# Letters

## Should opioids be used for chronic non-cancer pain?

**To the Editor:** Kapur and colleagues correctly assert that the Declaration of Montréal states that "access to pain management is a fundamental human right".[1] The Declaration was proposed by International Association for the Study of Pain (IASP) delegates to the International Pain Summit and was approved by the IASP Council.

However, Kapur et al incorrectly assert that the Declaration leaves the position of diagnosis uncertain, and that "the only specific treatment modality mentioned is opioid therapy". Article 3 of the Declaration recognises:

> The right of all people with pain to have access to appropriate assessment and treatment of the pain by adequately trained health care professionals.[2]

Footnote 6 includes the need for "educational programs regarding pain assessment and treatment in all of the health care professions". Thus, a label of "chronic pain" does not lead to a right to opioid treatment without proper assessment and consideration of treatment options. Footnote 6 refers to a range of treatment options, such as

> pain medications, including opioids and other essential medications for pain, and best-practice interdisciplinary and integrative nonpharmacological therapies, with access to professionals skilled in [their] safe and effective use …[2]

It would be hard to describe the carefully worded articles, obligations and footnotes of the Declaration as "dogma, moral coercion or forays into jurisprudence".[1]

At its General Assembly in 2011, the World Medical Association (WMA) supported measures to improve access to pain

"a label of "chronic pain" does not lead to a right to opioid treatment without proper assessment"

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management. Dr Mukesh Haikerwal, Chair of the WMA, said:

> Physicians and other health care professionals have an ethical duty to offer proper clinical assessments to patients with pain and to offer appropriate treatment.[3]

Further, a WMA resolution asserted that

> people facing pain had a right to appropriate pain management, including effective medications such as morphine. Denial of pain treatment violated the right to health and might be medically unethical.[3]

It is puzzling that Awerbuch feels that describing chronic pain as a disease means that "the patient becomes the sole arbiter of whether he or she is ill. The prescribing doctor has no means by which to objectively determine treatment outcomes".[4] In the article to which he refers,[5] and in other reports including Australia's National Pain Strategy,[6] the "disease" of chronic pain is described in terms of physical, psychological and environmental factors that require assessment by health professionals with adequate knowledge and training. This is not just a labelling exercise.

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1 Kapur D, Cornish PB, Snellgrove CA, Cherry DA. Should opioids be used for chronic non-cancer pain [letter]? *Med J Aust* 2011; 195: 513-514.
2 Cousins MJ, Lynch ME. The Declaration Montreal: access to pain management is a fundamental human right. *Pain* 2011; 152: 2673-2674.
3 World Medical Association. World Medical Association urges end to unneccessary [sic] pain for millions [media release]. 16 Oct 2011. http://www.wma.net/en/40news/20archives/2011/2011_25/ (accessed Feb 2012).
4 Awerbuch MS. Should opioids be used for chronic non-cancer pain [letter]? *Med J Aust* 2011; 195: 264-265.
5 Siddall PJ, Cousins MJ. Persistent pain as a disease entity: implications for clinical management. *Anesth Analg* 2004; 99: 510-520.
6 National Pain Summit Initiative. National Pain Strategy: pain management for all Australians. Sydney: Pain Australia, 2011. http://www.painaustralia.org.au/images/painaustralia/National_Pain_Strategy_2011.pdf (accessed Feb 2012). ❑