

World Institute of Pain Newsletter



VOLUME 2, ISSUE 1

MAY

Letter from the President

Dear WIP Members:

A great deal of consideration, time, and effort has preceded the program selection for the **WIP World Congress on September 25-30, 2007 in Budapest, Hungary**. The Scientific Program Committee headed up by Allen Basbaum and Maarten van Kleef assembled the extensive program. The Fourth WIP World Congress promises to bring the most recent information regarding the prevention and solution of problems, which will bring us to a new level of knowledge. Speakers from around the world are bringing the best evidence that we have at this time.

Part of the **opening ceremony** on Tuesday evening, September 25, is saying farewell to a founding member, David Niv, a relentless contributor and a delightful, caring physician who will be remembered by many of us. The 30-minute memorial ceremony will begin at 17:00, (30 minutes prior to the Opening Ceremony). Please plan to participate in this meaningful moment for our

friend.

The original WIP founding father, Prithvi Raj, has recommended a combined photograph of all the FIPP alumni, not only the new graduates who will be receiving their diplomas, but also the older ones together with the founding and current board members. This will be a nice, heartwarming, historical picture for us to treasure.

The World Congress will include numerous activities that are only possible because of our sponsors who understand that taking care of patients is a combined effort where we must have the best medications, best equipment, best research, and best-trained physicians in a symbiotic relationship. WIP is very grateful to our sponsors who join with WIP to bring so much knowledge and talent into one place. Please make every effort to be present at this unique opportunity to teach, learn, observe, and become part of the team.

There will be 300 abstracts and poster presentations, which will bring significant

importance to the World Congress. Personally, over the years, I have found some very exciting concepts that have come out of the direct one-to-one interaction with the contributors, and this will be the finest program that could be put together.

On September 29, we shall have the **Ninth FIPP Examination** (Fellow of Interventional Pain Practice), which will be preceded by a Preparation Course for examinees only on September 28. To find the information regarding the program and examination, please look at the website: <http://www.kenes.com/wip/gen.asp>.

The Awards Ceremony will be at the **Gala Presidential Dinner**, with entertainment and a memorable Hungarian evening. We recommend you attend and participate.

Budapest is a unique country with a 1000-year history of colors, flavor, culture, museums, opera,

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Favorite Memories of Dr. David Niv

Let's embrace each other in sorrow over David Niv's passing and send a fond farewell.

Greetings also to WIP, a scientific society that has excellently served and been the beneficiary of this man's brilliant career, which has empowered others on the path of "thinking different" in the pursuit of the alleviation of pain in this world.

Beyond remembering him in our prayers, let's honor him with pride and joy; we are fortunate to have lived near a life that enriched so many.

Pedro F. Bejarano, MD
Associate Editor, Pain Practice

I kinetically met David when he examined me for the FIPP test in Budapest. Our discussions were very formal and I did not get to know him on a personal level. A year later we were at the Cleveland Clinic annual meeting in Orlando. I was dining with David and Narinder Rawal. We were all telling stories and jokes from our respective countries, and initially the cultural divide was wide and the jokes went without laughs.

We shared a few bottles of wine and continued the jokes. After a few hours, it turned into a joke marathon of discussion with the end product being the making of a very nice friendship. We still didn't get the punch lines, but enjoyed the fellowship.

David remained a friend and we shared clinical advice and bad jokes for the years that followed.



Tim R. Deer, MD, DABPM, FIPP
President & CEO
The Center for Pain Relief
Charleston, WV, USA

David Niv was a great physician and friend. He was devoted to the care of his patients, yet, also saw the needs for pain care in the larger community. He knew that pain medicine had no boundaries and was above politics. He worked tirelessly to bring his skills and knowledge to less developed health care environments. He had a love of life that was infectious; being with him was always a delight. He will be missed.

John D. Loeser, MD
Professor of Neurological Surgery
and Anesthesiology
University of Washington
Seattle, WA, USA

David and I met by chance for breakfast in the Kandinsky Hotel the last morning of the 06' Budapest FIPP meeting. I had not really had the opportunity to speak with him informally. It was a beautiful morning and my wife, Cindy, was with us. I think David still had a lecture to give, or perhaps he was preoccupied with his work, but he took a moment to talk with us and we enjoyed his company. We left thinking what a gracious, intelligent, and interesting person we had been blessed to meet. His sudden loss must be incomprehensible to all who knew him.

John Swicegood, MD, FIPP
Medical Director
Advanced Interventional Pain and
Diagnostics of Western Arkansas
Fort Smith, AR., USA

Letter from the President

...continued from page 1.

wine, and food. It is a place where you can find virtually all the various aspects of a visit to a new place that you will wish you had experienced before. Please make your plans to come. Make decisions about the areas that you wish to participate in so that you will not be disappointed. I am personally looking forward to this World Congress and seek your advice as to the new and better direction that we can lead the World Institute of Pain. The numbers of our FIPPs are increasing. The acceptance of having higher qualifications for this examination translates

into our mission—*better trained and better educated physicians will provide better care for our patients.*

The painting “*Scream and Pain*” by Hungarian artist Csok Ramo, seen in the World Congress brochures, is following the precedent set by David Niv for the first World Congress, where he used a painting by a local artist from Israel. However, this painting will be offered for silent auction before and throughout the Congress, for the benefit of scholarships and examinations. We shall ask the artist to be present at posted times to personally sign the posters distributed at the Congress.

The silent auction will end after the last award is presented at the Gala Presidential Dinner.

