

From Cartagena to Vienna: a global projection of Human Rights in Clinical Nutrition

De Cartagena a Viena: una proyección global de los Derechos Humanos en Nutrición Clínica

De Cartagena a Viena: uma projeção global dos Direitos Humanos na Nutrição Clínica

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International clinical nutrition societies, including the European Society for Clinical Nutrition and Metabolism (ESPEN), the American Society for Parenteral and Enteral Nutrition (ASPEN), the Latin-American Federation of Nutritional Therapy, Clinical Nutrition and Metabolism (FELANPE) and the Parenteral and Enteral Nutrition Society of Asia (PENSA), together with the European Federation of the Associations of Dietitians, the European Patients Forum (EPF) and more than 70 scientific associations worldwide, including the Colombian Association of Clinical Nutrition and Metabolism (ACNC), signed the International Declaration on the Human Right to Care (Figures 1 and 2). The Declaration was signed during the 44th ESPEN Congress on Clinical Nutrition and Metabolism held in Vienna, Austria in a ceremony attended by more than 3600 healthcare professionals. The ceremony featured messages and speeches from ESPEN President Rocco Barazzoni; FELANPE President Any Ferreira, ASPEN President Ryan Hurt, and Soranit Siltharm, President of PENSA. Marek Lichota, representing patients, underscored the importance of nutritional care, and the relevance of the initiative was praised by Stefan Schreck from the European Commission and Kremlin Wickramasinghe from the World Health Organization (WHO) in Europe.

The Declaration is an appeal to policy-makers, medical associations and civil society organizations to take urgent action against disease-related malnutrition. It



Figure 1. Prof. Rocco Barazzoni, President of ESPEN, Diana Cárdenas, and Angélica Pérez, ACNC President, on the occasion of the Vienna Declaration ceremony.

also sets forth a shared vision and five principles for the implementation of this right for all individuals requiring nutritional care (screening, assessment and diagnosis of nutritional status, medical-nutritional therapy and monitoring) (Figure 3). This non-binding document portrays the moral commitment of the parties to take decisive steps and actions for the promotion of access to nutritional care. Signing of the Declaration in Vienna is a historical achievement of working jointly towards a shared goal. Understanding the significance of this global endeavor requires consideration of the key historical

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






aspects and momentum driving the evolution and materialization of the concept of nutritional care as a human right (Figure 4).

The human right-based approach has been introduced in the field of clinical nutrition since 2003 through three

international documents. The first was the Resolution of the Committee of Ministers of the Council of Europe on Food and Nutritional Care in Hospitals (ResAP) (2003) 3, adopted on the 12th of November 2003, which recognizes access to a variety of safe and healthy foods as a



Figure 2. Ceremony of the signing of the Vienna Declaration on September 5th, 2022, during the ESPEN Congress.

AIMS	PRINCIPLES
<p>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 in accordance with international laws on human rights and bioethics</p>	<p>1  Fulfillment of the right to nutritional care Public health policy must make the fulfillment of the right to nutritional care a fundamental axis in the fight against disease-related malnutrition</p>
<p>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</p>	<p>2  Clinical Nutrition Education & Research Clinical nutrition education and research are a fundamental axis of the respect and the fulfillment of the right to nutritional care.</p>
<p>3  Define core values, goals, and principles to enhance the quality of care in clinical nutrition and to raise awareness of disease-related malnutrition and of the lack of nutritional care access.</p>	<p>3  Ethical principles and values Ethical principles and values in clinical nutrition including justice and equity in nutritional care access are basis for the right to nutritional care.</p>
	<p>4  Institutional culture Nutritional care requires an institutional culture that follows ethical principles and values and an interdisciplinary approach.</p>
	<p>5  Patient empowerment Patient empowerment is a key enabler to necessary action to optimize nutritional care.</p>

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Figure 3. Aims and principles of the Vienna. DRM: disease-related malnutrition. Declaration by ESPEN: <https://www.espen.org/espen/vienna-declaration-nutritional-care-is-a-human-right>

