

World Institute of Pain Newsletter

Dedicated to Excellence in Training and Testing Pain Physicians



VOLUME 2, ISSUE 4

Reflections on WIP and the 4th World Congress

On September 25-30, 2008, some of the most recognized experts in the field of interventional pain management gathered in Budapest, Hungary for the WIP's 4th World Congress. This congress was the most successful in WIP history, with over 1,800 participants representing 73 countries.

The success of the program is due to the tremendous support from not only physicians, but industry sponsors. The WIP extends its gratitude to the 15 core sponsors of the 4th World Congress – platinum level: Advanced Neuromodulation System (ANS), Boston Scientific, Grünenthal, Mundipharma International, A. Menarini International, Pfizer; gold level: Eisai Europe, Helsinn, Nycomed, Medtronic International Trading Sàrl, Merck Sharp & Dohme, ProStrakan; and silver level: Baylis Medical, Epimed International, and Ziehm Imaging Group. Appreciation is also extended to the following additional exhibiting sponsors: Arcoma AB, Arthro-Care Europe, Blackwell Publishing, Cosman Medical, Cotop International, Deka, DTI-Diros Technology, Elsevier, Equip Medikey, European Federation of IASP® Chapters, EUSA Pharma, Karl Storz, Medoc, Medtel, NeuroTherm, Opus Medical BVBA, Philips Medical Systems, Schwarz Pharma, Spinal News International, and Wisepress.



Gabor B. Racz, M.D., FIPP
WIP President and Founder

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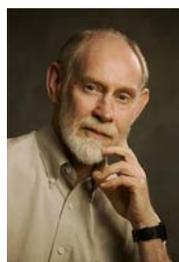
WIP honors three of its own

The WIP honored three of its own at the 4th World Congress awards ceremony conducted on September 27, 2007 in Budapest, Hungary.

Paula Brashear, FIPP Examination Secretary since 1994, was honored for her administrative excellence and keeping the WIP afloat.

James Heavner, DVM, PhD, FIPP was honored for his organizational excellence associated with the FIPP examination and preparatory workshop.

Gabor J. Racz, MD, FIPP was honored for his support and contributions to the FIPP examination process.



James Heavner



Gabor J. Racz



Brashear receives award from Gabor Racz



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



From the photo album of the 4th World Congress



WIP Executive Board

(Front row—the founders) Serdar Erdine, Prithvi Raj, Gabor Racz, Ricardo Ruiz-López

(Back row) Philip Finch (Treasurer), Richard Rauck (Secretary)



Paula Brashear and Giustino Varrassi



Richard Rauck

Reflections on the WIP, Continued from page 1

Special thanks is also extended to Kenes International, Congress Secretariat for the WIP's 4th World Congress.

The congress sessions, lead by 150 speakers and moderators, were well attended and the numerous cultural and social activities were fully subscribed. The best possible program was put together by the scientific program committee chaired by Allan Basbaum and Maarten Van Kleef.

The WIP paid tribute to the life and achievements of David Niv in a commemoration ceremony conducted during opening ceremonies.

This year's congress was also a working congress for the WIP. New Bylaws were adopted that encompass a planned involvement of the members under a newly-expanded organizational structure. Furthermore, in recognition of the need for more research, information, and education in the field of interventional pain management, the WIP decided there is a need for a world congress every two years instead of three.

The FIPP examination administered following this year's congress certified 50 more pain physicians, bringing the total FIPPs to 430.

Plans are underway to create a registry of pain practices that have one or more FIPP-qualified physicians. FIPP is the highest level pain qualification in the world. Those who prepare for it become better pain specialists. Those who pass the examination are among the best pain specialists practicing worldwide and will make it into the WIP registry of pain centers.

We are planning an even better and bigger 5th World Congress in New York City, USA on March 13-16, 2009, so please put this WIP World Congress on your calendar. The program chairman for the WIP's 5th World Congress is Dr. Richard Rauck. The scientific committee chairs are Giustino Varrassi, Tony Yaksh, and James Rathmell.

When the World Institute of Pain was founded in 1993, Professors Prithvi Raj, David Niv, Gabor Racz, Serdar Erdine, Ricardo Ruiz-López envisioned a dynamic, interactive, international membership organization that fosters opportunities for pain physicians to learn and train with the best in the field of interventional pain management. It is at each of the WIP's World Congress that the mission of the WIP is fully realized through its participant-oriented program of scientific and educational activities that promotes the most up-to-date techniques and avenues for consensus building among pain experts on the effectiveness of existing techniques and on avenues for further therapeutic performances.

