

MAY DECLARATION OF PAIN MEDICINE'S CONSISTENT DEVELOPMENT IN REPUBLIC OF ARMENIA

We, the participants of healthcare campaign of “painful peripheral neuropathies awareness week”, which took place in May 25-31, Yerevan, Republic of Armenia,

Realizing the decade long quality and cost issue of healthcare delivery to the big number of poor populations;

Given the fact that Pain Medicine, which structures healthcare systems and individual healthcare delivery, has become the paradigm of modern health sciences;

Taking into account that Pain Medicine's principles are constructed in the basis of evidence-based medicine and clinical epidemiology;

Considering that pain management in global healthcare is an applied tool of methodology;

Being certain that modern tools from international scientific societies (International Association of Pain Research, European Federation of Pain, Global Institute of Pain, European Union of Pain, American Union of Pain etc.) allow to measure national healthcare systems' pain management priorities and process pain diagnostics, guidelines, standards and practice of patient's care at the national level;

Taking into account medical societies conservatism and forms of active and passive resistance of Pain Medicines solutions from medical societies leaders, industrial and political bureaucracy and individual physicians

Accepting the importance of public debates about the implementation of Pain Medicine;

Outlining the importance of international collaboration to aforementioned issues;

Considering that declarations' theses are important not only for Armenian healthcare society but to regional countries too

Made the agreement and announce that

1. According to pain management's clinical applications current model physicians have to have clinical practice experience and to be familiar not only with the disease pathophysiology, but also be able to appraise, apply and evaluate the results of current biomedical literature's best evidence, which is impossible without proper knowledge of pain management's basics and the lack of it makes the physicians unaware of qualified information needed to form their professional skills.

2. The countries, which in the last 25-30 years implemented Pain Medicine's education as an obligatory part of medical degree, achieved the best results of healthcare organizations' pain management's modernization, human resources and research strategies improvement. Pain management development in 124 countries around the globe is organized at the governmental level with institutional organizations, in particular with specialized national infrastructures (National Regional Chapters, Special Interest Groups), which deal with issues such as providing an information for government policies (i.e. list of gratis medicine and healthcare interventions), clinical practice guidelines development, promotion of pain managements key non-governmental organizations.

3. In former USSR and later CIS countries ideology of pain management started 25-30 years ago, but never reached the level of governmental implementation. It is still maintained with the help of individual physicians and has not yet been confirmed in the institutional way. Pain Medicine has not become an obligatory educational program yet. Currently, without the use of best evidence of pain management's safety and efficacy, the national healthcare organizations' limited resources are just wasted.

4. The low educational level results in unawareness and fraud within healthcare societies and conflict of interests at the levels of healthcare organizations. An example of unawareness is the replacement of clinical knowledge with advertisement information from pharmacological and medical equipment companies. An example of fraud is the prescription of medicine or interventions from companies which sponsor the physician.

Unawareness of governmental policy makers is the inability to make decisions based on transparent processes and qualified research evidence. Unawareness of physicians is the prescription of interventions that lack evidence of safety/efficacy results and/or are considered harmful. Unawareness of researchers is the falsification of results significance for aforementioned prescriptions.

5. In the regional countries Pain Medicine's research quality is at the level of domestic publishing journals, which are violating copyright, conflict of interests, present inappropriate submission requirements of studies design, have very low level of studies' statistical analysis evaluation, plagiarism and data fabrication is just flourishing. Aforementioned fact is especially true for PhD candidates.

Currently the issues are at the institutional level and without their resolution any attempts to improve healthcare delivery of Pain Medicine is deemed to fail.

Taking into the account aforementioned issues the participants of the campaign are recommend to apply the following goals in order to improve healthcare delivery of Pain Medicine in Armenia and regional countries

1. Include Pain Medicine in the program of medical degrees and continuing medical education programs.

2. Include clinical epidemiology and biostatistics courses for pain management's PhD students starting with the education of their supervisors (teach the teachers).

3. Implement the license system for Pain Medicine practicing physicians. The national association of Pain Medicine is ready to initiate the protocols of license processes, educational courses and remote education programs development.

4. Provide statistical aid of medical universities and research institutions ongoing research activities through implementation of biostatistical laboratories within their structure.

5. Uniform Pain Medicine's publishers' activities with international guidelines (Uniform Requirements for Manuscripts Submitted to Biomedical Journals), in particular include Pain Medicine specialists to journal's editorial board, include disclosure about the conflict of interests, make clinical trials registration in the international registries obligatory for authors.
6. Include Pain Medicine specialists into pain medicine guidelines and protocols development with healthcare policy makers and specialized medical associations.
7. Healthcare policy makers' financial decisions about healthcare delivery of pain medicine should be based on systematic review of results about safety, efficacy and cost-effectiveness.
8. Provide the accessibility of pain medicine's qualified information to healthcare staff and patients. Physicians must have access to evidence-based resources (Clinical Evidence, Cochrane library, clinical practice guidelines supporting systems) within their workplace in order to make clinical decisions.
9. Certify Cochrane collaboration's local centers implementation in order to develop pain medicines ideology, basics and methodology and systematic reviews with meta-analysis in Armenia and other countries.

The text of declaration is in Armenian and English languages

The versions are equal

The text of declaration is open for interested parties

For collaboration apply through info@napm.am email address

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YEREVAN, REPUBLIC OF ARMENIA

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