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Meghani, Salimah H
Corporatization of pain medicine: implications for widening pain care disparities.
Pain medicine (Malden, Mass.) 2011 Apr; 12(4): 634-44
Abstract: The current health care system in the United States is structured in a way that ensures that more opportunity and resources flow to the wealthy and socially advantaged. The values intrinsic to the current profit-oriented culture are directly antithetical to the idea of equitable access. A large body of literature points to disparities in pain treatment and pain outcomes among vulnerable groups. These disparities range from the presence of disproportionately higher numbers and magnitude of risk factors for developing disabling pain, lack of access to primary care providers, analgesics and interventions, lack of referral to pain specialists, longer wait times to receive care, receipt of poor quality of pain care, and lack of geographical access to pharmacies that carry opioids. This article examines the manner in which the profit-oriented culture in medicine has directly and indirectly structured access to pain care, thereby widening pain treatment disparities among vulnerable groups. Specifically, the author argues that the corporatization of pain medicine amplifies disparities in pain outcomes in two ways: 1) directly through driving up the cost of pain care, rendering it inaccessible to the financially vulnerable; and 2) indirectly through an interface with corporate loss-aversion/risk management culture that draws upon irrelevant social characteristics, thus worsening disparities for certain populations. Thus, while financial vulnerability is the core reason for lack of access, it does not fully explain the implications of corporate microculture regarding access. The effect of corporatization on pain medicine must be conceptualized in terms of overt access to facilities, providers, pharmaceuticals, specialty services, and interventions, but also in terms of the indirect or covert effect of corporate culture in shaping clinical interactions and outcomes.

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Schatman, Michael E
Pain and corporatization: more special interests, more disparities, more vulnerability.
Pain medicine (Malden, Mass.) 2011 Apr; 12(4): 632-3
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The shifting architectonics of pain medicine: toward ethical realignment of scientific, medical and market values for the emerging global community—groundwork for policy.

Giordano, James; Benedikt, Roland

The shifting architectonics of pain medicine: toward ethical realignment of scientific, medical and market values for the emerging global community—groundwork for policy.

Pain medicine (Malden, Mass.) 2011 Mar; 12(3): 406-14

Abstract: Following the Second Industrial Revolution, Western medicine has become an interwoven enterprise of humanitarian and technologic values. In this essay, we posited that rather than being seen as a means toward achieving the ends of providing technically right and morally sound pain care, the resources and goods of pain medicine have been subordinated to a market-based values system that regards these tools as ends unto themselves. We argued that this approach is 1) pragmatically inapt, in that it fails to acknowledge and provide those tools as rightly necessary for the "good" of pain medicine to be enacted; and is therefore 2) morally unsound, in that the good, while recognized, is not afforded, thereby disserving the fiduciary of science/technology, medicine, and economics. We framed these issues within 1) the context(s) and effects of postmodernism and 2) the increasing call for a globally relevant and applicable system of pain care. Toward this latter end, we addressed how policies can be created that accommodate differing social values, and still enable the execution of care in ways that are morally sound, yet economically viable. We posited that such policies need to be finely grained so as to 1) sustain research in pain diagnosis, assessment, treatment, and management; 2) translate research efforts into clinically relevant resources; 3) enable availability and just distribution of both low- and high-tech resources; and 4) prompt fiscal programs that support, allow, and reinforce responsible choice (of such resources) as socioculturally required, valued, and valid.

Doctors take on the state: championing patients’ right to pain treatment.

Thomas, L; Lohman, D; Amon, J

At the conclusion of the 13th World Congress on Pain in Montreal, Quebec, Canada, the International Association for the Study of Pain (IASP) hosted an International Pain Summit on September 3, 2010, to address the tragedy of unrelieved pain in the world. At the conclusion of the Summit, the delegates adopted a Declaration that Access to Pain Management is a Fundamental Human Right. That Declaration is presented.

