

The Pain Summit: Moving the Agenda Forward

I have previously drawn readers' attention to the need to broaden the awareness of policymakers, the public, and clinicians outside the pain field of the prevalence and complexity of chronic pain conditions, their enormous socioeconomic costs, and their impact on the quality of life of chronic pain patients, as well as the consequences of inappropriate diagnosis or management and of limited access to appropriate care for chronic pain.¹⁻³ Attention was also given to several initiatives at local, national, and international levels to increase awareness of these matters, to enhance the knowledge base of healthcare providers about pain and its management, to improve standards of care, and to increase government support for pain education, research, and treatment.

I have also noted efforts to ensure that each nation embraces the principle that it is a fundamental human right that each person has timely access to appropriate pain management.^{3,4} To this end, the first International Pain Summit recently took place in Montreal, Canada, for a worldwide declaration on the human right to pain management. I had the good fortune to be invited to the Summit, which was supported by the International Association for the Study of Pain (IASP) and attended by over 250 pain clinicians, scientists, patients, and policymakers from 62 countries. The purpose of the Summit was not only to agree upon the content and wording of such a declaration but also to initiate a process for a set of desirable features of national pain strategies to help implement improved pain management around the world. Several speakers in the initial part of the Summit drew attention to each of the features of chronic pain and its impacts (see above), including the need to establish access to pain management as a basic human right. Even countries with established national pain strategies face significant challenges in ensuring appropriate and timely access as a result of limited public healthcare resources and funds, beliefs (eg, opiate phobia), and local laws and policies limiting access to certain approaches. Access is especially problematic in less developed nations, and an estimated five billion people have low, limited, or no access to pain management. Participants at the Summit subsequently discussed and proposed changes to a draft declaration document and later in the Summit voted unanimously to support the Declaration of Montreal

that calls for pain management as a universal human right. This was refined further and approved by the IASP Council late last year, with the intent to facilitate efforts in each country to improve pain management nationally and internationally. For example, in Canada, armed with the Declaration of Montreal, a National Pain Strategy is being developed and will be the focus of the National Pain Summit to take place in Ottawa in April, 2012. Similar initiatives are occurring in other countries. Each of us in the pain field needs to get behind these efforts to move the pain "agenda" forward by enhancing pain awareness, understanding, and access to appropriate management for the ultimate benefit of pain patients.

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References

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