Reviewer’s report

Title: Pain as a Global Public Health Priority

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Reviewer: Damien Jolley

Reviewer’s report:

The authors mount an excellent argument to support their view that chronic pain is an under-rated condition globally, but deserves to be seen as a Global Public Health Priority.

There are several issues which, in this reviewer’s view, need attention before publication

• Major Compulsory Revisions

On p5 of the current manuscript, the authors write:

“We expressly reserve analysis of the ethical implications of the inequitable distribution of global chronic pain for future work.”

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.

• Minor Essential Revisions

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.

• Discretionary Revisions

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.

**Level of interest:** An article of importance in its field

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare that I have no competing interests

Damien J Jolley