

The International Declaration on the Human Right to Nutritional Care “Vienna Declaration”¹

International working group for patient´s right to nutritional² care

ASPEN, ESPEN, FELANPE, PENSA³

Writing group:

Diana Cárdenas MD, PhD.

Cancer Center Gustave Roussy, Villejuif, France.

Working group coordinator

M. Isabel T. D. Correia, MD, PhD

Medical School, Universidade Federal de Minas Gerais, Belo Horizonte, Brazil.

FELANPE ex-president and representative

Gil Hardy, PhD

Ipanema Research Trust, Auckland, New Zealand.

ASPEN BOD member and representative

Rocco Barazzoni MD, PhD

Department of Medical, Surgical and Health Sciences –University of Trieste, Italy.

ESPEN president and representative

¹Organized by ESPEN.

² This Declaration recognizes that there is no international consensus on the use of certain terms, and adheres to the use of the terminology of both ASPEN and ESPEN. For this Declaration, the term “nutritional care” should be considered as synonymous with “nutrition care”.

³ American Society for Parenteral and Enteral Nutrition (ASPEN), European Society for Clinical Nutrition and Metabolism (ESPEN), Federación Latinoamericana de Terapia Nutricional, Nutrición Clínica y Metabolismo (FELANPE), Parenteral and Enteral Nutrition Society of Asia (PENSA)

The International Declaration on the Human Right to Nutritional Care

Introduction

Clinical nutrition is a basic and applied interdisciplinary science, concerned with the caring of those in need of nutritional care (i.e., persons with disease-related malnutrition, as well as inadequate dietary food intake, overweight and obesity). Its aim is to apply the principles of nutritional care in order to ensure a balance in nutritional status and positively influence the individual's homeostasis, any healthcare treatment, and outcomes⁴. In the applied clinical context, nutritional care should be understood as a process (nutrition care process), which is carried out through interrelated steps including screening, diagnosis, assessment, ordering, preparation, distribution, administration, monitoring, evaluation and documentation of nutrition support therapy⁵. It aims at early identification, prevention and/or treatment of malnutrition by implementing an optimal nutrition therapy strategy. Nutrition therapy is able to effectively prevent or treat malnutrition, improve disease prognosis and quality of life, reduce co-morbidities and health costs⁶.

Since 2003, the human rights-based approach has been introduced in the field of clinical nutrition through 3 key international non-legally binding documents. First, the Resolution ResAP(2003)2 on food and nutritional care in hospitals, adopted by the Committee of Ministers of the Council of Europe on 12 November 2003 which recognizes that access to a safe and healthy variety of food is a fundamental human right⁷. Second, the FELANPE 's International Declaration on the Right to Nutrition in hospitals, endorsed and signed by Latin American societies, and having as witness ESPEN and ASPEN in Cancún, México, in 2008⁸. The FELANPE Cancun Declaration claim "The human right of patients to receive opportune and optimal nutritional therapy in any place where are found by qualified personnel". Finally, FELANPE 's International Declaration on the Right to Nutritional Care and the fight against Malnutrition, signed in Cartagena, Colombia in 2019 and endorsed by FELANPE 's societies, and having as witness ESPEN, ASPEN, SLAN and other societies⁹. This declaration advocates for the recognition of the right to

⁴ Cardenas D, Correia MI , Ochoa JB, et al. Clinical nutrition and human rights. An international position paper Clin Nutr. 2021;40(6):4029-4036 and Nutr Clin Pract. 2021;36(3):534-44.

⁵ Cederholm T, Barazzoni R, Austin P, et al. ESPEN guidelines on definitions and terminology of clinical nutrition. Clin Nutr. 2017;36(1):49-64; Ukleja A, Gilbert K, Mogensen KM, et al. Standards for Nutrition Support: Adult Hospitalized Patients. Nutr Clin Pract. 2018;33(6):906-20; de van der Schueren MAE, Keller H, Cederholm T, et al. Global Leadership Initiative on Malnutrition (GLIM): Guidance on validation of the operational criteria for the diagnosis of protein-energy malnutrition in adults. Clin Nutr. 2020;39(9):2872-80.

