

Letter to The Editor: Access to Opioids, A Global Challenge - Impressions of The Brazilian Scenario

Carta ao Editor: Acesso a Opióides, Um Desafio Mundial - Impressões do Cenário Brasileiro

Keywords: Analgesics, Opioid; Brazil; Cancer Pain; Health Policy; Pain Management; Pain Measurement

Palavras-chave: Analgésicos Opióides; Avaliação da Dor; Brasil; Controlo da Dor; Dor Oncológica; Política de Saúde

Dear Editor,

I am writing to you after reading the article on moderate to intense cancer pain and the scenario of opioid consumption in Portugal, recently published in *Acta Médica Portuguesa*.¹ The issue is relevant since the United Nations state that certain drugs are "indispensable for pain and suffering relief" and that their availability "must be" ensured. However, between 2011 and 2013, more than 5 billion people had little or no access to essential analgesics.²

As a Brazilian physician working in Palliative Care, some reflections came up as I read the article regarding my country's current situation in this area. Even with the worldwide increase of opioid use by two fold, it has not happened equally in all regions. For low-income and middle-income countries, such as Brazil, the situation remains unchanged, due to limited financial resources, lack of training in prescription of opioids, cultural attitudes in pain

management, and fear of criminal prosecution or addiction induction.² Thus, this consumption increase is mainly due to the opioid prescription for non-chronic cancer pain in high-income countries such as Portugal.²

When we analyze the consumption of opioids per person, in morphine equivalents (ME), in Brazil, the figure was 10.94 ME in 2015. Fentanyl was the most prescribed, followed by morphine and methadone. Excluding methadone, the consumption was 9.41 ME. This scenario is the opposite of Portugal. When comparing Brazil with neighboring countries, such as Uruguay, we are still lagging behind: there is a mean of 12.29 ME consumption, and 11.51 ME when excluding methadone.³

The major obstacle to adequate pain management in Brazil is the lack of training of health professionals and specific policies in Palliative Care. In most regions of the country, there are no specific opioid delivery programs, and prescription requires special forms.⁴ This situation may worsen, since the Brazilian government is moving away from the fundamental principles of universal health care, even though it is a constitutional right. The approval of the constitutional amendment PEC-55 in December 2016 has frozen the federal budget, including health spending, for 20 years, as one of the austerity measures taken.⁵

Finally, it is important to reflect on the true challenge of pain relief: how to provide adequate access to opioids in a country where the population still suffers from increasing social pain.

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Recebido: 29 de outubro de 2018 - Aceite: 30 de outubro de 2018 | Copyright © Ordem dos Médicos 2018

<https://doi.org/10.20344/amp.11489>



Letter to the Editor: The Opioid Prescribing Scenario in Portugal from a Primary Care Perspective.

Carta ao Editor: O Cenário da Prescrição de Opióides em Portugal na Perspectiva dos Cuidados de Saúde Primários

Keywords: Analgesics, Opioid; Cancer Pain; Pain Management; Pain Measurement; Portugal; Primary Health Care

Palavras-chave: Analgésicos Opióides; Avaliação da Dor; Controlo da Dor; Cuidados de Saúde Primários; Dor Oncológica; Portugal

Dear Editor,

We read with great interest, in a previous issue of this journal, one article regarding opioid prescription in patients with cancer-related pain in Portugal.¹

In this article, the authors defend that opioids are the pillar for managing cancer-related pain. However, since Portugal has one of the lowest opioid-prescribing rates in Western Europe, we completely agree with the existence of 'morphine-phobia' in the country.

As family doctors, our experience in controlling oncologic pain is insufficient, since most patients are assessed in oncologic centres or hospital units. However, we consider

the competence in the management of opioids by family doctors to be fundamental, given our vast scope of practice, namely in the follow-up of patients at home, often already in a palliative context, or in areas where specialized palliative care teams are scarce.

