Symposium on the Societal Impact of Pain 2014

Interactive Panel Discussions

5th European Event

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The scientific framework of the SIP platform is under the responsibility of the European Pain Federation EFIC®. The pharmaceutical company Grünenthal GmbH is responsible for funding and non-financial support (e.g. logistical support).

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SIP
Societal Impact of Pain

Better education on pain management and European best practice sharing

Palliative care and Pain therapy were listed as healthcare priorities during the Italian Presidency in the second half of 2014. For the first time ever, during the informal Health Council on 22nd September 2014 in Milan, Italy, all EU Ministers of Health discussed how to direct national and European strategies and health policies to address the need for improved pain care in Europe. The 5th SIP (Societal Impact of Pain) Symposium, held on 17th and 18th November 2014 in Brussels, Belgium, was endorsed by the Italian Ministry of Health. The delegates of the SIP Symposium focussed their discussions on what measures are urgently required to ensure that chronic pain and palliative care remain priorities on the agenda of the EU institutions and national governments.

Dr. Chris Wells, President of the European Pain Federation EFIC® on behalf of the delegates, expressed appreciation to the Italian government for listing palliative care and pain therapy on the agenda of the EU Council.

Four preceding annual scientific SIP Symposia from 2010 to 2013 have already established the stakeholder network and have made important progress in the discussion and recognition of chronic pain as a challenge for society. It was decided to celebrate the 5th annual SIP Symposium by departing from the traditional format. One of the top moderators in the world was invited to lead four audience interactive panel discussions. These discussions allowed healthcare professionals, patient advocacy groups and politicians from the European institutions the opportunity to define what needs to be done now to ensure that chronic pain and palliative care remain priorities on the agenda of the EU institutions and Member States also in the long term.

THE SIP PLATFORM

The European, multi-stakeholder platform on the Societal Impact of Pain (SIP) was founded in 2010 as a joint initiative of the European Pain Federation EFIC® and the pharmaceutical company Grünenthal. SIP aims to raise awareness of the relevance that the impact of pain has on our societies, health and economic systems and to allow for the exchange and sharing of best practices to support the development of European-wide policy strategies and activities for improved pain care. As a multi-stakeholder platform SIP provides healthcare professionals, pain advocacy groups, politicians, insurances, representatives of health authorities, regulators, and budget holders, an opportunity for discussion. The scientific framework of the SIP platform is under the responsibility of the European Pain Federation EFIC®, Grünenthal is responsible for funding and non-financial support.

Chris Wells:
President of the European Pain Federation EFIC®

PANEL 1: Out of sight, out of mind – why the reluctance to see pain as a critical issue?

According to Prof. Hans-Georg Kress, immediate past-president of the European Pain Federation EFIC®, chronic pain should be recognised as a disease in its own right. "As patients suffering from chronic pain commonly experience also lack of sleep, anxiety, depression and reduced quality of life, we need a multimodal and multidisciplinary approach to treat such a complex phenomenon as chronic pain", he stated. Although the impact of pain is enormous not only on individual patients, but also on societies and the economy as a whole, it is still surprising that many decision makers and clinicians are reluctant to recognize pain as a critical issue and to treat it with the priority it deserves.

Shelagh Wright, a facilitator in pain management and psycho-oncology education for nurses, suggested that the lack of knowledge and skills among healthcare workers was one big obstacle that had to be overcome if the situation was to improve in the future.

Prof. Hans-Georg Kress reported on the first Europe-wide study on pain education provision for undergraduate medical students. According to this study, which involved 242 undergraduate medical schools in 15 European countries, 82% of these schools have no dedicated courses on pain that are compulsory.[12] And even if compulsory courses in pain are in place, they represent on average only 12 hours training. The European Pain Federation EFIC® has already acted and proposed a core curriculum on pain management in undergraduate education which is available on www.efic.org and was provided by EFIC® to all universities and national authorities. In supporting the viewpoints about the importance of training Dr. Maria Teresa García Baquero, Coordinator of the Regional Palliative Care Program of the Healthcare system of the Madrid Community, reported that a national training programme that was introduced in 2008 changed palliative care completely over the last six years in Spain.

Panel 1 concluded that such training programmes require resources and called on national governments and health ministries to prioritize this training and to show the political will to change the status quo.

