Obituary

David Niv
1950–2007

The pain community suffered a tragic loss with the sudden and violent death of David Niv in the early morning hours of Tuesday February 6, 2007. David was one of our leading spokesmen in the effort to raise the profile of Pain Science and Medicine, particularly in the European arena. With a variety of activities, most notably the Europe Against Pain initiative that he created during his term as president of EFIC, David spearheaded major advances towards putting pain on the international agenda. EFIC is the European Federation of Chapters of the International Association for the Study of Pain (IASP).

David Niv was born on August 6, 1950 in postwar Bulgaria. He immigrated with his parents later that year to the newly established State of Israel. His father, a doctor, and his mother, a healthcare worker, raised him and his little sister Tali in modest surroundings in Yaffo, on the southern edge of Tel Aviv. After graduating with an M.D. from the University of Bologna (Italy) in 1977, David returned to Tel Aviv where he received advanced training in anesthesia and critical care medicine. He then took a position with Prof. Mark Chayen, an anesthesiologist who in the mid-1960s had established one of Israel’s first multi-disciplinary pain clinics at Tel Aviv University’s Sourasky Medical Center. David’s interest in Pain Medicine was inspired by the many guests who visited the clinic, as well as by people he met on his travels. These included luminaries such as...
Mark Swerdlow, Mark Mehta, Mario Tiengo, Stefan Ischia, Pat Wall, John Bonica, Paolo Procacci, John Loeser, Mark Churcher, Prithvi Raj, Sam Lipton, Jesmond Birkhan and Jean-Marie Besson. David’s clinical work touched on most aspects of patient care, but he took a particular interest in invasive procedures such as precision-guided nerve blocks and ablations, and later the use of indwelling pumps and spinal cord stimulators. Warm and outgoing, with a robust and quirky sense of humor, David was loved by his patients, admired by his colleagues, and on a first name basis with a goodly number of the restauranteurs, club owners, and entertainers in Tel Aviv and elsewhere. Niv became Director of the Center for Pain Medicine following Chayen’s retirement in 1988.

The Center celebrated its 40th year of activity on January 23, 2007, just two weeks before Niv’s death. For many of these years Niv was Israel’s best known “pain doctor”, a curiosity as most people don’t even know what a “pain doctor” is. Don’t all doctors treat patients in pain? Yes, but… David liked to point out that rheumatologists see patients with arthritic pain, but what really interests them is worn cartilage, not pain; orthopedists see patients with back pain but are really interested in spinal stability, not pain; gynecologists see patients with painful endometriosis, but are mostly interested in reproductive health, not pain. Each specialty focuses on a specific set of diseases, with disease modification being the object of treatment and research. Pain is an afterthought. “For most of the biomedical community pain is considered a symptom” David would say, “like flatulence”. “Everyone presumes that it will vanish on its own when the underlying disease is cured, so why waste time on it?” David recognized two problems with this reasoning. First, there is little chance that all painful diseases will find cures any time soon. Second, chronic pain frequently reflects a disorder of the pain detection system itself, like a damaged home alarm ringing out of control. Pain can persist long after the initiating condition has healed.

David argued that a fundamental change of attitude is needed. We need to stop thinking of pain as a symptom, and start seeing it as a disease in its own right. Cancer is a disease; so is pain, chronic pain, at least. The concept of pain as a disease is not easy to swallow, and could easily get bogged down in philosophical debate: what is a “disease”? How does a “disease” differ from a “disorder”? Is chronic pain one entity? Who cares argued David. To turn a ship to a new direction a tugboat doesn’t push in the new direction. It pushes at 90°. To lead is to act. So David (with my help) drafted EFIC’s “Declaration” on chronic pain as a disease in its own right and proceeded like a latter-day Thomas Jefferson to append signatures to his “Declaration” of leading names in the pain field. He then had it translated into 23 languages and bound in a book (and EFIC’s website). I attended a meeting on pain at the World Health Organization (WHO) in Geneva some time later where it was announced that WHO only concerns itself with diseases and is therefore not interested in pain. A handy copy of the “Declaration” book saved the day. “Congratulations…you have a disease!”.

Recent large-scale surveys have begun to reveal just how big the human burden of chronic pain is, and the enormity of associated costs to society for treatment, compensation and lost productivity. Pain is not usually life threatening. But most of us would gladly trade relief from migraines or sciatica for time taken off the end of our lives. It is rational to balance the length of life against its quality. David liked the phrase “Few die of pain, but many die in pain, even more live in pain”.

