

Original Article

Pain Control: Meeting the Professional Educational Needs in the Developing World

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Abstract

Pain is constant with serious illnesses. While many serious illnesses and diseases cannot be cured, the associated pain and symptoms can be alleviated. Untreated and undertreated pain is a major healthcare problem worldwide. While there are many reasons for that, this paper addresses the lack of healthcare professionals specifically trained in pain control and symptom management. It is proposed that an educational facility be built in the Madinah Knowledge Economic City (MKEC). It is envisioned that once such a facility is operational, it will also serve as a springboard to bring about cultural change, sociopolitical change, and change in the governmental policies in procurement, distribution, licensing, and tracking of pain medications as well as effective delivery systems. Such an educational facility in MKEC will serve the unmet needs of humanity in general and Muslims in particular.

Key words: Pain control, professional education, developing countries, narcotic policies, Saudi Arabia.

Pain Control and Symptom Management

The World Health Organization (WHO),¹ the European Federation of the International Association for the Study of Pain, and the Joint

Commission in the United States of America equate the right to be free of pain as a human right. The WHO defines palliative care as an approach that “improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment, and treatment of pain and other problems – physical, psychosocial and spiritual.”²

As defined in the WHO training module, palliative care consists of the following:

- Provides relief from pain and other distressing symptoms;
- Affirms life and regards dying as a normal

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- process;
- Intends neither to hasten nor to postpone death;
 - Integrates the psychological and spiritual aspects of patient care;
 - Offers a support system to help patients live as actively as possible until death;
 - Offers a support system to help the family cope during the patient's illness and in their own bereavement;
 - Uses a team approach to address the needs of patients and their families, including bereavement counseling, if indicated;
 - Enhances quality of life, and may also positively influence the course of illness;
 - Applies early in the course of illness, in conjunction with other therapies that are intended to prolong life, such as chemotherapy or radiation therapy;
 - Includes the investigations needed to better understand and manage distressing clinical complications.³

Ideally, symptom control should be provided at the very onset of any serious and life-threatening illness. If one uses cancer as an example, it is well known that almost every patient has physical pain, anxiety, depression, or emotional and spiritual suffering at some point during the illness.

Medicine has made great advances over the last century, but many serious illnesses are still incurable. Hence, people are living longer with an increasing number of distressing symptoms. The worldwide burden of chronic illness is enormous and increasing. The average dying cancer patient has at least 13 symptoms towards the end of life.⁴ Relieving those symptoms can make a big difference in the last days of their lives. It is heartening to know that pain control is being addressed not only in the underdeveloped nations but also in the developing countries such as Russia and Japan.^{5,6}

There are many reasons for the lack of palliative care services, particularly in the developing countries. These include, but are not limited to, the lack of awareness, knowledge, trained professionals, and the availability of pain-relieving medications. The ethnic, cultural, and religious factors along with narcotic control policies, competing priorities, financial resources, and political will of governments are some of the other barriers.

While this paper addresses only the educational and training of healthcare professionals in the field of pain control and palliative care, it is important to briefly review some of the major obstacles. Like any other national program, each of its components has to be in place and integrated for the program to be effective and successful. Due to low literacy rates and the lack of empowerment of the people in the developing world, the public is unlikely to demand these services. Hence, the impetus will have to come from the governments and the private sector. The citizens should be educated in these issues through the media, local religious authorities, and community leaders. Such efforts are necessary to overcome the regional, cultural, ethnic, and religious biases against the use of medications such as opiates in relieving pain.

Once there is a critical mass of public opinion, governments may become more responsive and allocate resources for these programs. When King Faisal Specialist Hospital in Riyadh, Saudi Arabia, was ready to start its palliative care program, it reached out to the authorities and sought a *fatwa* (religious opinion) about the permissibility of the medicinal use of opioids.^{7,8} A directive in 2005 from the Saudi Ministry of Health (moh.gov.sa) outlines policies to increase the availability and use of opioids in the kingdom.⁹ Since the issuance of the *fatwa* and the resultant increase in general awareness, the acceptance of morphine for pain control has increased in the public. While the Saudi Ministry of Health has become involved, the Saudi Narcotic Control Board still has a significant involvement in the logistics of procuring and distribution of morphine. Many developing countries have rewritten their narcotic control and regulatory policies that affect the import, manufacture, and use of opioids.¹⁰ The International Narcotics Control Board, which is under the auspices of the United Nations, can be very helpful in designing such policies.¹¹ The availability, distribution, and prescription policies of narcotic pain medications both at retail and institutional level will have to be addressed.

It is a monumental task that will take major efforts both on the part of the governments and their people. This challenge is illustrated in a recently published research. The authors of the study reported that among 156,729 pain-related visits to the emergency departments in the United States

between the years 1993-2005, white patients were more likely to receive opioids than blacks (31% vs. 23%, $p < .001$).¹² This study highlights the fact that citizens of color are still being undertreated because of societal attitudes despite a decades-old policy of nondiscrimination based on race, color, or creed, the recognition that relief of pain is an individual human right, and the drugs' availability and accessibility to every person.

