

OPINION

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Chronology of events toward a constitutional amendment on pain and palliative care

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Received for publication: 22-06-08*Accepted for publication:* 21-07-08**SUMMARY**

Practice guidelines are defined as «a series of recommendations that are generated in a systematic way and have the objective of orienting the physician during the daily decision-making process about a specific medical condition». Practice guidelines resume good quality and available medical information about diagnosis and therapy of specific health problems. Pain has been recognized as a health problem in Mexico. This disease significantly modifies life quality of patients and considerably deteriorates their functionality. Since pain is frequently undertreated, it is necessary to generate guidelines to favor its correct diagnosis and optimal treatment. For that reason, the integrants of the «Grupo Cocoyoc» decided to identify the national needs about pain issues. They identified that in order to generate a «Norma Oficial Mexicana» (governmental health regulation), it is necessary to generate they have to fundament «practice guidelines» based upon scientific evidence. This task was performed by 76 specialists from 21 states of the Mexican Republic. Their efforts promote the creation of legal regulation that further may modify the General Act of Health.

Key words: Pain, practice guidelines, practice parameters, Mexico.

RESUMEN

Se define a los «parámetros de práctica» como «una serie de recomendaciones generadas en forma sistematizada con la finalidad de orientar al clínico en las decisiones cotidianas acerca de la atención en salud de una situación médica específica». En ellos se resume la información médica disponible y de buena calidad acerca del diagnóstico y terapéutica de un problema de salud. Un problema de salud pública que enfrentamos en nuestro país es la prevalencia del dolor. Esta enfermedad modifica de forma significativa las condiciones de vida de los enfermos que lo padecen y deteriora considerablemente su funcionalidad. Dado que el dolor con frecuencia resulta infratratado, es necesario generar lineamientos que favorezcan su correcto diagnóstico y tratamiento óptimo. En este sentido, los integrantes del Grupo Cocoyoc se dieron a la tarea de identificar las necesidades nacionales en materia de dolor. Se identificó que para generar una Norma Oficial Mexicana era indispensable la producción de «parámetros de práctica» basados en la evidencia. Esta tarea fue realizada por un grupo de 76 médicos de 21 estados de la República Mexicana. Su esfuerzo promueve la generación de iniciativas de ley que a la postre modificarán la Ley General de Salud.

Palabras clave: Dolor, parámetros de práctica, guías de manejo, México.

INTRODUCTION

In 1990, the United States of America's Institute of Medicine defined the "management guidelines" or "practice parameters" as "a set of systematically generated recommendations in order to guide the clinician in daily decisions about health care for a specific medical situation"⁽¹⁾. These recommendations are not absolute indications or rules, but rather are flexible arguments summarizing the good quality available relevant information in regard to one particular clinical situation⁽²⁾.

Since the medical knowledge, the various techniques and technology are in development, it is impossible to pretend that the clinical hold all existing knowledge about a disease and its treatment. Moreover, the continuous update of medical science has proved, over time, which some theoretical concepts about various diseases are partially correct⁽¹⁾. For this reason, the "parameters of practice" must continually be upgraded and improved continually⁽²⁾.

At present, around 31,000 "practice parameters" are indexed in the database of the U.S. National Institutes of Health (PubMed), of which 59% was generated over the past 10 years. The variety of topics addressed by the various "practice parameters" reflects the need to bring knowledge to the medical community and achieve an agreed analysis thereof useful in daily practice.

THE PAIN AS A HEALTH PROBLEM

Several factors support the asseveration that pain is a public health problem in our country:

- (a) At the 2000, National Health Survey identified that 3.5 million Mexicans were hospitalized⁽²⁾; in this regard, a national study reported that 96.3% of hospitalized patients have pain⁽³⁾.
- (b) The reason for hospitalization in 22.7% of the patients was a surgical operation and the number of surgical procedures increased by 25% for the period 2000 to 2005⁽²⁾; in this context, it has been identified that 80% of the patients have moderate to severe pain intensity (4).
- (c) It has been documented that the prevalence of chronic pain in general population is 27%; if we consider the population of our country (105 million), then we can estimate that about 28 million Mexicans suffer from chronic pain⁽⁵⁾.
- (d) Cancer is a leading cause of death in our country, contributing to 12.7% of overall mortality; additionally, it has been identified in international series that 80 to 90% of these patients have pain⁽²⁾.

