

Painful Waiting

The World Health Organization (WHO), the United Nations (UN), and the International Association for the Study of Pain (IASP) have stressed that all peoples have a right to treatment of pain, and that patients should receive timely access to appropriate care for chronic pain.^{1,2} Yet, in many countries, even so-called highly developed countries, this is not the case.³ For example, a recent survey in Canada, one of the wealthiest countries in the world and with a health-care system admired by many, revealed that the median wait-time for access to publicly funded multidisciplinary pain clinics is 6 months, with some patients having to wait as long as 5 years!⁴ There are several reasons underlying this intolerable situation. These include: the current focus, especially in developed countries, on high-tech treatments appropriate for acute disease rather than on prevention and self-management initiatives needed for most chronic diseases; insufficient knowledge about chronic pain conditions and their diagnosis and management by most general practitioners; unavailability of sufficient numbers of recognized pain specialists who can deal effectively with chronic pain conditions; and the geographic remoteness of many chronic pain patients from such specialists, since most pain clinics are concentrated in large urban areas yet chronic pain is not limited to city dwellers! The lack of timely access can only make the condition more costly for the health-care system and worse for the patient, since it has been shown that patients who suffer from a chronic pain condition deteriorate while waiting for treatment, with escalating pain, the appearance or entrenchment of depression, and decreased health-related quality of life.⁵

Recognizing this situation, 2 years ago, the IASP established a Wait-times Task Force, co-chaired by Dr Mary Lynch (current president of the Canadian Pain Society) and myself and comprising members from various countries around the world, to identify

appropriate wait-times benchmarks for treatment of chronic pain. The Task Force has recently completed its international environmental scan, which identified a few nations where vigorous initiatives in recent years have established benchmarking guidelines for wait-times for chronic pain management. The IASP is considering the Task Force's report, and the process and means of pursuing multinational initiatives to address the timely and appropriate management of chronic pain on a global basis. It will be a challenge to have appropriate wait-times guidelines adopted around the world in these times of global fiscal restraint and burgeoning health-care budgets, but each nation surely has an obligation to embrace the principle that all peoples have the right for timely access to appropriate care for chronic pain and to take steps to ensure that the principle is applied to all its citizens; it is a fundamental human right.



Barry J. Sessle
Editor-in-Chief

References

1. Bond M, Breivik H. Why pain control matters in a world full of killer diseases. *Pain Clin Updates* 2004;12(4):1-4.
2. Brennan F, Cousins MJ. Pain relief as a human right. *Pain Clin Updates* 2004;12(5):1-4.
3. Lynch ME, Campbell FA, Clark AJ, et al. Waiting for treatment for chronic pain. A survey of existing benchmarks: Toward establishing evidence-based benchmarks for acceptable waiting times. *Pain Res Manage* 2007;12:245-248.
4. Peng P, Choiniere M, Dion D, et al. Challenges in accessing multidisciplinary pain treatment facilities in Canada. *Can J Anaesth* 2007;54:977-984.
5. Lynch ME, Campbell FA, Clark AJ, et al. A systematic review of the effect of waiting for treatment for chronic pain. *Pain* 2008;136:97-116.