



German Pain Congress Berlin 2007

**Pain in Germany  
Pain in Europe**

**DGSS Ethics Charter**

**Deutsche Gesellschaft zum Studium des Schmerzes e.V. (German Pain Society)**

**Synopsis**

## **2 Synopsis**

### **Theses on the Ethics of Pain Therapy**

- 1) Freedom from pain is an essential element of human well-being.
- 2) Pain therapy is a fundamental human right.
- 3) Everyone has the same right to adequate pain relief.
- 4) Everyone has the right to die without suffering from pain, if necessary even with the risk of adverse-effects
- 5) Pain relief should respect the patient's autonomy
- 6) Pain therapy must not cause harm. Early death in cancer patients as a result of pain therapy is not to be considered as harm.
- 7) Pain relief must not hinder self-determination.
- 8) Risks of pain therapy may only restrict therapeutic measures, if the resulting advantages of pain therapy are reduced.
- 9) Chronic pain is to be prevented by effectively treating acute pain.

### **Deutsche Gesellschaft zum Studium des Schmerzes e.V. (DGSS)**

#### **Ethics Charter - Synopsis**

**The DGSS Ethics Charter is a document offering ethical orientation in fundamental questions and special challenges in dealing with pain. It is intended for all those treating pain, accompanying those suffering from pain or those who are themselves affected by pain.**

The complete Ethics Charter in German is available free of charge from:

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## **Background**

### **What Is Pain?**

Pain is a symptom that not only refers to the stimulation of pain-mediating (nociceptive) structures. It is a phenomenon with a physiological dimension, a consciousness component and an emotional element determining the intensity and nature of the pain experience and behaviour. In addition, an individual's pain tolerance is affected by communication habits, historical and psychosocial aspects.

### **What Is the Purpose of Pain**

Pain has an important function in being an early warning system for damage to the organism. Without this warning system, possible damage to health could cause illness or even death. On elimination of the disorder causing the pain, it usually recedes. Acute pain as a symptom, is an important indication of a possible cause. If pain persists, it loses its warning function and becomes a disease in its own right. This disease results in disability and the restriction of physical, psychological and social activities.

### **When Pain Becomes a Disease**

In view of the diversity of chronic pain, it is considered to be a bio-psycho-social disease. Long term pain conditions lead to detectable changes in neuronal structures, to learning processes and to the development of a pain memory. Immediate therapy and prevention of pain may avoid, interrupt or resolve chronicity.

### **How Is Chronic Pain to Be Treated?**

Depending on the severity and duration of the pain disease, an incremental process is necessary. As a first step monodisciplinary diagnosis and therapy are sufficient. Then, when pain becomes chronic, a specialist qualified in "special pain therapy" or "palliative medicine" should be consulted. In a final step an interdisciplinary centre, either out-patient or in-patient, should diagnose and treat with the patients.

### **How Can Chronic Pain Be Prevented?**

An important task of pain therapy is to adequately treat acute pain as a prophylactic measure to prevent from pain chronicity.

### **Cancer Pain - a Special Case**

Cancer pain differs from non-cancer pain and acute pain both in regard to diagnostic methods and treatment. In cancer pain a mere reduction in the intensity of pain may be taken to be sufficient, this is not the case in non-cancer pain, e.g. back pain. Whereas in cancer pain, the sole treatment with analgesics is usually sufficient, chronic non-cancer pain in contrast requires extensive treatment of the bio-psycho-social disease. In addition to physical methods, psychological and social diagnostic and therapeutic methods are necessary.

### **Problem - Alternative Methods**

In pain therapy there are more unproven, scientifically unsound methods than established alternative methods (such as acupuncture). This applies to both alternative, invasive and surgical methods. The use of such methods is unethical and

is only acceptable in controlled studies. Unreasonably high charges for such scientifically unproven methods are equally unacceptable.

### **The Basis: Pain Measurement!**

In addition to blood pressure, pulse, temperature and respiration, pain should be monitored regularly as a vital sign, at least at the same regular intervals as heart rate and blood pressure. In many cases this would prevent pain remaining undetected and provide a chance to treat it adequately.

## **Synopsis**

### **In Case of Doubt: Obtain Advice and Advise Others**

Medical ethics and patient care also involves providing help, be it individual and at short notice by means of ethical consultation or mid-term training, or by panels such as clinical ethic committees.

