

EDITORIAL

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The participation of the anesthesiologist in the formulation of rules related to his/her professional activity

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Since Mexico is considered an emergent country by several international organizations, there is a need for the resolute citizen participation for the reconstruction and proper government of the country. Unfortunately, opposed opinions and insensibility from some governors have promoted a deep crisis of legitimacy, incredibility and hopelessness among the population.

Under this ambience of skepticism, it is increasingly harder to believe that physicians and the citizenship may influence public health and welfare policies for the population. To this situation, we should add the scarce interest of the members of Institutions and Associations of professionals to propose modifications related to the mentioned topics to the representatives of the Legislature and the Executive.

During the last years, no important changes have been observed. It is important to mention that the anesthesiologists created groups of interest, such as the Sub-specialty of Pain Clinics and Palliative Cares (terminal patients). For over two decades, these mentioned groups have developed an intense work concerned about studying and generating propositions in order to solve that situation.

At the beginning of the decade of 1990, a group of anesthesia professionals and other specialists convoked by the Mexican Association for the Study and Treatment of Pain (MASTP) [*Asociación Mexicana del Estudio y Tratamiento del Dolor (AMETD)*] decided to know the opinion of professionals from diverse public and private national institutions, who, in a consensual way, would interchange opinions about the resources available to treat pain and its associated symptoms of those patients in an effective way. As a result, it emerged the COCOYOC group and it was formulated the statement that took the same name⁽¹⁾.

After several meetings of this group and the diffusion of other resulting statements (Aguascalientes, Huatulco and Mexico City) it was detected that all these actions were not enough to modify the obsolete regulation and that it was necessary to express to the regulatory authorities the non-fulfillment of the agreements that had been subscribed by Mexico with the WHO (World Health Organization), the PAHO (Pan-American Health Organization) and the INCB (International Narcotics Control Board) % *Junta Internacional de Fiscalización de Estupefacientes (JIFE)*. These organizations are in charge of overseeing and evaluating the quality of attention with regard to pain treatment through the measurement annual consumption of morphine for therapeutic purposes.

It is important to outline that then we were at the last places in Latin America regarding this matter, the same as we are now, even behind Costa Rica, Cuba, and other countries in the Continent with lower GIP (Gross Internal Product) and *per capita* income.

One of the causes of this situation is the anachronistic and ineffective existing regulation, which prevented patients from obtaining the benefit of powerful analgesics (opiates), despite the existence of solid evidence with regard to their efficacy and safeness for the rational management of several painful syndromes. In order to correct such deficiency, it was required the participation and the commitment of the sanitary staff, governmental authorities, analgesic manufacturers and importers (pharmaceutical industry).

After several attempts, it was possible to gather those people that participated in five meetings at the national level between 1990 and 2000. At those meetings, it was obtained diverse statements and engagements that made the regulation flexible. That was for the benefit of patients who required an efficient management for their pain⁽¹⁾.

Afterwards, Mexico joined the international movement of Palliative Cares. This fact improved terminal (hopeless) patients' care. In such a sense, many health institutions adopted programs and established services of palliative cares that were annexes of the Pain Clinics. Those services allowed improving those patients' attention⁽²⁾.

The fact that the National Autonomous University of Mexico (*UNAM* according to its abbreviation in Spanish) had established as a requisite for applying for the complementary training at the past Sub-specialty in Algology the condition of being an anesthesiologist, as well as the increasing interest of these professionals in taking the Course of Pain Clinic and Palliative Cares, was decisive for the College to participate in the search of better alternative options because of the increasing number of patients.

Equally, certain epidemiological aspects contributed to achieve better solutions, since the official figures express that from the four main causes of death in Mexico⁽³⁾ and all over the world, three of them: 1) complications from diabetes, 2) traumas and violent deaths, and 3) cancer present themselves along with painful syndromes that are very difficult to control. Another condition that worsens this problem is the increase in life expectancy over 75 years old. This situation provokes chronic-degenerative diseases associated with chronic pain, which is considered a public health problem that requires immediate attention⁽³⁾.

Besides the aforementioned problems, and because of the lack of NOMs (Official Mexican Regulations %*Normas Oficiales Mexicanas*) regulations for the management of associated painful syndromes characteristic of these diseases, we organized six consensus groups with the participation of more than 150 general physicians and specialists from 20 federal entities, with the aim of establishing practice parameters that might favor the work of the group for health attention in a systematical and literature evidence-based way⁽⁴⁻⁶⁾.

These progresses would not resulted good enough if the achievement of pain relief and palliative cares were considered as everybody's right and it was stated by the Constitution. Because of this last reason, we decided to generate a project and present it to the House of Representatives, with the support of the Mexican Academy of Surgery.

At the same time, the deputies presented another initiative in order to guarantee medical attention for terminal patients. This circumstance allowed the legislature to gather both initiatives and generate a common

project that was presented to consideration at the joint session. It was approved by both Chambers for its later ratification by the Executive. If it were like this, the right to palliative attention and pain relief would be guaranteed

THE REACH OF THE ACT

What has been expressed has the aim of sharing the experiences of some members of the College with other specialists, who designed a method in order to achieve what seemed to be impossible: to modify the acts for the benefit of isolated patients under our care. What has been achieved up to now is just a sample of the reliance upon collegiate agencies, union and university organizations that, contributing to the determination and willingness to obtain better conditions for Mexican people, allow achieving certain objectives, no matter they seem to be very difficult.

NEW CHALLENGES

I am completely sure that there are many more tasks to solve; therefore, I invite you to propose solutions in order to improve our working background, our professional, economic and human well-being. At the same time, I convoke you to reinforce our commitment and loyalty towards the College

I do not have any doubts that we will face new challenges soon. However, with the solidarity, union and firm conviction that characterize the members of the CMA, we will reach our goals and fulfill our commitment to the patients, to whom we owe everything.

REFERENCES

1. Guevara-López U y cols. *Med Peiorp* 1997;2:47-52.
2. Guevara-López U, Covarrubias- Gómez A. Evolution of palliative cares in Mexico. In: *Palliative and Pain Medicine*. 2nd ed. CORINTER Ed. Mexico 2008:589-607.
3. National Institute of Statistics, Geography and Computer Sciences (*Instituto Nacional de Estadística, Geografía e Informática -INEGI*). Percentage of deaths per sex and their main causes, from 1990 to 2005. [Consultation date: February 19, 2007]. Available on the Web page [http:// www.inegi.gob.mx/est/contenidos/espanol/rutinas/ept.asp?t=mpob45&c=3222](http://www.inegi.gob.mx/est/contenidos/espanol/rutinas/ept.asp?t=mpob45&c=3222)
4. CMA Consensus Group. Development of practice parameters for the handling of acute pain. *Mexican Magazine of Anesthesiology (Rev Mex Anest)* 2004;27:200-204.
5. Consensus Group for the handling of neuropathic pain. *Mexican Magazine of Anesthesiology (Rev Mex Anest)* 2006;29:9-14.
6. Guevara-López U, Covarrubias-Gómez A, Rodríguez-Cabrera R, Carrasco-Rojas A, Aragón G, Ayón-Villanueva O. Practice parameters for the handling of pain in Mexico. *Cir Ciruj* 2007;75:385-407.