



## ALLEVIATING PAIN

Delivery of the Essential Pain Management course to underprivileged neighbours helps to develop new skills

*EPM course in Kigali, July 2013*

The determination of two Anaesthetists from New Zealand and Australia to ease the preventable suffering endured by patients in some lower income countries has led to the development of a pain management course which has now trained thousands of health professionals around the world.

The Essential Pain Management (EPM) Course was designed and developed by Anaesthetists Dr Wayne Morriss and Dr Roger Goucke and was modelled on the train-the-trainer principles of the Primary Trauma Care (PTC) Course.

In just the first five years of its existence, the EPM Course has been delivered in 41 countries, and trained 4770 participants and 783 instructors.

The program is supported by the Australian and New Zealand College of Anaesthetists (ANZCA), the International Association for the Study of Pain, the Australian Society of Anaesthetists, the Ronald Geoffrey Arnott Foundation and the World Federation of Societies of Anaesthesiologists (WFSA).

The EPM Course has also received RACS support since its creation in 2010 through funding and administration provided through the Pacific Islands Program (PIP).

Funded by the Australian Federal Government, PIP has so far supported 27 EPM Workshops and 11 EPM Instructor Courses across the region including courses in Fiji, Samoa, Solomon Islands, Vanuatu and Tuvalu.

Since 2012, EPM and Interplast Australia and New Zealand have collaborated to contribute to the improvement of pain management in Bangladesh. Three internationally supported programs in Dhaka, Chittagong and Sylhet have provided the platform for a dozen

locally run workshops to improve pain management across the country.

With the support of anaesthesiology organisations, the EPM Course has also been delivered in many countries in Central and South America, Asia, Africa and Eastern Europe.

Co-creator of the EPM Course Dr Wayne Morriss – who works at the Christchurch Hospital in New Zealand - has a long history of working in lower and middle income countries since he first worked in Fiji in 2000.

Since then, he has participated in many PIP trips and is the current Chair of the Education Committee of the WFSA, a global umbrella organisation which represents anaesthetists from 145 nations.

Speaking to Surgical News, Dr Morriss said the EPM Course was designed to help hospital staff and GPs relieve the pain caused by trauma, childbirth, surgery, chronic pain such as arthritis and cancer.

He said that although there was a tremendous global imbalance in access to opioids – with the richest 25 per cent of people consuming 90 per cent of global morphine supplies each year – there were simple and cost effective ways to reduce pain that could ease individual suffering and lower the strain it can place on overburdened health systems.

He said that in many low and middle income countries, pain was often unrecognised and poorly treated but that effective pain management often resulted in fewer medical complications, earlier hospital discharge and improved quality of life.

To disseminate the skills needed to manage pain, Dr Morriss and Dr Goucke designed the EPM Course to transpose the easily

remembered ABC components of trauma care (Airway, Breathing and Circulation) to three core principles of EPM: Recognise; Assess; and Treat (RAT).

“There are four main reasons why pain is not properly managed in some lower income countries,” Dr Morriss said.

“They are a lack of systems and protocols to manage pain, the fact that overworked hospital staff sometimes don’t see managing

**“Good pain management is very similar to good trauma management in that both are multi-factorial and require teamwork and a systematic approach if optimal outcomes are to be achieved.”**

pain as a priority, a lack of access to drugs and cultural reasons for patients not seeking pain relief.

“I have been involved in delivering the PTC Course since 2003 and working with surgeons on PIP visits and I liked the underpinning philosophy of that type of trainer-the-trainer education.

“Good pain management is very similar to good trauma management in that both are multi-factorial and require teamwork and a systematic approach if optimal outcomes are to be achieved.

“Yet, while the PTC and the Early Management of Severe Trauma (EMST) Course have been around for quite a while, there was no comprehensive and cohesive approach to teaching basic pain management until we developed the EPM course.”

Dr Morriss said the EPM program was designed for any health worker who has contact with patients in pain and can be used by all types of health workers including doctors, nurses, allied health professionals and pharmacists.

