

The World Institute of Pain: Advancing research and clinical practice

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INTRODUCTION

In September 2004, pain specialists from around the globe attended the Third World Congress of the World Institute of Pain (WIP), held in Barcelona, Spain. The conference (“Pain: Advances in Research and Clinical Practice”) was widely attended by scientists, practitioners, pharmaceutical industry representatives, and other interested parties.¹ As a social scientist who studies the medicolegal barriers to the treatment of pain,² I was elated when the WIP invited me to speak in Barcelona. I must admit, however, that before receiving my invitation I was largely unaware of the WIP’s purpose and mission. Consequently, in an effort to inform the readership about the valuable contribution of the WIP, the following article provides an overview of the organization and its most recent conference, and concludes with a brief comment about how their efforts could actually help depoliticize the regulation of medicine in general and opioids in particular.

WORLD INSTITUTE OF PAIN OVERVIEW

The inadequate treatment of pain remains one of the most significant health problems facing patients and providers in the United States and around the world. Researchers from a myriad of disciplines have identified many of the barriers to the relief of pain such as, but not limited to, inadequate training, insufficient knowledge, and fear of regulatory scrutiny.^{3,4} Consequently, in an international collaborative effort to address these barriers and thereby reduce the incidence of pain among chronic, acute, and terminally ill populations, the WIP was formed. Since its formation in 1995 by a group of internationally renowned physicians, its founding members have striven to bridge the gap between theory and practice and enable practitioners “to develop links among international pain centers for patient consultation, physician training, research, protocol development, and pain therapy certification.”¹ In addition to its workshop offerings each year, the WIP hosts an international conference

every other year (World Congress) with multiple conference panels and exhibits, publishes its own journal (*Pain Practice*), and offers pain specialists the opportunity to become fellows in interventional pain practice (FIPP).¹

CONFERENCE OVERVIEW: SEPTEMBER 21–25, 2004

The past year’s World Congress was held in Barcelona, Spain, at the Palau de Congressos Barcelona Conference Center. The facilities were well staffed with ample room to accommodate the 2,000 or more attendees, and all lectures were in English. In addition to the scientific panels, poster sessions, social events, and vendor exhibits at the Congress, the WIP also provided training courses on the essentials of pain medicine and interventional techniques (followed by an examination for those seeking to become fellows in interventional pain practice). The Congress covered a variety of topics such as pharmacological developments, invasive procedures and surgery, cancer pain and palliative care, diagnosis and assessment, and ethics, as well as medicolegal issues stemming from the treatment of pain. Although many of the lectures focused on cutting-edge clinical techniques, the medicolegal issues of pain treatment were certainly not ignored.

Aside from my own lecture on the fear of prosecution stemming from the aggressive treatment of pain and the regulation of opioids, the keynote speaker was a professor of criminal law whose Presidential Lecture focused on the impact of law and the right to pain relief.⁵ Clearly, by inviting me and selecting a criminal law professor to present the Presidential Lecture, the conference organizers rightly recognized the value and need for interdisciplinary collaboration and the role of politics in the treatment of pain. Although the law and political process have undoubtedly raised the standard of care, politics and the lawmaking process have also created barriers to the treatment of pain.² Consequently, I would argue that the medical profession should take a more proactive approach and avoid the politicization of medicine by remaining several steps ahead of the regulators and avoiding the political process as much as possible.⁶ An example of one such effort is the creation of standards

within the profession, by the profession. Such is the case with the WIP's program in Interventional Pain Practice.

FELLOWS IN INTERVENTIONAL PAIN PRACTICE: BENEFITS BEYOND CLINICAL

Among the many new programs that the WIP has implemented, the organization is particularly proud of their efforts in developing training courses in pain medicine and interventional techniques. The WIP continues to organize workshops on interventional pain practice, and even offers a clinical examination to those interested in becoming an FIPP. These efforts are consistent with the WIP's goal to provide a more focused approach to pain management and the "development of Pain Medicine as a specialty throughout the world."¹ Moreover, all of these efforts to improve the quality of pain treatment come from within the medical community, a bottom-up approach, and consequently avoids the political process associated with regulation and legislation.

At times, the lawmaking process can be a good thing, particularly because it is a very political and public one (as it should be). Although laws and regulations have contributed to improving standards, the larger question is whether we need yet another law or regulation on top of the many we already have. Politicians, particularly legislators, are in the business of making laws and want to retain their positions. Consequently, they must remain in the public spotlight and will often resort to credit claiming and, at times, grandstanding. The "War on Drugs" is a prime example. Becoming a champion of this cause is often too tempting for most politicians to resist. Instead of focusing on the negative impact of law associated with the prescription of opioids, most find political rewards in repeating the same tired rhetoric about crime and drugs.⁶ Politicians realize that it is often simpler to scare people with images of drug pushers corrupting our children than discuss the negative impact of law on patients and providers and risk being seen as soft on crime (or terrorism, for that matter). The role of balance somehow gets lost in the translation. Accordingly, internal efforts by the WIP to improve the treatment of pain through its training programs and certification as fellows in interventional pain practice effectively improve the standard of care

without involving the political process or increased regulatory oversight.

CONCLUSION

The WIP is a growing organization with laudable goals and a membership dedicated to the reduction of pain. In addition to its many training events and opportunities to confer with colleagues on social and professional levels, the WIP has developed a clinical examination and a fellowship program directed at improving the treatment of pain from within the medical community. Although the eradication of pain will take a collaborative effort among a variety of disciplines, the effort by the WIP to improve the standard of care while avoiding the political process is certainly a step in the right direction.

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