The European Society of Regional Anaesthesia & Pain Therapy
ESRA ITALIA

ESRA ITALIAN CHAPTER

30° NATIONAL MEETING

Presidents:
Giuseppe Servillo, Fabrizio Fattorini

13-15 NOV 2025

NAPOLI
HOTEL RAMADA

Bioethical approach to the patient with pain

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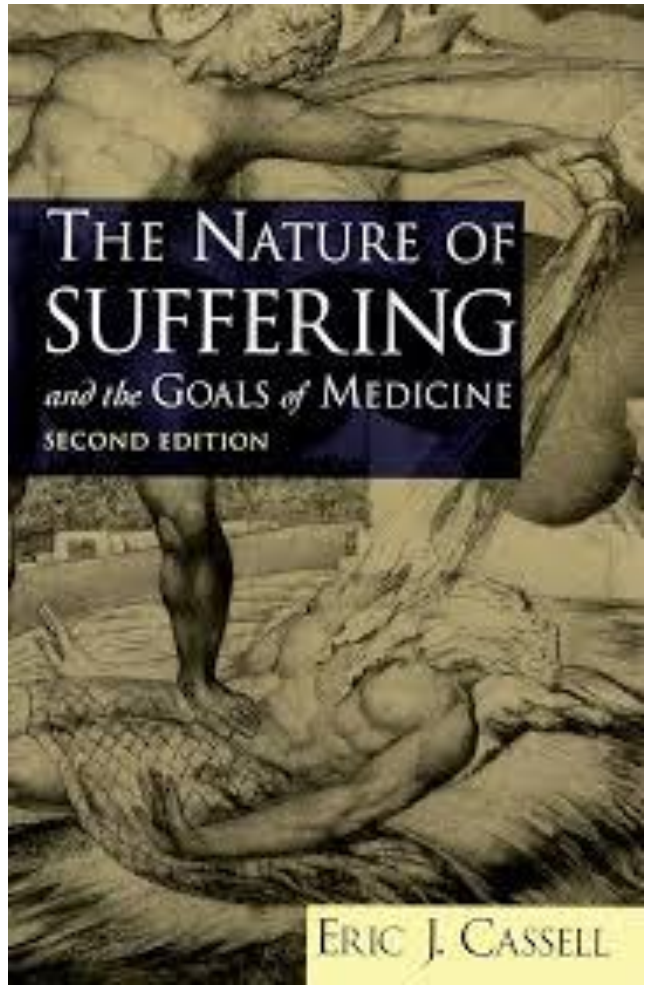
MZ EVENTS

Pain Has An Element of Blank

"persons suffer, bodies do not"



Cassell, E. J. (1991). *The Nature of Suffering and the Goals of Medicine*. Oxford University Press. pp. 29-30

IASP
INTERNATIONAL ASSOCIATION FOR THE STUDY OF PAIN

"An unpleasant sensory and emotional experience associated with, or resembling that associated with, actual or potential tissue damage"

International Association for the Study of Pain. Terminology. 2023.

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"An unpleasant sensory and emotional experience associated with, or resembling that associated with, actual or potential tissue damage"

Pain is always a personal experience that is influenced to varying degrees by biological, psychological, and social factors. A person's report of an experience as pain should be respected

Pain and nociception are different phenomena.

Through their life experiences, individuals learn the concept of pain.

Although pain usually serves an adaptive role, it may have adverse effects on function and social and psychological well-being.

Verbal description is only one of several behaviors to express pain; inability to communicate does not negate the possibility that a human or a nonhuman animal experiences pain.

International Association for the Study of Pain. Terminology. 2023.

Pain as the 5th Vital Sign

Vital Signs are taken seriously. If pain were assessed with the same zeal as other vital signs are, it would have a much better chance of being treated properly. We need to train doctors and nurses to treat pain as a vital sign. Quality care means that pain is measured and treated.

