Pain Medicine Recognized as a Specialty in Australia

Earlier this year Pain Medicine was recognized as a medical specialty in its own right by the Commonwealth (Federal) Government of Australia. This landmark development, which heralds a new era in the evolution of a new discipline, was the result of a long and complex process initiated by the Faculty of Pain Medicine of the Australian and New Zealand College of Anesthetists.

The Australian Government has prescribed stringent criteria for the recognition of new medical specialties. These include, inter alia, assurance to the community that a new medical specialty is based on sound clinical and scientific principles, that its members are appropriately trained and qualified, and that the specialty has the capacity to define, promote, and maintain high standards of medical practice and patient care in the specialty area. Furthermore, formal confirmation was required that the area of medical practice has become sufficiently specialized to require practitioners with specific knowledge and skills, that the new area is developing in response to a recognized health need, and that its development will contribute to improved medical care.

The Faculty was required to address in detail two major questions: should the area of medical practice be recognized as a new specialty; and is there a program of training and education that will prepare medical specialists appropriately for this specialist practice? The exercise that the Faculty went through in developing its submission and in responding to complex issues and difficult questions, some of which were apparently far removed from the daily brief of pain physicians, not only reflected the changing relationship between the medical profession and government in Australia but also concentrated the mind when grappling with the clinical vagaries and economic vagueness that attend a symptom-based rather than system-based discipline.

Three main sets of implications for Pain Medicine in Australia and New Zealand arising out of this specialty recognition can be identified. (Whether “algiatry” will take root in Oceania remains to be seen!) First, for Patients—and perhaps many others who, for readily recognizable reasons, have not had access to pain physicians—this development helps to legitimate their plight and to inform them that there is a body of expertise that can be marshalled to improve the quality of their lives, without stigma, shame, or avoidable suffering. Patients can feel justified in asserting their rights to pain relief and, especially in developed countries, in asking questions of institutions and jurisdictions when that is not forthcoming.

The second set applies to Practitioners—not only pain physicians (who, after all, are the “converted”) but to all those who are studying and practicing modern medicine. The desirability of knowing about “pain,” the challenge of teaching about it, and the rewards available from the successful management of it can no longer be ignored by medical schools, postgraduate medical committee, and (other) colleges and academies. One would not countenance awarding a medical degree to someone who could not diagnose and know how to treat cardiac failure or pneumonia or bowel obstruction or depression: ignorance of the biology and principles of management of acute, persistent, and cancer-associated pain should attract the same sanction. Extension to postgraduate competency and performance must follow. Who could argue against not achieving proficiency in this most transcendent of human complaints?

The third set of implications refers to Public Policy, which clearly resonates with the American Academy of Pain Medicine (AAPM). The arguments through which recognition was achieved are on the public record in Australia and can be used—by Patients and Practitioners—to advocate for provision of pain services where there are none, to provide training opportunities where there are painfully few and overall to promote a philosophy that inadequate attention to clinical pain is incompatible with modern society. Australia, New Zealand, and the United States are fortunate to have access to basic and sophisticated tools to address pain: yet there are many communities at home and in our regions if not further afield where that is not so. The common theme here is pain relief as a human right—what better justification could there be for recognition of pain medicine as a specialty?

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