Author's response to reviews

Title: Pain as a Global Public Health Priority

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Author's response to reviews: see over
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Editors

BMC Public Health

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Dear Editors,

We are pleased to resubmit a revised version of our manuscript entitled “Pain as a Global Public Health Priority.” We found the Reviewers’ suggestions inordinately helpful, and have endeavored to incorporate them into the revised manuscript.

Pursuant to the author instructions for revision and resubmission, we have included in this cover letter a point-by-point response to the Reviewers’ concerns.

Please do not hesitate to contact us if we may be of any assistance during this stage of the review process.

We look forward to hearing from you about this manuscript and its publication in your journal.
Sincerely,

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Point-By-Point Response

Comments of Reviewer #1:

1. I strongly recommend to the editor and authors that this extraordinary sentence be deleted in its entirety from the manuscript. I was so astonished by this attempt to “own” a particular ethical issue, that I had to consult with one of our University’s bioethics specialists, and our views were nearly identical. She pointed out to me that the attempt to stifle academic exchange about the ethical implications of global chronic pain distribution is, in itself, both unethical and contrary to accepted academic intercourse, and is meaningless because it is unenforceable by any editor or journal anyway. She argued that these authors should welcome, rather than attempt to interdict, robust discussion and discourse about inequity issues.

Response:

We are grateful to the Reviewer for pointing out the imprecision in our wording, and have both deleted the offending sentence and clarified our intention. By use of the term “reserve,” we certainly did not mean to suggest that we thereby appropriate the issue of global pain inequities solely for our own work. We simply meant to note that the present manuscript is intended to establish that pain ought to be regarded as a global public health priority, and that time and space limitations preclude in the current manuscript detailed analysis of the profoundly important ethical issue of global pain inequities. Hence we meant merely to “reserve” the latter issue for subsequent work, rather than to “reserve” it for ourselves. We wholeheartedly agree with the Reviewer that vigorous discourse across diverse authors and audiences are needed on global pain inequities, and we would not dare presume that the urgent ethical questions therein “belong” to any author or set of authors.

Thus, we appreciate the Reviewer’s notation of the poor wording and potentially dangerous implications of the sentence, and have both deleted the offending sentence and added several sentences clarifying the scope of the manuscript.

2. The URL for Reference 1 appears to be incorrect (p8), and, if so, should be corrected. The domain www.iasp-pain.org seems fine (and drew my attention to the “Global Year Against Acute Pain” (which presumably prompted this submission). However, I was unable to locate “ContentID=2908” at that site. The error message identifies the problem as a “Coldfusion” syntax error, in which case the web development team at iasp-pain.org needs to be notified and the URL updated. I thought it important to look up this document, since its title is extremely similar to the ms I am reviewing, and I am sure the BMC editors would prefer to publish new original research.

Response:

We double and triple-checked the URL, and we have had no problems accessing it on a number of different browsers and a number of different operating systems. The sitemap for the IASP website also provides the same URL for the document. We agree that the capacity to access it is quite important, although we respectfully disagree with the Reviewer that its content is sufficiently similar to the present manuscript so as to
undermine the latter’s novelty. For example, the IASP Fact Sheet expressly notes that unrelieved pain is a “global healthcare problem,” whereas a central claim of our manuscript is that regarding pain as a global public health priority is necessary to move perspectives on global pain out of the medical “healthcare” model. Similarly, the Fact Sheet discusses access to opioids as a major problem in relieving global pain, which the manuscript notes is both a feature of the medical model and is insufficient insofar as it does not address the root distal causes of pain and its distribution across the globe. In addition, there is very little discussion of the social determinants of health in the Fact Sheet. Therefore, as useful and as important as it is, we believe the present manuscript is quite different from the Fact Sheet, and is sufficiently novel to merit publication.

