

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:

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 major deficits in knowledge of health care professionals regarding the mechanisms and management of pain.

There are severe restrictions on the availability of opioid medication, which is critical to the management of pain.

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.

And, recognizing the intrinsic dignity of all persons and that suffering is harmful and should be avoided, 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, in particular, on the basis of age, sex, gender, medical diagnosis, race, religion, culture, marital status, or political or other opinion (Footnotes 1-3).

Article 2. The right of people in pain to be informed about how their pain can be assessed and the possibilities for treatment (Footnote 4). Recording the results of assessment, e.g. as the '5th vital sign', can focus attention on unrelieved pain, triggering appropriate treatment interventions and adjustments.

Article 3. The right to access an appropriate range of effective pain management strategies (Footnote 5), supported by policies and procedures that must be appropriate for the particular setting of health care and the health professionals employing them.

Article 4. The right of people with pain to have access to all appropriate medicines, including but not limited to opioids, and to have access to health professionals skilled in the use of such medicines (Footnote 6). In resource-poor countries it is important to at least ensure access to oral immediate-release morphine.

Article 5. The right of people with pain to assessment and treatment by an appropriately educated and trained interdisciplinary team at all levels of care. (In resource-poor countries the team should include, at a minimum, a doctor and a nurse with training in pain management).

Article 6. The right of people with pain to treatment under a health policy framework that is compassionate, empathetic, and well-informed. This includes legal systems (including laws relating to opioids), the conditions of employment that employers impose on employees, compensation systems, insurance bodies, and government agencies.

Article 7. The right of people with pain to have access to best practice nonmedication methods of pain management (ranging from relaxation and physiotherapy methods to more complex cognitive behavioral treatment) and to specialist-performed interventional methods, depending upon the resources of the country.

Article 8. The right of people with chronic pain to be recognized as having a disease entity, requiring access to management akin to other chronic diseases.

Article 9. 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.

Article 10. The obligations of governments and all health care institutions, especially hospitals, 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. 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.”

2. 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)).

3. 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.

4. 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.”

5. 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.

6. 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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