



# Access to Adequate Pain Treatment

## IFHHRO Position

IFHHRO believes that the right to access to pain management for all people without discrimination, as laid down in professional standards and guidelines<sup>1234</sup> and in international law<sup>5678</sup>, should be respected and effectively implemented.

IFHHRO believes that physicians and other health professionals have an ethical duty to offer patients with pain quality assessments and to prescribe medications, including opioids, in adequate quantities to all people who need pain medication. This includes children and others who cannot always adequately express their pain.

IFHHRO strongly recommends that instruction on pain management, including through clinical training and lectures be included in all mandatory medical and nursing curricula, and continuing medical and nursing education. This includes instruction in evidence-based pharmacological treatment<sup>9</sup>.

IFHHRO strongly recommends that international and national drug control policies balance the need for adequate availability and accessibility of controlled medicines like morphine and other opioids for the relief of pain and suffering with efforts to prevent the misuse of these controlled substances. Countries should review their drug control policies and regulations to ensure that they do not contain provisions that unnecessarily restrict the availability and accessibility of controlled medicines for the treatment of pain<sup>10</sup>. Where unnecessarily or disproportionately restrictive policies exist, they should be revised to ensure the adequate availability of controlled medicines.

IFHHRO urges governments to ensure the adequate availability of controlled medicines, including opioids, for the relief of pain and suffering. Under the right to health, people facing pain have a right to appropriate pain management, including with essential pain medications like morphine<sup>11</sup>. Denial of pain treatment violates the right to health and may constitute a form of cruel, inhuman or degrading treatment or punishment<sup>12</sup>.

IFHHRO urges governments to provide the necessary resources for the development and implementation of a national pain treatment plan, including a responsive monitoring mechanism and process for receiving complaints when pain is inadequately treated.

## Background

In a report to the Human Rights Council, the UN Special Rapporteur on Torture and other Cruel, Inhuman or Degrading Treatment or Punishment noted that: *"the de facto denial of access to pain relief, if it causes severe pain and suffering, constitutes cruel, inhuman or degrading treatment or punishment"* and that *"all measures should be taken to ... overcome current regulatory, educational and attitudinal obstacles to ensure full access to palliative care"*<sup>13</sup>.

Each year tens of millions of people suffer from severe pain without treatment. The World Health Organization (WHO) notes that approximately 80 percent of the world's population has either no, or insufficient access to, treatment for moderate to severe pain. This is true for both developing and industrialised countries<sup>14</sup>.

These people face severe suffering, often for months on end, and many eventually die in agony. People who may not be able to adequately express their pain such as children and people with intellectual disabilities or consciousness impairments are especially at risk of inadequate pain treatment.

Most of such suffering is preventable and unnecessary as inexpensive treatment interventions can relieve most pain and dramatically improve the quality of life for patients and their caregivers.

Lack of education for health professionals in the assessment and treatment of pain and other symptoms, and unnecessarily restrictive government regulations including limiting access to opioid pain medications are two major reasons for this treatment gap.

Health professionals can play a major role in improving the access to essential medicines and in the development of necessary policies to ensure availability and accessibility of adequate pain treatment.

## Footnotes

1. WMA Declaration on Terminal Illness (1983, 2006), <http://www.wma.net/en/30publications/10policies/i2/index.html>
  2. WMA Declaration on the Rights of the Patient (Declaration of Lisbon), <http://www.wma.net/en/30publications/10policies/l4/index.html>
  3. WMA International Code of Medical Ethics, London, 1949, amended Sydney, 1968 and at Venice 1983 and at Pilanesberg, 2006, <http://www.wma.net/en/30publications/10policies/c8/index.html>
  4. <http://www.iasp-pain.org/PainSummit/DeclarationOfMontreal.pdf>
  5. International Covenant on Economic, Social and Cultural Rights (ICESCR), Art. 12 and General Comment 14 (2000)
  6. Covenant on Elimination of All forms of Discrimination Against Women (CEDAW) Art 14 and General Recommendation 24
  7. Convention on the Rights of the Child, Art 24.
  8. UN Single Convention on Narcotic Drugs, 1961, [http://www.incb.org/pdf/e/conv/convention\\_1961\\_en.pdf](http://www.incb.org/pdf/e/conv/convention_1961_en.pdf)
  9. WMA Resolution on Drug Prescription (2010), <http://www.wma.net/en/30publications/10policies/p7/index.html>
  10. [http://www.who.int/medicines/publications/essentialmedicines/Updated\\_sixteenth\\_adult\\_list\\_en.pdf](http://www.who.int/medicines/publications/essentialmedicines/Updated_sixteenth_adult_list_en.pdf)
  11. Special Rapporteur on Torture and other Cruel, Inhuman or Degrading Treatment and Punishment, Manfred Nowak, A/HRC/10/44, January 14, 2009, para. 72
  12. [http://www.incb.org/incb/annual\\_report\\_1999.html](http://www.incb.org/incb/annual_report_1999.html)
  13. Special Rapporteur on Torture and other Cruel, Inhuman or Degrading Treatment and Punishment, Manfred Nowak, A/HRC/10/44, January 14, 2009, paras. 72 and 74 (e)
  14. Human Rights Council, Report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, Manfred Nowak, UN Doc. A/HRC/10/44, January 14 2009, para. 68
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### **The International Federation of Health and Human Rights Organisations**

promotes the monitoring of health-related human rights, including the right to health. IFHHRO believes that there lies a huge potential in the health profession that could be mobilised for the promotion and protection of human rights, by applying medical expertise. To increase the involvement of doctors, nurses, paramedics and other health workers, IFHHRO stimulates international cooperation between health and human rights organisations in various countries. Our members are doctors' associations interested in human rights work, human rights groups paying attention to health-related rights violations, or organisations that have been especially created to mobilise health professionals for human rights protection.

*'...health will finally been seen not as a blessing to be wished for,  
but as a human right to be fought for.'*  
**Kofi Annan**

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Commonwealth Medical Trust (COMMAT)  
Doctors for Human Rights  
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International Federation of Medical Students' Associations (IFMSA)  
International Rehabilitation Council for Torture Victims (IRCT)  
Norwegian Medical Association (NMA)  
Ipas

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