James Campbell, MD
Presidential Address, American Pain Society
November 11, 1996

[Senate Hearing 106-1005]
[From the U.S. Government Publishing Office]

S. Hrg. 106-1005

PAIN RELIEF PROMOTION ACT

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HEARING

before the

COMMITTEE ON THE JUDICIARY
UNITED STATES SENATE

ONE HUNDRED SIXTH CONGRESS

SECOND SESSION

on

H.R. 2260

_____

APRIL 25, 2000

_____

Serial No. J-106-77

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Presidenza del Consiglio dei Ministri

NATIONAL BIOETHICS COMMITTEE

PAIN THERAPY: BIOETHICAL GUIDELINES

30th of March 2001

Italian Legal Framework

SERIE GENERALE

Spediz. abb. post. 45% - art. 2, comma 20/b
Legge 23-12-1996, n. 662 - Filiale di Roma

Anno 151° - Numero 65

GAZZETTA UFFICIALE

DELLA REPUBBLICA ITALIANA

PARTE PRIMA — Roma - Venerdì, 19 marzo 2010 — SI PUBBLICA TUTTI I GIORNI NON FESTIVI

LEGGE 15 marzo 2010, n. **38**.

Disposizioni per garantire l'accesso alle cure palliative e alla terapia del dolore.

SERIE GENERALE

Spediz. abb. post. - art. 1, comma 1
Legge 27-02-2004, n. 46 - Filiale di Roma

Anno 159° - Numero 12

GAZZETTA UFFICIALE

DELLA REPUBBLICA ITALIANA

PARTE PRIMA — Roma - Martedì, 16 gennaio 2018 — SI PUBBLICA TUTTI I GIORNI NON FESTIVI

LEGGE 22 dicembre 2017, n. **219**.

Norme in materia di consenso informato e di disposizioni anticipate di trattamento.

Pain Care Bill of Rights

1) have their report of pain taken seriously and to be treated with dignity and respect by doctors, nurses, pharmacists, and other healthcare professionals;
2) have their pain thoroughly assessed and promptly treated;
3) be informed by their healthcare provider about what may be causing their pain, possible treatments, and the benefits, risks, and costs of each;
4) participate actively in decisions about how to manage their pain;
5) have their pain reassessed regularly and the treatment adjusted if their pain had not been eased;
6) be referred to a pain specialist if their pain persisted;
7) get clear and prompt answers to questions, take time to make decisions, and refuse a particular type of treatment if so desired.

American Pain Foundation. Pain Care Bill of Rights. 2004.

- *What importance does pain have in medicine?*
- *What role does pain management play in the clinical care of patients?*
- *What duties do health care professionals have concerning the pain of their patients?*
- *What other duties must be balanced against the duty to provide adequate analgesia?*

Core ethical principles

Principle	Clinical Meaning in Pain Care
Autonomy	Respect for patient's self-determination and pain perception
Beneficence	Obligation to relieve suffering effectively
Nonmaleficence	Avoid harm from over– or under-treatment
Justice	Equitable access to pain management

Principle	Clinical Meaning in Pain Care
Dignity & Integrity	Recognize unrelieved pain as a threat to personal integrity and human dignity. Promote care that affirms the person beyond the disease.
Vulnerability	Attend to the needs of fragile groups—children, elderly, end-of-life, and socioeconomically disadvantaged. Understand six forms of vulnerability: cognitive, juridical, deferential, medicad, allocational, and infrastructural.

Despite its prevalence, pain remains consistently undertreated across vulnerable populations.

- **40–85%** of nursing home residents experience daily pain, yet up to **25% receive no pain intervention**.
- Among residents with **moderate-to-severe dementia**, pain prevalence reaches **61.5%**, only **30.7%** receive analgesic treatment.
- **Nearly 1 in 2** patients with cancer-related pain is **undertreated**

J Pain. 2016;17(2):131–157.
Gerontol Nurs. 2010;36(12):49–56.
J Clin Gerontol Geriatr. 2014;5(1):23–27
J Am Geriatr Soc. 2015;63(4):633–641

Pain and paradoxes

Adaptive frameworks of chronic pain: daily remakings of pain and care at a Somali refugee women's health centre