See you in Budapest,



Gabor B. Racz, MD, FIPP, ABIPP
President, World Institute of Pain



4th World Congress
World Institute of Pain - WIP
Budapest, Hungary, September 25-28, 2007

21st Century Pain Medicine Science, Art, Practice Better Education, Better Relief



Dear Friends & Colleagues,

The World Institute of Pain (WIP) has chosen Budapest, one of the most elegant cities in Europe, as a venue for its 4th World Congress. Since its founding in 1994, WIP has held three successful international meetings. In addition to the Eilat, Istanbul, and Barcelona triennial World Congresses (the recent hosted nearly 2000 delegates), WIP has organized Symposia and Cadaver Workshops on interventional pain practice at least twice a year. WIP's combined focus on participant-friendly, yet intense educational activities together with “hands-on” courses, has led to the development of novel interventional techniques for the management of pain. At the same time we have fostered consensus building among pain experts on the effectiveness of existing techniques and on avenues for further improvements in therapeutic performances.

But the most important initiative undertaken by WIP is the development of the practical examination of clinical knowledge and skill related to our field. By the time of the 4th WIP Congress in Budapest, the number of fellows with a diploma on interventional pain practice (FIPP) should be over 350. This achievement means that WIP's Congress in Budapest will give you an opportunity not only to hear lectures on state-of-the-art advances in research related to our field, but also to meet many experts whose professional competence meets the highest standards of patient care.

I look forward to welcoming you to Budapest,

Gabor B. Racz DABPM, FIPP
President, World Institute of Pain

Serdar Erdine, MD, FIPP
President Elect and Chairman of the Examination

For more information please go to: <http://www.kenes.com/wip/>



WORLD INSTITUTE OF PAIN – SECTION OF PAIN PRACTICE

Announces the

The 11th FIPP (ABIPP Part II) Examination / Preparation Course

September 28, 2007 in Budapest, Hungary - \$1,000

Optional FIPP Examination Prep Course and Workshop

(Participation limited to participants of the FIPP Examination on Sept. 29)

September 29, 2007 in Budapest, Hungary-FIPP Exam - \$2,500

Send FIPP Examination and Prep Course applications and questions to

James Heavner, DVM, PhD, FIPP

3601 4th Street – MS: 8182 – Lubbock, Texas 79430 USA

Phone: 806-743-3112 • Fax: 806-743-3965 • E-mail: paula.brashear@tuhsc.edu

Serdar Erdine, MD, FIPP, Examination Chair

Paula Brashear, Examination Secretary

Gabor B. Racz, MD, FIPP, President World Institute of Pain

PLEASE inform the FIPP Examination Office by **June 1, 2007** if you plan to apply for the FIPP Examination September 29, 2007 in Budapest, Hungary. There will be a quota of 50 spaces. If there are many more than 50 by June, WIP may make a decision to add another day to the examination allowing more spaces. But, keep in mind, the first 50 approved applications will be scheduled to sit the exam on September 29, 2007. Late-arriving applications MAY have to wait for the next examination.. We urge you to avoid disappointment. Register or confirm with us by June 1 that you will apply for the September 29, 2007 examination. We already have many applications and queries about this examination. **FINAL Registration Deadline: August 15, 2007**

The 12th FIPP (ABIPP Part II) Examination (jointly with ASIPP)

Optional Review Course and Workshop

March, 2008 (Date TBA) – Memphis, Tennessee USA

Mark your Calendar for WIP World Congress, September 25-28, 2007

Budapest, Hungary. (www.kenes.com/wip)

Look at the conference website for the program and registration info.

Gabor B. Racz, MD, FIPP, Course Director, WIP President.

FIPP alumni certified September 2006 in Budapest and March 2007 in Memphis will be recognized during the Awards Ceremony, a highlighted event during the World Congress, September 25-29, 2007 in Budapest Hungary.

Further WIP information: contact Patrick McGowan at the WIP webpage: <http://www.worldinstituteofpain.org>.

Critical Review: Pulsed radiofrequency adjacent to the cervical dorsal root ganglion in chronic cervical radicular pain: a double blind sham controlled randomized clinical trial

Ricardo Vallejo, M.D.,
Ph.D., F.I.P.P.,^{1,2} Jeffery Kramer,
Ph.D.,^{1,2,3} and Ramsin Benyamin,
M.D., D.A.B.I.P.P.^{1,2,4}

Van Zundert et al. **Pulsed radiofrequency adjacent to the cervical dorsal root ganglion in chronic cervical radicular pain: a double blind sham controlled randomized clinical trial.** *Pain* 2007;127:173–182.

Pulsed-radiofrequency (PRF) is a neuromodulatory technique modified from the more traditional radiofrequency ablation technique whereby current is pulsed at the tip of the electrode rather than continuously applied to surrounding tissues. One of the limitations of this interventional pain management technique is lack of high quality evidence establishing clinical efficacy. This year, Van Zundert and colleagues published a paper in *Pain* describing the results of a double-blind, randomized, controlled trial examining the efficacy of pulsed-radiofrequency in the treatment of chronic cervicobrachialgia. The trial was conducted at two locations in the Netherlands and one site in Belgium.

The authors screened 256 patients over the course of 2.5 years and included patients who reported neck pain with radicular pain radiated over the shoulder area and/or the arm, which was refractory to

conventional treatments including medication, physical therapy, and TENS. Three diagnostic blocks (one at C5, C6 and C7) were performed to assess the level at which to perform PRF. Whichever block produced the largest pain relief was chosen as the level to perform PRF of the corresponding dorsal root ganglion (DRG). Once patients were successfully screened, they were randomized into a treatment or a sham stimulation group on a 1:1 ratio. Patients in the stimulation group received PRF treatment as would normally be conducted; patients in the sham group had the same needle placement without pulsed current application. Patients in both groups indicated levels of pain (VAS), global perceived effect (GPE; 7-point likert Likert scale), WHO scale of pain medication utilization and quality of life (SF-36 and Euroqol).