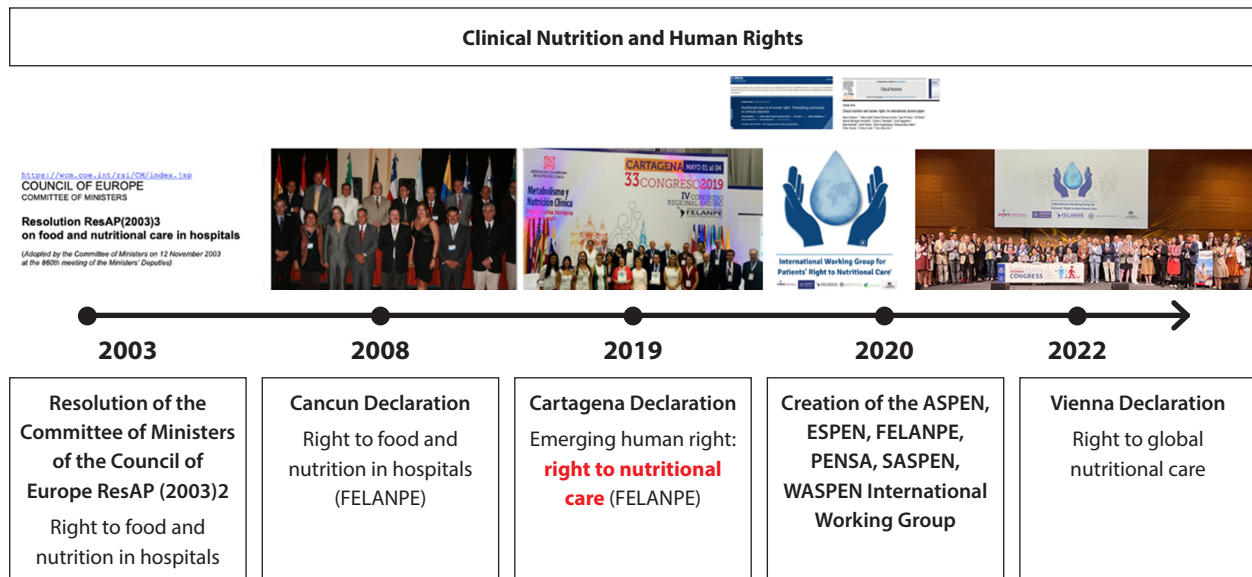


Figure 4. Timeline. Emergence of the concept of nutritional care as a human right.

fundamental human right⁽¹⁾. Under aegis of this resolution, ESPEN has implemented projects which have become a world reference, including the *nutritionDay* study and the ESPEN *Long Life Learning* (LLL) continuing education course.

The second was the FELANPE International Declaration on the Right to Nutrition in Hospitals, endorsed and signed by the Latin-American societies and witnessed by ESPEN and ASPEN in Cancun, Mexico in 2008⁽²⁾. The Cancun Declaration claims the “Human right of patients to receive timely and optimal nutritional therapy from qualified staff wherever they are.”

Finally, the International Declaration on the Right to Nutritional Care and the Fight against Malnutrition, signed in Cartagena, Colombia, in 2019, which aimed to look at the Declaration signed one decade before from a new perspective. It was endorsed by FELANPE member societies with ESPEN, ASPEN, the Latin-American Nutrition Society (SLAN) and other societies as witnesses⁽³⁾. For the first time, it advocates for the recognition of the right to nutritional care as an emerging human right, inseparable from the right to health and the right to food. Through thirteen principles, the Cartagena Declaration claims recognition of nutritional care as a right for all.

In the public health realm and the political context, beneficiaries or holders of the right to food are individuals with an active role to whom the State must provide with a favorable environment to “allow them to feed

themselves.” In the clinical context, should the right of people to “feed themselves” or to “be fed” be guaranteed? In this context, ill individuals have a higher probability of developing an altered nutritional status due to the mere fact of being ill. Such status is not dependent on the lack of food but on the impact of inflammation and metabolic abnormalities. Consequently, every ill person in contact with a health institution ought to be able to receive nutritional care. In order for patients to benefit from nutritional care, there needs to be a team of professional experts in clinical nutrition who can ensure a thorough and adequate nutritional care process. Patients afflicted by disease cannot decide on their own about the type of nutrition or food they require, and it is up to the professional to determine the therapeutic indication. Patients are of course free to decide whether to accept or reject what the healthcare professional proposes. In no case does this right imply the duty of feeding people at any cost and in all stages of life, including end of life; on the contrary, this right implies, from the ethical standpoint, deciding what is best for the patient which, in some cases, might mean not to provide nourishment^(4,5).

Along these lines, ACNC organized several projects in accordance with the principles of the Cartagena Declaration, aimed at promoting respect for the right to nutritional care:

1. Expert consensus on nutrition competencies for physicians (principle #8)⁽⁶⁾.

2. Qualitative study, from a phenomenological perspective, to evaluate public policy status in the field of clinical nutrition and expert opinions regarding disease-related malnutrition⁽⁷⁾.
3. Consensus to arrive at a nutritional care model that can serve as benchmark for Latin America, which is featured in this issue of the Journal.

Within the framework of principle #13 of the Cartagena Declaration which calls for international action, an international working group to join efforts and bring actions to a global scale was set up. The group was created with representatives from ASPEN, ESPEN, FELANPE, PENSA, West African Society for Parenteral and Enteral Nutrition (WASPEN) and South African Society for Parenteral and Enteral Nutrition (SASPEN) and experts from other fields such as history and law. The group proposed a new document with five fundamental principles to join efforts globally and place disease-related malnutrition and lack of access to nutritional care on the international health and nutrition agenda.

ASPEN, ESPEN, FELANPE and PENSA, together with the 75 national societies are profoundly convinced of the need to appeal to public authorities, governmental and non-governmental international organizations and other scientific societies, in order to raise their awareness on the importance of optimal nutritional care for all patients.

Click here to learn about the Vienna Declaration: <https://www.espen.org/espen/vienna-declaration-nutritional-care-is-a-human-right>.

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