On behalf of all WIP founders, officers and directors, I extend our heartfelt thanks to everyone who contributed to the success of the 4th World Congress through attendance, sponsorship, and volunteerism; as well as to all who support the WIP through membership.

Gabor B. Racz, MD, FIPP, ABIPP
President, WIP & Chairman, 4th World Congress



★ *Mark your calendar*

5th World Congress
World Institute of Pain - WIP
New York, USA, March 13-16, 2009



WIP: positioning for the future

The WIP Executive Board and Board of Directors met in September 2008 in Budapest, Hungary, the site of the 4th World Congress. Chief among the orders of business was the approval of organizational initiatives incorporated in the WIP Bylaws to position the WIP for continued success and growth. Those initiatives include:

- **The formation of regional sections** for any country or region that has at least five FIPP-certified physicians who desire to form a section. Each section will be supported by a: chairman, secretary, treasurer, and individual members. Section leaders will be FIPP certified. Section members will be FIPP certified or candidates for FIPP certification. Charles Gauci, M.D., FIPP (UK) was appointed chairman of WIP section development.
- **The formation of the WIP Council** that will formally govern all activities of the WIP. The Council shall be comprised of a general assembly of the following members:
 - ⇒ All founding members of WIP
 - ⇒ WIP Executive Board (President, President-elect, Immediate Past President, Honorary Secretary, Honorary Treasurer)
 - ⇒ Editor-in-Chief of *Pain Practice*
 - ⇒ Chair, Section on Pain Practice Board of FIPP Examination

- ⇒ Nominated member-at-large by the WIP Board of Chapters
- ⇒ Nominated member-at-large from FIPP alumni association
- ⇒ Elected councilor of each approved WIP section

All Council members shall have voting rights. Councilors of sections in formation may attend WIP Council meetings without voting rights until they obtain regular section status.

- **The appointment of the WIP's first full-time executive secretary** was approved by the Executive Board. Her office will be based in Winston-Salem, NC, USA.

The approval of these initiatives and schedules of implementation will enable the WIP to continue to fulfill its mission as a professional organization whose philosophy of leadership is to preserve open communication among our international membership and to foster exchange of medical science in the fields of interventional pain management.

Serdar Erdine, MD, FIPP
President-Elect, WIP

WIP hires executive secretary

Ms. Dianne Willard has been appointed by the WIP Executive Board as its first, full-time, Executive Secretary. Her responsibilities will encompass support of the activities of the WIP Council, Executive Board, and officers of the WIP.

Willard has 30 years of work experience in the secretarial field, primarily in the academic medical center environment. Most recently, she served as administrative assistant, anesthesiology residency and pain fellowship coordinator at Wake Forest University Baptist Medical Center. A native of Winston-Salem, NC, USA, Willard will complete degree requirements for a Bachelor of Arts in communication at Salem College in May 2008. Willard is a member of the Salem College Epsilon Pi Chapter of Lambda Pi Eta, the National Communication Honor Society.

Willard is based at the WIP's new headquarters located at 145 Kimel Park Drive, Suite 310, Winston-Salem, NC 27103, USA. Willard can also be reached by e-mail: Dianne.willard@worldinstituteofpain.org or by phone: +1 (336) 714-8385 or fax: +1 (336) 714-6491.



Gauci appointed chairman of WIP section development

Charles A. Gauci, M.D., FIPP and member of the WIP Board of Directors has been appointed chairman of WIP section development. Gauci will lead the WIP's efforts to promote the establishment of regional sections.

Through these sections, the WIP will develop liaisons with individuals and groups with similar interests in fields related to interventional pain management. The principle goal of the WIP's section development is to enhance the exchange of scientific and therapeutic information in a manner that encourages national and international goodwill, and social and cultural exchanges.



Charles Gauci

WIP announces sections

The following sections are in developmental stages, with commitments from the organizational chairmen and associates listed below.