Successful outcomes were measured in three domains at 3 months following the procedure (or sham): 1) A 50% improvement in the GPE, 2) a 20-point reduction in VAS and, 3) a significant reduction in pain medication utilization was achieved. A significantly larger number of patients demonstrated at least a 50% reduction in GPE (82% in PRF versus 33% in the sham groups) and at least a 20-point reduction in VAS (82% in PRF versus 25% in sham groups). It was disappointing to see that average VAS scores (not simply binomial yes or

no 20-point reductions) both within individuals and between groups were not reported. The average pre-treatment VAS scores were also larger in the Sham group (76.2 ± 4.1 SEM) versus PRF group (55.7 ± 5.2 SEM), a 20-point difference that, according to the authors' own criterion, represents a clinically significant difference in pain. Little if any clinically significant outcomes in quality of life were obtained at any time point.

Despite the relatively positive outcomes of this study, care should be taken in the interpretation of the results. A priori power analyses yielded results suggesting approximately 23 subjects would be needed in each experimental arm to obtain adequate statistical power ($\geq 80\%$). Unfortunately, by the authors' own admonishment, they were only able to recruit a grand total of 23 subjects; a heroic feat given the 10:1 screen failure ratio. Clearly, Van Zundert and colleagues are to be commended for their initiative and for providing some of the first prospective, randomized, controlled data examining the effects of pulsed-radiofrequency in the treatment of intractably painful conditions. However, until other investigators take the helm, and heed the call for high quality studies, PRF may remain a treatment option with "a lot of potential" but without sufficient clinical outcome evidence.

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³ University of Illinois, College of Medicine at Peoria, Department of Cancer Biology and Pharmacology, One Illinois Drive, Peoria, Illinois, 61605

⁴ University of Illinois, College of Medicine at Urbana-Champaign, Urbana, Illinois, 61801

Corresponding Author: Ricardo Vallejo, MD, PhD, FIPP, Millennium Pain Center, 1015 S. Mercer Ave., Bloomington, IL 61701; (309)-662-4321, Office (309)-661-4532; vallejo@millenniumpaincenter.com



4th World Congress World Institute of Pain - WIP

Budapest, Hungary, September 25-28, 2007

21st Century Pain Medicine Science, Art, Practice Better Education, Better Relief



[HTTP://WWW.KENES.COM/WIP/](http://www.kenes.com/wip/)

CONGRESS VENUE

The Congress Venue is the Budapest Sportarena
Stefania ut 2
1143 Budapest
Hungary
Tel: +36 1 422 26 00
Fax: +36 1 422 26 03

DATES

Monday, September 25 – Thursday, September 28, 2007

TIMETABLE

The timetable for the Congress can be found at: <http://www.kenes.com/wip/Timetable.pdf>.

LANGUAGE

The official language of the Congress is English.

CME CREDITS

An application for CME accreditation is being applied for. Further details regarding this will be made available at a later stage.

REFRESHER COURSE

Tuesday, September 25, 2007
Limited number of seats.
Pre-registration required.
Registration fee: €200

FIPP EXAMINATION COURSE

FIPP Examination Preparation Course – Friday, September 28, 2007
(Participation limited to registrants for the FIPP Examination on Saturday)
FIPP Examination - Saturday, September 29, 2007

For information about the FIPP Preparation Course and FIPP Examination contact Dr. James Heavner or go to the WIP website

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Website: www.worldinstituteofpain.org



4th World Congress World Institute of Pain - WIP

Budapest, Hungary, September 25-28, 2007

21st Century Pain Medicine Science, Art, Practice Better Education, Better Relief



[HTTP://WWW.KENES.COM/WIP/](http://www.kenes.com/wip/)

REGISTRATION

On-line registration can be done at: <http://www.kenes.com/wip/registration.asp>.

REGISTRATION FEES

All participants including invited speakers must submit a completed registration form.

	Before June 1, 2007	After June 1, 2007	On-Site
Physicians	€495	€585	€650
Ph.D., Student, Nurses	€300	€350	€350
Refresher Course		€200	
Gala Dinner		€75	

FEES FOR PARTICIPANTS INCLUDE:

- Attendance to all scientific sessions, delegate's bag with Congress material
- Opening ceremony and welcome reception, Tuesday, September 25, 2007.
- Entrance to the exhibition

REGISTRATION CANCELLATION POLICY

All cancellations must be faxed, electronically mailed or post-marked: Refund of registration fees will be as follows:
Until and including May 30, 2007 – 100% refund (less €50 handling fee)

Postmarked from May 31, 2007 – 50% refund

No refund on cancellations after July 30, 2007

PAYMENT

Payment of fees should be made in EURO and may be paid either by bank transfer, check, or credit card (Visa, MasterCard, Diners Club, American Express*).

**For American Express credit cards, charges will be made in US Dollars according to the rate of exchange on the day of the transaction.*

FIPP EXAMINATION

For registration to the FIPP examination and the pre-examination course, please approach Ms. Paula Brashear at e-mail: paula.brashear@ttuhsc.edu.

