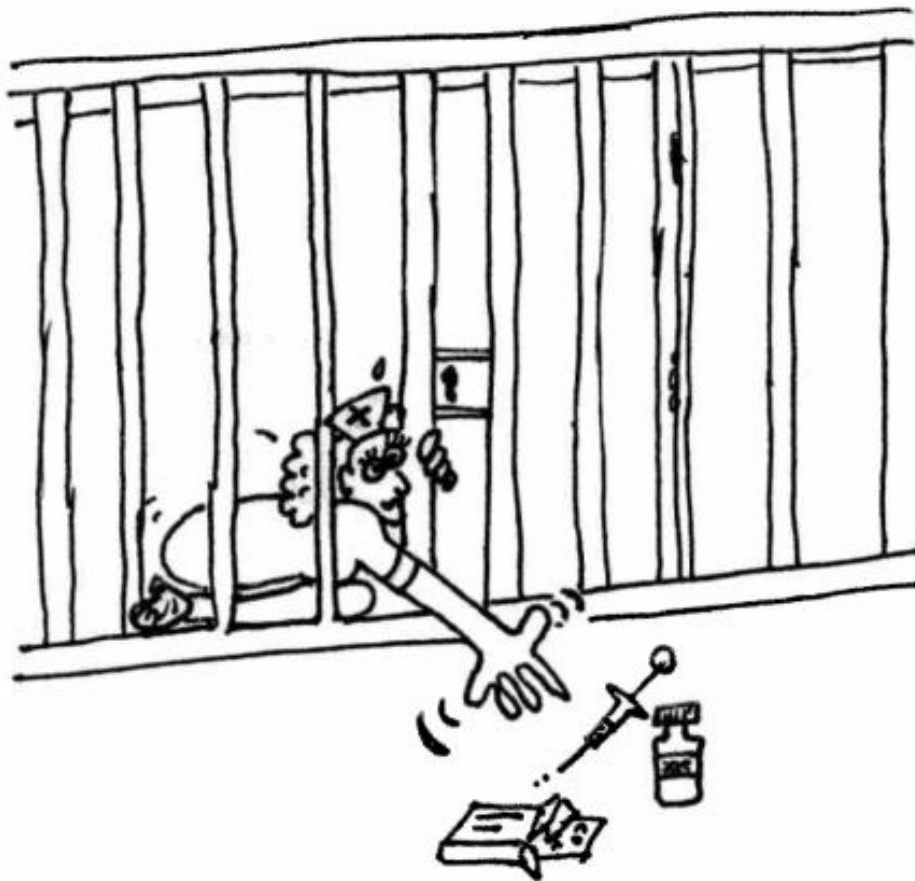


Training Session Plan

Barriers to Access to Pain Treatment



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The International Federation of Health and Human Rights Organisations (IFHHRO)

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Learning Objectives

- To gain knowledge on barriers to access to pain treatment



Target Group

Health workers with little or no knowledge about access to pain treatment



Duration

90 minutes



Materials

- 6 Sheets of flipchart paper
- Pink, blue and yellow cards (A5) (or different colours)
- Masking tape
- Markers
- A4 papers



Training Aids

1. Case study questions
2. Three categories
3. Overview table
4. Case studies
5. Types of barriers to access to pain treatment



Session Plan

This session provides participants with an understanding of the problems that exist with regard to access to pain treatment. The session works best as an introduction to the session “[Access to Pain Treatment as a Human Rights Issue- the basics](http://www.ifhrrro-training-manual.org)” available at www.ifhrrro-training-manual.org.

Preparation

Study the case studies, the questions and the types of barriers to access to pain treatment (Training Aids 4, 1 and 5).

Write the questions from Training Aid 1 on one sheet of flipchart paper. Write down the three different categories (Training Aid 2) on a second sheet of flipchart paper.

Make the overview table (Training Aid 3) out of three or four flipchart sheets.

Choose the case studies you want to use and print them (Training Aid 4). The amount of case studies needed depends on the number of participants, when there are for example four groups of 5-6 people you will need four different case studies.

Photocopy the necessary amount of Training Aid 5.

Step 1 Introduction & Objectives (5 minutes)

Introduce this session by explaining to the participants that this session deals with barriers to access to pain treatment.

Step 2 Case studies (10 minutes)

Divide the participants into small groups of 5-6 people and give each group a case study to read.

Present them the two questions on the flipchart paper (Training Aid 1).

