

Editorial

The Declaration Montreal: Access to pain management is a fundamental human right

According to the WHO, “every country in the world is now party to at least one human rights treaty that addresses health related rights. This includes the right to health as well as other rights that relate to conditions necessary for health” (<http://www.who.int/hhr/en/>). In the past decade there has been considerable attention focused on the topic of health as a human right in general [4,5] with particular reference to the field of palliative care [1] and pain management [2,3].

Given that chronic pain is a growing public health problem with inadequate access to care and that scientific and economic arguments have failed to get the attention of government and policy makers, many advocates are turning to the moral perspective offered by the health and human rights movement. On October 11, 2004 the IASP, EFIC and WHO met for the Global Day against pain and declared the treatment of pain as a human right. In 2010 the IASP appointed a steering committee to develop materials for the first International Pain Summit (IPS), held on September 3, 2010 in conjunction with the IASP World Congress on Pain. The IPS Steering Committee included representation from 12 countries comprising pain and palliative care organizations, as well as human rights bodies, ethics consultants and individuals with previous publications on this subject.

The IPS Steering Committee produced a draft “Declaration of Montreal” that was approved by the IASP Council as a working document for the Pain Summit. At the summit over 250 representatives from 84 countries, professional and human rights organizations suggested further revisions. The document was then reviewed and approved by the IASP Council. This document is reproduced in its entirety below as a key resource for health professionals, human rights organizations, ethicists, governments and health care institutions.

The Declaration of Montreal is an important step in addressing inadequate pain management worldwide. Collaborative initiatives

are now required, among health professional and health policy organizations, human rights, legal and regulatory bodies with the overarching aim of “Access to Pain Management as a Fundamental Human Right”. This aim should be addressed as a priority moral imperative. Success in achieving the aim will be a reflection of the humanity of society.

References

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M.J. Cousins

Chair Steering Committee IASP International Pain Summit, Former President IASP (1987–1990), Chair Australian Pain Summit, Board Member Pain Australia, Professor and Head Pain Management Research Institute, and Department of Anaesthesia and Pain Management, University of Sydney at Royal North North Shore Hospital, St. Leonards, NSW 2065, Australia

M.E. Lynch

*Co-chair Canadian Pain Strategy and Summit Past President Canadian Pain Society, Professor Psychiatry, Anesthesiology and Pharmacology, Dalhousie University QEII, Health Sciences Centre, 4th Floor Dickson, 5820 University Avenue, Halifax, Nova Scotia, Canada B3H 1V7
Tel.: +1 902 473 6428; fax: +1 902 473 4126 (clinical), +1 902 473 2739 (research).*

E-mail address: mary.lynych@dal.ca (M.E. Lynch)

Declaration of Montreal

Declaration that Access to Pain Management is a Fundamental Human Right

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.
- 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 recognized as a distinct specialty with a unique body of knowledge and defined scope of practice founded on research and comprehensive training programs.
- 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 opioids 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).

In order to assure these rights, we recognize the following obligations:

1. The obligation 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.
2. 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.

Note: This Declaration has been prepared having due regard to current general circumstances and modes of health care delivery in the developed and developing world. Nevertheless, it is the responsibility of: governments, of those involved at every level of health care administration, and of health professionals to update the modes of implementation of the Articles of this Declaration as new frameworks for pain management are developed.

Footnotes

1. This includes, but is not limited to, discrimination on the basis of age, sex, gender, medical diagnosis, race or ethnicity, religion, culture, marital, civil or socioeconomic status, sexual orientation, and political or other opinion.
2. International Covenant on Economic, Social and Cultural Rights (ICESCR) (1966). The State parties of the ICESCR recognize “the right of everyone to the highest attainable standard of physical and mental health” (Art. 12), creating the “conditions which would assure to all medical service and medical attention in the event of sickness.”
3. Universal Declaration of Human Rights (1948): Rights to Health (Article 25); Convention on the Rights of a Child (Article 24); Convention on the Elimination of All Forms of Discrimination Against Women (Article 12); Convention on the Elimination of All Forms of Racial Discrimination (Article 5(e) (iv)).
4. The Committee on Economic, Social and Cultural Rights. General Comment No.14, 22nd Session, April–May 2000 E/C 12/2000/4. “Core obligations” of all signatory nations included an obligation to ensure access to health facilities, goods, and services without discrimination, to provide essential drugs as defined by WHO, and to adopt and implement a national health strategy.
5. Committee on Economic, Social and Cultural Rights. General Comment No.14, 22nd Session, April–May 2000, E/C 12/2000/4, para. 12. General Comment No. 14 stated that health accessibility “includes the right to seek, receive and impart information and ideas concerning health issues.”
6. Appropriate assessment includes recording the results of assessment (e.g., pain as the “5th vital sign,” can focus attention on unrelieved pain, triggering appropriate treatment interventions and adjustments). Appropriate treatment includes access to pain medications, including opioids and other essential medications for pain, and best-practice interdisciplinary and integrative nonpharmacological therapies, with access to professionals skilled in the safe and effective use of these medicines and treatments and supported by health policies, legal frameworks, and procedures to assure such access and prevent inappropriate use. Given the lack of adequately trained health professionals, this will require providing educational programs regarding pain assessment and treatment in all of the health care professions and programs within the community for community care workers delivering pain care. It also includes establishment of programs in pain medicine for the education of specialist physicians in pain medicine and palliative medicine. Accreditation policies to assure appropriate standards of training and care should also be established.
7. Failure to provide access to pain management violates the United Nations 1961 Single Convention on Narcotic Drugs declaring the medical use of narcotic drugs indispensable for the relief of pain and mandating adequate provision of narcotic drugs for medical use.
8. The UN Universal Declaration of Human Rights (1948) (Article 5) states: “No one shall be subjected to torture or to cruel, inhuman or degrading treatment...” Comment: Deliberately ignoring a patient's need for pain management or failing to call for specialized help if unable to achieve pain relief may represent a violation of Article 5.
9. The UN Special Rapporteur on the Right to Health and the UN Special Rapporteur on the question of torture and other cruel, inhuman, and degrading treatment stated: “The failure to ensure access to controlled medicines for the relief of pain and suffering threatens fundamental rights to health and to protection against cruel, inhuman and degrading treatment.”