



Symposium “Societal Impact of Pain”

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BIO-ETHICAL IMPLICATIONS OF PAIN MANAGEMENT

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INTRODUCTION

IT IS TRUE THAT IF MEDICINE CAN DELINEATE THE PHYSICAL AND THE BIOLOGICAL ENTITIES AS ITS DOMAIN AND **RESPONSIBILITY**, AND LEAVE THE REST TO OTHER PROFESSIONALS, THEN MEDICINE CAN **INSULATE ITSELF FROM THE RESPONSIBILITY TO ACKNOWLEDGE AND RESPOND TO THE PAIN AND SUFFERING** THAT RESULT FROM A PATIENT'S EXPERIENCE OF ILLNESS – AND, CERTAINLY, WE HAVE AN ETHICAL DILEMMA.



My painting carries with it the message of pain.

(Frida Kahlo)

THE FACTS

TWO FACTS ABOUT PAIN ASSESSMENT
AND MANAGEMENT ARE
UNCONTROVERSIAL. THE

...HEALTHCARE PROFESSIONALS HAVE AN
ETHICAL OBLIGATION TO RELIEVE PAIN
EXPERIENCED BY THEIR PATIENTS.

...THIS OBLIGATION HAS BEEN LARGELY
NEGLECTED.



THE FACTS

BARRIERS OF EFFECTIVE PAIN MANAGEMENT:

- **Failure of physicians to identify pain as a priority;**
- **Scientific approach over the humanistic approach;**
- Failure set up a therapeutic alliance;
- **Insufficient knowledge about pain assessment and management**
- Persistence of irrational beliefs ...associated to opioid prescription and consumption for pain
- Failure of the healthcare systems to **hold clinicians accountable** for pain relief
- Resistance of patients and family members to the use of **opioids**
- **Cost constraints.**



