

Article Review:  
“Delivering Transformative Action in Paediatric Pain:  
A Lancet Child & Adolescent Health Commission”

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Pediatric pain has been an underrepresented entity in clinical care, research, and patient advocacy for a long time. There have been some attempts at placing this important medical condition in the spotlight in recent years through medical literature, national and international organizations and advocacy programs, mainstream media, and social media. However, there has not been a concise summative report available to help guide clinicians, researchers, policy makers, and medical administrators on HOW to systemically improve pediatric pain care. The Lancet Child & Adolescent Health Commission selected an international cohort of pediatric pain experts, clinicians, and researchers to help accomplish this task. The authors of this report created an executive summary of the current state of pediatric pain care, and then provided the rationale for the advancement of four specific goals to improve pediatric pain care, while prioritizing certain components.

The report proposes four main “transformative goals” that are directed at improving the care of pediatric patients that suffer from pain. The goals at face value appear simplistic, which the executive summary takes note of, but the authors state that if these goals were as simple as they sound, they would already be achieved. The first goal is to: *make pain matter*. The authors suggest that at the current time there is a gap in ambition to make pain better. They review that there is a known social insensitivity towards others in pain that has been studied and is well-documented, which is particularly prevalent pediatric care. One of the main priorities of this goal is to make improving children’s pain matter to everyone. The authors suggest improvement in equitable care, mitigation of the stigma around pain, and seeking to understand the social science of pain as the three priorities of this goal.

The second goal is to: *make pain understood*. In this section, the authors explore the current known biological, anatomical, and chemical basis of pain transmission and the development and maintenance of chronic pain states. They promote continuing research in developmental biology, genetics, psychology, and nosology to increase pediatric pain knowledge. The authors advocate for the use of proper terminology for pain states, and they advise that international experts should continue the debate on the definition of pain. A main tenant that is discussed is the principle of dualism between subjective and objective, mind vs. body, and psychology and physiology. They authors advocate that current medical care and research should abandon this principle of dualism and instead embrace the biopsychosocial model of pain. Finally, the authors prioritize the study of the individual pain experience that is personal to each patient, and advocate for longitudinal studies that follow individual patient development and risk factors for chronic pain.

The third goal of the report is to: *make pain visible*. This goal is directed at improving the way in which pain is assessed from acute bedside pain care, to the everyday life of chronic pain patients, and also in research study metrics. The authors call for appropriate assessment of pain in all patients, regardless of the patient age or developmental ability. Some of the currently available pain intensity scales are reviewed, and the report further expands on the assessment of pain using tools such as fMRI imaging and EEG modalities. The report then focuses on the importance of individual, personalized pain assessment that emphasizes child and caregiver selected outcomes to be prioritized. There is a discussion around the current “top down” manner used during creation of pain measurements (from adult literature passed down to pediatrics). Instead the advancement of a “bottom up” manner for the creation of pediatric pain assessments is proposed. Finally, there is a focus on harnessing the advancements in technology to assist with near time assessments of pain and behaviors.

The fourth goal of the report is to: *make pain better*. This goal is directed at improving availability, use, and advancement of medical treatments for pediatric pain. The authors review the current literature available on pain treatment and note that there are minimal studies whereby randomized controlled trials were utilized to study pharmacological or procedural treatments for pediatric pain. In fact, the authors found that there were only 6 randomized controlled trials for chronic non-cancer pain in pediatric patients. The authors propose that creating a systemic evidence base for pediatric pain interventions is a critical priority. The authors also advocate for the creation of national and international databases and knowledge sharing. They suggest that another priority is to improve our current medical treatments available, such as through the use of concepts like target concentration strategies, population pharmacokinetic-pharmacodynamic modeling, and pharmacogenomics to individualize patient treatments. Stopping trials in areas where there is sufficient evidence, and novel drug discovery are also both listed as important priorities.

The final component of the article focuses its attention on transformative actions that policy makers and funders can take to improve pediatric pain care. The final panel (#7) is presented, which includes a list of nine key priorities that policy makers and funders should focus on. The article ends with a summary for the rationale of the four goals, and a discussion that these goals are focused on high-income and middle-income countries, with the recognition that lower-income countries suffer different challenges. Finally, there is a call for change, which is something that all of us in the pediatric pain community can appreciate.

**Reference:**

Eccleston C, Fisher E, Howard RF, Slater R, Forgeron P, Palermo TM, Birnie KA, Anderson BJ, Chambers CT, Crombez G, Ljungman G. Delivering transformative action in paediatric pain: a Lancet Child & Adolescent Health Commission. The Lancet Child & Adolescent Health. 2020 Oct 13. [https://doi.org/10.1016/S2352-4642\(20\)30277-7](https://doi.org/10.1016/S2352-4642(20)30277-7)