On the transformation of the "profession" of pain medicine to the "business" of pain medicine: an introduction to a special series.

Schatman, Michael E; Lebovits, Allen H

BACKGROUND: Unlike pain practitioners, health care insurers in the United States are not expected to function according to a system of medical ethics. Rather, they are permitted to function under the business "ethic" of cost-containment and profitability. Despite calls for balancing the disparate agendas of stakeholders in pain management in a pluralistic system, the health insurance industry has continued to fail to take the needs of suffering chronic pain patients into consideration in developing and enacting their policies that ultimately dictate the quality and quantity of pain management services available to enrollees. This essay examined these self-serving strategies, which include failure to reimburse services and certain medications irrespective of their evidence-bases for clinical efficacy and cost-efficiency; "carving out" specific services from interdisciplinary treatment programs; and delaying and/or interrupting the provision of medically necessary treatment. Blatant and more subtle strategies utilized by insurers to achieve these ethically questionable goals are examined. Additionally, this essay addressed some of the insurance industry's efforts to delegitimize chronic pain and its treatment as a whole. CONCLUSION: The author concludes that the outlook for chronic pain sufferers is not particularly bright, until such time that a not-for-profit single-payer system replaces the current treatment/reimbursement paradigm.

For the health insurance industry in perpetuating suboptimal pain management.

Schatman, Michael E

BACKGROUND: Unlike pain practitioners, health care insurers in the United States are not expected to function according to a system of medical ethics. Rather, they are permitted to function under the business "ethic" of cost-containment and profitability. Despite calls for balancing the disparate agendas of stakeholders in pain management in a pluralistic system, the health insurance industry has continued to fail to take the needs of suffering chronic pain patients into consideration in developing and enacting their policies that ultimately dictate the quality and quantity of pain management services available to enrollees. This essay examined these self-serving strategies, which include failure to reimburse services and certain medications irrespective of their evidence-bases for clinical efficacy and cost-efficiency; "carving out" specific services from interdisciplinary treatment programs; and delaying and/or interrupting the provision of medically necessary treatment. Blatant and more subtle strategies utilized by insurers to achieve these ethically questionable goals are examined. Additionally, this essay addressed some of the insurance industry's efforts to delegitimize chronic pain and its treatment as a whole. CONCLUSION: The author concludes that the outlook for chronic pain sufferers is not particularly bright, until such time that a not-for-profit single-payer system replaces the current treatment/reimbursement paradigm.

[The right to pain treatment—obligatory continuing education]. = Recht auf Schmerzbehandlung—Pflicht zur Fortbildung.

Zenz, M

BACKGROUND: Unlike pain practitioners, health care insurers in the United States are not expected to function according to a system of medical ethics. Rather, they are permitted to function under the business "ethic" of cost-containment and profitability. Despite calls for balancing the disparate agendas of stakeholders in pain management in a pluralistic system, the health insurance industry has continued to fail to take the needs of suffering chronic pain patients into consideration in developing and enacting their policies that ultimately dictate the quality and quantity of pain management services available to enrollees. This essay examined these self-serving strategies, which include failure to reimburse services and certain medications irrespective of their evidence-bases for clinical efficacy and cost-efficiency; "carving out" specific services from interdisciplinary treatment programs; and delaying and/or interrupting the provision of medically necessary treatment. Blatant and more subtle strategies utilized by insurers to achieve these ethically questionable goals are examined. Additionally, this essay addressed some of the insurance industry's efforts to delegitimize chronic pain and its treatment as a whole. CONCLUSION: The author concludes that the outlook for chronic pain sufferers is not particularly bright, until such time that a not-for-profit single-payer system replaces the current treatment/reimbursement paradigm.

Pain contracts/agreements for people with chronic pain.