MODELS OF CARE AND ETHICAL THEORIES

ETHICS OF CARE

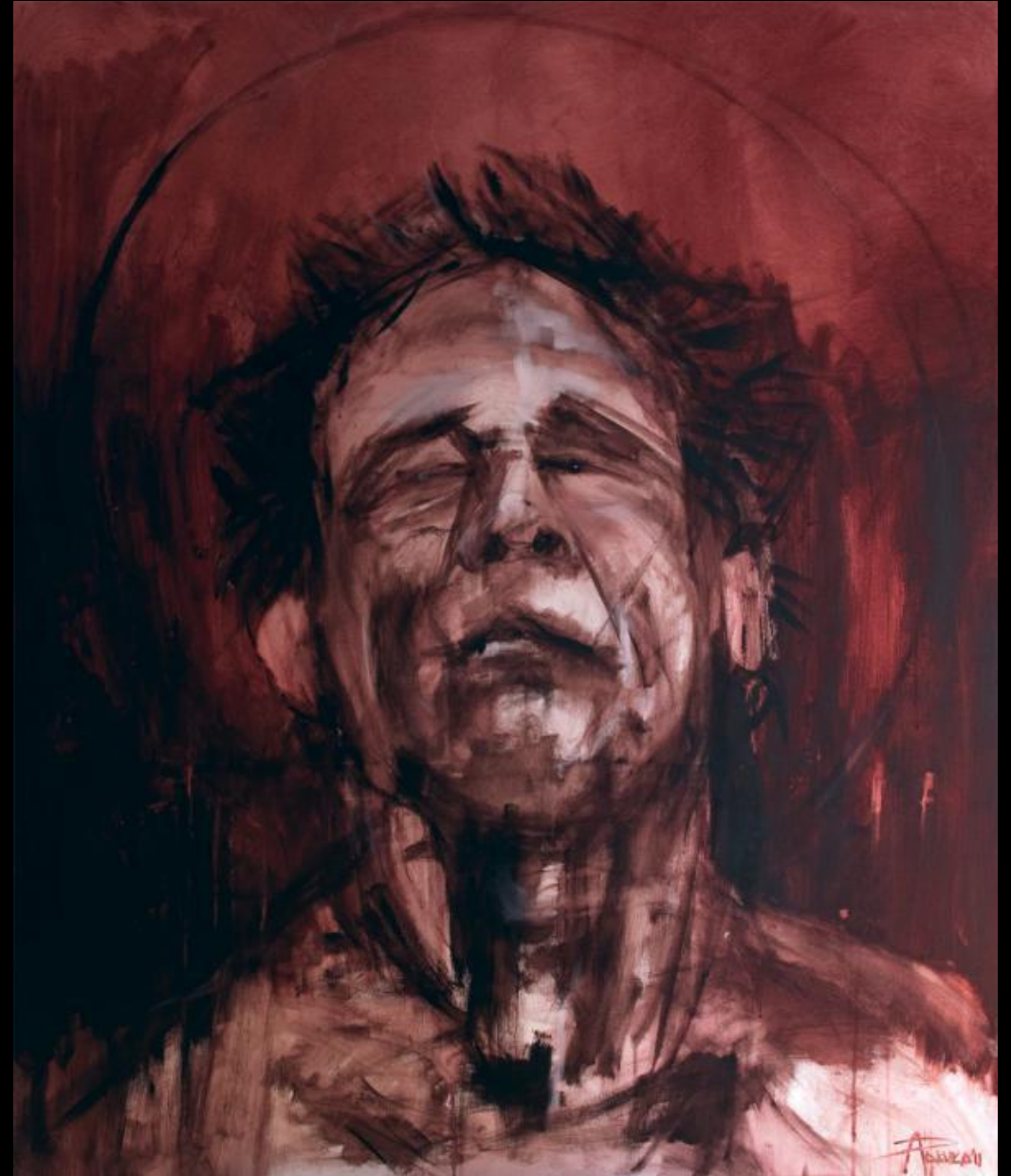
MEDICAL-PATIENT
RELATIONSHIP AS A
THERAPEUTIC ALLIANCE

NARRATIVE
BASED ETHICS

SUBJECTIVE DIMENSION OF
THE PAIN LANGUAGE

PRINCIPALISM

STRUCTURE THE MAIN ETHICAL
DIMENSION OF PAIN
MANAGEMENT



THE IMPORTANCE OF CARE BASED ETHICS ON THE THERAPEUTIC ALLIANCE

CURATIVE MODEL