SECTION

Australia
 Africa
 Benelux (Belgium & The Netherlands)
 Central & Eastern Europe (Germany, Hungary, Lithuania, Ukraine)
 Turkey
 Mediterranean (Italy, Greece, Malta)
 SE Asia (Singapore, Philippines, Taiwan)
 Korea & Japan
 Switzerland
 Israel
 PanArab (Egypt, Saudi Arabia)
 Latin America (Argentina, Brazil, Mexico)
 *Co-Chairmen
 Iberian (Spain, Portugal)
 Puerto Rico & Caribbean
 USA & Canada
 Benyamin Ramsin, MD, FIPP (Vice Chairman)
 Michael Gofeld, MD, FIPP (Secretary)
 UK & Eire
 Mahammad Ather, MD, FIPP (Vice Chairman)
 India, Iran, Pakistan
 Tariq Tramboo, MD, FIPP (Vice Chairman)

CHAIRMAN

Peter Courteny, MBBS, FIPP
 Neels de Villiers, MD, FIPP
 Jan Van Zundert, MD, FIPP
 Martin Marianowicz, MD, FIPP
 Gul Talu, MD, FIPP
 Giustino Varassi, MD, FIPP
 Sow Nam Yeo, MD, FIPP
 Sang Chul Lee, MD, FIPP
 Philippe Mavrococordatos, MD, FIPP
 Meir Bennum, MD, FIPP
 Magdi Iskander, MD, FIPP
 Fabrício Dias Assis, MD, FIPP*
 Juan Carlos Flores, MD, FIPP*
 Ricardo Ruiz-López, MD, FIPP
 José Rodríguez, MD, FIPP
 Leland Lou, MD, FIPP

 Charles Gauci, MD, FIPP

 Gautam Das, MD, FIPP

WORLD INSTITUTE OF PAIN- SECTION OF PAIN PRACTICE

Congratulates 50 who passed the

11th FIPP Examination (*Fellow of Interventional Pain Practice*) September 29, 2007 in Budapest, Hungary

- | | |
|---|---|
| #381 Magdy Yassin Aglan, MBBch, MSc, FRCA, FFARCSI, FIPP – UK | #407 AnnaLee Soler Morales-Yuhico, MD, FIPP – Australia |
| #382 Ibrahim Asik, MD, FIPP – Turkey | #408 Dariusz Nasiek, MD, FIPP – USA |
| #383 Fabricio Dias Assis, MD, FIPP – Brazil | #409 Charles Amaral Oliveira, MD, FIPP – Brazil |
| #384 Magda Shoukry Azer, MD, FIPP – Egypt | #410 Mahdi Panahkhahi, MD, FIPP – Iran |
| #385 Teresa Bovaira, MD, FIPP – Spain | #411 Eun-Jung Park, MD, FIPP – Korea |
| #386 Kenneth B. Chapman, MD, FIPP – USA | #412 John Xavier Pereira, MD, FIPP – Canada |
| #387 Bong Chun Choi, MD, FIPP – Korea | #413 Claudio Reverberi, MD, FIPP – Italy |
| #388 Gautam Das, MD, FIPP – India | #414 Altan Sahin, MD, FIPP – Turkey |
| Pieter De Vooght, MD, FIPP – Belgium | #415 Pietro Martino Schianchi, MD, FIPP – Switzerland |
| #390 Andrea Marianne Ditzen, MD, FIPP – Germany | #416 Jordi Serra-Oliver, MD, FIPP – Spain |
| #391 Michael N. Doss, MD, FIPP – USA | #417 Jehad Martin Shaikhani, MD, FIPP – Netherlands |
| #392 Ghada Gamal El-Din El-Sayed, MD, FIPP – Egypt | #418 Djalintong I. Siregar, MD, FIPP – Germany |
| #393 Elvan Erhan, MD, FIPP – Turkey | #419 Geoffrey Charles Speldewinde, MBBS, FIPP – Australia |
| #394 Lorand George Eross, MD, FIPP – Hungary | #420 Joeri Ivan Sterken, MD, FIPP – Belgium |
| #395 Prabhu Gandhimani, FRCA, MD, MBBS, FIPP – UK | #421 Agnes Reka Stogicza, MD, FIPP – Hungary |
| #396 Kyung Ream Han, MD, PhD, FIPP – Korea | #422 Michael Francis Stretnanski, DO, FIPP – USA |
| #397 Antonio Simpao Huerto, MD, FIPP – Philippines | #423 Murray Grant Taverner, MD, FIPP – Australia |
| #398 Syed Sajid Hussain, MD, FIPP – USA | #424 Tariq Ahmad Tramboo, MD, FIPP – India |
| #399 Juan M. Ibarra, MD, FIPP – USA | #425 Meltem Uyarv – Turkey |
| #400 Robert Louis Ickx, MD, FIPP – Belgium | #426 Athina Vadalouca, MD, FIPP – Greece |
| #401 Rafael Justiz, MD, FIPP – USA | #427 Alfredas Vaitkus, MD, FIPP – Lithuania |
| #402 Edvin Koshi, MD, FIPP – Canada | #428 Thanthullu Sundaramoorthy Vasu, MBBS, MD, DNB, FRCA, FIPP – UK |
| #403 Eirini Konstantinos Kouroukli, MD, PhD, FIPP – Greece | #429 Mehmet Arif Yegin, MD, FIPP – Turkey |
| #404 Lucian Mahai Macrea, MD, FIPP – Switzerland | #430 Paulus Jozef Wilhelmus Zomers, MD, FIPP – The Netherlands |
| #405 Bruce Horsley Mitchell, MD, FIPP – Australia | |
| #406 Dong Eon Moon, MD, FIPP – Korea | |