**FIPP Awards Ceremony
September 27, 2007**

Master of Ceremonies, Serdar Erdine, MD, FIPP

Presentation of FIPP Certificates to
Fellows of Interventional Pain Practice (FIPP)

By

Examination Board of World Institute of Pain – Section of Pain Practice
Serdar Erdine, MD, FIPP, Chairman

Prithvi Raj Raj, MD, FIPP, Past Chair
Ricardo Ruiz-Lopez, MD, FIPP
Gabor Racz, MD, FIPP
James Heavner, MD, FIPP
Michael Stanton-Hicks, MD, FIPP

Richard Rauck, MD, FIPP
Leland Lou, MD, FIPP
Maarten van Kleef, MD, FIPP
Charles Gauci, MD, FIPP
Ramsin Benyamin, MD, FIPP

PRESENTATION OF FIPP CERTIFICATES TO

Class of 2006

BUDAPEST, HUNGARY

September 21, 2006

Mert Akbas., MD, FIPP – Turkey #290
Alex Cahana, MD, FIPP – Switzerland #291
Brendan Conroy, MD, FIPP – Ireland #292
Jose De Andres, MD, FIPP – Spain #293
Lieven Martin Dick, MD, FIPP – Belgium #294
Mirella Dinges, MD, FIPP – Belgium #295
David Gatt, MD, FIPP – UK #296
Reza Gorbani, MD, FIPP – USA #297
Sai P. Gutti, MD, FIPP – USA #298
Dalvina Hanu-Cernat, MD, FIPP – UK #299
Kok-Yuen Ho, MD, FIPP – Singapore #300
Pakize Kirdemir, MD, FIPP – Turkey #301
Marialuisa Malafrente, MD, FIPP – Italy #302
Philippe Mavrocordatos, MD, FIPP – Switzerland #303
Gerard Myers, DO, FIPP – USA #304
Jocelyn Que, MD, FIPP – Philippines #305
Edit Racz, MD, FIPP – Hungary #306

Anthony Sabaino, MD, FIPP – USA #307
Douglas Jay Spiel, MD, FIPP – USA #308
Sergei Urusov, MD, FIPP – Israel #309
Ria Van Eynde, MD, FIPP – Belgium #310
Pascal Vanelderden, MD, FIPP – Belgium #311
Ramakrishna Venkataparthasarathy, MD, FIPP – UK #312
Richard Wolkowitz, MD, FIPP – USA #313

PRESENTATION OF FIPP CERTIFICATES TO**Class of 2007****MEMPHIS TENNESSEE USA****March 11, 2007**

John B. Adams, DO, FIPP – USA #314
 Arun Anand, MD, FIPP – USA #315
 C. Edward Anderson, Jr., MD, FIPP – USA 316
 Sairam Atluri, MD, FIPP – USA #317
 Saleem Ashraf Awan, MD, FIPP – USA #318
 Joanna Barclay, MD, FIPP – USA #319
 Maurice R. Bernaiche, D.O., FIPP – USA #320
 Pamela O. Black, MD, FIPP – USA #321
 George David Bojrab, MD, FIPP – USA #322
 Ricardo M. Buenaventura, MD, FIPP – USA #323
 Richard H. Bundschu, MD, FIPP – USA #324
 Kevin allen Coleman, MD, FIPP – USA #325
 Pablo W. Concepcion, MD, FIPP – USA #326
 Christopher J. Delorie, D.O., FIPP – USA #327
 Ahmed A. Elborn, MB, BCH, FIPP – USA – #328
 Daniel R. Faber, MD, FIPP – USA #329
 Frank J.E. Falco, MD, FIPP – USA #330
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 Joseph C. Hegarty, MD, FIPP – USA #341
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 Murray E. Joiner, Jr. MD, FIPP – USA #344
 Eugene D. Kaplan, MD, MPH, FIPP – USA #345
 Stuart C. King, MD, FIPP – USA #346
 Thomas J. Knox, MD, MBA, FIPP – USA #347
 Rajashekar Reddy Lakkadi, MD, FIPP – USA #348
 James J. Lee, MD, FIPP – USA #349

Ajay Maharaj, MBBCH, F.C.S Neurosurgery-S.A,
 FIPP – South Africa #350
 Wesley J. Merritt, MD, FIPP – USA #351
 Chua Hai Liang Nicholas, MBBS, MMed(Anaes),
 FIPP – Singapore #352
 Bentley A. Ogoke, MD, FIPP – #353
 Ajit V. Pai, MD, FIPP – USA #354
 Karen Zurek Pantazis, MD, FIPP – USA #355
 Nileshkumar Patel, MD, MBA, FIPP – USA #356
 Vikram B. Patel, MBBS, FIPP – USA #357
 Thomas A. Ranieri, MD, FIPP – USA #358
 Jose J. Rivera, MD, FIPP – USA #359
 Andrew B. Roberts, MD, FIPP – USA #360
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 Xiulu Ruan, MD, FIPP – USA #362
 Pasha M. Saeed, MD, FIPP – USA #363
 Joseph M. Savino, MD, FIPP – USA #364
 Calin A. Savu, MD, FIPP – USA #365
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 Shawn M. Sills, MD, FIPP – USA #367
 Jan Slezak, MD, FIPP – USA #368
 Thomas D. Smith, MD, FIPP – USA #369
 Ernest Sponzilli, MD, FIPP – USA #370
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 Robert J. Ycaza, MD, FIPP – USA #379
 Amy C. Yeatman, DO, FIPP – USA #380

Interview with David Niv, MD, FIPP

In Memoriam

Professor David Niv Our Friend, Brother and Colleague



Professor Niv was a very active force in our society, responsible for tremendous strides the World Institute of Pain has made since its inception in 1993. This history of the WIP is an opportunity to reflect and celebrate a few of his many achievements.

From time to time, MD Consult Pain Medicine's Editor-in-Chief, P. Prithvi Raj, MD, interviews leaders in the field of pain medicine. What follows is the transcript of an interview with Dr. David Niv that took place in Barcelona, Spain, during the World Institute of Pain's Third World Congress.