### **Pain and Religion**

World religions basically have a positive attitude to life and do not propagate a culture of suffering from pain. Effective pain and symptom management not only respects the patients' individual spirituality, it also recognises their beliefs in a potential to have a positive effect on the course of the necessary therapeutic method selected.

### **Interacting with the Dying**

When caring for seriously ill or dying patients, help and relief of their suffering are the focus of attention. Patients have the right to competent and attentive care and treatment of their symptoms. The termination of patient life is a criminal offence all over the world, even by patient request, apart in the Netherlands and Belgium. In Germany potential life-maintaining treatment can be withheld or terminated, if no rational medical need can be attained or by patient request.

However, these ethically and legally permissible forms of restricting therapy (i.e. the non-initiation or termination of life-prolonging treatment in terminal illness) are seldom recognised or practised. However, some physicians cannot distinguish from impermissible forms or are afraid to assume responsibility. The situation is similar with the resolute treatment of pain or other suffering towards the end of life. Symptom-orientated, reasonable medication, however, should not fail simply because physicians are unable to draw a line between what is permissible and what is not, or because they do not dare to provide it. In actual fact this is often one of the problems in terminal care and treatment to relieve suffering towards the end of life, and the aim must be resolute symptom management. Such action is not forbidden even if medication accelerates the dying process. It is ethically and legally permissible as long as it aims at providing relief and not bringing about death.

### **Training**

Training in methods of diagnosing and treating pain is unsatisfactory in Germany and most countries. Pain therapy is merely optional and not obligatory in medical studies.

Therefore when young doctors leave university it is not assured whether they have sufficient knowledge of pain diagnosis and therapy.

This deficit is also reflected in training regulations for specialists. There is the risk that a whole group of specialists regularly diagnosing and treating pain are inadequately trained in the options for diagnosing and treating pain. In the meantime the fact that there are additional medical qualifications in "special pain therapy" and "palliative medicine" is proof of the necessity to create basic training in pain therapy and palliative medicine subject to examinations.

### **Theses on Pain Therapy in Patients with Acute and Peri-operative pain**

- 1) Posttraumatic and postoperative analgesia still features with serious deficits.
- 2) About 30% of patients are dissatisfied with peri-operative analgesia.
- 3) Good postoperative analgesia promotes early mobilisation and convalescence, reduces the rate of complications and reduces the period in intensive care units or on wards.
- 4) Simply checking pain as a fifth vital sign is not sufficient. Possible adverse-effects of treatment and physical function are to be checked.
- 5) Effective postoperative pain therapy may considerably reduce treatment costs.
- 6) Every hospital should have its own acute pain service.

### **Theses on Pain Therapy in Patients with Chronic Pain**

- 1) Pain is a consciousness phenomenon expressed in the dimensions of perception, behaviour and experience.
- 2) Pain also has communicative significance.
- 3) Treatment of chronic pain should be linked with clear, attainable goals.
- 4) If necessary, every patient should be provided with interdisciplinary therapy.
- 5) Activity, creativity and relaxation may relieve pain.
- 6) Pain and pleasure do not exclude each other.
- 7) Chronic pain impairs social contacts.
- 8) People's pain also affects those around them. Alternatives to isolation, solitude and support of healthy behaviour should be promoted.
- 9) Regular indicated prophylactic medication is usually better than on-demand medication.

### **Theses on Pain Therapy in Patients with Cancer Pain**

- 1) Pain in cancer patients is often a late symptom usually indicating that the cancer is irreversible.
- 2) In cancer patients, pain usually involves dealing with an existential situation.
- 3) Particularly in advanced cancer, pain is often an indication of the patients' condition, not only their physical state.
- 4) In modern cancer pain therapy very effective methods are available to relieve most pain.
- 5) In comparison to other pain diseases, the success rate in cancer pain therapy is particularly high.
- 6) In medical care of the terminally ill patients the relief of pain and suffering is more important than maintaining life at any cost.

### **Theses on Pain Therapy in Patients in Extreme Age Groups**

- 1) Neonates and premature infants have a right to adequate analgesia.