The EPM Workshop comprises a one-day program of interactive lectures and group discussions with participants learning the basics of pain management, how to apply the RAT approach during case discussions and problem-solve pain management barriers.

The EPM Instructor Workshop is a half-day program in which participants learn the basics of adult learning, practice teaching and design their own EPM Course.

Dr Morriss said that since the course was established, 34 ANZCA Fellows had delivered courses around the world,

teaching the RAT skills to hospital and clinic staff.

“The EPM Course has been designed to provide a simple structure to guide pain management that we hope will become second nature for those who have been through it,” he said.

“We stress over and over the importance of the three simple steps of recognising not just that a patient is in pain but that it can be treated, assessing how bad the pain is and appropriately treating that pain.

“Often this requires doing simple things like giving the patient paracetamol regularly



*EPM Lite Manuals*

or regular oral doses of morphine or even a nerve block for more severe pain.”

Dr Morriss said that pain was sometimes not well managed in hospitals in lower and middle income countries because the basics of patient care were not adequately managed.

“We know, for example, that morphine is still the best and cheapest drug to treat cancer pain but it must be given regularly and at an appropriate dose,” he said.

“Sometimes this treatment is not provided because staff may not have the pharmacological training they need to have the confidence to treat pain, sometimes hospitals are so short staffed that patients cannot be given adequate attention and sometimes hospitals just don’t have access to sufficient drug supplies.

“Yet protocols and a systemic approach to pain management can help overcome some of these issues, particularly if the EPM principles are embraced throughout hospitals and clinics.

“Every time we deliver the course we seek a pain champion - an anaesthesiologist, surgeon or nurse - who will promote the importance of pain management and transfer the skills taught in the EPM Course.

“This approach has proven very effective. In 2012, I ran a series of workshops and an instructor workshop with my local counterpart at a hospital in Honduras. She had invited senior staff from all around Central America to attend the workshops.

“This meant that from just one series of courses, the EPM principles were disseminated across Central America.”

Dr Morriss said that like the PTC and EMST Courses, the EPM Course was only ever delivered at the request of those seeking training.

He said interest in the EPM Course continued to grow and that medical staff in European countries such as the Czech Republic, Belarus and Serbia had also requested training which he would deliver later this year.

Dr Morriss said he first became convinced of the need for training in pain management when he was working in PNG.

“I can remember seeing an 11-year-old girl with metastatic Ewing’s Sarcoma when Roger Goucke and I first began working on the EPM Course,” he said.

“She was in dreadful pain but getting no pain treatment at all so Roger and I used the occasion to teach the RAT principles to the nurses. Using a “butterfly” subcutaneous needle we gave her a small dose of morphine and then paracetamol and although she only had weeks to live, after the treatment she could almost even smile.

“This in turn delighted the nurses who had felt so powerless to ease her suffering.

“I would love to think there might be a time where all staff in all hospitals automatically think RAT whenever they think about pain management or see a patient in pain and I hope this simple mnemonic changes the language of pain medicine.”

Queensland Surgeon Mr Neil Wetzig, who now works part of each year in the Democratic Republic of Congo, said he realised some years ago that the EPM had the potential to improve pain management practices that he witnessed in some African hospitals.

In April this year, after discussions with Dr Morriss and Dr Goucke, he organised and taught the EPM course at the HEAL Africa Hospital in Goma.

“It is such a good course and it was exciting to see doctors, nurses and orthopaedic officers with varying levels of experience come together to learn about pain management, with some being selected to become trainers,” Mr Wetzig said.

“The EPM concept can bring sustainable change to pain management and I strongly support it.”

Dr Morriss said that any surgeon who was interested in becoming an EPM Instructor would be warmly welcomed into the program and said that enquiries could be made at [www.essentialpainmanagement.org](http://www.essentialpainmanagement.org)

*With Karen Murphy*



*EPM course in Arkhangelsk, Russia*