Declaration of Montreal

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IASP

Global Presence • Shared Mission • Collaboration

• **Vision Statement:** Working together for pain relief throughout the world

• **Mission:** IASP brings together scientists, clinicians, health care providers, and policy makers to stimulate and support the study of pain and to translate that knowledge into improved pain relief worldwide.
"Pain is a major concern influencing every aspect of life. It is the most common symptom of disease, which compels patients to seek medical counsel. Whereas acute symptomatic pain serve the useful purpose of warning... The chronic pain is a malefic force which imposes severe emotional, physical, and economic stresses on the patient.” -- John J. Bonica
IASP Membership At A Glance

- More than 7,000 Members
- 130 Countries
- 85 Chapters
- Multidisciplinary
  - Anesthesiology
  - Neuroscience
  - Psychology
  - Nursing
  - Neurology
  - Physical Therapy
  - Dentistry...
IASP Chapters

85 Countries
IASP Chapters

- Increase knowledge at the local level
- Disseminate information about pain
- Improve pain management
DECLARATION OF MONTREAL

Declaration that Access to Pain Management Is a Fundamental Human Right
Steering Committee

• Michael Cousins
• Harald Breivik
• Mary Cardosa
• James Cleary
• Beverly Collett
• Amira Karkin-Tais
• Liliana De Lima
• Rollin Gallacher
• Marja Haanpaa

• Philipp Lippe
• Diederik Lohman
• Mary Lynch
• Henry Lu
• German Ochoa
• Cathy Price
• M.R. Rajagopal
• Olaitan Soyannwo
Declaration production

- Initial draft by the International Pain Summit Steering Committee
- Pain Summit review by more than 260 pain specialists on September 3 2010 in Montreal
- Revised Declaration incorporating the many suggestions
- Presented to the IASP Council for approval in October
- Agreed October 2010
We, as delegates to the International Pain Summit (IPS) of the International Association for the Study of Pain (IASP) (comprising IASP representatives from Chapters in 84 countries plus members in 129 countries, as well as members of the community), have given in-depth attention to the unrelieved pain in the world,
Finding that pain management is inadequate in most of the world because:

• There is inadequate access to treatment for acute pain caused by trauma, disease, and terminal illness and failure to recognize that chronic pain is a serious chronic health problem requiring access to management akin to other chronic diseases such as diabetes or chronic heart disease.

• There are major deficits in knowledge of health care professionals regarding the mechanisms and management of pain.

• Chronic pain with or without diagnosis is highly stigmatized and lacks appropriate recognition as a serious health problem in its own right that requires treatment akin to other chronic conditions.
• Most countries have no national policy at all or very inadequate policies regarding the management of pain as a health problem, including an inadequate level of research and education.
• Pain Medicine is not recognised as a distinct specialty with a unique body of knowledge and defined scope of practice founded on research and comprehensive training programmes.
• The World Health Organization (WHO) estimates that 5 billion people live in countries with low or no access to controlled medicines and have no or insufficient access to treatment for moderate to severe pain.
• There are severe restrictions on the availability of opioid and other essential medications, critical to the management of pain.
And, recognizing the intrinsic dignity of all persons and that withholding of pain treatment is profoundly wrong, leading to unnecessary suffering which is harmful; we declare that the following human rights must be recognized throughout the world:

• **Article 1.** The right of all people to have access to pain management without discrimination (Footnotes 1-4).
• **Article 2.** The right of people in pain to acknowledgment of their pain and to be informed about how it can be assessed and managed (Footnote 5).
• **Article 3.** The right of all people with pain to have access to appropriate assessment and treatment of the pain by adequately trained health care professionals (Footnotes 6-8).
2008 Global Consumption of Morphine

Mg/capita

Global mean, 6.0051 mg

155 Countries

Sources: International Narcotics Control Board; United Nations population data
By: Pain & Policy Studies Group, University of Wisconsin/WHO Collaborating Center, 2010
United Kingdom

Opioid Consumption in Morphine Equivalence (ME), Mg/person

Data sources:
Consumption data - International Narcotics Control Board;
Population - United Nations;
ME conversion factors - WHOCC Centre for Drug Statistics Methodology

Pain & Policy Studies Group
University of Wisconsin
Cancer Care Canada
WHO Collaborating Centre
Czech Republic

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Pain & Policy Studies Group
University of Wisconsin
Cancer Center
World Health Organization Collaborating Center

pain relief
In order to assure these rights, the following obligations are recognized:

1. The obligation of all health care professionals in a treatment relationship with a patient, within the scope of the legal limits of their professional practice and taking into account the treatment resources reasonably available, to offer to a patient in pain the management that would be offered by a reasonably careful and competent health care professional in that field of practice. Failure to offer such management is a breach of the patient's human rights.

2. The obligations of governments and all health care institutions, within the scope of the legal limits of their authority and taking into account the health care resources reasonably available, to establish laws, policies, and systems that will help to promote, and will certainly not inhibit, the access of people in pain to fully adequate pain management. Failure to establish such laws, policies, and systems is unethical and a breach of the human rights of people harmed as a result.