- 2) Intensive pain stimuli may also induce chronic pain in neonates and infants.
- 3) Chronic pain in children and adolescents affects their education, and consequently their whole life.
- 4) In infants, children and the elderly more ethical barriers than in adults restrict pain research. It is hence all the more important to apply the available knowledge also for the benefit of these patients.
- 5) In view of the vulnerability of patients in these extreme age groups, the particularities of these patient groups, must be taken into account in pain therapy.
- 6) In dying neonates and children ethical considerations similar to those in adults are indicated: Pain must be adequately treated in the process of dying, even if there is a risk of reducing the period of life.
- 7) Especially in geriatric patients with chronic pain, this implies an enhanced restriction on their autonomy.

### **Legal Principles of Pain Therapy**

- 1) Everyone suffering from pain has a right to adequate pain treatment.
- 2) Every patient has a right to a thorough and extensive examination of the cause of the pain and comprehensive diagnosis and therapy, including psychological, psychiatric and social aspects.
- 3) Every patient has the right to being adequately informed by the physician before treatment, i.e. as regards adverse-effects and possible alternatives.
- 4) A prerequisite of pain therapy is the expressed assumed consent of the patient.
- 5) There is no right to freedom from pain, only to pain treatment adhering strictly to current standards and pain therapy guidelines.
- 6) Analgesia adhering strictly to with medical standards usually requires a graduated procedure. Chronic pain is a bio-psycho-social disease requiring an interdisciplinary procedure.
- 7) If pain therapy fails in life-threatening diseases, palliative sedation (eliminating the patient's consciousness) may be indicated. This applies particularly to the terminal stage.
- 8) Pain treatment conforming with medical standards is not impermissible simply because it may unintentionally result in terminal patients dying faster.

### **Ethical Guidelines on Human Pain Research**

- 1) Health, safety and dignity of the subjects have top priority in pain research.
- 2) Patients and volunteers must be informed about the study, must give their written consent and be able to withdraw from the study at any time without any disadvantage for their further treatment.
- 3) People whose judgement is limited (children, the elderly, mentally handicapped and severely ill) may only take part in studies on pain when therapeutically necessary for this group and after their legal representatives have given their consent after being comprehensively informed.
- 4) In order to ensure that no pressure is exerted on the subjects and they suffer no damage, and in order to avoid adverse physical and psychological effects, an ethics committee must assess and accompany the research project.
- 5) In pain research, pain stimuli must not exceed the tolerance threshold of the individual subject. Pain stimuli must be terminated at any time without any negative effects for the patients.

6) Under all circumstances the patients' or subjects' wish for effective treatment must be respected when taking part in placebo studies or therapeutic comparisons of treatment with different efficacy.

### **Demands of the German Pain Society**

- General pain therapy must be included as an examination for medical students
- Specialised pain therapy must be included as an examination in training regulations.
- For the qualitative and adequate care of patients in chronic pain a specialist in pain therapy (and palliative medicine) must be consulted.
- In order to improve research and teaching, a faculty of pain and palliative medicine must be established in every university clinic.
- Everyone involved in pain therapy must be trained to deal with the special issues involved in communicating to pain and palliative patients.
- The standing of pain research must be recognised in accordance with its significance.
- Pain diseases must be included in the ICD (International Code of Diseases).
- Pain therapy must be included in the Procedure Classification (OPS).
- Pain therapy must be adequately reflected in the Physician Fee Ordinance.
- Every hospital must have structures for adequately treating acute pain.
- Structures for incremental and universal care in pain therapy must be created.
- All pain patients must be offered an interdisciplinary therapy, when other treatments have failed.
- Palliative medicine must be universally available as an alternative to assisted suicide.
- Politicians must fulfil their obligation to set up structures for universal, top-quality pain therapy and palliative care.
- Health insurance companies, professional associations and pension companies must assume and duly implement their special obligations to pain patients.

### **Appeal**

In its Ethics Charter the DGSS appeals to intensify the efforts to achieve a high-quality pain therapy and research, to concentrate all forces available and to realise an exemplary patient care in an integrative ethical orientation.

### **Members of the DGSS "Ethic Charter" Ad Hoc Committee**

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Klaus Kutzer, formerly chairman judge at the Supreme Federal Court, Karlsbad-Spielberg

Prof. H. Christof Müller-Busch, Berlin (President of the German Palliative Society (DGP))

Prof. Stella Reiter-Theil, Basel (Spokeswoman of the DGSS "Ethic Charta" Ad-hoc Committee)

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**In its Ethics Charter the DGSS appeals for intensification of the efforts to achieve high-quality pain therapy and research, to concentrate the forces available and to realise exemplary patient care in an integrative ethical orientation.**

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