⁶ Schuetz P, Seres D, Lobo DN, et al. Management of disease-related malnutrition for patients being treated in hospital. Lancet. 2021; Schuetz P, Sulo S, Walzer S, et al Schuetz P, Fehr R, Baechli V, et al. Individualised nutritional support in medical inpatients at nutritional risk: a randomised clinical trial. Lancet. 2019;393(10188):2312-21. Deutz NE, Matheson EM, Matarese LE, et al. Readmission and mortality in malnourished, older, hospitalized adults treated with a specialized oral nutritional supplement: A randomized clinical trial. Clin Nutr. 2016;35(1):18-26.

⁷ Resolution ResAP(2003)2 on food and nutritional care in hospitals, adopted by the Committee of Ministers of the Council of Europe.

⁸ de la Cruz Castillo Pineda JC , et al. Declaration of Cancun: international declaration of Cancun on the right to nutrition in hospitals. Nutr Hosp. 2008; 23(5):413-417.

⁹ Cardenas D., et al. Declaración Internacional sobre el Derecho al Cuidado Nutricional y la Lucha contra la Malnutrición. Revista De Nutrición Clínica Y Metabolismo, 2(Sup.), 14-23.

nutritional care as an emergent human right inseparable from the right to health and the right to food.

The above considerations and alternatively a disregard for fundamental human rights to food and health, make it unacceptable that access to nutritional care is denied to patients with disease-related malnutrition or for those with an inability to adequately feed themselves or maintain their optimal healthy nutritional status^{4,10}. That is why ASPEN, ESPEN, FELANPE, and PENSA have committed to promote and defend the recognition of the right to nutritional care. These four major international clinical nutrition Societies, in conjunction with a global network of national Societies are deeply convinced of the need to appeal to public authorities, international governmental and non-governmental organizations and other scientific societies on the importance of optimal attainable nutritional care for all patients.

On behalf of all members of the four major international societies we hereby proclaim the following Declaration,

¹⁰ Hiesmayr M, Tarantino S, Moick S, Laviano A, Sulz I, Mouhieddine M, et al. Hospital Malnutrition, a Call for Political Action: A Public Health and NutritionDay Perspective. J Clin Med. 2019;8(12).

The International Declaration on the Human Right to Nutritional Care

Adopted by each of the undersigned societies' governing bodies and signed during the ESPEN congress 2022 in Vienna.

PREAMBLE

It is universally recognized that,

- Every human being has a right to the highest attainable standard of health. This right to health encompasses all socio-economic factors that promote the conditions under which individuals can lead healthy lives, such as food and nutrition;
- The human right to food must be respected in all spheres, including the clinical setting and the sick person must be fed in conditions of dignity and has the fundamental right to be free from hunger;
- Disease-related malnutrition is a frequent condition caused by virtually any disease, with negative impact on a person's quality of life, increasing co-morbidities and mortality, and prolonging hospital stays, thereby resulting in unnecessary health care costs; therefore, nutritional therapy must be administered by trained and competent health care personnel (Dietitians/nutritionists, nurses, doctors, pharmacists , etc.)
- The right to food is often overlooked in the clinical setting, resulting in an unacceptable number of children and adults suffering from disease-related malnutrition in hospitals and in the community, leading to an unacceptable disregard of the right to health;

We further note and put forth the following official position statements or declarations:

- Article 25 of the Universal Declaration of Human Rights of December 10th, 1948, which maintains that "everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food";
- Article 11 of The International Covenant on Economic, Social and Cultural Rights (ICESCR) (1966) which states that parties "recognize the right of everyone to an adequate standard of living for himself and his family, including adequate food" affirm the existence of the fundamental right of everyone to be free from hunger;
- Article 12 of the ICESCR (1966), in particular general comment No. 14 on the right to the highest attainable standard of health recognizes that "the right to health encompasses a wide range of socio-economic factors that promote the conditions under which individuals can lead healthy lives, and extends this right to underlying determinants of health, such as food and nutrition";
- Resolution ResAP(2003)2 on food and nutritional care in hospitals, adopted by the Committee of Ministers of the Council of Europe on 12 November 2003: recognizes that access to a safe and healthy variety of food is a fundamental human right and recommends governments "to draw and implement national recommendations on food and nutritional care in hospitals";
- Article 14 of the UNESCO Universal Declaration on Bioethics and Human Rights (2005) considers that "progress in science and technology should advance access to adequate nutrition and water";