KEY FACTS ABOUT CHRONIC PAIN IN EUROPE

- 20% or 1 in 5 adults or almost 100 million European citizens are affected by chronic pain[1]
- According to the European Health and Wellness Survey 2008[7], which interviewed patients from five EU countries (UK, France, Italy, Germany, and Spain) within the pain population, persons 40 to 59 years of age are more likely to report severe pain than the other age groups.
- Symptoms frequently accompanying chronic pain are depression, anxiety, reduced physical mobility, and social isolation[2]
- Depression and back pain are 2 of the top 5 causes of disability in every region of Europe[3]
- 19% of patients with chronic pain lose their job because of their symptoms[1]
- 25% of European workers complain of back pain and 23% of muscular pain[4]
- In 2005 chronic pain resulted in more than 500 million sick days in Europe – costing the European economy more than € 34 billion[5]
- Healthcare costs and loss in productivity associated with chronic pain are equal to 3-10% of European economic growth[6]
- Patients with severe pain have a substantially higher average number of visits to physicians and emergency rooms as well as hospitalizations than patients with less severe pain[7]
- 82% of undergraduate medical schools in Europe have no dedicated and compulsory courses on pain[8]

The moderator **Nick Ross** with **Bart Morlion, Neil Betteridge, Günter Danner, Marian Harkin**

PANEL 2: Good practise – how do we stimulate innovation and accelerate the replication?

Orsi Nagy, policy officer of Directorate General for Health and Food Safety (DG Sante) in the European Commission, mentioned that the political landscape in 2014 is completely different to what it was before. Due to the financial crisis the current agenda is now economic recovery. According to Ms Nagy, one of the strongest arguments in favour of stimulating innovation and accelerating the replication of good practise in Europe relates to the fact that there are now concrete examples of how good practice can lead to a reduction in sick leave and disability, and ensure that a larger percentage of patients with chronic pain can return to work. This has significant benefits for the European economy as a whole. The fact that 25% of European workers complain of backache and 23% of muscular pain[10] means that chronic pain is one of the major reasons why people exit the labour market prematurely[11].

Ms Nagy alerted the audience to a critical issue, since the European Commission predicts that there will be a shortfall of 1 million health professionals in the EU by 2020[13]. The workforce is ageing and more than half of GPs and nurses are now older than 45 years. In parallel, the number of Europeans older than 65 years will double from 87 million in 2010 to 148 million in 2060.[14] Therefore, a growing demand for care will be met by a greater number of health carers retiring. The gap between available supply of workers and projected demand for care is growing, unless policy action is initiated to counterbalance this trend. Dr. Audrey Craven, president of the European Alliance of Neurological Associations EFNA, stated that "Not only physicians should be trained but also the general public and patients, so that they recognize their symptoms and seek early treatment to prevent chronification". She advocated that patients have to take ownership and control of their life and to get access into the health system. A study across Europe confirmed that half of the people with chronic pain are not diagnosed.[8]

Meherzin Das, Consultant Clinical Psychologist and Clinical Lead at the Dorset Community Pain Service, pointed out that considerable clinical time, energy and public monies are devoted to working with people after they have developed full-fledged chronic pain, both in temporal and experiential terms and that the organisation of our clinical pathways result in patients having to wait years for sequential referrals to investigations, consultations and eventually to specialist pain teams.

The panellists agreed that services are not sufficiently joined up to offer bio-psychosocial interventions in a timely manner to deal with identified risk factors. They also stated that the insufficient deployment of resources for early and intensive rehabilitation is to blame for the costs spiralling out of control. Prof. Chris Wells, President of the European Pain Federation EFIC®, urged politicians and policy makers to acknowledge the situation and to review policy and ensure sufficient resource allocation to early intervention as a priority to be addressed urgently. Dr. Audrey Craven, president of the European Alliance of Neurological Associations EFNA, stated that the time has come to join forces, build a coalition and a consensus around a common strategy in order to ensure this issue is addressed as a priority in the EU.

Marco Spizzichino: Ministry of Health, Directorate for the Management of Health Planning – Director of Office XI, Palliative Care and Pain therapy

PANEL 3: Outcome of the Italian Presidency's discussion on pain and palliative care at the informal Ministerial Council. What now?

The Italian Minister of Health Beatrice Lorenzin referred to the Italian law 38/2010, which ensures access to pain therapy in Italy[9], in a message delivered to the audience. She emphasised that EU Member States should consider developing public health strategies that include effective policies on pain therapy and palliative care, for which Italy is a good example. She reiterated that, in order to avoid unnecessary suffering, access to therapy should be ensured and the inequalities between regions and EU Member States should be reduced.