Prithvi Raj: Good morning.

David Niv: Good morning.

RAJ: MD Consult has a section in their electronic media to introduce to our readership people such as

yourself who are innovators in pain medicine. We are interested in what you think about pain medicine in general and certain interests that you have. We would like to know about you, what are your thoughts, dreams, and ambitions?

In that context, I'd like to ask the first question. You are here today as a pain specialist. Can you reflect on how you got here?

NIV: Thank you for inviting me. It is an honor for me to be one of your interviewees on MD Consult.

How did I get here? I will give an

example. I was an anesthesiologist originally. Many times I was asked to do reviews on issues not related to pain. I was asked to write a chapter, for a very important book, on acid-base balance. Another time, I was asked to conduct a study on a sedative to evaluate the emergence from anesthesia. Many temptations arise, and one says, "Okay, I will do this," but then you lose time because you are not focusing on what you really want to do. I was asked several times to direct a department of a private practice in anesthesia.

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Interview with David Niv, MD, FIPP

...continued from page 10.

And although the field of pain was very small at that time, with only small pain clinics, I knew what I wanted to do. And because I did not lose time, because I stuck to the target and I tended to see things in a clear way, I arrived here. I believe this is something you can do if you have enthusiasm. If one has enthusiasm and clearly sees the target, one can arrive.

RAJ: It looks like you made a decision inside yourself that you wanted to be in the world of pain medicine. I would be interested in exploring that. You have been extremely disciplined and focused to meet that goal, and obviously you have continued to have the same enthusiasm. My observation is that you have been successful, that it has been a pleasant journey for you. Let's go back to when you were a small boy—4, 5, 6 years old. What do you remember about your childhood?

NIV: I remember growing up in a period when there was not Internet games, television was not developed. I had a normal childhood with friends and was always outside. I was not very good in school. I went into the military in Israel, did my duty of 2 years of service, and after that went right into medical school.

RAJ: And was that decision made by you or by your parents?

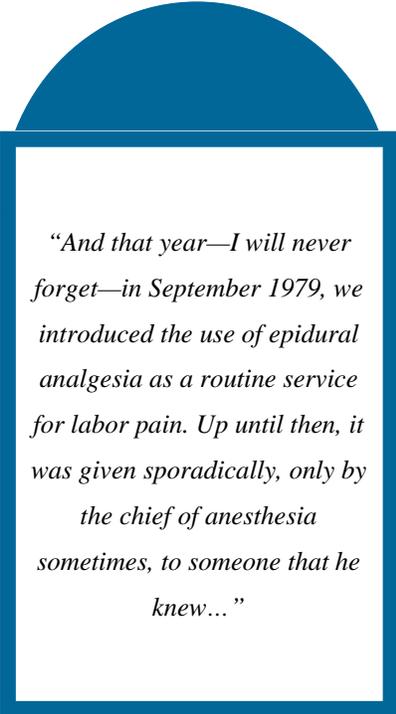
NIV: I was very much pushed by my parents. My father was a retired physician, and they said, "We think it's best for you if you do this." Later, when I finished medicine, they wanted me to take on the specialty that he was practicing, which

was otolaryngology. But at that time, I thought that anesthesia would be an interesting specialty.

After 4 months of doing anesthesia, I was asked to go and work in the maternity ward, and deliver anesthesia there. I entered through the labor ward, and I saw so many women suffering from labor pain. I asked myself, "How can this be that in the 20th century that someone, inside the hospital, is suffering from pain, and the physicians are unable to assist and to relieve the pain?" So this was the first time I got interested in the issue of pain. And that year—I will never forget—in September 1979, we introduced the use of epidural analgesia as a routine service for labor pain. Up until then, it was given sporadically, only by the chief of anesthesia sometimes, to someone that he knew. But in 1979, we introduced it as the standard of care, and we offered it to anyone who wished to have an epidural block. In fact, my first studies related to pain were on the epidural block for labor, and they were published in the early 1980s.

Subsequently, because I liked it and I began to develop interest, I joined a pain clinic that was running. It was a small pain clinic that was initiated by the late Professor Mark Cheyen. He started it in 1967, and it was open in the afternoon twice a week. I decided to do research on pain, and I went to London for 1 year, doing research in the laboratory of the Royal Postgraduate Medical School. And even before, in 1981, in the World Congress on Pain—which was my first World Congress—in Edinburgh, I met Pat Wall. I began to visit his laboratory on pain and became more and more affected by this specialty.

RAJ: So some well-respected individuals have influenced your continued interest? Israel, probably at that time, was going through the same influences as in other countries: The majority of physicians didn't think pain medicine was important. Did you feel a lot of resis-



"And that year—I will never forget—in September 1979, we introduced the use of epidural analgesia as a routine service for labor pain. Up until then, it was given sporadically, only by the chief of anesthesia sometimes, to someone that he knew..."

tance to the idea to develop pain medicine in Israel?

NIV: In the beginning, the resistance I felt was within the department because they could not understand why a young fellow would want to get out of anesthesia from the OR to go to a pain clinic. They were sabotaging, in a way, and it was a struggle for me to try to do a doctor's duties.

Continued on page 12...

Interview with David Niv, MD, FIPP

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While I was in the UK, I decided—at my own expense, of course to go visit Sam Lipton in Liverpool. So, in 1982, I stayed with Sam for a couple of weeks, learning the latest techniques. For example, radiofrequency techniques for different lesions—trigeminal and rhizotomy. And at that time I bought the radiofrequency equipment.

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When I returned to Israel, I invited another very important authority and teacher at that time, Mark Mehta, who came and performed with me the first cases in our centers with radiofrequency. These were all initiatives that I was trying to implement.

