **Principle #1**

**Public health policy must make the fulfillment of the right to nutritional care a fundamental axis in the fight against disease-related malnutrition**



#### **Tool:**

#### **Policy brief**

ESPEN will design and launch a Policy brief on disease-related malnutrition. The document will provide

- a concise summary of the DRM problem with concise text and graphical components;
- the key role of nutritional care in prevention and treatment of DRM, including its presentation as a human right with potential to reduce inequality in access to rights to food and health;
- recommendations on how to implement nutritional care into effective healthcare policy, including existing best practice examples and the potential to optimize healthcare resources allocation.

The Brief will be specifically aimed at communicating with government policymakers and other relevant stakeholders involved in formulating or influencing healthcare policy.

## **Principle #2**

**Clinical nutrition education and research is a fundamental axis of the respect and the fulfillment of the right to nutritional care:**



**Tool:**

### **Nutrition Education in Medical Schools**

Nutrition education is essential for training of all medical and healthcare professionals (not only those responsible for nutritional care) in its three fundamental domains of basic nutrition, applied or public health nutrition and clinical nutrition. It should therefore be mandatory, but it is regrettably largely missing in medical school curricula worldwide. ESPEN has recently launched the NEMS action (Nutrition Education in Medical Schools) to promote implementation of nutrition education, involving Universities, Scientists, Clinicians, Policymakers, Students.

In order to facilitate implementation of the Declaration of the Human Right to Nutritional Care, ESPEN will prepare a complete toolbox of educational material for nutrition education in Medical Schools in the context of the NEMS action, which will be made available for interested stakeholders for pilot projects and regular utilization in education.

### **Research promotion**

Optimal nutritional care for individual patients with DRM in each clinical setting requires evidence-based decisions supported by high-quality research. ESPEN strives to support and disseminate research on nutritional care by funding research initiatives, organizing congresses, symposia, webinars and special interest group activities, writing rigorous guidelines to promote best practice implementation.

In order to further facilitate implementation of the Declaration of the Human Right to Nutritional Care, ESPEN will continue and strive to expand its scientific research activities, with particular regard to promotion of organized initiatives for young scientists, including mentoring programs, networking opportunities and involvement in general activities.

### **Principle #3**

**Ethical principles and values in clinical nutrition including justice and equity in nutritional care access are the basis for the right to nutritional care.**



**Tool:**

#### **Guideline and Guidance on Ethical Aspects of Clinical Nutrition**

In the context of its Guidelines program, ESPEN has previously produced a Guideline on Ethical Aspects of nutrition. In order to provide a new reference frame-work, taking into account the human right perspective as described in the Declaration, ESPEN will expand and update its guidance material on ethics in clinical nutrition. Updated material will include the human rights FREDA principles (Fairness, Respect, Equality, Dignity, and Autonomy) implications in clinical nutrition practice, related healthcare professionals' obligations, as well as the boundaries of medical prerequisites, medical options and goals, financial issues and considerations.

### **Principle #4**

**Nutritional care requires an institutional culture that follows ethical principles and values and an interdisciplinary approach.**



**Tool:**

#### **Interdisciplinary DRM awareness**

Implementation of the Declaration on the Human Right to Nutritional Care requires interdisciplinary collaboration. Since DRM may be a consequence of literally any acute or chronic disease, full or even adequate implementation would not be possible without interdisciplinary awareness beyond the boundaries of nutrition healthcare workforce. Institutional awareness is therefore needed, with synergistic

approaches connecting institutional resources contributing to best quality and safe treatment. ESPEN will promote

In order to further facilitate institutional and interdisciplinary implementation of the Declaration of the Human Right to Nutritional Care, ESPEN will continue to promote its activities to identify DRM risk, diagnose and treat DRM also beyond the clinical nutrition healthcare workforce. These include:

- nutrition Day (nDay): since more than 15 years, ESPEN has promoted and strengthened the nDay action together with Vienna University. nDay is a one-day hospital survey using non-specialist language and questionnaires to be administered also by non-nutrition Specialists in all departments. nDay has already collected more than 200.000 individual case-patients allowing for benchmarking, research and awareness initiatives worldwide. ESPEN will continue to implement nDay and to expand its reach and its contribution to enhance DRM awareness, in close cooperation with the Vienna University nDay team. In order to enhance awareness and interdisciplinary continuity of care between Institutions and community, ESPEN has already launched nDay in nursing homes and is now committed to new initiatives to involve Primary Care physicians in malnutrition assessment.
- DRM unified diagnosis (ICD-11): ESPEN and other global clinical nutrition and nutrition professional Societies have recently promoted global consensus on simple unified criteria for DRM diagnosis through the Global Leadership Initiative on Malnutrition (GLIM). Global consensus-based for simple, unified DRM diagnosis is a crucial step for DRM recognition beyond nutrition healthcare community, and for implementation of the human right to nutritional care. ESPEN is committed to promote GLIM dissemination and implementation efforts in Europe and worldwide with interested partners. In particular, ESPEN will enhance efforts towards the update of DRM diagnostic criteria in the International Classification of Disease (ICD-11) manual, based on GLIM consensus criteria.

## **Principle #5**

**Patient empowerment is a key enabler to necessary action to optimize nutritional care.**



**Tool:**

### **Patient Charter on Nutritional care**

Patient empowerment is a very powerful step and a tool to improve healthcare. Empowerment requires education and leads to sharing knowledge along with responsibilities, with patients and their families. Empowerment of patients and their families on DRM and its prevention or treatment has strong potential to help raise awareness against this condition. In order to facilitate implementation of the Declaration of the Human Right to Nutritional Care, ESPEN will promote the inclusion of nutritional care among patients rights in Patient Charters on nutritional care, listing patient rights and responsibilities. To this aim, ESPEN will seek collaborations with patients and patient organizations and will promote its future dissemination with stakeholders and policymakers.