Prof. Giustino Varrassi, past president of the European Pain Federation EFIC®, reminded the delegates that law 38/2010 was not "born by chance", but came about because different stakeholders in Italy were working closely with the Italian Ministry of Health for more than 10 years towards its achievement. Paloma Casado Durandez, Deputy Director of Quality and Cohesion of the Spanish Ministry of Health, Social services and Equality, pointed out that "In Spain with its 17 regions with own health services it would be more difficult to pass a law, but it will be easier to pass a consensus", and regarded this as a more realistic way for many European countries. Prof. Rolf-Detlef Treede, president of the International Association for the Study of Pain IASP®, proposed that "every country should try what is possible with its national health system". He mentioned a German law, which was passed three years ago and which makes pain education mandatory in every medical teaching university of Germany. Additionally he mentioned the importance of patient empowerment and education on quality of life.

"In almost every country, certainly in the western world, more and more discussions are started about patient-centred healthcare, which improves medicine for everybody", Robert Johnstone, board member of the International Alliance of Patients IAPO®, reminded the audience. A patient-centred healthcare delivery is an opportunity to involve the patient more in his/her own care, and this in turns lead to the improved adherence by the patient as he understands the importance of his role in the outcome.

Willem Scholten, a consultant formerly with the WHO Access to Controlled Medicines, pointed out that EU Member States should equally apply the 2011 WHO "Policy Guidelines for Controlled Substances" so that every European with moderate to severe chronic pain could have access to opioid analgesics.

Panel 3 suggested as a major step forward that pain and palliative care should be listed within the EU research and innovation programme "Horizon 2020" of the European Commission.

ITALY'S LAW 38/2010 AND THE CONSEQUENCES

In the field of pain management, the Italian healthcare system is advanced compared to other European countries thanks to law 38/2010, which protects and guarantees access to palliative care and pain therapy.[9] Three items make the Italian pain management system exceptional:

1. An organisational model based on networks
2. A health system governance that foresees three levels of coordination: national, regional, and local.
3. The uniformity and universality of healthcare service delivery throughout the country, with specific reference to the regional dimension.

Marco Spizzichino, from the Italian Ministry of Health, Directorate for the Management of Health Planning – Director of Office XI on Palliative Care and Pain Therapy, stated that "Italy is the first country in the world with a law, which protects and guarantees access to pain and palliative care. On the basis of the experience and best practise with law 38/2010, the Italian Presidency of the EU had the capacity to bring the issue to the attention of the EU Member States. This resulted in the discussions held at the informal Health Council meeting that was hosted in Milan on 22nd of September 2014, where all European Health Ministers reached a common position on the need to create a European Network for palliative care and pain therapy focusing on a greater commitment to the training of professionals and the sharing of best practise. We have to secure that on a European level a network of specialized professionals could be established to guarantee that every European citizen will have the same access to pain therapy in the near future. Ideally we will also establish European guidelines for pharmaceutical treatments, so that in every European country the best possible therapy would be standard."

Marian Harkin:
Member of the European Parliament (ALDE, IE)

PANEL 4:
The future – how can stakeholders advocating for the recognition of pain in Europe work together to ensure change?

Prof. Bart Morlion, President-Elect of the European Pain Federation EFIC® stated that "One focus for the future should definitely be training, as this is crucial and essential, and is easy to measure; monitoring how many medical schools have implemented a compulsory training programme over the years". For him the implementation of training programmes on pain management and palliative care at a European level is a realistic goal but it should not only be medical training but also education of the patients and the public.

Prof. Guido Fanelli, President of the Pain Therapy and Palliative Care Committee of the Ministry of Labour, the Ministry of Health, and Ministry of Social Policy, pointed out that "the cornerstones of improvement in pain management are education and communication".

The SIP symposium was closed by Marian Harkin, Member of the European Parliament (ALDE, IE) and host of this year's Symposium. Mrs Harkin was very pleased that the Irish Medical Council has recognized Pain Medicine as a medical specialty keeping in mind that recognition of specialties leads to the establishment of new specialist categories within the medical register. It also enables doctors to pursue specialist training as new training programmes are developed and is a further safeguard in enhancing patient care. Mrs Harkin reminded the audience that the SIP Symposium this year was about what can be done now in the immediate future to bring about positive changes and outcomes. Therefore she encouraged each stakeholder group i.e. politicians, patients, professionals and others to define what they can do in the next 12-18 months and to coordinate closely with each other so that at the next Symposium we can all look back on successful changes that have resulted from this year's conference.

Mrs Harkin indicated her own commitment is to chair a new Parliamentary Interest Group on Brain, Mind and Pain that will be launched on the 24th of February in the European Parliament. This Interest Group will bring together key stakeholders three to four times per year and will ensure a higher visibility for chronic pain at least on the agenda of the European Parliament.

