

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

**Resolution: 321
(A-08)**

Introduced by: California Delegation
Subject: Promotion of Better Pain Care
Referred to: Reference Committee C
(David M. Lichtman, MD, Chair)

1 Whereas, Widespread inadequacy and disparity of pain care persist, resulting in deteriorating
2 public health, needless patient suffering and loss of productivity despite efforts of the medical
3 profession, regulatory agencies, and the public; and
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5 Whereas, The limited availability of education in pain care at the undergraduate, graduate,
6 and post graduate levels results in suboptimal training of all physicians; and
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8 Whereas, Inconsistencies in the training and credentialing requirements for self-designated
9 "pain specialists" promotes misunderstanding of their capabilities and limitations; and
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11 Whereas, Inconsistencies in existing standards of care and fragmentation in the delivery of
12 pain care results in confusion among patients, payers, regulators and physicians; therefore
13 be it
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15 RESOLVED, That our American Medical Association express its strong commitment to better
16 access and delivery of quality pain care through the promotion of enhanced research,
17 education and clinical practice in the field of pain medicine (Directive to Take Action); and be
18 it further
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20 RESOLVED, That our AMA encourage relevant specialties to collaborate in studying the
21 following: (1) the scope of practice and body of knowledge encompassed by the field of pain
22 medicine; (2) the adequacy of undergraduate, graduate and post graduate education in the
23 principles and practice of the field of pain medicine, considering the current and anticipated
24 medical need for the delivery of quality pain care; (3) appropriate training and credentialing
25 criteria for this multidisciplinary field of medical practice; and (4) convening a meeting of
26 interested parties to review all pertinent matters scientific and socioeconomic. (Directive to
27 Take Action)

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RELEVANT AMA POLICY

D-120.976 Pain Management

Our AMA will: (1) support more effective promotion and dissemination of educational materials for physicians on prescribing for pain management; (2) take a leadership role in resolving conflicting state and federal agencies' expectations in regard to physician responsibility in pain management; (3) coordinate its initiatives with those state medical associations and national medical specialty societies that already have already established pain management guidelines; and (4) will disseminate Council on Science and Public Health Report 5 (A-06), "Neuropathic Pain," to physicians, patients, payers, legislators, and regulators to increase their understanding of issues surrounding the diagnosis and management of maldynia (neuropathic pain). (Res. 809, I-04; Appended: CSAPH Rep. 5, A-06)

D-170.999 Barriers to Appropriate Pain Management

Our AMA, in cooperation with relevant medical societies and organizations, will serve as an educational resource to the media by providing objective information regarding the management of pain disorders so that information presented to the public will be factually accurate reflecting appropriate medical perspectives. (Res. 506, A-01)

D-295.966 Pain Management Standards and Performance Measures

Our AMA, through the Council on Medical Education, shall continue to work with relevant medical specialty organizations to improve education in pain management in medical schools, residency programs, and continuing medical education programs. (CSA Rep. 4, A-02)

D-295.982 Model Pain Management Program For Medical School Curricula

Our AMA will collect, synthesize, and disseminate information about effective educational programs in pain management and palliative care in medical schools and residency programs. (Res. 308, A-01)

D-300.996 Model Pain Management Program For Medical School Curricula

Our AMA will encourage appropriate organizations to support voluntary continuing education for physicians based on effective guidelines in pain management. (Res. 308, A-01)