- (e) It has been estimated that the national prevalence of diabetes is between 7.5 and 8.18%; that is if the prevalence of painful diabetic neuropathy is from 20 to 24%, then we can estimate that 800,000 to 1,920,000 people are potential carriers of pain for this case⁽⁶⁾.

The above data clearly describe the extent of the problem of pain in our country. Moreover, inversion of the population pyramid and the increase in life expectancy suggest that the prevalence of chronic pain will increase in future years. In addition, costs related to pain treatment exceed those associated to coronary diseases, acquired immunodeficiency syndrome, or cancer. Moreover, several reports have documented that pain (regardless of the context) frequently is not adequately treated. For this reason it is necessary to generate "practice parameters" to promote, based on evidence, the appropriate diagnosis and rational treatment.

GROUP COCOYOC AND RULES ON DRUGS

In 1996, the Mexican Association for the Study and Treatment of Pain (AMETD, from its acronym in Spanish) convened a consensus group to analyze, propose and amend the opioid regulation and control in the country. That group consisted of experts in the pain management, representatives of the regulatory office of the Secretariat of Health and the pharmaceutical industry.

This consensus group was named "Group Cocoyoc" because in that location was the first working meeting of the group. The results of this group form called "Declaration Cocoyoc". This document discusses the legal and epidemiological frame, amends on control and prescription drugs, the availability of opiates in the country and the development of educational programs. The chronology of the meetings listed below (Figure 1).

- 1996: First meeting (Cocoyoc, Morelos,)
- 1998: Second meeting (Mexico City, Federal District)
- 1999: Third meeting (Aguascalientes, Aguascalientes)
- 1999: Fourth meeting (Mexico City, Federal District)
- 2000: Fifth meeting (Huatulco, Oaxaca).

PRACTICE PARAMETERS FOR THE PAIN MANAGEMENT

Before the result of works undertaken by the "Group Cocoyoc", there arises the need to expose the epidemiological problem that is the pain to the health authorities of the country. Similarly, it proposes to initiate the works necessary to



Figure 1. Shows the printed statements of the group meeting Cocoyoc in México City (1998) and Huatulco (2000).

originate a “Mexican Official Standard” on the practice of pain medicine and palliative care.

This set of considerations led to a national medical group of 21 Mexican states, led by Dr. Uriah Guevara López, to development and elaborate the practice parameters for pain management in our country (Figure 2). A national medical group of 21 Mexican states, led by Dr. Uriah Guevara López, developed and elaborated practice parameters for pain management in our country (Figure 2) due to aforementioned set of considerations.

To do this, it created a unique methodology based on the available scientific evidence in accordance with the criteria proposed by various international groups (Canadian Task Force, USA. Preventive Services Task Force, GRADE working group, SIGN method, SORT taxonomy, etc.).

In this reference framework, the Consensus Group for the Management of Perioperative Pain was formed in the Mexico City in 2001⁽⁷⁾. In 2004, the Consensus Group for Management of Acute Pain was formed in the Cuernavaca city, Morelos⁽⁸⁾. That same year, in Mexico City, the consensus group met to revise the practice parameters for perioperative pain management of 2002⁽⁹⁾.

Later, in the framework of the Annual Course in Anesthesiology 2005 organized by the Mexican College of Anesthesiology, Group Consensus for the Neuropathic Pain Management was formed in the Mexico City⁽⁶⁾. In that same year, the Consensus Group for the Cancer Pain Manage-

ment met in Cuernavaca City⁽¹⁰⁾. Finally, this set of documents was reviewed and combined into single one in 2006⁽¹¹⁾ (Figure 3).

Results from these Consensus Groups were published in journals indexed and supported by the Mexican Academy of Surgery, the Mexican College of Anesthesiology, the Mexican Society of Oncology, and the Mexican Association for the Study and Treatment of Pain. Furthermore, important specialists from different areas participated in this event.

