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The Honourable Shirley Maheu Speaker *pro tempore*

National Pain Awareness Week

Motion Adopted

Hon. Yves Morin, pursuant to notice of October 28, 2004, moved:

That this House call upon the Government of Canada to establish the first week of the month of November in each and every year, throughout Canada, as "National Pain Awareness Week."

He said: Honourable senators, I have the honour to propose, at the request of the Canadian Pain Coalition, a motion designating the first week of November as National Pain Awareness Week.

[*English*]

National Pain Awareness Week recognizes both the millions of Canadians who suffer from chronic pain and the tremendous cost it exacts from those individuals and from society as a whole.

Chronic pain is different from acute pain. Acute pain is biologically necessary. It warns us of harm or danger and can be removed by dealing with that harm or danger. Chronic pain is different. It does not go away. Chronic pain may exist because its cause cannot be removed — for instance, in the case of untreatable diseases such as advanced forms of cancer, arthritis or back injury. Sometimes the reasons cannot be explained — for instance, headache or neurogenic pain that is caused by damage to peripheral or central nerves. The people who suffer from chronic pain suffer simply because their body has gotten into the habit of pain. Even when the cause of the initial pain has apparently been removed — a sprained back or a serious infection, for example — the injured site may persist in sending pain signals for weeks, months or even years.

This can happen when the initial acute pain is not effectively treated. Infants, children, the elderly and people with communication difficulties are most at risk for not having acute pain treated effectively; but they are not alone. Pain is not alleviated in half of the people in hospitals suffering from acute pain in the moderate to severe range.

Chronic pain is costly. For individuals, pain limits their activities, lowers their quality of life, clouds their old age and is a huge source of stress for them and for their families. For society, pain costs our economy as much as $10 billion a year.

Pain is a burden on our health care system as well. It is the primary symptom behind an estimated 80 per cent of all physician office visits. People in severe chronic pain visit the doctor three times more often than the general population.

Sadly, there is often little we can do to relieve chronic pain. Medication is obviously the first line of attack, but all medications have side effects. Other treatments include acupuncture, local electric stimulation, brain stimulation, surgery to cut the nerves that carry the signals of pain to the brain, psychotherapy and techniques such as bio-feedback, relaxation and behaviour modification. However, these are only partially effective in many patients.

A large part of the problem is that chronic pain is so poorly understood. Scientists around the world are working to remedy this problem, and Canadians are world leaders in this field.

Dr. Ron Melzac of McGill University, an international leader in pain research, published one of the seminal early research papers on pain in 1965, "The Pivotal Gate Control Theory of Pain." Since then, Canadian scientists have explored the mechanisms underlying the phenomenon of chronic pain.

Dr. Jeff Mogil, also of McGill, has examined the genetic disposition to pain susceptibility. Dr. Yves De Koninck of Laval University, in the beautiful city of Quebec, has increased our understanding of changes in the nervous system that lead to chronic pain following an injury that would normally heal.

In Toronto, Dr. Mike Salter recently discovered the dream gene, and found that mice without the gene were dramatically less sensitive to pain than mice with the gene. His work could lead to a completely new approach to pain control.

Canada is also a world leader in treating chronic pain. Every academic health care centre in the country has a pain management unit. These clinics not only give relief to those suffering from chronic pain, but also provide a focus for important clinical research.

Dr. Manon Choinière of the University of Montréal is leading a cross-Canada team to determine the psychological impact of waiting for treatment of pain. Another team is examining how to measure and manage pain in vulnerable populations, such as infants and children.

This Canadian research is a source of hope for those patients who suffer from chronic pain, but patients are not sitting back and waiting for their pain to be addressed.

Chronic pain has not prevented Helen Tupper from Halifax, for example, from making, with the help of Dr. Celeste Johnson, the Canadian Pain Coalition a reality. The Canadian Pain Coalition has evolved from a number of smaller groups into what I believe will be a powerful multi-stakeholder voice for reforming the treatment of pain in Canada.

Honourable senators, pain is truly one of our orphan illnesses. I would ask honourable senators to support the Canadian Pain Coalition and their efforts to ease the pain of millions of Canadians. Thank you very much.

The Hon. the Speaker *pro tempore***:** Is the house ready for the question?

Hon. Eymard G. Corbin: I had hoped that Senator Keon would stand up and say a word about the work we did on the Special Senate Committee on Euthanasia and Assisted Suicide. Incidentally, a review of that report produced a report five years later, entitled *Quality End-of-Life Care: The Right of Every Canadian.* Dr. Keon was also a member of the five-year review committee. The Senate's work on those two reports brought it much good publicity.

One of the concerns of the members of that committee — and I have not had time to go back to the original pronouncements and text — was that the committee was rather surprised that end-of-life care to suffering patients was not an area that a lot of people and researchers had looked into. That was, of course, connected with assisted-suicide matters. For example, at what point does the administration of morphine cease to be for the alleviation of pain and become criminalized, because an overdose or an excessive dose, whether medically prescribed or not, can become a criminal matter? However, I do not want to focus on that at the present.

In our five-year review of the report on assisted suicide, the committee heard from some highly professional people in the fields of medicine and pharmaceutical research. We talked to nurses and we also talked to legal experts.

The focus was just beginning to develop on the matter of what to do with end-of-life patients, patients who are going to die within a certain time span because of the nature of their illness? As everyone knows, an individual can face excruciating pain at the end of his or her life. Our committee believed that that was an area that required very special research.

(1540)

Fortunately, a number of care institutions do deliver the best possible pain-relieving substances that are currently available, but it is not just substances; it is not just a matter of chemistry; it is also a matter of psychological help.

I received a number of calls regarding this motion because it was anticipated or thought that I would, perhaps, oppose it, because I have stood up before with respect to special commemoration proposals, special holidays or what have you, to voice my concern that there ought to be in this country a program or at least an effort to catalogue, categorize and prioritize these various commemorations. I certainly will not oppose this initiative. I told the people who called my office that I would support Senator Morin's proposal.

Nevertheless, as one who recognizes pain as very much part of our human condition and who recognizes that I may die in excruciating pain myself at some point, I want to reserve my right to speak to the broader question of commemorative days and holidays at another time. I certainly will not oppose this initiative. I support it.

Hon. Wilbert J. Keon: Honourable senators, I thank Senator Corbin for referring to that work and my involvement in it. I had discussed this situation with Senator Morin and I was satisfied that, when he addressed the subject, there would not be very much left for me to say about it. I chose to second his motion and not speak to it.

However, Senator Corbin has raised both issues, and I happen to agree with him on both — we are running out of weeks to dedicate to causes. However, this is a truly important subject and it is in sync with the work done by the Special Senate Committee on Euthanasia and Assisted Suicide five years ago and with the work Senator Carstairs has been doing. The progress that has been made in those five years is truly phenomenal, both from the point of view of funding of appropriate health care delivery and from the point of view of research into pain and better ways of dealing with palliative care.

I commend Senator Morin. I agree with everything he said. I knew what he was going to say in advance. This is a worthy subject to which to dedicate a week. Further to Senator Corbin's comments, though, some thought must be given to dedicating weeks and days to a number of subjects.

The Hon. the Speaker *pro tempore***:** Are honourable senators ready for the question?

Hon. Senators: Question!

The Hon. the Speaker *pro tempore***:** Is it your pleasure, honourable senators, to adopt the motion?

Motion agreed to.