World Institute of Pain

Better Education, Better Relief

Interview with Ricardo Ruiz-López, MD, FIPP

Director, Clínica del Dolor de Barcelona
 Institut de Columna Vertebral
 Barcelona, Spain

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 Ricardo Ruiz-López that took place in Barcelona, Spain, during the World Institute of Pain's Third World Congress. Dr. Ruiz-López was the chairman of the Congress.



Prithvi RAJ:

Dr Ruiz-López, it's my honor to invite you to be interviewed with MD Consult. I am pleased to have a chance to take a look at your thoughts, the processes of what has been happening with you, and what your contribution has been.

Ricardo RUIZ-LÓPEZ:

Thank you very much. It's my honor as well.

RAJ:

Looking at what you see in pain medicine, what do you think of your work at the university? Things have gone in a direction that you probably didn't foresee when you started.

RUIZ-LÓPEZ:

Maybe I was too young when I started attending medical college. I was still 16 years old. I got into the medical college two weeks before I turned 17; I was an adolescent. Previously I had thought about being an architect for some time because I'm an art lover. I was then and I still am. Then I thought, maybe for humanitarian reasons, to devote my life to the study of medicine, with the main aim to help others and alleviate suffering.

Many of us forget our initial aims we had when we were students in the first years of medical college.... I like to go back in my memory to renew my commitment.

It was very clear at that time, and on many occasions I have talked with colleagues about this—in many cases, many of us forget our initial aims we had when we were students in the first years of medical college. But I haven't forgotten. I like to go back in my memory to renew my commitment with my initial emotions from that time. For me it was very clear.

Then I began a career, I think very quickly—maybe too quickly. Because at the age of 22, I graduated. I had an exceptional chance to study in what was considered to be, and still is, the best medical college in Spain: Universidad Autónoma de Madrid (Autonomous University of Madrid). It had been recently created, the same year I started my studies, in fact. The same year, because there were two promotions [classes] being started—one at the second year, and one at the first year. So they took some students from the Central University in Madrid, and they pulled them to study starting in their second year. And then, in fact, I belonged to the real first promotion that studied with this faculty.

We got a wonderful group of teachers, 90% or so of them were trained abroad—in the United States, Germany, England. That is to say, their knowledge was very updated and came from people very well trained.

I'm speaking of a very peculiar historical period in Spain. This was during the last years of Franco's dictatorship. I started in 1969, and I finished my career the same year Franco died, in 1975. At that time, the country was in a period of real transformation and modification. It was very pleasant to take part in such a movement. At that time, the political parties were intended not only for study but also to participate in this social transformation. It was a very nice environment, and every one of us was very committed. Maybe my generation, who participated in this exceptional time of our history, are most responsible for the recent achievements of this country.

I was very committed to study. I was a good student in a good hospital. I had the opportunity to be involved in animal research at the very young age of 18. We had exceptional anatomical training with cadaver dissection—only 6 students for every cadaver. They were really excellent conditions. There were 100 students in that course, and there were 2 young American students among us. People coming from other countries were welcome and accepted in the university.

I decided to perform animal research in cerebral blood flow. At that time I was 18 or 19 years old, and that is when I started to assist regularly to the department of neurosurgery. I was attracted to neurosurgery and neurology as well. For me, the brain and its mysteries are fascinating. I found it to be a challenge. All my life is a challenge. But this kind of life is not unknown to you.

(laughter)

As early as 19 years old, I was inside a surgical room and second assistant to the senior neurosurgeon doing craniotomies and spinal surgery, so I always say for me to be inside the surgical room is like when you learned to ride a bicycle as a child—you never forget that. There were short periods when I was not involved in surgery, but afterward retaking the path was very easy for me.

So I finished my studies, I completed my military service, which was at that time an obligation in Spain. That took me 1 year and 2 months, but I did not miss any academic courses. Then, at the age of 23, I took the examination with the ECFMG, the Education Committee for Foreign Medical Graduates, meaning I was willing to go to study in the United States to be trained in neurosurgery, and to work there.