Despite the existence of the National Programme for the Prevention and Control of Pain,² the reality is that the post-graduate training in palliative care is deficient; most family doctors do not feel safe prescribing opioids, not only to patients with cancer-related pain, but also to patients with other types of chronic pain that are quite prevalent in our practice. This is due not only to the fears related to the prescription of these drugs and their side effects, but also due to the lack of knowledge in optimizing pain control.

Our reality is essentially the treatment of non-oncologic chronic pain, and although it is not the main focus of the

article, we would like to leave a 'not' on the subject. Pain has a substantial impact on patients' quality of life and consequently on the consumption of health resources, namely Primary Care, and therefore, it is mandatory that we treat pain, the 5th vital sign. We continue prescribing paracetamol/acetaminophen indefinitely, and our beloved nonsteroidal anti-inflammatory drugs. When we overcome this analgesic ladder barrier we often resort to tramadol, considered by many family doctors as the most potent opioid they are allowed to prescribe.

In conclusion, we consider it is urgent to focus on the training of family doctors, so that we can be able to initiate effective chronic pain treatment in Primary Care, providing strategies for pain prevention and control, in order to contribute to the patients' well-being, reduce morbidity and, above all, humanize the health care provided.

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Recebido: 31 de outubro de 2018 - Aceite: 02 de novembro de 2018 | Copyright © Ordem dos Médicos 2018
<https://doi.org/10.20344/amp.11499>



A Nova Prova Nacional de Seriação em Portugal: É Apenas o Início mas Estamos no Caminho Certo

The New Medical Licensing Examination in Portugal: It Is Just the Beginning but We Are on The Right Path

Palavras-chave: Avaliação Educacional; Competência Clínica; Licenciatura em Medicina; Portugal

Keywords: Clinical Competence; Educational Measurement; Licensure, Medical; Portugal

Lemos com grande interesse as respostas ao nosso artigo do Prof. Doutor Luiz Santiago e do Prof. Doutor José Ponte.^{1,2}

Concordamos com ambos que é possível ir mais longe no que toca à Prova Nacional de Seriação (PNS), nomeadamente através do complemento da prova teórica com uma prova prática de avaliação de atitudes e aptidões práticas. Temos a perfeita noção que é assim que é feita a avaliação no período de transição da formação pré-graduada para a formação pós-graduada em países na vanguarda da avaliação de estudantes de medicina e de médicos como os Estados Unidos,³ e está previsto ser introduzida uma avaliação semelhante no Reino Unido.⁴

Frisamos que a nova PNS já constitui uma evolução significativa face ao modelo ainda em vigor: ao contrário

deste último, o novo formato reflete questões focadas na prática comunitária, já que a prova incluirá a colaboração de especialistas em Medicina Geral e Familiar. Quinze anos depois, e com o *input* de várias comissões nomeadas para melhorar o processo anterior, conseguimos finalmente dar este passo. Para além de toda uma mudança de paradigma de estudo que é inculcida nos candidatos, observa-se que toda a estrutura à volta da preparação, realização e aperfeiçoamento do exame é, pela primeira vez, verdadeiramente profissionalizada.

As vantagens de avançar com um modelo que inclua um exame teórico e um exame prático nos mesmos moldes dos exames Americanos estão neste momento bem estudadas.⁵ A sua aplicabilidade à realidade Portuguesa será certamente objeto de discussão e estudo pelo Gabinete da Prova Nacional de Avaliação, Escolas Médicas, Ordem dos Médicos, Administração Central do Sistema de Saúde e Associação Nacional dos Estudantes de Medicina. Esse caminho está perfeitamente identificado e constituirá certamente o próximo passo no processo de avaliação dos futuros médicos em Portugal. Este processo que tem sido pautado pelo confronto com elevado número de obstáculos e, consequentemente, lento e difícil - que a partir de 2019 acreditamos poder vir a alinhar-se devidamente com as melhores práticas internacionais. Estamos perfeitamente conscientes de que este passo representa ainda um início,