Subsequently, we started to develop methods, and I started to organize meetings. My first meeting was in 1989, an international one, and after that big meetings in Israel, where everyone involved in the field of pain could come and teach, either

before the meeting or after, and this helped to develop the practice in Israel.

RAJ: And there were some of your colleagues at the time, at Hadassah, and the others were also doing some pain medicine. Did you collaborate, or was there competition?

NIV: It was not my personal competition. It was in a way a competition of the directors, to be the first... I did not feel any competition with them; I tried to involve them in all of the meetings I did. When we founded the Israel Pain Association, we asked them to join.

Professor Chayen became the president of the Israel Pain Association, and I was the secretary. Three years later, I was elected to become the president. They were on the board the whole time, and we had full cooperation.

RAJ: And as you progressed, you got involved in the international scene, and I remember that you got involved in the International Association for the Study of Pain [IASP]. Can you tell us about your experience with that?

NIV: Getting involved with the IASP was a very pleasant experience. It was like a school for me, a school of diplomacy, a school of administrative and other issues involved with the politics of things. I was elected to be a councilor. I was in council for 6 years, 2 terms. I think that some of the important issues that have been adopted by IASP were ideas that I implemented while I was in the European Federation of IASP Chapters [EFIC].

For example, in IASP the formation

is to have an election of the individuals throughout the world, and these are not necessarily the presidents [of local chapters] in their countries. The presidents were invited once every 3 years to the World Congress, but practically they were not informed of any of the decisions, executive board meetings, or council meetings that took place in the IASP.

I have suggested that we involve the presidents of the chapters more because the top personality of pain in each country, a good clinician or a good researcher, may not necessarily have any say in his country. On the contrary, sometimes he might not even be considered by the chapter president in his country. Therefore, I think it is reasonable to involve the presidents more. And this is something that I have implemented in EFIC.

RAJ: And can you tell us what EFIC is?

NIV: EFIC is the European Federation of IASP Chapters. I was the previous president of EFIC for a 3-year term. I completed several initiatives there that have been extremely important in the advancement of the field of pain.

RAJ: I recall that you worked hard on the European pain initiative, and other initiatives involving organizations such as the United Nations. Could you tell us a little about that?

NIV: With pleasure. The Europe against Pain initiative was launched in 2000. It is targeted in two directions. One is education, and the

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other is awareness. From the education point of view, we feel that there are many documents around the world that are good, but are what I call “shelved documents.” They are on the shelf and they are accumulating dust. They need to be implemented. These documents have been produced by the IASP, by EFIC—some people knew about them, have them in their libraries... But there is a need to make these documents known.

We did not want to reinvent the wheel. We will take some of these documents, which are good and relevant, put them together, and send them to the presidents of the chapter and ask them, “Do you think the paradigm of treatment, or this idea, would be good for your country? Because we would like to implement this idea throughout Europe.”

So, after we heard from the chapter presidents and adapted those documents so that they would suit all the countries, we took the document and implemented it. In other words, we sent it as an official document of EFIC to those countries, stating, “This is now the standard of care throughout Europe, in agreement among all the countries. Please follow this idea.”

So, this was the base of the idea, and with this we have, for example, taken the available material on education for undergraduates, and we produced a core curriculum. Very brief, but very concise, to the point. It consists of 20 hours, and it is for medical schools. But with the idea also to create a core curriculum for nurses, core curriculum for psy-

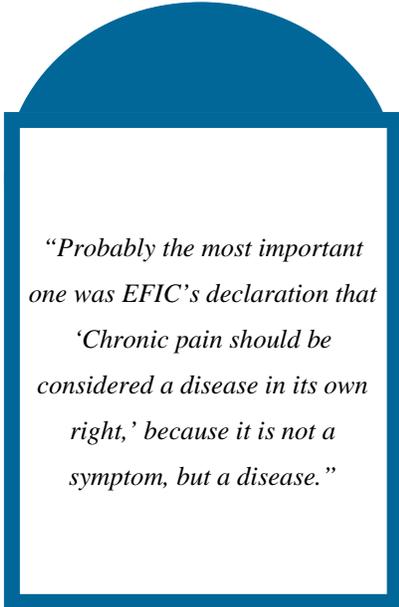
chologists, core curriculum for dentists, and so on. After we received feedback from the presidents of the chapters, after each of them had taken it to their boards in their countries, we launched the final product as a document of EFIC, and we sent it to the chapters. In order to standardize the teachings in medical school, we instructed them to follow this document and begin to implement it in the medical schools. So, this was a document for undergraduates.

Similarly, we prepared a document to serve as a sort of a call, which says there should be a specialization in pain, a certification in pain. This was aimed at those who do pain medicine 100% of the time. And they need to follow some sort of frame, particularly in countries where the specialty of pain is non-existent. This frame was called “EFIC Call for Specialization and Certification in Pain Medicine.” And the frame said how long training for this specialization should be, what should be included inside, from what disciplines people should come to this specialization, and so on. This was done so that countries could take this frame and put the content that is needed inside, according to what is available in various countries, because not all of the knowledge is available in every country. We did not want to stop the process. So this was another document implemented by EFIC.

Probably the most important one was EFIC’s declaration that “Chronic pain should be considered a disease in its own right,” because it is not a symptom, but a disease.