Kari Campeau

Framework 4: medical exclusion and discrimination

When participants spoke about their experiences of chronic pain within their local and faith communities or within alternative medical settings, race and ethnicity did not emerge as salient categories. However, when discussing their medical interactions, participants noted the ways that they felt markers of gender, ethnicity and race, taken together, influenced their access to and treatment within medical institutions. Participants described medicine as an institution less accessible to them because of their skin colour, clothing, accents or insurance. Many participants felt they received the scraps of medical care:

> I am unsure about the pills. The thyroid pills have helped me. But I have MA (Medical Assistance health insurance), so I know that many doctors give patients with MA the not as good pills. (Warsan, aged 39 years, 7 years in the USA)
>
> Doctors see: woman, hijab, bad English, MA, and they don't do as much. They think … I don't know. We're poor, don't understand anything, I don't know. (Ruqiyo, aged 29 years, 6 years in the USA)
>
> My doctor asks about my home, about my past, coming here, and that takes up most of the appointment. I don't want to talk, to have to tell him these things, I want him to tell me what to do. (Ruqiyo, aged 29 years, 6 years in the USA)
>
> They see a hijab and they think, won't understand. They also think: abused, oppressed. They think my problem is my husband, or my religion, and they won't treat my head. (Kadra, aged 40 years, 15 years in the USA)

A Literature Review on Pain Management in Women During Medical Procedures: Gaps, Challenges, and Recommendations

