

THE WORLD MEDICAL ASSOCIATION, INC.

SUBMISSION OF NEW POLICY

Please return this form to the WMA Secretariat at secretariat@wma.net no later than 1 February 2011.

Author:	British Medical Association Dr Vivienne Nathanson
Title including suggested policy type:	Draft 'WMA Resolution on the Access to Adequate Pain Treatment'
Original Language:	English
Summary including items for consideration, if applicable:	<p>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 every year. People who may not be able to adequately express their pain such children and people with intellectual disabilities or consciousness impairments, are especially at risk of inadequate pain treatment. Most of such suffering is preventable as inexpensive treatment interventions can relieve most pain and dramatically improve the quality of life for patients and their caregivers.</p> <p>This treatment gap can be explained by the lack of education for health professionals in the assessment and treatment of pain and other symptoms, as well as restrictive government regulations including limiting access to opioid pain.</p>
Related WMA policies including those to be incorporated or replaced:	<p>WMA Declaration on Terminal Illness (1983, 2006), http://www.wma.net/en/30publications/10policies/i2/index.html</p> <p>WMA Declaration on the Rights of the Patient (Declaration of Lisbon), http://www.wma.net/en/30publications/10policies/l4/index.html</p> <p>WMA International Code of Medical Ethics, London, 1949, amended Sydney, 1968 and at Venice 1983 and at Pilanesberg, 2006 Web. http://www.wma.net/en/30publications/10policies/c8/index.html</p> <p>WMA Resolution on Drug Prescription (2010), http://www.wma.net/en/30publications/10policies/p7/index.html</p>
Fiscal note by including short and long term resource implications:	None

Execution:	Secretariat, Officers and Member Organisations
Suggested Keywords:	Pain relief, suffering, opioid, end-of-life care, palliative treatment, terminal illness, suicide, morphine, drugs, education

Please add the policy body hereunder:

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 every year. These people face severe suffering, often for months on end, and many eventually die in agony. People who may not be able to adequately express their pain such children and people with intellectual disabilities or consciousness impairments, are especially at risk of inadequate pain treatment. Most of such suffering is preventable and unnecessary as inexpensive treatment interventions can relieve most pain and dramatically improve the quality of life for patients and their caregivers.

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

1. The right to access to pain management for all people without discrimination, as laid down in professional standards and guidelines^{1 2 3 4} and in international law^{5 6 7 8}, should be respected and effectively implemented.
2. Physicians and other health professionals have an ethical duty to offer patients with pain quality assessments and to prescribe medications, including opioids, in adequate quantities to all people who need pain medication. This includes children and others who cannot always adequately express their pain.
3. Instruction on pain management, including through clinical training and lectures, should be included in all mandatory medical and nursing curricula, and continuing medical and nursing education. This includes instruction in evidence-based pharmacological treatment⁹.
4. Governments must ensure the adequate availability of controlled medicines, including opioids,

¹WMA Declaration on Terminal Illness (1983, 2006), <http://www.wma.net/en/30publications/10policies/i2/index.html>

²WMA Declaration on the Rights of the Patient (Declaration of Lisbon), <http://www.wma.net/en/30publications/10policies/l4/index.html>

³WMA International Code of Medical Ethics, London, 1949, amended Sydney, 1968 and at Venice 1983 and at Pilanesberg, 2006 Web. <http://www.wma.net/en/30publications/10policies/c8/index.html>

⁴<http://www.iasp-pain.org/PainSummit/DeclarationOfMontreal.pdf>

⁵International Covenant on Economic, Social and Cultural Rights (ICESCR), Art. 12 and General Comment 14 (2000)

⁶Covenant on Elimination of All forms of Discrimination Against Women (CEDAW), Art 14 and General Recommendation 24

⁷Convention on the Rights of the Child, Art 24.

⁸UN Single Convention on Narcotic Drugs, 1961, http://www.incb.org/pdf/e/conv/convention_1961_en.pdf

⁹WMA Resolution on Drug Prescription (2010), <http://www.wma.net/en/30publications/10policies/p7/index.html>

for the relief of pain and suffering. Under the right to health, people facing pain have a right to appropriate pain management, including with essential pain medications like morphine.¹⁰ Denial of pain treatment violates the right to health and may constitute a form of cruel, inhuman or degrading treatment or punishment.¹¹

5. 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.¹² Where unnecessarily or disproportionately restrictive policies exist, they should be revised to ensure the adequate availability controlled medicines.

6. 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.

Please add (or separately attach) the background document(s), if any:

* Background information including literature and sources. (The background information will not remain as part of the policy, but may be published as an additional resource in connection with the policy document on request of the General Assembly or Council.) The background document is not subjected to policy review. It may be rescinded or amended together with the policy, if applicable.



¹⁰ http://www.who.int/medicines/publications/essentialmedicines/Updated_sixteenth_adult_list_en.pdf

¹¹ Special Rapporteur on Torture and other Cruel, Inhuman or Degrading Treatment and Punishment, <http://daccess-dds-ny.un.org/doc/UNDOC/GEN/G09/103/12/PDF/G0910312.pdf?OpenElement>

¹² http://www.incb.org/incb/annual_report_1999.html