3. One issue which the authors failed to address in their manuscript, is that of treatment for chronic pain. In the palliative care setting, for example, self-administered analgesic delivery by IV infusion is common in health systems where effective drugs are commonly available (eg Australia), but as the authors point out, there are many other causes of chronic pain. Post-operative pain, particularly neurological, pleural or orthopedic surgery often entails considerable suffering for the patient. One common drug used to control this pain is oxycodone, a very effective opioid analgesic used widely in many health systems (where it is available). There are management problems for this medication, however, since the drug is highly valued in the street illicit drug consuming population/market and this raises obvious security and staff safety implications of a pain treatment policy.

I accept that this manuscript is intended only to raise the public health issue of global chronic pain prevalence, and not (at this time) as an attempt to promote or evaluate potential treatments. Thus, I leave it to the authors’ discretion whether this issue is addressed in this manuscript.

Response:

We appreciate the Reviewer’s suggestion here, but we believe that regarding pain as a global public health priority requires moving outside the confines of the medical model that has dominated global pain policy discussion and analysis. We do not deny that access to treatments like opioids is relevant to global pain policy, but we do believe, and argue in the manuscript, that the resolute focus on treatments for pain relegates to the background attention to the root causes of pain and its distribution across the globe. Therefore, in addressing the significance of regarding pain as a public health priority rather than merely as a medical priority, we deem it important to avoid discussion of medical treatments, including opioids.
Comments of Reviewer # 2:

1. An important basis of the argument is that various social factors can influence health. However, only brief mention is given to what they are. I suggest that the review would be significantly enhanced with some demonstration of social factors that can affect the experience of chronic pain. There are increasing numbers of empirical papers considering this issue in chronic pain. Recent papers include Rios and Zautra (2010) and Dorner et al (2011). The biospsychosocial model of pain may also be referenced to provide a context for this.

Response:

We agree and have incorporated a new paragraph and multiple citations that address the Reviewer’s suggestions. Although we mention some of the social determinants of pain in the original manuscript, we develop the point further in the revision by discussing and citing the allostatic load hypothesis and its potential implications for tracing the causal pathways between deleterious social and economic conditions and global pain. We have also added the citations suggested by the Reviewer, as well as a further recent paper on socioeconomic inequities and pain. We have chosen not to discuss the biopsychosocial model of pain, because while we generally endorse it, the literature shows that it has primarily been discussed and utilized in context of the therapeutic dyad between provider and pain sufferer. Because our emphasis is on the importance of regarding pain in context of public health, with particular focus on the social determinants of health, we wish to avoid in this manuscript analysis of frameworks and concepts that have tended to be applied in context of treatment models for pain.

2. Paragraph 2 of the “Discussion” section of the paper addresses literature considering the prevalence of pain. I suggest that this section is overly long and could be shortened to reflect key points. I also suggest that in addition to prevalence the severity of pain is given due consideration, along with factors such as accompanying disability to help to highlight the extent of the problem of chronic pain in society.

Response:

We agree entirely, and have shortened paragraph 2 by eliminating several sentences. Pursuant to the Reviewer’s suggestions, we have added some discussion and citations both on pain severity and on pain disability across the globe.

3. I suggest that the paper could provide some direction for change i.e. consider what research could do to address the burden of chronic pain from a public health perspective.

Although the subject of the manuscript is not research on global pain, we have added a paragraph noting that thinking about chronic pain from a public health perspective might move research on global pain away from the considerations of basic mechanisms and medical treatments that have hitherto dominated pain research. Regarding pain as a global public health priority could direct research efforts to the ways in which social and economic conditions determine the distribution of pain across the globe, Because solid evidence suggests such conditions are frequently a significant nexus for public health
policy interventions, such research could have a salutary effect in identifying pathways and practices that might ameliorate the significant and inequitable global burdens of pain.

4. In the “Summary” section, line 8, the letter ‘s’ should be added to the world ‘disease’.

Response:

We have made the advised change.

5. The word ‘priority’ should also be added after ‘public health’ at the end of paragraph 2 in the ‘A Public Health Approach to Pain’ section.

Response:

We have made the advised change.