Keren Grinberg * and Yael Sela

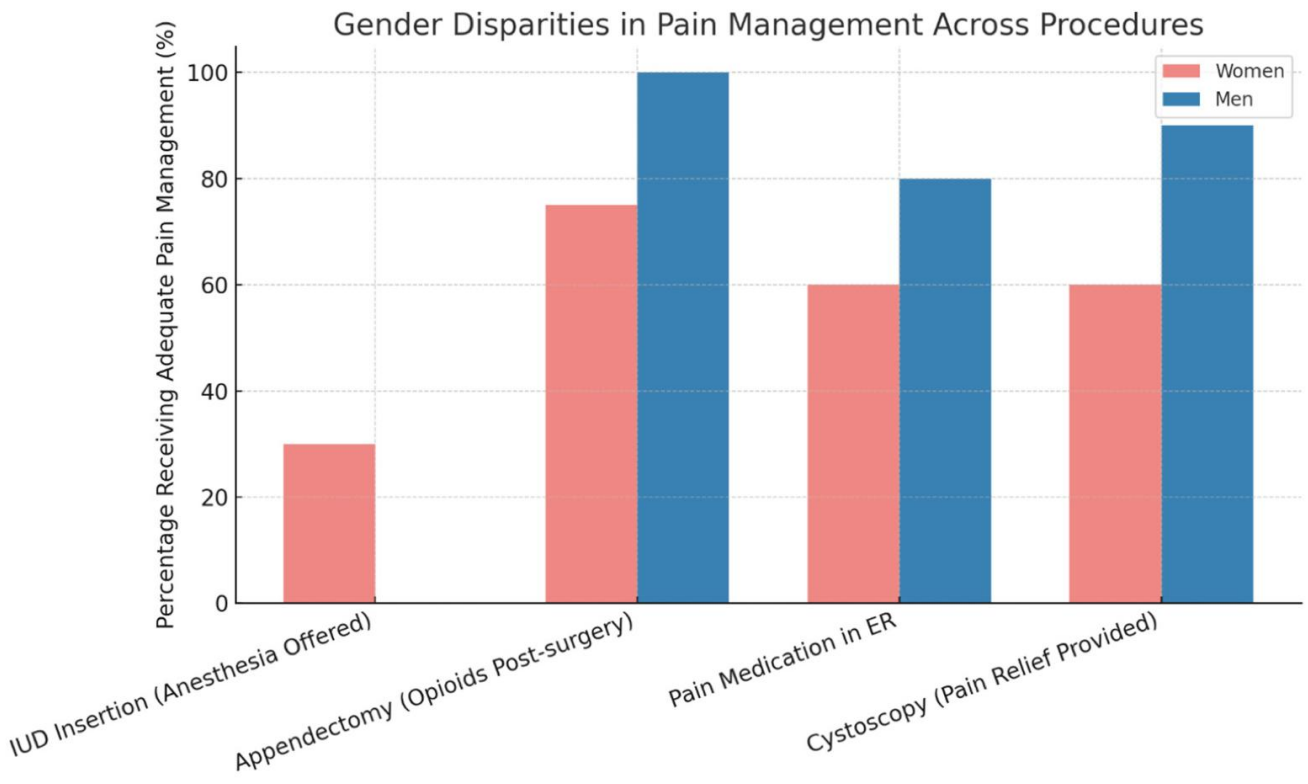
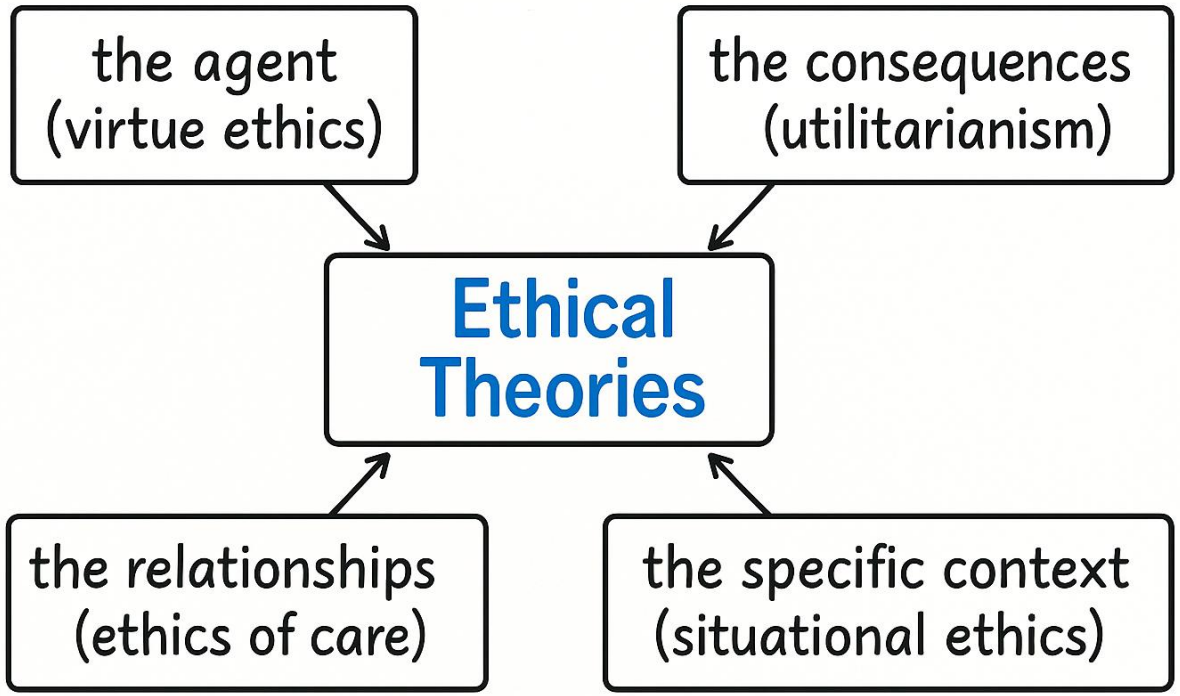


Table 1. Summary of key studies on gender bias in pain management and recommendations for improving care.