As she is in contact with other Parliamentary Interest Groups and also co-chairing some she will ask them to consider pain as a cross cutting issue and that pain is included on their agendas as well. She stated that it is important to encourage the Italian Presidency to ensure that the agreement reached at the Milan Informal Health Council meeting on the topic of pain therapy and palliative care is reflected in the Council Conclusions of the Italian Presidency so that the topic can remain a healthcare priority within the EU.

Mrs Harkin closed in emphasising the role of patients in the debate and strongly encouraged their inclusion as she believed this will make the difference in the long term since these are the people that have to live with Chronic Pain.

Soledad Cabezón Ruiz:
Member of the European Parliament (S&D, ES)

Audrey Craven:
President of the European Alliance of Neurological Associations EFNA during the launch of the European Parliament Interest Group on Brain, Mind and Pain on February 24 th, 2015

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THE EUROPEAN PARLIAMENT INTEREST GROUP ON BRAIN, MIND AND PAIN WAS LAUNCHED WITH A COCKTAIL RECEPTION ON 24TH FEBRUARY 2015 IN BRUSSELS

This Interest Group is a joint initiative of two endorsers of the SIP Platform, the European Federation of Neurological Associations (EFNA) and Pain Alliance Europe (PAE). The Interest Group is co-chaired by MEPs Marian Harkin, Jeroen Lenaers and Daciana Octavia Sârbu and over 40 MEPs have pledged their support .The full list, can be found here: http://efna.net/registerofsupporters-2/
This Interest Group will bring together key stakeholders three to four times per year in the European Parliament and will ensure a higher visibility for chronic pain on the agenda of the European Institutions.
The aims of the Interest Group will be to encourage research into and access to innovative treatments, promote prevention and self-management approaches, decrease stigma and work together to improve quality of life for people living with these disabling conditions.

To achieve these goals, European policy-makers – via the Institutions and Members States – will be called upon to:

1. Support patient-led campaigns to educate, eradicate stigma and raise awareness of neurological and chronic pain disorders
2. Improve regulation to better enable research to develop innovative options in the prevention and treatment of these disorders
3. Strengthen patient involvement in this research, and in policy-setting and decision-making
4. Implement relevant European social legislation to ensure appropriate support for people living with neurological and chronic pain disorders

PANELLISTS AND SPEAKERS: SOCIETAL IMPACT OF PAIN SYMPOSIUM 2014

Marian Harkin:
Member of the European Parliament (ALDE, IE)

Marco Spizzichino:
Ministry of Health, Directorate for the Management of Health Planning – Director of Office XI, Palliative Care and Pain therapy

Guido Fanelli:
President of Pain Therapy and Palliative Care Committee of the Ministry of Labour, the Ministry of Health and Ministry of Social Policy

Soledad Cabezón Ruiz:
Member of the European Parliament (S&D, ES)

Ernst Daniel Smid:
TV host, Opera Singer and Founder of the Dutch Cancer Pain Foundation Stichting Pijn bij Kanker

Chris Wells:
President of the European Pain Federation EFIC®

Luca Miceli:
Teaching, Hospital of Udine – Friuli Venezia Giulia Region

Rym Bednarova:
SOC (Complex Operational Structure) Pain and Palliative Care ASS 5 Bassa Friulana Hospital Latisana (Udine)

Alberto Grua:
Member of the Corporate Executive Board, Grünenthal® Group

Hans-Georg Kress:
Immediate Past President of the European Pain Federation EFIC®

David Hughes:
Professor of Health Economics, University of Chester

Neil Betteridge:
Vice-Chair of the Chronic Pain Policy Coalition CPPC

Maria Teresa García Baquero:
Coordinator of Regional Palliative Care Program, Healthcare system of Madrid Community

Shelagh Wright:
Facilitator Pain Management and Psycho-oncology education

Meherzin Das:
Consultant Clinical Psychologist, Clinical Lead, Dorset Community Pain Service

Audrey Craven:
President of the European Alliance of Neurological Associations EFNA

Orsi Nagy:
Policy officer, DG Sante European Commission

Jamie O'Hara:
Director Healthcare Decisions and Senior Lecturer in Health Economics at Chester University

Giustino Varrassi:
Past President of the European Pain Federation EFIC®

Rolf-Detlef Treede:
President of the International Association for the Study of Pain IASP

Robert Johnstone:
Board member of the International Alliance of Patients IAPO®

Willem Scholten:
Consultant – formerly with the WHO Access to Controlled Medicines

Paloma Casado Durandez:
Deputy Director of Quality and Cohesion, Spanish Ministry of Health, Social Services and Equality

Bart Morlion:
President-Elect of the European Pain Federation EFIC®

Günter Danner:
Deputy Director Liaison Bureau of the German Social Security Institution

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