Now, 76 medical participants of these Consensus Groups in strict alphabetical order are listed below: Dr. Griselda Aragón (Chihuahua), Dr. Margarita Araujo-Navarrete (Mexico City), Dr. Hortensia Ayón-Villanueva (Mexico City), Dr. Juan E. Bargalló-Rocha (Mexico City), Dr. Sinuhé Barroso-Bravo (Mexico City), Dr. Rafael Bernal-Sahagún (Mexico City), Dr. Alonso Betancourt-Sandoval (Sinaloa), Dr. Antonio F. Campos-Villegas (Mexico City), Dr. Antonio Carrasco-Rojas (Mexico City), Dr. Raúl Carrillo-Esper (Mexico City), Dr. Rosalinda Castillo (Michoacán), Dr. Rigoberto Castro (Zacatecas), Dr. Silvia Chaparro-Hernández (Chihuahua), Dr. Gerardo Collado-Alcántara (Morelos), Dr. José A. Córdova-Domínguez (Chiapas), Dr. Patricia Cortés-Esteban (Mexico City), Dr. Aurelio Cortés-Peralta (Oaxaca), Dr. Alfredo Covarrubias-Gómez (Mexico City), Dr. Carlos Cuervo (Nuevo León), Dr. Paola A. Díaz-Zuluaga (Mexico City), Dr. Ramón DeLille-Fuentes (Morelos), Dr. Jaime O. Durán-Alcocer (Yucatán), Dr. Luis Fera (Mexico City), Dr. Arman-



Figure 2. States represented at the Consensus Group for Pain Management.

do Fernández-Orozco (Mexico City), Dr. Adolfo Fuentes-Alburo (Mexico City), Dr. Carlos A. Gaona-Reyes (Mexico City), Dr. Jorge García-Andréu (Querétaro), Dr. Carlos García-Padilla (Mexico City), Dr. Guillermo García-Ramos (Mexico City), Dr. Miguel A. Genis-Cordero (Mexico City), Dr. Xóchitl Gómez-Roel (Mexico City), Dr. Jorge Guajardo-Rosas (Mexico City), Dr. Rocío Guillén (Mexico City), Dr. Uriah Guevara-López (Mexico City), Dr. Daniel Hernández-Arrazola (Mexico City), Dr. Sergio Hernández-Jiménez (Mexico City), Dr. Andrés Hernández-Ortiz (State of Mexico), Dr. Jorge Rafael Hernández-Santos (Mexico City), Dr. Luis Jauregui-Flores (Mexico City), Dr. Jorge Jiménez-Tornero (Jalisco), Dr. Alicia Kassiani-Rank (Mexico City), Dr. Argelia Lara-Solares (Mexico City), Dr. Enrique López-Aguilar (Mexico City), Dr. Lucy E. López-Pavón (Yucatán), Dr. Antonio Maffuz-Asis (Mexico City), Dr. Ma. de los Ángeles Martínez-Arenas (Aguascalientes), Dr. Rogelio Martínez-Macías (Mexico City), Dr. Maule Magallanes-Maciel (Mexico City), Dr. Hugo Martínez-Espinoza (Baja California Norte), Dr. Aurora Medina-Sanson (Mexico City), Dr. Juan Montejó-Vargas (Mexico City), Dr. Yolanda Morales-Reza (San Luis Potosí), Dr. Aída Mota-García (Mexico City), Dr. Luis G. Motta-Amezquita (Mexico City), Dr. Diana Moyao-García (Mexico City), Dr. Ana M. Niembro-Zúñiga (Mexico City), Dr. Eduardo Nuche-Cabrera (Mexico City), Dr. Francisco J. Ochoa-Carrillo (Mexico City), Dr. Enrique

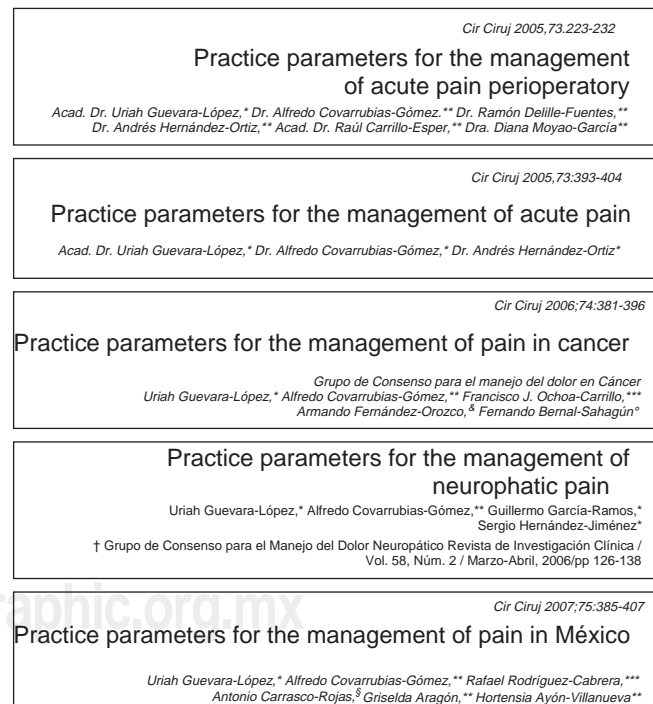


Figure 3. Shows the publications indexed in PubMed, result of the work of the Mexican Groups of Consensus, for the development of practice parameters, for pain management.