Collen, Mark

BACKGROUND: Unlike pain practitioners, health care insurers in the United States are not expected to function according to a system of medical ethics. Rather, they are permitted to function under the business "ethic" of cost-containment and profitability. Despite calls for balancing the disparate agendas of stakeholders in pain management in a pluralistic system, the health insurance industry has continued to fail to take the needs of suffering chronic pain patients into consideration in developing and enacting their policies that ultimately dictate the quality and quantity of pain management services available to enrollees. This essay examined these self-serving strategies, which include failure to reimburse services and certain medications irrespective of their evidence-bases for clinical efficacy and cost-efficiency; "carving out" specific services from interdisciplinary treatment programs; and delaying and/or interrupting the provision of medically necessary treatment. Blatant and more subtle strategies utilized by insurers to achieve these ethically questionable goals are examined. Additionally, this essay addressed some of the insurance industry's efforts to delegitimize chronic pain and its treatment as a whole. CONCLUSION: The author concludes that the outlook for chronic pain sufferers is not particularly bright, until such time that a not-for-profit single-payer system replaces the current treatment/reimbursement paradigm.

International Pain Summit Of The International Association For The Study Of Pain, Declaration of Montreal: declaration that access to pain management is a fundamental human right.

International Pain Summit Of The International Association For The Study Of Pain, Declaration of Montreal: declaration that access to pain management is a fundamental human right.


Abstract: At the conclusion of the 13th World Congress on Pain in Montreal, Quebec, Canada, the International Association for the Study of Pain (IASP) hosted an International Pain Summit on September 3, 2010, to address the tragedy of unrelieved pain in the world. At the conclusion of the Summit, the delegates adopted a Declaration that Access to Pain Management is a Fundamental Human Right. That Declaration is presented.

Doctors take on the state: championing patients’ right to pain treatment.

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International journal of clinical practice 2010 Nov; 64(12): 1599-600

Abstract: At the conclusion of the 13th World Congress on Pain in Montreal, Quebec, Canada, the International Association for the Study of Pain (IASP) hosted an International Pain Summit on September 3, 2010, to address the tragedy of unrelieved pain in the world. At the conclusion of the Summit, the delegates adopted a Declaration that Access to Pain Management is a Fundamental Human Right. That Declaration is presented.
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Pain 2010 March; 148(3): 365-367

Ballantyne, Jane C.; Fleisher, Lee A.

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The painless brain: lobotomy, psychiatry, and the treatment of chronic pain and terminal illness.

Perspectives in Biology and Medicine 2009 Autumn; 52(4): 555-565

Raz, Mical

Access to pain treatment as a human right.

BMC Medicine 2010; 8: 8

Abstract: BACKGROUND: Almost five decades ago, governments around the world adopted the 1961 Single Convention on Narcotic Drugs which, in addition to addressing the control of illicit narcotics, obligated countries to work towards universal access to the narcotic drugs necessary to alleviate pain and suffering. Yet, despite the existence of inexpensive and effective pain relief medicines, tens of millions of people around the world continue to suffer from moderate to severe pain each year without treatment. DISCUSSION: Significant barriers to effective pain treatment include: the failure of many governments to put in place functioning drug supply systems; the failure to enact policies on pain treatment and palliative care; poor training of healthcare workers; the existence of unnecessarily restrictive drug control regulations and practices; fear among healthcare workers of legal sanctions for legitimate medical practice; and the inflated cost of pain treatment. These barriers can be understood not only as a failure to provide essential medicines and relieve suffering but also as human rights abuses. SUMMARY: According to international human rights law, countries have to provide pain treatment medications as part of their core obligations under the right to health; failure to take reasonable steps to ensure that people who suffer pain have access to adequate pain treatment may result in the violation of the obligation to protect against cruel, inhuman and degrading treatment.

http://www.biomedcentral.com/1741-7015/8/8 (link may be outdated)