Ask the participants to discuss the questions on the flipchart within their group:

- What type of patient is experiencing the difficulties in accessing pain treatment?
- What barriers to access to pain treatment can you identify?

Step 3 Types of Barriers (15 minutes)

Hand out the eight types of barriers to access to pain treatment (Training Aid 5). Instruct the participants to write down the different barriers they found in the case.

Step 4 Division of barriers (10 minutes)

Hang up the sheet of flipchart paper with three categories (Training Aid 2). Supply each group with coloured cards.

Explain that each colour represents a category from which the barrier can originate.

Patient = yellow

Health worker = blue

System = pink

Ask the participants to write down the barriers they found on the different coloured cards according to where they think the origin of the barrier lies. They can use more than one colour per barrier. Also ask the participants to group the cards according to the eight types of barriers by writing the corresponding number on the card.

Step 5 Plenary overview (15 minutes)

Hang up the overview table (Training Aid 2).

Ask each group to explain their case study and the different types of barriers they found.

Place the cards in the overview table.

Step 6 Discussion (15 minutes)

Discuss the overview table by using the following questions:

- Which colour appears most in the overview table?
- What does this mean?
- Where do the problems with access to pain treatment start?
- Which barriers are easy to overcome?
- Which barriers are difficult to overcome?
- What could health workers do to improve the access to pain treatment?

Step 6 Conclusion (5 minutes)

Recap the key message:

- There are many different types of barriers to access to pain treatment.
- Most of the barriers find their origin within the systems that governments create to regulate access to pain treatment.

Training Aid 1 – Case study questions

Write on the first sheet of flipchart paper:

1. What type of patient is experiencing difficulties in accessing pain treatment in the case?
2. What barriers to access to pain treatment can you identify in the case?

Training Aid 2 – Three categories

Write on the second sheet of flipchart paper:

The three categories (different colours can be used):

Patient = yellow
 Health worker = blue
 System = pink

Training Aid 3 – Overview table

Draw on three or four sheets of flipchart papers:

	Barrier 1	Barrier 2	Barrier 3	Barrier 4	Barrier 5	Barrier 6	Barrier 7	Barrier 8
Case 1								
Case 2								
Case 3								
Case 4								

Training Aid 4 – Case studies

Case 1

Volodymyr, a 43 year-old man in Armenia, is suffering from a severe form of lung cancer, which has spread to his lymph nodes and bones. A large tumor growing into his chest and diaphragm makes it difficult for him even to take short breaths. Volodymyr is in a lot of pain and realizes he is dying slowly.

He is spending his final days in a public hospital far from his family. There is a private hospital much closer to his home but this is very expensive. Another option close to home is a palliative care centre but Volodymyr is unaware of its existence.

Private hospitals have an unlimited supply of morphine but public hospitals have to make do with a predetermined monthly stock of morphine. As a result Volodymyr's only relief is 50mg of morphine a day. A few hours following his dose, his excruciating pain returns. The medical staff tries to ignore his cries of agony and pleas for relief. The doctor informs Volodymyr that nothing can be done because the government regulations and costs are restricting the supply of morphine to public hospitals



Case 2

Mudiwa is a recovered heroine addict. When she has been clean for four years she develops an unidentifiable pain in her lower back. Some days the pain is so severe that she can do nothing but lie in bed, writhing and moaning. At first she is afraid to go to the doctor because during her past life as an addict she has had some negative experiences with doctors.

The pain in her back does not go away and in the end Mudiwa's sister is finally able to persuade her to visit a doctor. When she asks the doctor to help her with her pain he tells her that she should know better than to expect pain medication as a former addict. As the pain persists, she works up the courage to try and get an appointment with another doctor.

The second doctor she goes to takes her complaint seriously and prescribes ibuprofen. Mudiwa takes the pills but they do not relieve her pain. She returns to the doctor, but he explains that unfortunately regulations prevent him from being able to prescribe strong pain medication to former drug addicts. Health workers have been prosecuted in the past for providing drug addicts with pain treatment and the doctor is afraid of sanctions.

Through friends of friends Mudiwa hears that drug control regulations have become more lenient in recent years, so she decides to consult yet another doctor. This next doctor is understanding, but when he finds out she is a former addict he tells her he cannot risk providing her with strong pain medication because he does not possess the necessary knowledge and experience to recognize misuse. Instead, he refers her to another doctor who is known for treating former drug users with pain. Mudiwa makes an appointment with this doctor, but because it is the only doctor in the city where addicts can expect to be treated for pain there is a long waiting list. When she reaches the top of the list Mudiwa is finally able to receive the necessary prescription to relieve her pain.

