

## **WMA RESOLUTION ON THE ACCESS TO ADEQUATE PAIN TREATMENT**

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### **PREAMBLE**

Around the world, tens of millions of people with cancer and other diseases and conditions experience moderate to severe pain without access to adequate treatment. These people face severe suffering, often for months on end, and many eventually die in pain, which is unnecessary and almost always preventable and treatable. People who may not be able to adequately express their pain - such as children and people with intellectual disabilities or with consciousness impairments - are especially at risk of receiving inadequate pain treatment.

It is important to acknowledge the indirect consequences of inadequate pain treatment, such as a negative economic impact, as well as the individual human suffering directly resulting from untreated pain.

In most cases, pain can be stopped or relieved with inexpensive and relatively simple treatment interventions, which can dramatically improve the quality of life for patients.

It is accepted that some pain is particularly difficult to treat and requires the application of complex techniques by, for example, multidisciplinary teams. Sometimes, especially in cases of severe chronic pain, psycho-emotional factors are even more important than biological factors.

Lack of education for health professionals in the assessment and treatment of pain and other symptoms, and unnecessarily restrictive government regulations (including limiting access to opioid pain medications) are two major reasons for this treatment gap.

### **PRINCIPLES**

The right to access to pain treatment for all people without discrimination, as laid down in professional standards and guidelines and in international law, should be respected and effectively implemented.

Physicians and other health care professionals have an ethical duty to offer proper clinical assessments to patients with pain and to offer appropriate treatment, which may require prescribing medications - including opioid analgesics - as medically indicated. This also applies to children and other patients who cannot always adequately express their pain.

Instruction on pain management, including clinical training lectures and practical cases, should be included in mandatory curricula and continuing education for physicians and

other health professionals. Such education should include evidence-based therapies effective for pain, both pharmacological and non-pharmacological. Education about opioid therapy for pain should include the benefits and risks of the therapy. Safety concerns regarding opioid therapy should be emphasized to allow the use of adequate doses of analgesia while mitigating detrimental effects of the therapy. Training should also include recognition of pain in those who may not be able to adequately express their pain, including children, and cognitively impaired and mentally challenged individuals.

Governments must ensure the adequate availability of controlled medicines, including opioids, for the relief of pain and suffering. Governmental drug control agencies should recognize severe and/or chronic pain as a serious and common health care issue and appropriately balance the need to relieve suffering with the potential for the illegal use of analgesic drugs. Under the right to health, people facing pain have a right to appropriate pain management, including effective medications such as morphine. Denial of pain treatment violates the right to health and may be medically unethical.

Many countries lack necessary economic, human and logistic resources to provide optimal pain treatment to their population. The reasons for not providing adequate pain relief must therefore be fully clarified and made public before accusations of violating the right to health are made.

International and national drug control policies should balance the need for adequate availability and accessibility of controlled medicines like morphine and other opioids for the relief of pain and suffering with efforts to prevent the misuse of these controlled substances. Countries should review their drug control policies and regulations to ensure that they do not contain provisions that unnecessarily restrict the availability and accessibility of controlled medicines for the treatment of pain. Where unnecessarily or disproportionately restrictive policies exist, they should be revised to ensure the adequate availability of controlled medicines.

Each government should provide the necessary resources for the development and implementation of a national pain treatment plan, including a responsive monitoring mechanism and process for receiving complaints when pain is inadequately treated.