



PAIN THERAPY AND THE DEGREE OF PATIENT'S PAIN IN THE AGE OF CROSS-BORDER HEALTHCARE

June 21st 2016, 10:00 - 12:00

room PHS 1C047 - European Parliament, Brussels

interpreting available in EN & IT

Mariano Votta's speech – Director Active Citizenship Network

Good morning and thanks a lot for your decision to join us today.

Special thanks to the Member of the European Parliament Patrizia Toia, who is hosting the event today. She is also one of the MEP supporters of the Interest Group "European Patients' Rights and Cross-Border Healthcare". As you know, each event organized within the Interest Group is linked to one or more specific patient's rights. Today, the debate is mainly focused on the patient's right to avoid unnecessary suffering and pain (11th Right in the EU Charter of Patient Rights), and the aim is to underline how protection of patients seeking care abroad is also related to an effective implementation of those aspects of the Directive that may be seen of secondary importance, such as, for example, the reference to pain intensity. Indeed, pain intensity is not a secondary issue at all; it can facilitate the building of a European network of specialised centres or centres of excellence on pain therapy, which may host patients from other countries, in accordance with the hopes revealed during the Italian Presidency of the Council of the European Union, in the second half of 2014.

In fact, in that occasion, Ministers of Health from the 28 EU member states agreed on the need to create a European platform of palliative care and pain relief, where to ensure training of health professionals on pain management. They also highlighted the necessity to exchange information on the effectiveness of therapies for the weakest social groups (such as the elderly or children).

The Ministers shared views on the matters and on the establishment of a European network to facilitate the exchange of best practices, and reiterated the importance of cooperation among research centres for chronic pain and palliative care, as well as a close monitoring of the progress made in these fields based on reliable data to be gathered by the Member States.

Would an effective implementation of the Cross-Border Healthcare Directive contribute to achieve these goals? We think so, taking into account that the Directive ~~2011/24/EU~~ refers also to pain, as Bart Morlion already mentioned. More specifically, article 8.5 of the Directive states that the degree of patient's pain must be taken into account in the application process of the cross-border healthcare Directive.

Member States should have transposed the Directive into their national legislation by October 2013 and, consequently, should have put in place mechanisms to assess the patient's level of pain. Unfortunately, in the transposition process at national level only few Countries (France, Ireland, Italy and Slovenia) have formally recognized the importance of the assessment of the degree of patient's pain as stated in article 8.5, setting the benchmark on the implementation of the cross-border healthcare directive.

During the annual Societal Impact of Pain Symposium, held in Brussels last May, detailed policy recommendations were set out as the result of collaboration among chronic pain patients, healthcare practitioners, researchers, scientists and other stakeholders involved in pain care.

Starting from these recommendations, the event today intends to open a debate on the topic, based on experiences, good practices and issues faced in the different EU Member States.

For sure, the inclusion of the issue of chronic pain in the European political agenda – unforgettable achievement of the 2014, was certainly gratifying for all of us, but what about the next steps? We are aware that the European Union works at different speeds, and this also applies to chronic pain.

For this reason, we need to identify those who may be pioneers or leaders on this issue as well as set priorities and recommendations, not only to get the commitment of the Institutions, but also to promote concrete activities, involving all the stakeholders interested to play an active role. Now is “Time for Action”, as the motto of the last Impact of Pain Symposium reminds us.

A suggestion, not a solution, might be to work, for example, for a **Mediterranean Alliance Against Pain**.

Why? Some facts suggest us that the Mediterranean area – in a certain sense - is leading the change on chronic pain.

- Because, for example, there are countries who belong to the Mediterranean area, such as France and Italy, in which citizens have access to rights related to pain based on existing legislation, which was in place prior to the EU Directive referring to pain.
- Because, for example, other Mediterranean EU Countries, that is Italy - again- in 2014 and Malta in 2017, have decided to work to put in the EU political agenda the topic of pain during their semester of Presidency of the Council of the European Union.
- Because, for example a Mediterranean Pain Meeting has been arranged for 10 years now, held in Menorca, Spain, by professionals and patient organizations to join efforts on the topic.

For sure, however, some improvements are needed everywhere. Starting from my Country, Italy, where there is still so much work to do about pain treatment, considering that 16% of patients who complain about pain are not believed or have to see their problem diminished, and also considering that there is a specific space on pain management in medical record in 8 of 10 cases: we need that in 100% of cases!

Our commitment could be to transfer what we have achieved from the European agenda into the European culture: that is, to raise awareness, fight stigma, improve quality of life for people suffering from acute and severe chronic pain, reduce the socio-economic impact of chronic pain in Europe by ensuring that the right to avoid unnecessary suffering is guaranteed everywhere and to everyone.

With the same aim, and in general to contribute to make the invisible visible on chronic pain, Active Citizenship Network has launched this year the “**EU Civic Prize on Chronic Pain**”, realized with the involvement of many partners and thanks to the support of Grunenthal and Pfizer.

Indeed, there are several Prizes on the topic, but none at European level and led by citizens. Establishing a “European Civic Prize on Chronic Pain”, based on the selection of practices presented by different healthcare stakeholders (patient associations, health professionals, private and public hospitals, universities, Institutions, etc.), will provide an occasion for creating an informal network of operators of good practices on chronic pain, and also for demonstrating what this community can offer in terms of good practices and experiences. These are useful to raise awareness about the phenomenon, enhance the body of knowledge of positive cases and success, and strengthen commitment to this topic.

To conclude, to better understand why the pain therapy and the degree of patient’s pain in the age of cross-border healthcare is so important, please let me read a request received in Italy by the Citizen Advisory Center of my organization, Cittadinanzattiva, a structure that provides free guidance,

information and protection for people who have experienced inadequate services in the healthcare sector.

I am a 69 years old. Foreign woman, suffering from chronic pain. I have managed to get some relief, but my family doctor knows little about pain management. I desperately need a specialist located in middle Italy.

I am unable to walk well, or drive.

Please. Can you help me? My family will appreciate. I was afraid of moving from my Country for this reason.

Thank you. Sincerely,

In a concrete way, this **case history** has to be shared with those EU Countries that have not formally recognized the importance of the assessment of the degree of patient's pain while implementing the cross-border healthcare Directive at national level.

I thank in advance all the panelists for their contribution, and special thanks to Bart Morlion, the President Elect of European Pain Federation, who not only has accepted the uncomfortable role of chairing this meeting, but and first of all has decided to be partner of this initiative, confirming their role of leader in the field.

Many thanks for your attention.