Case 3

Arun is a pharmacist at a large hospital in India. His pharmacy has had a license for oral and injectable morphine for about 10 years. Over those years, he had to order morphine numerous times. He shares the following:

We are a hospital. We should get these medications in a day or two, maximum a week. The reality is, however, that the process takes several months. The process for procurement is tedious and long. We must apply to the drug controller for an import license. He asks for reports about consumption of old stock, and then provides an allocation from a particular manufacturer. Once an allocation is issued, you have to apply to the exercise department. This is a horrible department.

Say we apply to the exercise department today. It may take 15 visits to the exercise office before we get the permit. The papers have to move for approval from one point within the exercise department to another. A single mistake – even a spelling error – and the exercise department will turn the application down. Then you have to reapply.

When the import license permit is finally issued, the manufacture, (who is out of state) must obtain an export license from the exercise department in that state. What happens is we get the road permit and have to import the morphine by a specific date from a specific supplier. The road permit is generally valid for 15 days. We ask for 30 and that request is usually granted. We send the order to the company. Mailing it takes some time.

Then their process starts. They need an export license from their exercise department, which takes time. There is some corruption there. In the meantime, our license may expire because we can't finish the process within the specific time.

Once the license is expired, we don't get our order. We will be told: "Your license is expired. We cannot send you the medications. Get a new license." In that case it takes another one or two months. Similarly, if the medications are not in stock, you have to start from scratch again because the license will expire before the stocks are filled. In about 20 to 25 percent of the cases, our import license expires before all other licenses are obtained.¹

Because the hospital cannot meet the demand of morphine needed to treat all patients a policy is introduced to prescribe it to a selected group of patients. Patients older than a certain age or patients who are in their final stage of life will not get morphine as a part of their pain treatment. The same is true for HIV-positive patients.

¹ Based on case from Unbearable Pain, Human Rights Watch, October 2009, p. 59-60.

Case 4

On a paediatric ICU in Vietnam a 1 month old baby is being treated for congestive heart failure. The baby is on the fully controlled ventilator with 45% oxygen and receives diuretics and dopamine, both intravenously. The child is lying on her back on a flat mattress without any protective measurements against the 24 hours glaring light, noise and medical interventions. The child is extremely overstretched and is fighting against the endotracheal tube. She is in a poor nutritional state.

No sedation or pain relief is administered because the physicians are of the opinion that children of this age have an underdeveloped sensory nerve system which means they will not experience pain or discomfort.

Moreover, morphine and other pain drugs are hardly available due to very strict government regulations. Even if available, it is likely that the baby would not get any pain medication because most pain medication is listed as 'medication for adults'.

Some nurses of the paediatric ward are trained in pain management and have experience treating pain and dealing with pain related stress experienced by children. But even those nurses are reluctant to give pain medication, especially morphine, to children. Some nurses also fear that morphine will cause respiratory distress.

The contradiction in this case is that if the paediatric ICU had been full the baby would have been placed in the ICU for adults. At this ICU they don't make the distinction between medication for adults and children so most probably the child would have received pain medication.

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Case 5

A 90 year old man, Mr. Franke, is living in a nursing home because of his dementia. The last few weeks he is constantly moaning and refuses to participate in any activities. The nursing staff are concerned that he is in pain and asks Mr. Franke questions to determine whether this is the case. However, Mr. Franke's answers are so muddled that it is not possible to distinguish what exactly is the problem. During his weekly bath one of the nurses observes that he starts to scream loudly as soon as she tries to make him move.

The general practitioner prescribes paracetamol and refers the patient to the accident and emergency department of a nearby hospital for further examination. After these examinations, it becomes clear that one of the upper vertebrae is broken due to metastatic bone cancer.

As the general practitioner does not know how to deal with the situation he refers Mr. Franke to a geriatrician. The geriatrician wants to prescribe a more effective pain medication. However, the family of the patient does not agree with this prescription because they are afraid of side effects. It is therefore decided to treat him with paracetamol and codeine.

Five years later, both the general practitioner and the geriatrician have not asked about the perceived pain or prescribed extra pain medication, while the 95 year-old man experiences severe pain every day.

Case 6

Forty year-old Melanie from the Netherlands requires an operation to treat spondylodosis of two vertebrae in her lower back. Before the operation she feels very nervous because she does not know what to expect. She asks the surgeon if she will be experiencing much pain, but the surgeon tells her it is a standard operation and that there is nothing to worry about.