Curiously, at the same time, I was working in an excellent hospital in Madrid, considered to be the best in Spain at the time, la Fundación de Jimenez Diaz de Madrid. It was a difficult examination, but I passed, and I took my place there and started working in neurosurgery. I finished my residency, then I decided to go further on with my studies. I said, now I will study internal medicine.

RAJ:
Really?



RUIZ-LÓPEZ:

Yes, in order for my education to be complete. I very much missed a comprehensive education. As a neurosurgeon, I was missing a complete understanding of the whole body. Maybe this was because I focused on neurosurgery too much during my academic career—but I was always a doctor. Then I made a decision to be a family doctor, and I worked in a small village for 3 years in the mountains here in Catalonia. I came to the hospital here in Barcelona to complete my residency in family medicine.

My experience in that village was essential to my understanding of the terrible destiny of human beings, oriented unavoidably to suffer pain. And then I understood that I had also to reorient my approach.

At that time neurosurgery was underdeveloped, as you know. For instance, I can remember the days when there were only a few places in the world where the trigeminal approach was being done with a percutaneous technique. Radio-frequency was introduced in pain therapy in the early 1970s. The gamma knives were not yet described, not introduced, nor were many other technical improvements.

My experience in that village was essential to my understanding of the terrible destiny of human beings, oriented unavoidably to suffer pain.

That was a very difficult time in neurosurgery because, for instance, the treatment for brain tumors was just to remove them, no matter what the stage of evolution.

I thought at that time that the real revolutions in neurosurgery were coming through technological advances, but they also occurred through the implementation of new research and the innovation of new surgical techniques and new insights into the problem of pain.

RAJ:

When did you first feel that you wanted to practice pain medicine?

RUIZ-LÓPEZ:

I was about 28 years old. I remember I was reading the medical news, and about the travel of President Nixon to China. In neurosurgery, we were talking about acupuncture and the TNS [transcutaneous nerve stimulation] at that time, soon after the gate control theory was published. I remember my first TNS system was purchased in 1977 or 1978, very soon after the publication of the theory in 1974. And I thought, I should study some of this medicine because maybe I could discover something interesting that could be applied to my patients.

And then, remember, the opioids receptors were discovered in 1974 by Pasternak and colleagues in New York, and then the first inoculation of morphine in the animal's spinal group by Tony Yaksh in 1978, something like that?

RAJ:

And Coombs from the Mayo Clinic.

RUIZ-LÓPEZ:

It was very fascinating. And no one could imagine the amazing explosion that was coming.

Then in 1981, I went to China to study.

RAJ:

You did?

RUIZ-LÓPEZ:

I did. I went because I was aware that all these things were coming out, related to pain, and you remember at that time there was much publicity concerning analgesic mediation by acupuncture, even anesthesia in some cases. I took part in a wonderful program, 3 months in Nanjing. It was a beautiful holiday for me. At that time it was a very underdeveloped country. But I was very lucky because I had a tremendous teacher, Dr Wu, who devoted three months of her life to me. I was the only student of this doctor.

At the university, in the morning I had practices and in the afternoon I had theoretical classes. It was very comprehensive and very complicated, well-regulated coursework in an excellent hospital. And really, I grasped the Chinese system of thinking.

When I came back, I started to practice pain medicine and acupuncture while also doing surgery in certain conditions. But I saw that it didn't work for neuropathic pain. Even the term *neuropathic pain* had not been introduced then. We were talking of "neuralgic conditions." You remember?

RAJ:

I certainly do.

RUIZ-LÓPEZ:

I joined the International Association for the Study of Pain [IASP] in 1984 or 1985. And then I thought I should study more approaches in the therapy of pain. I read Aronoff's book *Evaluation and Treatment of Chronic Pain* in 1984. At that time, the second edition of the Bonica's *Management of Pain* was not published, nor Melzack and Wall's *Textbook of Pain*, which came later. In fact, this book was the first to show us a comprehensive approach because it put a lot of emphasis on multidisciplinary approach to treating pain conditions.



Then I thought, I will write to this guy, and see what he is doing. Dr Aronoff was very nice, and I visited him in Boston. I stayed for a while with him while attending other departments. William Sweet was still alive at that time. Although he was in his 70s, he was a real figure.

RAJ:

Indeed.

It is fascinating how science goes back and forth, looking for answers, because results are not good.

RUIZ-LÓPEZ:

And also for failed back surgery. It was the decade of the surgery of the disc. The 1990s was the decade of the spinal fusion, no? And now we are back to studying the disc again. It is fascinating how science goes back and forth, looking for answers, because results are not good.