Some of David’s most productive ventures within the Europe Against Pain initiative were aimed at the larger public under the banner “Don’t suffer in silence”. These included a multi-lingual information pamphlet for patients and their families (written with Beatrice Soffaer), encouragement of patients’ advocacy groups, and the European Week Against Pain. Nothing like the “Week” had even been tried before. Its launch on October 9, 2001 in the European Parliament in Brussels was accompanied by simultaneous educational and media activities carried out by European IASP chapters across the continent and in Israel. We discovered that the thirst for help with pain is so great that almost any initiative attracts a following. Poke a hole in the sand and out comes oil. A key message to pain patients was that help is available from physicians and allied healthcare workers who have special training and expertise in pain management. And where such services are not available, citizens should actively call on governments to establish them. Pain research is also a priority. In short, Pain Medicine needs to be recognized as a medical specialty, an objective realized so far in only a tiny fraction of countries.

David recognized the very substantial progress made since the field of Pain Science and Medicine was founded by John Bonica, Prithvi Raj, Pat Wall and other pioneers. But he never tired of stressing the great distance we still need to go. From a rough estimate of pain prevalence and the costs of treatment and compensation it appears that financial outlays on chronic pain rival and even surpass those of cancer (all of cancer together) and of cardiovascular disease. By this standard we should be 10–100 times the size we are today, on all fronts. Where major medical centers today typically have a pain clinic or service, they ought to have a Pain Institute. All medical schools should have a Department of Pain Medicine, and surely there ought to be a National Institute of Pain in Bethesda rather than the nearly extinct intramural effort currently in place. David was particularly irked by the sad status of pain research in the funding priorities of the European Union (EU). With 50 billion Euros of taxpayers’ money devoted to scientific research
in its recently announced 7th framework program (EUfp7), six billion of which are devoted to research on projects in the health sciences, not a single EUfp7 project descriptor includes the word “pain”. We may be on the biomedical map, but at this stage we have the presence of a banana republic.

Working to make Pain a political priority occupied most of David’s time outside of the clinic. The ultimate host, he organized numerous local conferences and educational activities within the framework of the Israel Pain Association which he helped found in 1985, and which he led as president during the period 1988–1992. Then he graduated to multilateral and international activities. Of special note were the “T.I.E.” (Turkey–Israel–Egypt) meeting held in Tel Aviv in 1995 during a brief thaw in Middle Eastern relations, and the “H.I.T.” meeting in Crete in 1999 which brought together the Hellenic (Greek), Israeli and Turkish chapters of IASP. David was active in the World Society of Pain Clinicians, a two-term councilor of IASP, among the founders of WIP (the World Institute of Pain) and its immediate past president, and convener of the International Forum on Pain Medicine (IFPM). His most prominent platform, however, was as president of EFIC 1999–2002. He began by putting the organization on its feet by recruiting the formidable organizational talents of Ms. Sarah Wheeler, and assembling resources from his “Inner Circle” of pharmaceutical and devices companies, an industry with much to contribute and much to gain from partnering with a credible professional organization like EFIC. He then launched his multi-faceted and highly productive Europe Against Pain initiative. David was an original.

In his last months of life David Niv worked on a document intended to summarize where we stand, and where we need to go in the effort to raise the profile of Pain Science and Medicine in Europe (Niv and Devor, Eur J Pain 2007;11:487–9). This document, which he called EFIC’s “Position Paper” on the subject of pain management, encapsulates in seven points David’s focus for the future, and illustrates his flair for combining the conceptual with the practical. The “Position Paper” calls for: (1) Recognition of chronic pain as a major disease entity. (2) The demand that access to pain treatment be considered a human right. (3) Increased awareness among healthcare professionals of the magnitude of the problem, modes of management, and the stage at which a pain patient should be referred to a pain specialist. (4) Encouragement of patients and the public at large to demand better pain relief services. (5) Promotion of education on pain in all medical and paramedical fields. (6) Recognition of Pain Medicine as a professional specialization. (7) Provision of resources for more and better pain services and for the advancement of research on pain. These are aims and ideas that we should all promote within our own sphere. How horrible and incomprehensible that an assailant’s finger, and a hail of bullets, ended such a life. David Niv leaves behind him his wife Liora, his three children Dafi, Amit and Tamir (age 11), parents, sister, patients, friends and an entire pain community who mourn him. May his memory be blessed.

A fund in David Niv’s memory, intended to advance the cause of Pain Science and Medicine everywhere, has been established by the Israel Pain Association (IPA). Contributions can be sent to the IPA at:

David Niv Fund for Pain Research and Management, secretariat, Israel Pain Association, Pain Relief Unit, Rambam Medical Center, Haifa 31096, Israel
or by direct bank transfer to: Israel Pain Association – David Niv Fund, Bank Leumi Le Israel, Branch: 653, Swift code: LUMIILITLV, Routing number: IL010653, Account number: 65301739081
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