On the first day after the operation Melanie receives standard post-operation medication: morphine, paracetamol and an anti-inflammatory drug. On the second day after the operation the morphine is disconnected and the other medication is continued.

A day later Melanie is encouraged to move out of bed by the psychotherapist, but this causes her a lot of pain. This pain is also witnessed by one of the nurses who assists her with bedside washing. When the surgeon comes by, both Melanie and the nurse express concern about the level of pain. The surgeon explains that this is standard post-operative pain and says she can go home the next day.

When the time comes to leave the hospital Melanie can barely move because the pain has intensified and she is in agony. The surgeon refuses to prescribe additional pain medication as he is of the opinion that the pain is caused by lack of mobility. However, he agrees to let her stay on in the hospital.

When the pain still has not disappeared after three more days the surgeon becomes worried and discusses the situation with his colleagues. One colleague orders an x-ray and it becomes apparent that one of the screws used for the spondylodosis is too long which has been causing the pain. After a successful second operation Melanie recovers very quickly. When she leaves the hospital she tells the nursing staff that she did not know a person could be in so much pain.

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Case 7

Peter is 32 year-old and suffers daily from severe pain caused by a serious knee injury. His general practitioner has advised a strong opioid pain killer (Meperidine Demerol), but cannot prescribe it because she is waiting to receive the required narcotics license. Even though she applied for the license nine months ago, completed all the forms and passed the necessary tests, the application is still being processed by the National Drug Regulation Board. In the meantime, Peter needs to go to the central district hospital to be able to receive the pain medication. The hospital is allowed to prescribe a three-day supply of Merperidine Demerol. Every third day Peter travels three hours by bus to receive his medication. In the winter when weather conditions make busses unreliable he suffers days without pain relief unless his niece, who has a car but works full-time, can get him to the hospital.

Case 8

Jaroslav, a 64 year-old Ukrainian pensioner was diagnosed with prostate cancer two years ago. He received surgery, but it was not possible to remove all the cancer and within a year it had metastasized to his bones. Jaroslav developed a pain so severe that it often renders him immobile. His doctors prescribed morphine, which must be administered directly by a healthcare worker according to drug regulations. The local health clinic does not have a license to stock strong opioid pain medication. For Jaroslav to receive his treatment a nurse from the local clinic first has to travel to the central district hospital to obtain the medication after which she visits Jaroslav to give him an injection of morphine. The local health clinic does not have money to organize transportation so the nurse has to walk and use the public bus. This means that there is only time to provide Jaroslav with one injection a day. As the analgesic effect of morphine lasts for only four hours Jaroslav is left in pain for most of the day.

Training Aid 5 – Types of barriers to access to pain treatment

1. Failure to ensure functioning and effective drug supply system
 - countries do not submit correct estimates of their need of controlled substances to the INCB
 - distribution system for pain medication is not effective (few distribution points, complex procedures for procurement)
2. Failure to enact palliative care and pain treatment policies
 - no comprehensive national strategies on pain treatment
 - opioids not on national list of essential medicines
 - no guidelines on pain management for health workers
 - national drug control laws do not recognize necessity of narcotics for pain relief and the obligation to ensure availability for medical purposes
3. Lack of training for health workers
 - instruction on pain management is not included in medical education
 - misinformation and ignorance about strong pain medication
 - inadequate knowledge on how to assess and treat pain
4. Lack of information for patients
 - no user friendly and reliable information materials available
 - misinformation and ignorance about pain medication
 - no clarity about existing possibilities and health facilities for pain treatment
5. Restrictive drug control regulations and enforcement practices
 - health workers require special licenses to dispense opioids
 - special prescription procedures for opioids (specific forms, multiple copies)
 - necessary approval by colleague/ superior
 - dispensing must be witnessed by multiple health care workers
 - other limitations which prevent health workers from basing the therapy on the needs of the patient
6. Fear of legal sanction among health workers
 - ambiguity in regulations
 - poor communication by regulators to health workers
 - existence of harsh sanctions
 - past prosecutions of health workers for unintentional mishandling
7. Inflated cost of pain treatment
 - large differences between countries
 - government regulation of opioids prices
 - medication subsidies / taxes / importation costs
 - large overhead for local production
 - low demand
 - promotion of non-generic costly opioids, inexpensive formulations withdrawn
8. Other barriers
 - power relations within the health system
 - attitude of health workers
 - attitude of patients