- The FELANPE's International Declaration on the Right to Nutrition in hospitals, "Cancún Declaration", in 2008 states "The human right of patients to receive opportune and optimal nutritional therapy in any place where are found by qualified personnel";
- The Declaration of Helsinki of the World Medical Association (WMA) on Ethical Principles for Medical Research Involving Human Subjects, adopted in 1964 and amended in 2013;
- The Declaration of Cordoba of the WMA on Patient-Physician Relationship adopted in 2020;
- The FAO-WHO Second International Conference on Nutrition (ICN2) and the Rome Declaration of 2014, acknowledge that malnutrition "in all its forms, including undernutrition, micronutrient deficiencies, overweight and obesity, not only affects people's health and wellbeing by impacting negatively on human physical and cognitive development, compromising the immune system, increasing susceptibility to communicable and non-communicable diseases, restricting the attainment of human potential and reducing productivity, but also poses a high burden in the form of negative social and economic consequences to individuals, families, communities and States"... and recognizes that "the root causes of and factors leading to malnutrition are complex and multidimensional.";
- The United Nations Sustainable Development Goals (UN-SDG), Goal 2, endorsed in 2015, aims to: "End hunger, achieve food security and improved nutrition and promote sustainable agriculture" and to end all forms of malnutrition. By 2025, the UN-SDG aim to achieve the internationally agreed targets on stunting and wasting in children under 5 years of age, addressing the nutritional needs of adolescent girls, pregnant and lactating women and older persons;
- The 2016 clinical practice guideline on ethical aspects of artificial nutrition and hydration by the European Society for Clinical Nutrition (ESPEN);
- The FELANPE's International Declaration on the Right to Nutritional Care and the fight against Malnutrition, "Declaration of Cartagena" in 2019, advocates nutritional care as a human right inseparable from the right to health and the right to food; accordingly, all patients should mandatorily have access to nutritional care, in particular, screening, diagnosis, nutritional assessment and, with optimal and timely nutritional therapy in order to reduce the high rates of disease-related malnutrition and the associated morbidity and mortality;
- The 2020 ESPEN Manifesto for the Implementation of Nutrition Education, in the Undergraduate Medical curriculum, The NEMS Manifesto;
- The 2021 position paper on the ethical aspects of artificially administered nutrition and hydration by the American Society for Parenteral and Enteral Nutrition (ASPEN);
- The 2021 International Position Paper on clinical nutrition and human rights by the International working group for the patients' right to nutritional care states that all people should have access to screening, diagnosis, nutritional assessment, with optimal and timely food and evidence-based medical nutrition therapy (including artificial administered nutrition and hydration) in order to reduce the high rates of hospital malnutrition and the associated morbidity and mortality.

These aforementioned principles as well as statements and declarations support our conviction of the need to appeal to public authorities, international governmental and non-governmental organizations and scientific-medical societies on the importance of nutritional care as a human right in the fight

against disease-related malnutrition, and leads us to set forth the following articles:

Article 1. Scope

The Declaration recognizes that access to nutritional care is a human right intrinsically linked to the right to food and the right to health. It sets out a shared vision and principles for implementation of the human right to nutritional care in all patients with disease-related malnutrition, in all settings and conditions.

This Declaration is addressed to each clinical nutrition, scientific and professional organization, and to any healthcare or non-healthcare professional organization or institution that defends the right to food, the right to health and promotes nutritional care for the fight against disease-related malnutrition.

This Declaration should be considered to be a framework document whose principles constitute the basis for promoting an action plan for the development and practice of nutritional care in the clinical field, and raising awareness among public authorities.

Article 2. Aim

The Declaration aims to;

- 2.1 Promote the recognition of the human right to nutritional care for all people with or at risk for disease related malnutrition, and the respect for human dignity ensuring respect for human life and fundamental freedoms, in accordance with international law on human rights and bioethics;
- 2.2 Provide a frame of reference whose principles serve as the basis to the future development of actions plans from Clinical and Scientific Societies and any stakeholders in clinical nutrition;
- 2.3 Define core values, goals, and principles to enhance the quality of care in clinical nutrition;
- 2.4 Raise awareness of disease-related malnutrition and the lack of nutritional care access.