DUALISM OF MEDICINE

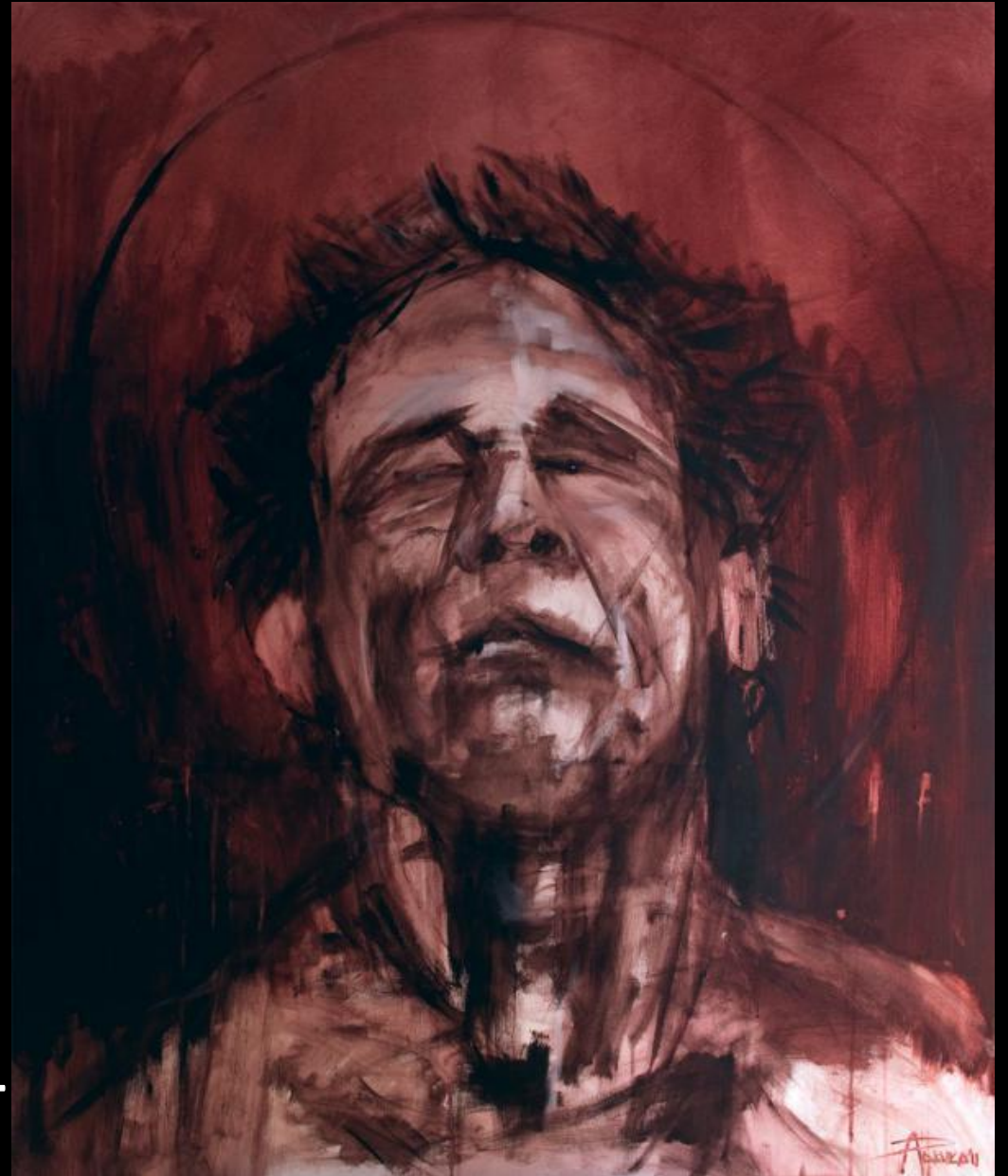
ANALYTIC AND RATIONALIST

PRIVILEGES SCIENTIFIC OBJECTIVITY

MODEL PERCEIVES DEATH AS AN ENEMY

PALLIATIVE CARE

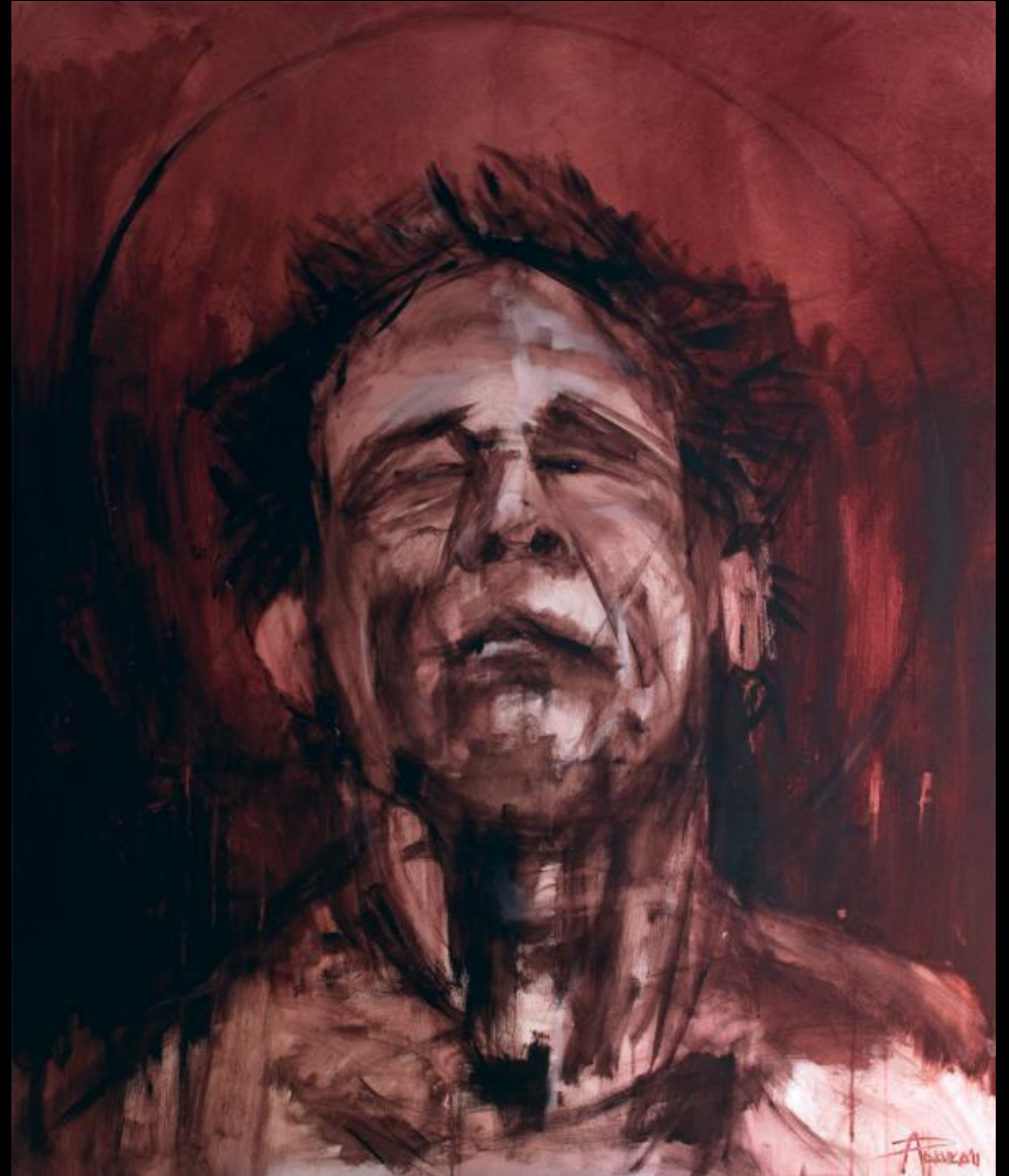
- **HUMANISTIC AND PERSONAL**
- **VALUES THE PATIENT'S SUBJECTIVE EXPERIENCE,**
- **CONSIDERS DEATH AS AN INHERENT PART OF LIFE (WHO, 2009).**