The WHO is spearheading efforts to bring about this change. The publication *Cancer Control – Palliative Care, WHO Guide for Effective Programs* outlines a step-by-step methodology to develop a palliative care program at a national level.¹³ The Eastern Mediterranean Regional Office (www.emro.who.int) of WHO is already working in this region to develop such programs. The International Network for Cancer Treatment and Research (www.inctr.org) is a nonprofit, nongovernmental organization founded in 1998 by the International Union against Cancer (www.UICC.org) and assists developing countries by supporting research collaboration, education, and training in oncology and palliative care. The Worldwide Palliative Care Alliance (www.wwpca.net), an association of national hospice and palliative care associations, has member organizations in both hemispheres. Help the Hospices, a charity supporting hospice care throughout the United Kingdom, facilitates the annual World Hospice and Palliative Care Day, which is an activity led by the Worldwide Palliative Care Alliance. The World Health Organization cosponsors the event. In 2007 and 2008, nongovernmental organizations in approximately 70 and 67 nations, respectively, took part in the World Hospice and Palliative Care day. This year, Saturday October 10, 2009, has been designated as World Hospice and Palliative Care Day.¹⁴

A recent survey published in November 2006 showed that 150 countries “are actively engaged in delivering a hospice-palliative care service or developing the framework within which such a service can be provided. Yet development is patchy, with palliative care approaching a measure of integration with wider service providers in just 15%” of the 234 countries reviewed.¹⁵ This is the most current global review of the palliative care services and can be of immense value to anyone starting a new program.

In the Kingdom of Saudi Arabia (KSA), palliative

care services have been in place for at least 20 years.⁸ Many of the large tertiary care facilities, such as King Faisal Specialist Hospital and National Guard Hospital, have active palliative care programs.

However, there is a need to move toward a coordinated national program with palliative care services integrated in the healthcare delivery system. The incidence of cancer is rising. People are living longer. The population of Saudi Arabia currently stands at 26.4 million.¹⁶ The world population is expected to increase beyond 9 billion by 2050. As the population and the average life expectancy in developing countries increase, the impact of chronic and incurable diseases such as cancer will be enormous.

The government of Saudi Arabia is planning to create a new Knowledge Economic City (www.madinahkec.com) adjacent to al-Madinah al-Munawwara. An educational facility in this new “knowledge” city can play a pivotal role in laying down the foundations of a national palliative care plan, starting with the education and training of the professionals in the field of pain and symptom control. This can serve the whole Muslim *Ummah* in particular and humanity in general.

It will be operated privately or publically, or as a private-public partnership. The faculty and curriculum should be developed in close partnership with one of the local universities. The WHO's Eastern Mediterranean Regional office is already involved, and its participation should be sought. The funding could come from investors, philanthropists, endowments, and the public. Tuition and fees may be charged on a sliding scale to supplement the revenue. Charitable organizations or the sponsoring governments could subsidize the tuition charged to the students. The facility would be responsible to teach the basic principals of pain management. Professionals such as nurses, physicians, nurse practitioners, physician assistants, and pharmacists would be eligible to be admitted for the certification or diploma courses that can vary in length from 3 to 12 months.

The educational and training component of the plan has to be carried out in collaboration with academic institutions. The short-term goals have to include the following:

- Physical structure of buildings, maintenance, and security;
- Board of directors for guidance and policy;

- Academics;
 - Faculty
 - Affiliations and links with other educational centers and healthcare facilities
 - Continued education programs
 - Visiting professorships
 - Developing entrance criteria
 - Developing curriculum
 - Developing educational standards for certification or diploma courses
- Administration;
 - Tuition and scholarship structure
 - Budget
 - Student affairs
 - Information technologies and distant learning
- Fundraising and program development;
- Liaison with government for policy development;
- Liaison with other similar organizations; and
- Liaison with the WHO

It is proposed that healthcare professionals such as physicians, nurses, allied healthcare professionals, and pharmacists be accepted for training. The education can consist of a 4- to 6-month certification or 6- to 12-month diploma courses. The curriculum should initially be focused on pain management. Subsequently, the knowledge to treat and control symptoms at the end of life can be introduced. The palliative care professionals at various healthcare facilities such as King Faisal Specialist Hospital and Research Centre, the National Guard Hospital, and the medical colleges in the Kingdom can help in developing the necessary curriculum.

The long-term goal will be focused on integrating palliative care in the graduate medical education and the healthcare delivery system. It will also include bringing about a change in attitudes among the general population towards the care of the terminally ill, acceptance of the hospice philosophy, governmental funding, reimbursement of services by the health insurers, and improved home- and community-based health services and enhanced nursing services.

The leadership of this facility and other palliative care groups will also have to lobby to bring about a change in the policies towards narcotics and the care of the terminally ill. The policies and procedures about manufacturing, importation, and distribution

of medicinal opioids will have to be addressed at the national level with guidance from the leaders of such programs.

As we move forward in the 21st century, the developing nations will be called upon to deliver the best healthcare to its citizens, particularly those who are suffering with chronic and incurable diseases and are at the end of their life. If the concept of the Madinah Knowledge Economic City comes to fruition, it can make this city the beacon of knowledge and the pride of Muslim *Ummah* for education in field of pain management as well as palliative care.

The Madinah Knowledge Economic City offers a unique opportunity to create such a facility from scratch. The opportunities of dynamic interaction and cooperation between various scientific, technological, intellectual, educational, and business enterprises in the new city can be shining example to the rest of the world.

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I hope this will encourage more members to submit their work to JIMA as it now will enjoy wider exposure and can be cited in other authors' articles. We definitely need more original articles, especially in the areas of Islamic medical ethics, history of medicine as well as the usual clinical articles of reviews, case reports, etc.