Author (Year)	Procedure/Treatment	Key Findings	Recommendations/ Interventions
Samulowitz et al. (2018) [13]	Pain management in ER and clinics	Women receive fewer pain medications than men despite similar pain levels.	Staff training, awareness of gender biases
Guzikevits et al. (2024) [10]	Emergency department (ED) pain management	Analysis of 21,851 ED patient records from two countries revealed a consistent sex bias: women were less likely to receive pain medications than men, even after adjusting for pain severity and other variables. Nurses were 10% less likely to record women's pain scores, and women spent 30 min longer in the ED. Clinical vignettes confirmed bias in pain intensity judgments by nurses.	Raise awareness of implicit gender bias in clinical decision-making; implement policy changes to ensure equal pain treatment; provide training for healthcare providers
Estevez et al. (2024) [23]	IUD insertion	Only 30% of physicians offer anesthesia; 70% of women report moderate to severe pain.	Use of cervical anesthesia
Asgari et al. (2017) [24]	Cervical anesthesia	Anesthesia significantly reduces pain perception.	Systematic adoption of anesthesia protocols
De Silva PM et al. (2020) [25]	Diagnostic hysteroscopy without anesthesia	Pain levels 7–9 out of 10, especially among women with anxiety.	Holistic treatment, including anxiety management
Dougher et al. (2019) [26]	Cystoscopy	About 40% of clinics provide no pain relief beyond relaxation advice.	Improve pain management in procedures
Serdarevic et al. (2017) [27]	Prescription opioid use	Women are more likely than men to be prescribed opioids, use them chronically, and receive higher doses; women are also at increased risk of misuse.	Implement sex-specific guidelines for opioid prescribing; enhance monitoring and education to reduce misuse and improve pain outcomes
Wimblish et al. (2022) [28]	Prehospital pain management by EM	EMS providers administered opioids significantly less often to women and to Hispanic and American Indian/Alaska Native patients compared with White and male patients.	Address racial, ethnic, and gender disparities in EMS opioid administration through training and protocol standardization

Ethical Theories Underpinning Pain Management

A comprehensive understanding of **existing ethical theories** is essential to support **sound ethical reasoning** in pain management.



In the context of pain management, an integrative approach is needed to frame the ethical dimensions effectively.

J Pain Res. 2018;11:967–976

Ethics of Care and Virtue Ethics in Pain Medicine

Ethics of Care

Focuses on relationships and emotional commitment. Based on empathic association, not only on universal principles. Crucial for understanding “total pain” through narrative and empathy.

Virtue Ethics

Focuses on the inner moral character of the physician.

Complements the ethics of care by grounding compassion in integrity and moral strength

The future of ethical pain management lies in integrating care-based and virtue-based ethics — empathy and excellence, compassion and moral reflection.

J Pain Res. 2018;11:967–976.
Oxford University Press, 2004. *Theoretical Medicine and Bioethics*, Vol. 18(1-2), 1997, pp. 47-61

Models of the Patient–Physician Relationship

Paternalistic – Deliberative – Interpretive – Informative

Paternalistic – Shared – Informed

Patient-active – Collaborative – Passive

Traditional models may fail to address the emotional dimension of care

Ethical pain management demands moving beyond technical exchange toward a dialogical and empathic alliance between the one who suffers and the one who cares

J Pain Res. 2018;11:967–976

Pain is subjective and difficult to verify — it has "no referential content"
(Scarry, 1985).

The **"epistemic gap"** between the sufferer and the observer means that
"to have pain is to have certainty; to hear about it is to have doubt."

Narrative-Based Ethics

Must be **combined with principle-based ethics** (autonomy, justice, beneficence, non-maleficence) to avoid arbitrariness.

J Pain Res. 2018;11:967–976

Comprehensive ethical framework for pain management

Pain cannot be understood without its story.

Ethics transforms pain management from a technical act into

a **shared human dialogue** rooted in empathy and understanding.

J Pain Res. 2018;11:967–976

Ethical Barriers in Pain Management

- Lack of education and training on modern pain management.
- Absence of institutional standards for pain assessment and treatment.
- Weak accountability for undertreatment of pain.
- Restrictive regulations arising from the “war on drugs,” limiting legitimate opioid use.

“The greatest irony is that policies meant to protect have deepened the suffering of those in pain.”

Blacksher (2001)

Educational Strategies

- Integrate **ethics and humanities** into medical curricula (undergraduate & postgraduate).
- Develop **cognitive, emotional, and reflective skills** among clinicians.
- Use **literature, film, and art** to cultivate empathy and ethical sensitivity.
- Promote **case-based ethics learning** to link theory and clinical reality.