M. Olivares-Durán (Guanajuato), Dr. Eduardo Perales-Caldera (Mexico City), Dr. Eusebio Pérez-Flores (Mexico City), Dr. Fernando Pérez-Zincer (Mexico City), Dr. Ricardo Plancarte-Sánchez (Mexico City), Dr. David Reyes-Chiquete (Mexico City), Dr. Rafael Rodríguez-Cabrera (Mexico City), Dr. Carlos Rodríguez-Celaya (Sonora), Dr. Jaime Rivera-Flores (Mexico City), Dr. Joel Sagoya-Ramírez (State of Mexico), Dr. Almicar J. Sánchez y Sánchez (Colima), Dr. Sahed A. Saustegui-Rivera. (Guerrero), Dr. Alejandro C. Suárez-Mendoza (Mexico City), Dr. Antonio C. Tamayo-Valenzuela (Mexico City), Dr. Sergio Tenopala-Villegas (Mexico City), Dr. Juan C. Torres-Huerta (Mexico City), Dr. Jorge Villegas-Saldaña (Mexico City), Dr. Julio Zaragoza-Delgadillo (Mexico City).

LEGISLATIVE TRANSITION

Various groups interested in the pain management came along to the Health Committee of the Chamber of Deputies of Mexico in order to proposed a legislation on pain and palliative care. By having “practice parameters” for the diagnosis and treatment of pain, these efforts bore fruit into the chambers, since these documents are based on the available medical evidence.

In June 2006, Acad. Dr. Uriah Guevara López, as head of the Department of Pain Medicine and Palliative Care, *National Institute of Medical Sciences and Nutrition Salvador Zubirán*, representing the *Mexican Academy of Surgery*, and university instructor of the Pain Clinic and Palliative Care, presented before the Health Commission of the Chamber of Deputies of the LX Legislature, the law initiative to become a constitutional right of the Mexican pain relief and palliative care, based on the meetings of prior consensus groups and the published guidelines and practice parameters. Original idea to which prior initiatives and other legislative proposals on palliative care and the broad field of pain were added⁽¹²⁾.

Law initiatives of the *Health Commission in the Chamber of Deputies* to amend the *General Health Law* on gen-

eral health were published in the *Parliamentary Gazette* On October 10, 2007. The first law initiative, Deputy Ector Jaime Ramirez Barba takes the initiative discussed above and proposes to amend Article 3, in which the global treatment of pain of the Mexican people was established as a guarantee.

In the second law initiative, Deputy Jorge Quintero Bello proposes an amend and to add various articles of the *General Health Law* on palliative care; in which it is established: (i) The inclusion of palliative care as part of the health staff activities, (ii) Inclusion of palliative care in the second and third levels of care, (iii) Decrease in the restrictions for prescribing opioids, (iv) Recognition of terminal diseases, (v) Provide home or outpatient care to terminally ill patient, and (vi) Support to the relatives of a terminally ill patient.

These two legislative initiatives were sent to United Commissions of Legislative Studies and Health of the Chamber of Senators of the Congress of the Union and headed by Senator Lazaro Mazon Alonso. The analysis and opinion of this chamber, once ratified, were published in Gazette of the Senate on April 21, 2008; in which General Health Law on Health Care is amended and there is a addition.

In this context: (i) Global treatment of pain of the Mexican people is guaranteed, (ii) The inclusion of palliative care as part of the health staff activities, (iii) the activities in palliative care are described, (iii) The education of people about palliative care is added, (iv) the title VIII bis on “palliative care for terminally ill patient” defining the duties of care and describing the patient’s rights in this situation is created, (v) The care of terminally ill patient is guaranteed, and (vi) The doctors’ rights are specified and their activity in the event of such patients are normalized.

Once approved this initiative by the Executive of the Nation, these last considerations will constitute the final modifications to the General Law of Health; these modifications, if accepted, would be published in the *Federal Official Gazette*. With this, our country places inside the few ones which possess this type of legislation.

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