EDITORIAL

SBED and the 2022 Lima Declaration: guarantee of care for children and adolescents in pain and their families

A SBED e a Declaração de Lima de 2022: garantia de atenção a crianças e adolescentes com dor e às suas famílias

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The definitions and concepts established more than four decades ago about the phenomenon of pain have not valued and have even neglected vulnerable populations, such as children and adolescents¹. Access to pain treatment has, for more than a decade, been considered a fundamental human right², especially when the object of concern is the child population, admittedly dependent on adult care³. The non-implementation of pain prevention and treatment of children is considered unacceptable and an indication of a low standard of care⁴. However, despite the favorable theoretical context, unfortunately, in practice, pain in children and adolescents is still undertreated and not valued.

In the last week of August 2022, the Brazilian Society for the Study of Pain (SBED - *Sociedade Brasileira Para o Estudo da Dor*) was signatory, together with other Latin American chapters of the International Association for the Study of Pain (IASP), of the document that quickly became known as the "**Lima Declaration**" (*"Declaração de Lima"*).

SBED was represented by several members in the XIV Latin-American Pain Congress (FEDELAT), in the XVIII Ibero-American Pain Meeting and in the XIX Peruvian Pain Congress, on August 22 to 24, 2022.

The solidary signature of the declaration could not be different for SBED and its current president, since the essential motto that underlies it is the unavoidable character of assuming the duty of all regarding the guarantee of attention to children and young people with pain and their families. During the signing ceremony, the president of SBED said: "We do not know why it is still so difficult to guarantee an idea so easy and of such clear consensus as the one defended by the Lima Declaration".

The declaration can be summarized in the following 10 items:

1. Pain should be conceptualized as a cross-sectional disease and not merely a symptom associated with another disorder, specially in the case of chronic pain.

2. Pain is a biopsychosocial experience and, due to its complexity, requires interdisciplinary and multidisciplinary attention, not just medical.

3. Children and young people in pain have the right to have their pain recognized and not be stigmatized for it.

4. Treatment for pain is an inalienable right. Children and young people in pain have the right to receive the best possible treatment by specialized professionals. Not facilitating access to pain treatment for children and adolescents causes unnecessary additional suffering, as well as being discriminatory and ethically reprehensible.

5. For this to be possible, it is necessary to value the child's pain and that all agents involved in facilitating its treatment feel obliged to carry out the actions aimed at making it viable.

6. Considering the scope of the legal limits of their competence and authority, it would be the obligation of national governments: (a) to develop laws and plans to promote educational programs for health professionals that include, among other aspects, management of pain; (b) to facilitate access to the best possible treatment for young people with pain; (c) to carry out programs to raise awareness and educate the population about pain in childhood and its treatment; and, (d) to provide resources to adequately fund research on childhood pain.

7. Considering the scope of the legal limits of their competence and authority, it would be the obligation of health care institutions to enable systems that promote access to the best possible treatment for young people with pain.

8. Considering the legal and ethical requirements of professional practice and the resources available, it would be the obligation of health care professionals to administer the best treatment based on available knowledge.

9. Considering the scope of the legal limits of their competence and authority, it would be the obligation of scientific and professional societies to ensure that their conferences and other events include specific content on pain in children and adolescents to facilitate the training and updating of knowledge of researchers and clinicians dedicated to the study and treatment of pain in this population.

10. The testimony and opinions of children and adolescents with pain and their families have extraordinary value and is an essential tool to move forward. Their positions must be heard and incorporated in the development of laws, training programs, awareness cam-

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paigns, promotion of research, and planning of scientific conferences. Nothing that proposes to move forward should be done behind closed doors or without the collaboration of those who experience the issue firsthand.

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REFERENCES

- Stevens B. Revisions to the IASP definition of pain—What does this mean for children? Paediatr Neonatal Pain. 2021;2021;3(3):101-5.
- Cousins MJ, Lynch ME. The Declaration Montreal: access to pain management is a fundamental human right. Pain. 2011;152(12):2673-4.
- 3. Agno S. Managing pain in children: barriers to effective care. 2022.
- Friedrichsdorf SJ, Goubert L. Pediatric pain treatment and prevention for hospitalized children. Pain Rep. 2019;19;5(1):e804.