So it was an excellent opportunity to be in touch with an American medical school—I was aware that my knowledge was incomplete, and I'm aware that it still is now. And I was just looking; I am a clinical researcher in that sense. I am never satisfied. I go and I see and then I practice. I try to look for many insights and see whether I can use that knowledge to better help my patients.

RAJ:

The pain specialty is growing. It certainly is multidisciplinary. Do you think we are going in the right direction?

RUIZ-LÓPEZ:

I think we are going in the right direction now. In 1986, I started my pain clinic in Barcelona as a multidisciplinary pain unit. Practicing pain medicine with input from various other specialties. So I got started with my group, and I'm very proud of them. Some of them are still working with me. That means that we could do both, at the same time, because evolution was unavoidable. The multidisciplinary approach was okay. It is still okay. It came later to accept the interventional therapies and to go back to surgery, but with another type of approach, much less aggressive. The minimally invasive techniques have been a real improvement. In general, in surgery, the development of technology has been essential—with endoscopic techniques, with improvement in radiology, MRI, CT. We must remember that MRI was introduced in medicine in 1984. Use of the CT scan started in 1975 or 1976.

Together with this evolution in technology and in imaging techniques, and with the new findings concerning opioid receptors and a better understanding of the neurophysiology of pain, it was explosive. Many of us were trying to understand, in a different way, medical science. There was at that time not accepted yet the use of opioids in cancer, in Europe, for instance. Even in Spain, the pharmacists didn't have morphine at their establishments. When I started here, many patients with cancer didn't come to their follow-up appointments because of the families' fear of patients being prescribed with morphine.

RAJ:

With narcotics.

RUIZ-LÓPEZ:

Yes. With the introduction of the use of opioids, the IASP did a great job because it helped to replace the old concepts.

RAJ:

That's right.

RUIZ-LÓPEZ:

And I started to collaborate with the university. My purpose was always for my practice, and it is a private one, to be as academic as possible and to collaborate with the university, to participate in the international associations—but of course, no one gave me the opportunity to establish a center. That was the reason that I started my own private center. It was very difficult for me at that time, and it cost me much effort in terms of energy, time, and money. At that time I hadn't had much support from others to be independent. But I am still independent in those terms.

And with this orientation, I took the challenge to include new improvements. Of course, pain medicine has changed a lot, and I think the direction is adequate. I do think we have to put much more effort into the education and certification of pain specialists.

RAJ:

You think this is important now?

RUIZ-LÓPEZ:

This is a key point because, in terms of benefit for people, the last decades have shown us that a complete

approach to the alleviation of pain and suffering needs to be included in the studies of the medical colleges all over the world. And in the nursing colleges as well; this is a milestone in the development of the specialty. But then, we must define exactly the process of educating a specialist. I think there must be a well-designed specialty. A unique specialty. For instance, in neurosurgery, in anesthesiology, in rheumatology, in psychiatry, there must be a second period of education—it can be a fellowship—for not less than 1 year, of full dedication to pain medicine. And then, there should be an established and normalized examination for the certification of the specialty.

I have many important teachers whom I remember very deeply in my heart, including Professor José Ramón Boixados, who was a very important neurosurgeon who always encouraged me to embark on new fields and make discoveries. I also had other important influences in the field of pain who oriented me and also forced me to improve and to learn. Undoubtedly, the most important orientation during more than 20 years in education in pain happened in the American universities.

A complete approach to the alleviation of pain and suffering needs to be included in the studies of the medical colleges all over the world.

Of course, Dr Raj, I must mention your enormous influence in my life as a real teacher and master. I consider you one of my mentors and my guiding forces in this process. And I like that sometimes you still behave like a severe teacher with me.

(laughter)

And I like to behave with you like a diabolic pupil.

(laughter)

RAJ:

Let's look at another part of your life. You are an accomplished musician. And you have probably performed professionally in public. Tell us a little bit about your interest in music.

RUIZ-LÓPEZ:

That was because of the influence of my mother. She died quite young, 21 years ago. She was a very complete musician. She played piano, and she sang—her voice was exceptional. And by fortune, I think I have inherited part of her talent. When I was in the last years of high school, she took me to the conservatory in Madrid to study music. For me it was always very easy—if I take up an instrument, I can take sounds from it. I like every type of instrument. But I think the voice is the most complete instrument. So I was singing, and I was composing, and I was playing guitar, flute, piano, whatever. Whether it is a string or brass, it looks easy to me. It's natural for me.

