



INTERVIEW WITH CHRIS WELLS

PRESIDENT OF THE EUROPEAN PAIN FEDERATION (EFIC)

What makes this Symposium important, what do you hope will be its outcome?

We want to make a difference on the burden of pain in Europe for patients and for society. In those respects, we want to make many other things that don't happen properly today, happen. This includes sharing best practice across EU in particular we know different countries offer different treatments. Some are evidence based, some aren't. That's why it is important that the best, most evidence-based treatments are used across the EU. Because we don't want to spend money on treatments which are not successful.

We are concerned that there is very little mention of pain treatment as it relates to cancer care in Commission materials on the subject, which is something that cancer patients are very concerned about. They want reasonably controlled pain as they go through the process of diagnosis and treatment.

We are also concerned about the burden that pain puts on employment and the workplace. We are aware that not only are many key personnel unable to work because of pain, but even more importantly, it has now been shown that people at work with pain underperform. This is bad for their employer, for society and for the individual, because it minimizes their chances of long term employment and advancement. Effective pain policies can positively impact the productivity and longevity of Europe's labour force and delay early retirement.

I hope that the outcomes of SIP 2016 are a stronger awareness that improving cancer pain treatment will result in a better quality of life and wellbeing for cancer patients and survivors, an effort on behalf of the EU governments and institutions to address the problem of workers with pain, and an increased awareness amongst Europeans of the issues. I also hope that cross border health care is addressed and better provisions are granted to help make hospitals and GPs across Europe aware of the best treatment. Overall, my hope is that we are able to minimize the burden of pain on society.

Why is it important to address pain in EU policies now?

It has always been important to address pain in EU policies, and we've been working to that end since the SIP started. But every year that the EU governments and institutions don't address these problems, adds to the huge cost of pain on society, which is both financial and emotional. Indeed, the financial cost is obscene and should be addressed in a timely manner. By addressing pain in EU policies, we can actually save the EU money.

What have been the barriers to more ambitious EU policies on pain and what can the EU do to help improve pain treatment? What are you doing to help?

One of the major barriers is the fact that each country in the EU works in its own way without reference to others or to best practice. The EU itself, though it passes legislation that touches on pain, doesn't make sure that it is carried out. You can see that with the cross border health care directive, which makes a specific reference to the need to assess pain in patients – most countries don't know about it nor do they know how to implement it. There is a need for Commission guidance to support the proper application of the legislation.

What we'd like to see, is that all countries put the policies into effect– and that they are encouraged to do so. We want to see pain becoming an important part of all the Commission's core strategy documents on cancer and that the effect of pain on the workplace and employment is recognized and addressed.

Finally, the medical community has to accept that in general it manages pain - especially chronic pain - poorly. It's not because the tools aren't available, but rather that it's not taught properly in medical school. Both undergraduate schooling and post-doctoral training must be improved.

I'm particularly proud of two things: our recent guidelines on the management of back pain – which is the most common chronic pain. It's a draft document that, if implemented in the UK, would not only be effective in reducing pain but would also be cost effective in saving the UK money because it bars treatments which have been proven ineffective.

This could be rolled out across Europe and EFIC is going to have a pan-European discussion on the best ways to manage back pain and come up with a guideline for Europe. Which will be very important. We are going to do the same for the management of cancer pain in cancer survivors.

Recognising that many doctors are poorly trained to manage chronic pain – which came out of the last SIP Symposium, we have also developed a syllabus, curriculum, reading list and exam – which can be provided to those with an honest desire to learn how to manage all pain, acute and chronic.



To what extent does the wider public need to better understand the issues you are addressing?

Most people know someone who has chronic pain, and most know someone or have been in acute pain themselves. But they need to know is that they are not alone and that 20% of the population have chronic pain.

They need to know there is a wider community out there with self-help groups and patient organisations like the [Active Citizenship Network](#) (ACN) and [Pain Alliance Europe](#) (PAE) that can help support them. They need to know that not all treatment is the same, some are better and there is evidence to show that.

Self-management is important for those who can but they need help – just like you would need to learn tennis, or most other things. Some doctors are properly trained and certified to treat people with chronic pain and some aren't. People should know that they should always ask anyone they see what their training is and whether they are truly qualified to handle it.

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