THE IMPORTANCE OF NARRATIVE
BASED
ETHICS IN THE THERAPEUTIC ALLIANCE

PAIN HAS BEEN DESCRIBED AS HAVING AN “INVISIBLE GEOGRAPHY THAT . . . HAS NO REALITY BECAUSE IT HAS NOT YET MANIFESTED ITSELF ON THE VISIBLE SURFACE OF THE EARTH”. S

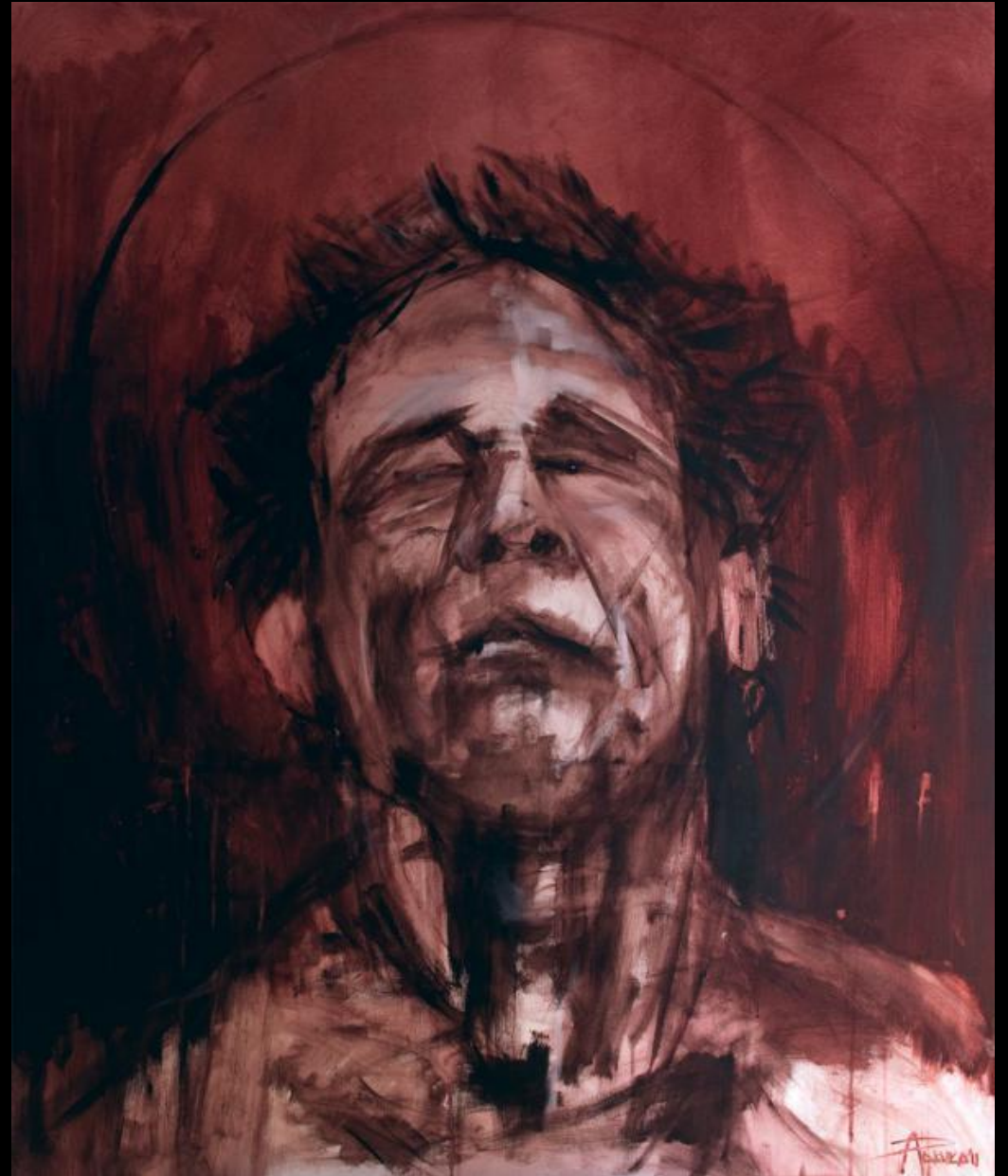
“TO HAVE PAIN IS TO HAVE CERTAINTY;
TO HEAR ABOUT IT IS TO HAVE DOUBT” .