Article 3. Principles

When societies and organizations to whom this Declaration is addressed develop programs, activities, or action plans in clinical nutrition the following principles are to be respected:

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

- 3.1.1 Clinical nutrition must be integrated into public health policy based on human rights, equity, and economic values.
- 3.1.2 Clinicians, researchers, and policymakers should work together to translate evidence-based nutrition therapy into policy.
- 3.1.3 To be effectively implemented, public health policy on clinical nutrition should consider all patients including patients at nutritional risk, childbearing women and children, older adults and persons with non-communicable diseases as the target population.

3.1.4 Public health policy should consider nutritional care as part of the holistic approach for the patient, which aims to prevent and treat disease-related malnutrition and improve clinical outcomes.

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

3.2.1 Nutrition and human rights education are necessary for the training of all medical and healthcare professionals responsible for nutritional care, and should be mandatory in the curricula of universities and other academic training institutions.

3.2.2 During their medical, pharmacy, nursing and dietetic training all healthcare students should receive mandatory information about human nutrition in its three different domains, including basic nutrition, applied or public health nutrition, and clinical nutrition.

3.2.3 Considering that evidence-based decisions should be supported by good quality research as they impact on individual human rights to health as well-being and quality of life, it is of utmost importance to strive for high quality of research on nutritional therapy respecting the tenets of good science.

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

3.3.1 Prerequisites of artificially administered nutrition and hydration are: existing indication for this medical treatment, the definition of a therapeutic goal to be achieved, the will of the patient and the informed consent. The patients should always be viewed in the context of the achievable or indicated medical options as well as social and cultural values;

3.3.2 Health care professionals have the ethical duty to assure optimal and timely nutritional care within the boundaries of resources provided for them. This obligation must be exercised with due respect to a number of fundamental ethical values.

3.3.3 Financial resources should be managed respecting the principle of distributive justice which requires that nutritional care be accessible to individuals according to need and within the context of resource availability.

3.3.4 The technological advances that have enabled the development of medical nutritional therapy, in particular enteral and parenteral nutrition, can pose dilemmas and ethical problems, which should be addressed from an ethical perspective, and respecting the internationally recognized principles of autonomy, beneficence, non-maleficence and justice. These principles are inter-related and have to be applied in the act of medical decision making.

3.3.5 The Human rights´ FREDA principles (Fairness, Respect, Equality, Dignity, and Autonomy) are central to clinical nutrition practice.

3.3.6 The respect of patient dignity and equity in health care should be a central core of Clinical Practice Guidance development in clinical nutrition.

3.3.7 The cultural values, religious beliefs, ethnic background, country, region, and geographical considerations of patients and families need to be respected to the extent that they are consistent with the ethical principles and duties, and legal requirements.

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

- 3.4.1 All nutritional care must include an after-hospital discharge plan, involving patients and caregivers, and be subject to an annual audit.
- 3.4.2 Interdisciplinarity is mandatory to reach the best treatment since knowledge has enormously increased, and each expert domain will contribute to the best quality and safe treatment.

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

- 3.5.1 The World Health Organization has recognized patient empowerment as a necessary step to help improve healthcare, and it has defended this initiative based on the premise that when patients are engaged in their therapy and decision-making, they are more responsive to treatment and the latter is more efficient.
- 3.5.2 Empowerment means education, and education is equal to freedom. Empowering patients is to offer them the opportunity to be part of the disease process and treatment. It is not only a matter of gaining a voice, but patient empowerment is also sharing knowledge and responsibilities with them and the family.
- 3.5.3 Empowerment is both a process and an outcome. The process is based on the principle that by increasing education one also improves the ability to think critically and act autonomously, while the outcome is accomplished by the sense of self-efficacy, a result of the process.
- 3.5.4 The empowerment of patients and their families on disease-related malnutrition and its prevention or treatment may represent a shift to help raise awareness against this condition, especially considering how information is quickly spread with the use of modern media technologies.