Journal of Personalized Medicine

MDPI

Review

The PATIENT Approach: A New Bundle for the Management of Chronic Pain

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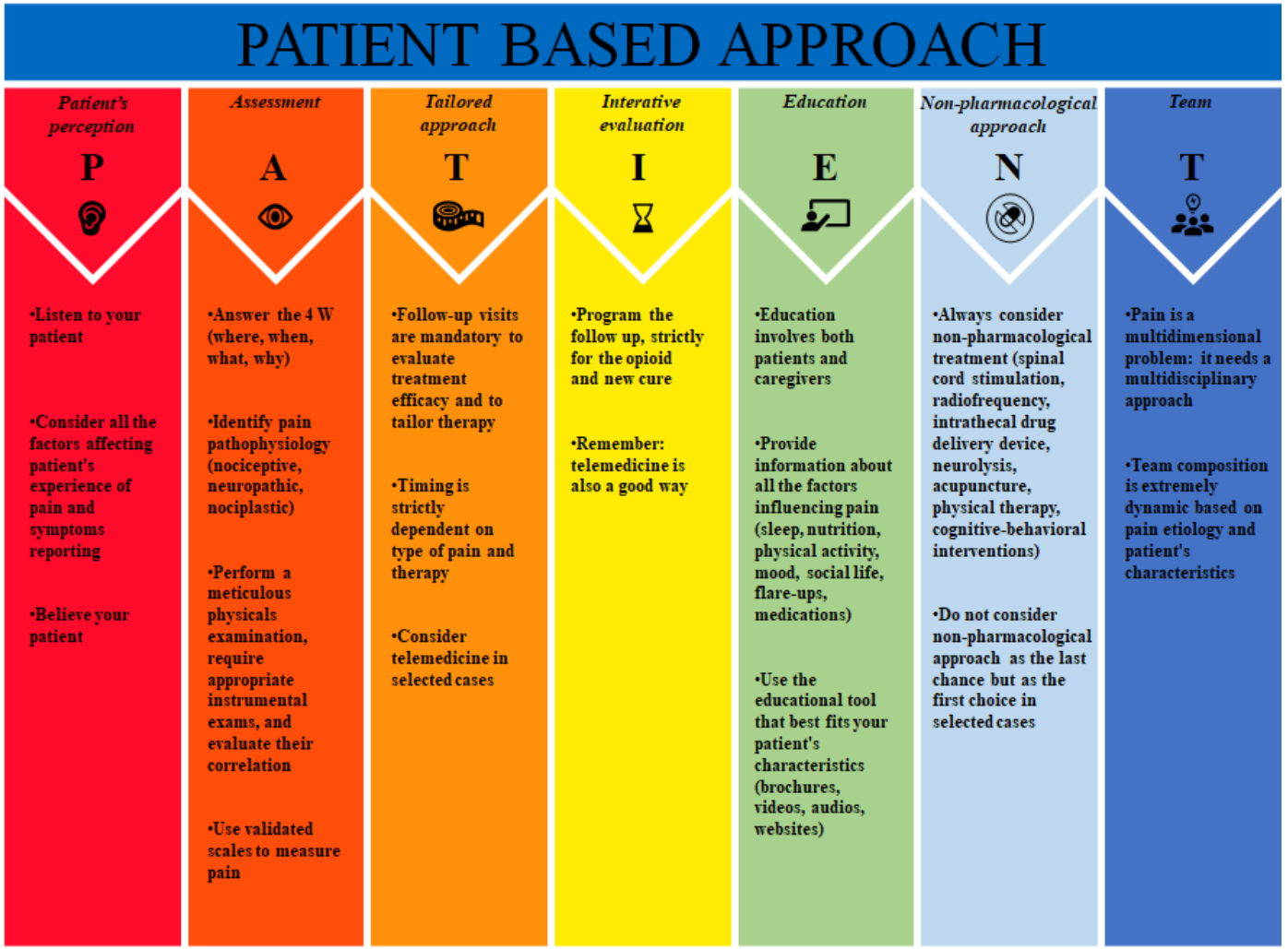

J. Pers. Med. 2023, 13, 1551.

Take-Home Messages

- **Pain is a moral experience, not only a sensory one**

  It shapes dignity, identity, and vulnerability.

- **Care ethics and narrative medicine enrich principlism**

  Understanding the person's story is essential for ethical pain relief.

- **Adequate pain management is a matter of justice**

  No individual should suffer because of age, disability, bias, or policy barriers

"Ethics is not a luxury; it is the very foundation of our existence."

– Dalai Lama