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 126 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 the possibilities for pain management (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, 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.

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 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, without discrimination on the basis of age, sex, gender, medical diagnosis, race or ethnicity, religion, culture, marital, civil or socioeconomic status, sexual orientation, 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 nonmedication interdisciplinary and integrative 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 this access. 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."

References

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