Everyone who practices in pain know that chronic pain is a disease; but there was a need to have a dec-

laration that would be supported, that would be endorsed by many important authorities who think likewise, and that afterward could be implemented. So, we took this document that we wrote, together with Marshall Devor, and we sent it to the presidents of the chapters. We integrated some changes suggested by the chapter presidents, and afterward we produced this document, and we launched it at the European



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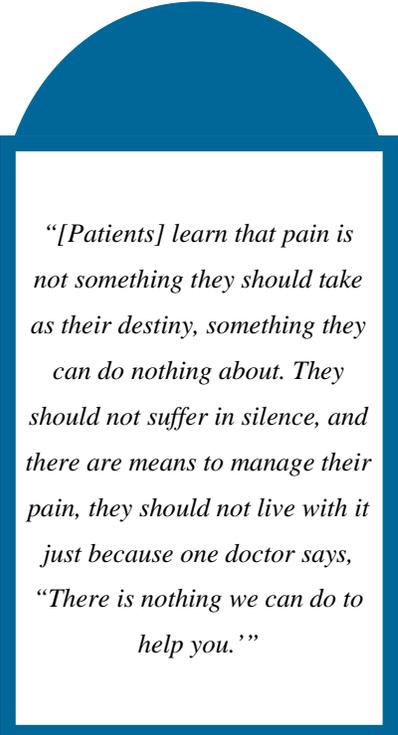
Parliament. We invited all of the presidents and the members of Parliament, and this document was accepted. Then we began to get endorsements from various Ministers of Health, including, for example, the Minister of Health from Finland. The endorsements meant that they think likewise, that they endorse this declaration, and they think chronic pain really should be considered a disease, not a symptom.

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And this was important. Perhaps it was obvious, but we needed them to realize. This document really opened the gates for many dramatic awareness issues, such as awareness to the magnitude of the problem. For example, the World Health Or-



“[Patients] learn that pain is not something they should take as their destiny, something they can do nothing about. They should not suffer in silence, and there are means to manage their pain, they should not live with it just because one doctor says, ‘There is nothing we can do to help you.’”

ganization [WHO] is not working on problems or symptoms, but mostly on diseases. So if you go to them and you say, “This is a disease. It’s very problematic, and it’s a major health care problem. It affects nearly 50% of the population over about 65 years of age. Now, what are you going to do about it?”

Then they face a problem that they cannot ignore. This is something really important that we did.

The other issue from the aspect of awareness is that we held the first

Week Against Pain.

RAJ: When was that?

NIV: In 2001. When we launched the Declaration on Pain, we declared the European Week Against Pain. During this week, the central event was the launch of the declaration in the European Parliament. And in each of the countries, there were many activities that were performed to promote the event. For example, banners in hospitals, and other manifestations to evoke awareness in various countries. We wanted to further promote awareness, so we created a patient booklet. These are placed in all the hospitals throughout Europe. In each country, we translated it to the local language, and it is in the lobbies of hospitals. And patients and their families can learn about pain. They learn that pain is not something they should take as their destiny, something they can do nothing about. They should not suffer in silence, and there are means to manage their pain, they should not live with it just because one doctor says, “There is nothing we can do to help you.” They can look for remedies in pain centers.

And the IASP, when they saw all of this activity, they decided to adopt this also. This year we will be conducting a Global Day, which will be October 11, 2004. This will occur together with an endorsement from the WHO. The central event will be in Geneva, and we will also conduct a direct transmission via the Web. So, everyone in the world can participate, ask questions, and listen to the full symposium that will be transmitted at a time suitable in all countries.

RAJ: Now, you have also been involved in the World Institute of Pain [WIP] very intimately. Can you tell us a little bit about that?

NIV: I always say that the activity in IASP and EFIC is in a way a hobby. It is something that I like because it has to do with important things we have to promote in the world. But the WIP has more to do with our profession. Strictly with our profession. I think of the WIP like a home, a place where whatever I will do in the world, I will always come back to this. It is something we formed from the beginning in the way we wanted to do it; we are not just the aggregate to another formation, where we do something for a certain period of time, and then when our term is finished, we are gone. In the WIP, we contributed our ideas, and we shaped it in the way that we believe it should be. The WIP takes the message that is available and implements it. It takes the knowledge that is available and brings it to the patients.

RAJ: The patients get the benefit.

NIV: The patients definitely get the benefit. We are promoting many issues of public awareness. We go to all the physicians, transmitting knowledge—for example, this conference we are having now in Barcelona. We are teaching people things they can do to relieve pain, so that they can go out the next day and use that knowledge to help individuals who are suffering. This is doing something that is right to the point.

RAJ: And satisfying.

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NIV: And it gives a lot of satisfaction, yes. So I am saying that these other associations are like a hobby, and I am having a good time doing it, with great pleasure. But the WIP takes what we do and brings it to others in such a way that they can share it and use it.

This is what I like about the WIP. I can take all of my knowledge, all of the experience I have acquired, and other teachers came and have brought their knowledge—something similar to what we did with the document with EFIC.

We have come together, we have pooled this knowledge, we shaped it, and now we can say that this is the best practice from the point of view of safety and quality of care. And let's now teach those who are interested how to do it right. And let's standardize it throughout the world, so that the level of care for our patients will be as good as possible. And this gives me a lot of satisfaction.

I think the next steps will be to enlarge it, to take it to the general practitioners, so that they will know what pain management procedures, drugs, and other ways to treat patients are available. They will learn why we do this, what they can expect from a patient that has been treated when he or she comes back for the follow-up, and so on. So, we begin the second phase—there is a lot still to do to in the first phase, to educate physicians who are managing pain—but we begin the second phase in which we begin to go to our general physicians, for whom treating pain is part of the job, and we let them know the importance of

our profession. We need to communicate what benefit patients can obtain from pain medicine. This is something that we have to work toward in the future.

