

Pain News Network

Canada Forms Chronic Pain Task Force

Ross, Marvin

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Canadian chronic pain patients were given a glimmer of hope this week when federal health minister Ginette Petitpas Taylor announced the establishment of a national task force to examine how to prevent and manage chronic pain and remove barriers to pain treatment.

“This is the first step in addressing the issue of chronic pain in this country,” Ginette Petitpas Taylor said at the annual meeting of the Canadian Pain Society in Toronto. “We have to recognize that Canada’s a big country and we certainly know there’s inconsistent services in provinces and territories, so I have to really have a good understanding of what’s available and what’s happening out there.”

One in five Canadians lives with chronic pain and -- like their counterparts in the U.S. -- many have been on the receiving end of the crackdown on opiates.

After the U.S. Centers for Disease Control and Prevention released its 2016 opioid guideline, Canada followed with its own very similar set of recommendations, which were developed by a panel at McMaster University chaired by lead investigator Dr. Jason Busse, a chiropractor.

Although the guidelines are voluntary, medical regulatory colleges across Canada have been pressuring their physician members to drastically reduce opioid prescribing and many doctors now fear for their licenses if they don’t comply.

Petitpas Taylor acknowledged that Canada’s response to the overdose crisis contributed to “stigmatizing attitudes and behaviours” about opioids and created barriers “that may prevent people with chronic pain from receiving the health services they need.”

She said the task force will consult with governments and advocacy groups, and provide an initial report to Health Canada in June, followed by two more in 2020 and 2021.

The panel has two co-chairs. Dr. Fiona Campbell is a pediatric anesthesiologist and Associate Professor in the Department of Anaesthesia & Pain Medicine at the University of Toronto. The other co-chair is Maria Hudspith, who is the Executive Director of Pain BC, a non-profit charity working to improve the lives of people in pain.

Both co-chairs have been on the syndicated Roy Green Show discussing the increasing problems faced by pain patients. In 2017, Campbell told Green that patients who need opiates should not be marginalized and that opiates should be used when all other treatment modalities have failed. Hudspith was a guest on the Green show last year and is

well aware that patients have been forcibly tapered or cut off from opioids and often have problems finding care.

That gives me some hope, as does the fact that the other six members of the task force are a combination of medical specialists and pain patients themselves. But not everyone is pleased with the appointments or that the panel's work will take up to three years.

“Of course, we are happy they are actually acknowledging chronic pain is an issue. However, the time frame is wrong and a little bit too late. We are also quite disappointed in the individuals who have been chosen to lead this task force,” said Barry Ulmer of the Chronic Pain Association of Canada. “Although we were consulted to a degree, it seems our voices were not heard to any large extent.”

"My colleagues and I provided a list of names of pain physicians who have decades worth of practical experience and have worked diligently to hone their knowledge and skills. We were extremely disappointed not to see a single name from this list appointed to the task force," said Ann Marie Gaudon, a social worker, pain patient and PNN columnist.

“Additionally, while we appreciate the Minister's efforts in setting up this task force, solutions must be found now or there will be more deaths and increasing needless suffering. These severely pained and severely stigmatized patients who have been forced off of necessary medications just do not have three years to wait for more information that we already have. There is an extreme urgency here that is not being addressed as such.”

Chronic pain in Canada costs up to \$60 billion per year in direct health care costs and lost productivity due to job loss and sick days.