And then I started to study at the Royal School of Singing in Madrid. I was accepted very young, I was the youngest in the school, and no one wanted to teach me. They told me that my voice was not formed yet. But my voice was formed, because I maintain the same voice from that time with only very small differences. And I became furious. To be accepted,



you had to pass a public examination, and I had passed. Eventually, I was accepted. I was 15 years old. But soon after, I started medical school. And I loved medicine so much, and I put so much effort and interest into the study of medicine, that after two years the two were absolutely incompatible.

So after my second year at the Royal School of Singing in Madrid, I abandoned that career. But I also kept with me an identity of musical expression, and in fact I still perform flute with classic music, or piano, or guitar, or saxophone, or singing. Like I did yesterday at the end of the night. And you were not there!

(laughter)

RAJ:

That was after 1:15, when I left [the Congress gala]? What time did you do that?

RUIZ-LÓPEZ:

2:00. It was the last song of the night. My official agent of the World Institute of Pain [WIP], David Niv, said, "Ricardo's got to sing!" So I said, "Okay," and I sang one of my characteristic songs, "Bésame Mucho."

(laughter)

RAJ:

Tell me, do you find that practicing medicine is quite exhausting, examining people, and the music helps you to relax?

RUIZ-LÓPEZ:

Well, pain medicine is very creative, and I think most of us who practice it are very creative persons. We have a common sense of life and emotion toward humanity. We share many things, and that is why we feel very close to each other. Pain medicine has been very creative because it is a quickly evolving specialty. We are continually implementing new findings and techniques.

And for me, music is also very creative. So maybe it is a necessity for creation that leads to my daily activity. But I will say that, of course, the practice of music is very relaxing, is very complete. For instance, when you play flute or saxophone, you practice abdominal breathing, and as you know well because it belongs to your culture, that is one way to practice relaxation. Playing the flute helps me relax because of the abdominal breathing that we usually don't use. Children use abdominal breathing because that is the natural way of breathing, but we forget how to do this as we age.

RAJ:

That is true. Very true.

RUIZ-LÓPEZ:

Small things.

(laughter)

RAJ:

Looking at the future, 50 years from now, what do you see in the field of pain medicine.

RUIZ-LÓPEZ:

To see 50 years, we would have to be Jules Verne. One could think of 20 years ahead, but 50 is so distant. But I can see that there are two major areas of research in complete change. One will be the pharmacological treatment of pain, as soon as the genetic findings allow us to design molecules. More specifically, with a sort of individual design. This is a very promising area. And then, in particular, concerning the use of opioids in neurotransmitters and molecules that could reach certain brain and other nervous system areas in a more specific way. That is one of the main highways of research in pharmacology.

And there is a second area, which is the appropriate treatment of the involutive changes or degeneration of the spine. I think that the approach of the spinal disorders and somatic pain will change profoundly. With the introduction of new technology, we will be able to reach centers in a very precise way. We will be able to have a much better understanding of how to alter or modify the different factors of the complex vertebral column, and also pain medicine will be very comprehensive in that it will share an input from pharmacology, rehabilitation, psychiatry, and neurosurgery and anesthesiology. Future specialists will undoubtedly be able to treat many pain conditions arising in the vertebral column because degeneration is a natural phenomenon. With the aging of the population, we must consider that many of the surgical techniques we are using today will not be allowed.

RAJ:

Because they are destructive.

RUIZ-LÓPEZ:

Yes, they are destructive. And then we have to change the point of view. It is easy to say that, but it is difficult to implement. Every change involves a two-step process. First, you have to remove the old concept, which is wrong; second, you have to introduce the new and advanced concept. It will take at least 20 years to change, in a global perspective, and a new generation of doctors to accept the changes.

And then we also have to introduce studies on comparative anatomy written in order to understand the evolution of the vertebral column and to promote research on neurophysiology and neuroanatomy that will study exactly, in a very different way, the cervical, the thoracic, and the lumbar segments to understand the interaction between structure and function of the vertebral column. I see a great future there.

Finally, the correct and complete comprehension of physiology of the peripheral nerves is another challenge we face.

RAJ:

Do you have any final words for our readers, from your heart?

RUIZ-LÓPEZ:

Well, as you know, I am very committed to WIP. These days, with the occasion of the Third World Congress on Pain, which I had the honor to organize, I am realizing that we are achieving goals and we are developing, step by step, the ideas we decided to put in practice, led by you, and with our dear friends and colleagues Professor Niv, Professor Erdine, and Professor Racz.