IMPORTANT ETHICAL PRINCIPLES IN PAIN MANAGEMENT

RESPONSIBILITY AND ACCOUNTABILITY AT MICRO (INDIVIDUAL – PHYSICIANS), MESO (INTER-PROFESSIONAL TEAMS, HEALTHCARE AND EDUCATION ORGANIZATIONS), AND MACRO (HEALTHCARE SYSTEMS, EDUCATION SYSTEMS, POLICIES) LEVELS

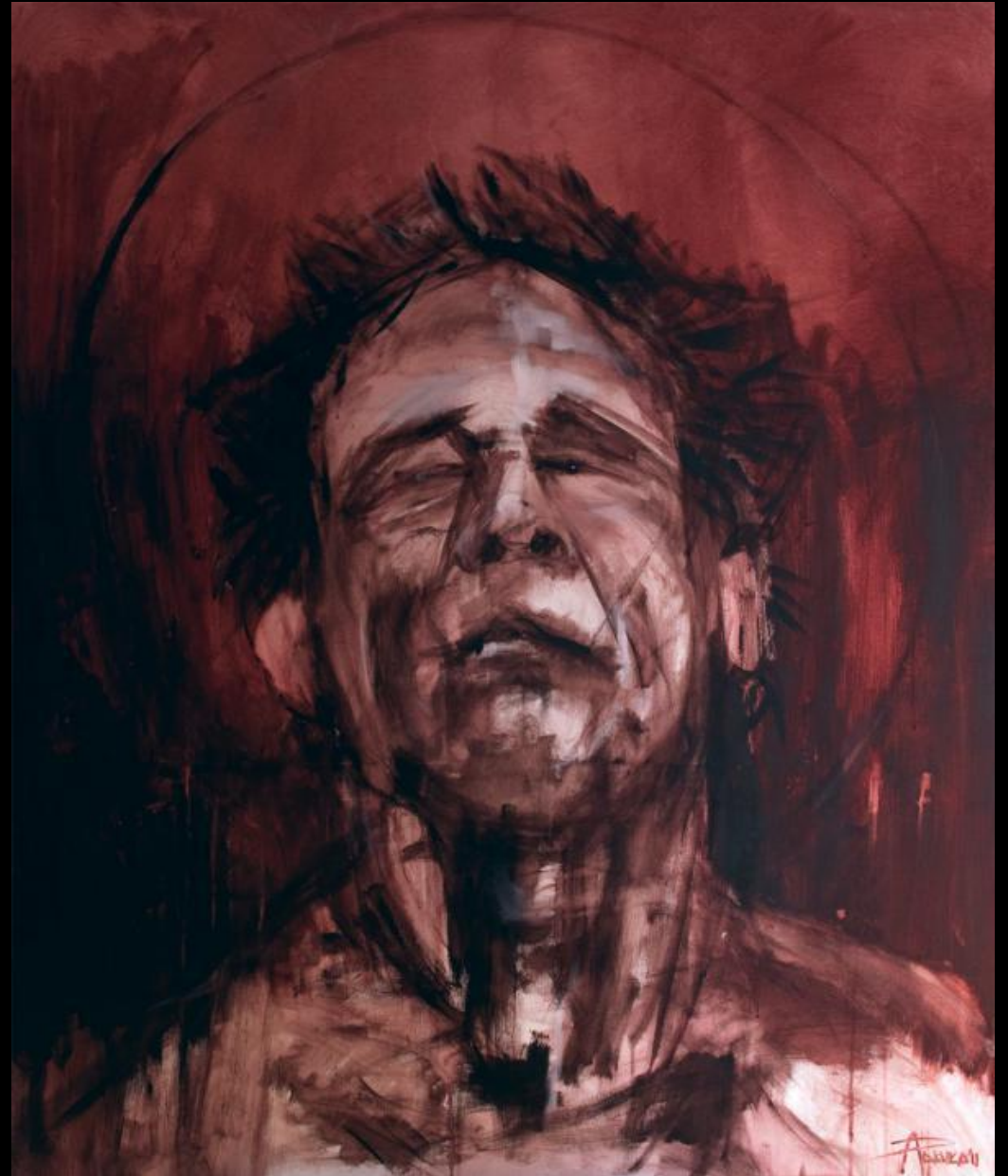
AUTONOMY IS BY OBTAINING THE PATIENT'S VALID CONSENT FOR ANY MEDICAL INTERVENTION ... RESPECT FOR PATIENTS' VALUES AND DECISION MAKING CAPACITY.