Assessing nursing home residents' pain

AJN: American Journal of Nursing 2009 December; 109(12): 22

Abstract: This paper examines pain and pain relief in the Caribbean, where pain is widely perceived as an unavoidable part of life, and where unnecessary suffering results from untreated and under treated pain. Barriers to pain relief in the Caribbean include patient and family attitudes, inadequate knowledge among health professionals and unduly restrictive regulations on the medical use of opioids. Similar barriers exist all over the world. This paper urges medical, nursing and public health professionals, and educators to examine attitudes towards pain and also pain relief and to work towards making effective pain relief and palliation more accessible. It recommends that i) health professionals and officials be better educated about pain, palliation and opioids, ii) regulatory restrictions be updated in light of clinical and scientific evidence, iii) opioid procurement policies be adjusted to facilitate increased medical use, iv) medical charts and records be modified to routinely elicit and document patients levels of pain, and v) educational campaigns be developed to inform the public that moderate and severe pain can be safely relieved at the end of life and other stages of life. The professional, respectful, and beneficent response to patients in pain is to provide rapid and aggressive pain relief or to urgently consult a pain or palliative specialist. When a health system fails to meet the patient's needs, it is not respectful to delay relief.

http://www3.interscience.wiley.com/journal/117981440/home (link may be outdated)

Overcoming barriers to pain relief in the Caribbean.

Developing World Bioethics 2009 December; 9(3): 99-104

Abstract: This paper examines pain and pain relief in the Caribbean, where pain is widely perceived as an unavoidable part of life, and where unnecessary suffering results from untreated and under treated pain. Barriers to pain relief in the Caribbean include patient and family attitudes, inadequate knowledge among health professionals and unduly restrictive regulations on the medical use of opioids. Similar barriers exist all over the world. This paper urges medical, nursing and public health professionals, and educators to examine attitudes towards pain and pain relief and to work towards making effective pain relief and palliation more accessible. It recommends that i) health professionals and officials be better educated about pain, palliation and opioids, ii) regulatory restrictions be updated in light of clinical and scientific evidence, iii) opioid procurement policies be adjusted to facilitate increased medical use, iv) medical charts and records be modified to routinely elicit and document patients levels of pain, and v) educational campaigns be developed to inform the public that moderate and severe pain can be safely relieved at the end of life and other stages of life. The professional, respectful, and beneficent response to patients in pain is to provide rapid and aggressive pain relief or to urgently consult a pain or palliative specialist. When a health system fails to meet the patient's needs, it is not respectful to delay relief.

http://www.biomedcentral.com/1741-7015/8/8 (link may be outdated)

Undertreating pain violates ethical principles.

Journal of Medical Ethics 2009 October; 35(10): 603-606

Abstract: Disabling pain or symptoms can occur at any age from many different causes. Pain and palliative specialists are able to relieve most pain and symptoms, although repeated adjustments to therapies, medications and doses may be needed. Because pain and palliative specialists comprise only a small percentage of physicians, many patients find it difficult to access them or obtain pain relief. Globally, there are too few such specialists to meet existing needs. Most are affiliated with hospice and palliative units, so their accessibility to patients without terminal conditions is negligible. Doctors outside pain and palliative specialties are often unfamiliar with pain guidelines and sceptical about patient reports of unrelieved pain. They are therefore likely to undertreat it. Undertreating pain, however, violates respect for persons and beneficence. This paper reviews literature supporting these claims and offers a narrative description of the author's attempts to find relief from shingles and postherpetic neuralgia. It argues that physicians in most specialties are not, but should be, familiar with palliative evidence and guidelines so that they are equipped to relieve pain and symptoms quickly and effectively. Such information should be routinely introduced in medical curricula to encourage the mastery of knowledge, attitudes and skills necessary to upholding ethical principles and to ensure that more doctors in any discipline are willing to believe and be compassionate to patients whose pain is unresponsive to initial treatments. Routinely exposing students to such information would better prepare them to fulfill their professional duties to patients and society.

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beautiful. Appropriate "suffering with" another can help to maintain and restore the dignity of the relationships involved, even as it preserves and enhances the dignity of patient and caregiver alike.

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