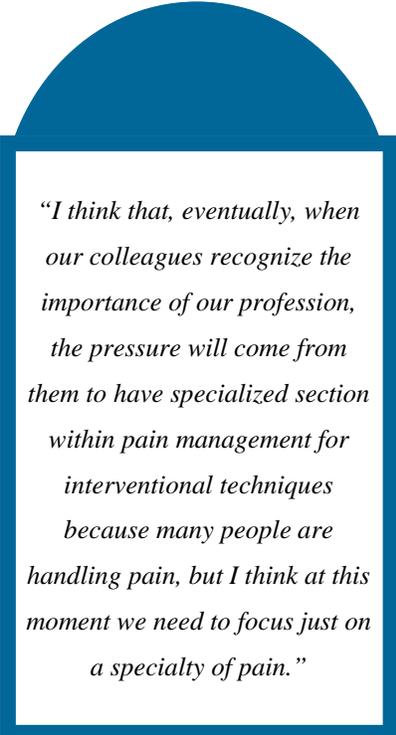
RAJ: I see a lot of activity going on in some of these areas you mentioned. The WIP is also doing a specialty exam, and one on intervention techniques. And that certainly seems to have been received well. Do you have plans for other pain specialists who are not practicing interventional techniques?

NIV: I think that, eventually, when our colleagues recognize the importance of our profession, the pressure will come from them to have specialized section within pain management for interventional techniques because many people are handling pain, but I think at this moment we need to focus just on a specialty of pain. I believe that in a second stage, we can break it down.

For example, if one takes obstetrics and gynecology, once they did fertility. Now they have a special section that handles in vitro fertilization. So, first it was “gynecology and obstetrics,” then obstetrics and gynecology separated. Then in gynecology there was fertility. I believe, in pain medicine, first it has to be recognized by everyone that this is a specialty that deserves attention, which has to stand in its own right. Once there are specialists worldwide, the pressure begins to come from within to farther specialize, and to form more specialties.

I believe there will be branches that will come out, and one very important branch will be knowledge to perform surgery to treat pain, the intervention. And it will come out

of this specialty. It is true that one could say, “Let's build it from the very beginning to have doctors who do pain, and doctors who do more than that, surgery, for example.” But this process might take much longer and might not be accepted immediately because now you want *two* things immediately. I believe



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that we first have to aim at having a specialty. And then from that specialty will emerge those who are, for example, Fellows of Interventional Pain Practice [FIPP]—those who specialize more in the surgery of pain.

RAJ: What do you see 50 years from now? Is the specialty of pain going in the right direction?

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NIV: It depends on us. It depends on those who now have the possibility to influence in societies like what we are doing with the WIP. With the knowledge that we now begin to share with others, we can move things in the right direction. I believe something can be achieved. But it is very difficult to predict how things will go in different countries. I know that in some countries there is a tendency by other disciplines that are managing, for example, cancer pain, to say that management of pain belongs to the oncology field. And the significance of palliative care is to treat the patient, including pain—making pain part of the symptom treatment. This is one of the reasons we thought it would be important to underline this issue that chronic pain is a disease, it does not belong to the family of the symptoms, and it deserves attention from specialists in this disease, not from specialists in oncology or anesthesiology, or other disciplines that manage pain in terms of the adage, “If you have a hammer, everything looks like a nail.” (*Laughter*)

So, I think there is a need to work with people who are influential in their individual countries, to instruct them to act in the right way. And along what is agreed upon by all of these societies regarding how things should go. And if this is done, then we might achieve what we want. Otherwise, we will not be strong, we will not promote our cause, and there will be some confusion in the end.

RAJ: Indeed.

You travel a lot. You not only visit

countries around Europe, you also travel to Asia, Latin America, and America. How do you find time? And how does it affect your life?

NIV: It is true that among those who are workaholics, there is the need to make concessions, and people often tend to give up things that relate to pain, and they are not taking good care of themselves. Staying until 1:00 or 2:00 in the morning to accomplish things instead of taking it easy and I live in a country that is producing stress all the time, in Israel. No doubt, this affects health. But on the other hand, if one does a work that he dislikes, but he does it only because he needs to do so in order to live, and there is a routine that is practically managing his life, and he hates this, and he wakes up every morning and goes to work with a lot of anger and dissatisfaction, I think this is more damaging. And in the end his quality of life is not as good. It is true that traveling is a problematic issue. It's tiring, and it affects our health. It is true that all the issues we want to cover, these things can become so numerous that we need to prioritize them.

But on the other hand, we are doing something we like.

RAJ: We love it.

NIV: And when we love it, it makes our lives more pleasant because we feel that we are donating something. We feel that we have been helping, that we are in the process of production and of development. And I think this is the gratifying part of it. Health is an important issue, but being in good health and having a boring life is not what I want. (*Laughter*)

RAJ: Well, thank you very much for the interview. Is there anything else you would like to add, to communicate to our readership?

NIV: I think the most important thing is that one should appreciate what others are doing. One should listen to what others are doing, and have patience. I think that we need tolerance, on many issues. On the other hand, for some issues, if we want them to be accomplished, we need to have the energy. We need to have the drive to see the target in front of us. Looking back to what I have done, maybe I could have done it better. But for the most part, I look at it with satisfaction. And I think my example is something that will be particularly measured by my achievements, and we have accomplished many of the things we set out to do, but there is so much still to be done. WIP, which as I said is our baby, is our profession, is growing satisfactorily. This World Congress, which has an interesting and variable program, is something that people will appreciate in the future. And more people will want to join the group because they will see what we are doing is for the benefit of society. And this is very pleasing to me.

RAJ: Thank you very much.

NIV: Thank you.

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WORLD INSTITUTE OF PAIN

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