IMPORTANT ETHICAL PRINCIPLES IN PAIN MANAGEMENT

...PREVENTING OR ALLEVIATING PAIN IS NOT MERELY A MATTER OF DOING GOOD (**BENEFICENCE**) BUT ALSO OF PREVENTING HARM (**“NONMALEFICENCE”**)

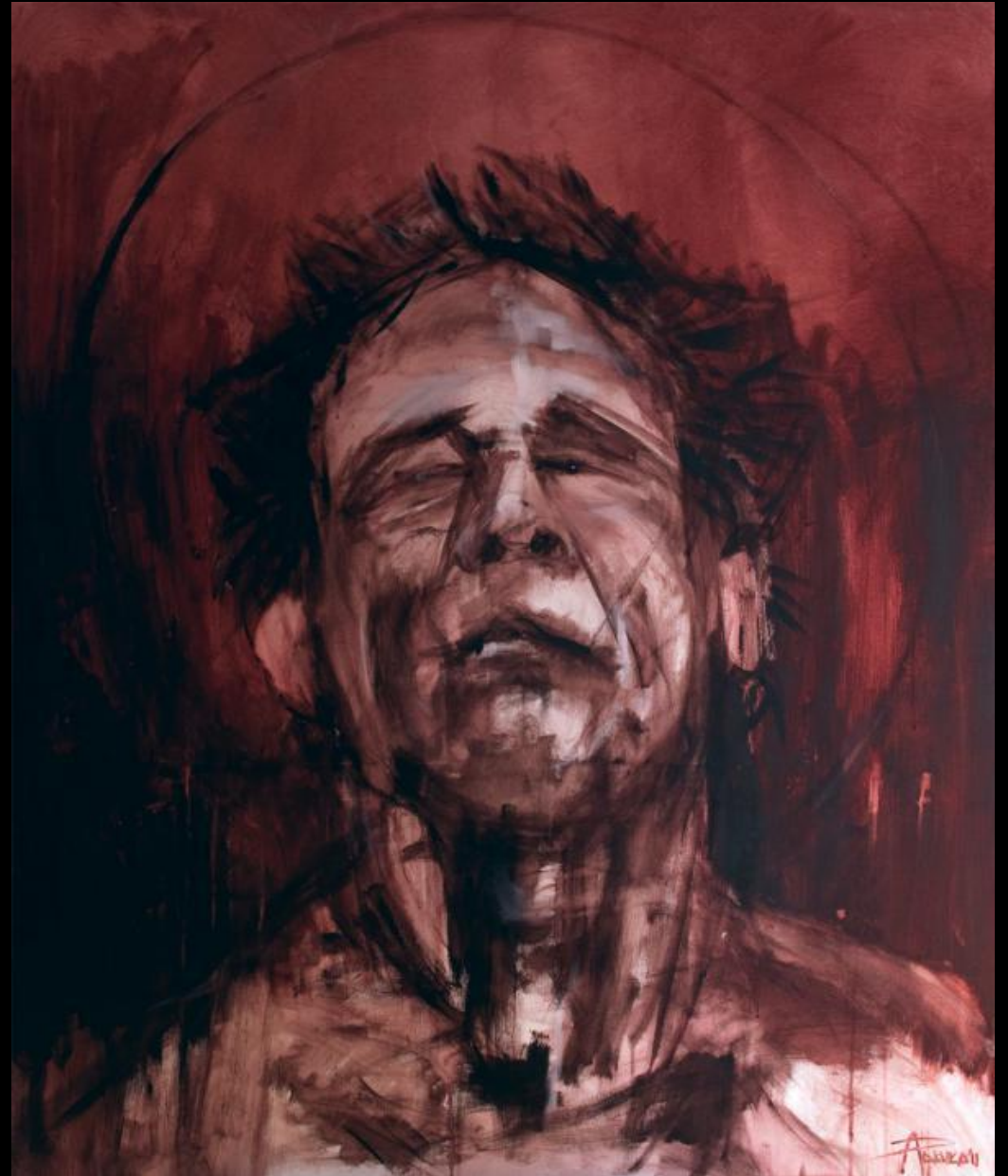
UNRELIEVED PAIN CAN IMPINGE AND ULTIMATELY ERASE A PERSON’S **AUTONOMY AND INCREASE VULNERABILITY**, WHEREAS PROVIDING PAIN RELIEF CAN PROTECT A PERSON’S **INTEGRITY AND PROMOTE DIGNITY**.



IMPORTANT ETHICAL PRINCIPLES IN PAIN MANAGEMENT

...PHYSICIANS HAVE AN OBLIGATION TO PROMOTE **JUSTICE** IN THE DISTRIBUTION OF THESE GOODS...

...FINANCIAL CONSTRAINS MAKE IT MORE DIFFICULT TO PROVIDE NECESSARY MONITORING OF PATIENTS (E.G., DUE TO WORK OVERLOAD, TIME PRESSURE), THEREFORE HINDERING THE HUMANISTIC AND RELATIONAL APPROACH NEEDED TO EFFECTIVELY ASSESS, MANAGE AND CONTROL PAIN.



HOW THE PROBLEM COULD BE SOLVED

...EDUCATION OF THE PATIENT...

...HEALTH PROFESSIONALS EDUCATION PROGRAMS ARE NEEDED TO STIMULATE COGNITIVE SKILLS ACQUISITION, EMOTIONAL DEVELOPMENT AND CAPACITY FOR REFLECTIVE INSIGHT.

CULTIVATING AN ETHICAL SENSITIVITY TO THE PERSONAL DIMENSIONS OF PAIN

CORRECTING MYTHS ...



PHILOSOPHY OF PAIN MEDICINE MUST :



(I) DEFINES THE NATURE OF PAIN,



(II) RECOGNIZES THE VARIABILITY AND SUBJECTIVITY OF ITS
EXPRESSION IN THE PAIN PATIENT,



(III) ACKNOWLEDGES AND EXPLICATES THE VULNERABILITIES
RENDERED BY PAIN,



(IV) DESCRIBES THE INHERENT CHARACTERISTICS AND
ASYMMETRIES OF THE PATIENT-CLINICIAN RELATIONSHIP, AND



(V) DEFINES THE ENDS OF PAIN CARE.

PARADIGM OF INTEGRATIVE PAIN CARE SUPPORTS :



(I) THE BASIC DEONTIC STRUCTURE OF THE PROFESSION,



(II) ALLOWS FOR A MORE COMPLETE ARTICULATION OF CLINICAL AND ETHICAL RESPONSIBILITIES WITHIN THE SCOPE OF PARTICULAR GENERAL, SPECIALTY AND SUB-SPECIALTY PRACTICES,



(III) UPHOLDS THE VALUE OF PAIN CARE AS AN INTERPERSONAL INTERACTION THAT SEEKS TO EXECUTE GOOD ACTS AND ENDS AS SPECIFICALLY DEFINED BY THE NEEDS OF THE PATIENT AND PARAMETERS OF THE CLINICAL RELATIONSHIP

CONCLUSION