We are quite satisfied, but this satisfaction will end tomorrow when the Congress finishes. Because tomorrow, I will assume again the challenge to improve, to learn, and to doubt my own ideas. My own ideas have to be reviewed on a continuous basis. Gaining knowledge is a difficult process, and the best thing we can do is have the doubts and the methodology to be ready to accept new ideas. And the challenge is continuous.

I would like to keep this commitment to myself in order to be able to continue in this way because, in my opinion, one of the most important things a human being can do is to be with others and for others. Fortunately, we are in a specialty that assumes this goal as a major driving force.

RAJ:

Well, thank you very much. It was a pleasure.

RUIZ-LÓPEZ:

Thank you.

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Interview recorded Friday, September 24, 2004.
Third World Congress of the World Institute of Pain; Barcelona, Spain.

WIP Post Script:

Since this interview, Ricardo Ruiz-López has continued to serve on the WIP Board as a founding member. He has been very active in all WIP activities, especially in the FIPP examination process. On September 24, 2008, the WIP Executive Board unanimously elected him as the President-Elect. He will become President following the completion of the term of Serdar Erdine.



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13th FIPP (ABIPP Part II) Examination
September 11-12, 2008 – Budapest, Hungary
Registration deadline: August 1, 2008 – No late applications

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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



More photos from the 4th World Congress album



(Seated, left to right) Gabor Racz, Prithvi Raj

(Standing, left to right) Patrick McGowan, Jan Van Zundert, James Heavner, Michael Stanton-Hicks, Serdar Erdine, Michael van Kleef, Athina Vadalouca, Giustino Varrassi, Nagy Mekhail, Philip Finch, Charles Gauci, Richard Rauck, Ricardo Ruiz-López [Verify names](#)



Prithvi Raj with *Raj Distinguished Lecturer*,
Laxmaiah Manchikanti



Exhibition Hall



PAIN Practice



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New method devised for comparing efficacy and tolerability of drugs

Program allows doctors to easily stay up-to-date on latest medication research

Rome, Italy – August 2007 - With an ever-growing number of drugs available, it has become virtually impossible for doctors to remain fully up to date on the relevant literature and the comparative efficacy and tolerability of various therapies. A new article published in *Pain Practice* suggests a way in which this data can be presented in an easily accessible way, allowing experts and non-experts alike to see at a glance how different drugs compare.

Current evidence-based clinical and policy therapy recommendations depend on appraising research literature for study design and quality, and assessing its results in terms of relative benefits and harms. Using two newly-defined metrics, "Net Gain," to quantify the benefit and harm of treatments, and "Reliability," to quantify the quality and sample size of treatment trials, the new study demonstrates a graphical representation of data that allows both trial size/quality and benefit to be displayed together. The graphical output provides a simple and easy way to interpret information on large amounts of trial data for a number of drugs and accumulated research.

"We have developed a simple diagram (and a simple software) that allow investigators in any medical field to quantify and compare the results of clinical trials and to transfer them to other doctors that are not expert in the same field," say the authors.

This study is published in the September 2007 issue of *Pain Practice*. Media wishing to receive a PDF of this article please contact medicalnews@bos.blackwellpublishing.net. Giorgio Cruccu, M.D., is a Professor of Neurology at La Sapienza University in Rome and Secretary General of the European Federation of Neurology. He can be reached for questions at cruccu@uniroma1.it.

Rod Taylor, Ph.D., is an Associate Professor in Health Services Research at Universities of Exeter & Plymouth. He can be reached for questions at rod.taylor@pms.ac.uk.



PAIN Practice

Looking ahead...

JANUARY 2008 ISSUE

WIP honors Hartrick

Medication Quantification Scale Version III: Internal Validation of Detriment Weights Using a Chronic Pain Population

Michael Gallizzi, MS; Christine Gagnon, PhD; R. Norman Harden, MD; Steven Stanos, DO; Anjum Khan MD

"The MQS III scale allows clinicians and researchers to numerically quantify various pain medication regimes which can then be applied to track patients' overall change in medication impact over time as different interventions are implemented. The MQS can also be used in research, turning complicated polypharmacy into a quantified outcome, as opposed to a source of 'messy' variance. This paper is part of the validation of the MQS instrument, and also discusses a process whereby the scale can be updated to adjust to changing prescribing practices of medications used to treat pain conditions."

- Michael Gallizzi, MS.

Craig T Hartrick, M.D., FIPP, Editor-in-Chief of *Pain Practice*, the official journal of the WIP, was recognized by the WIP and the WIP-Section of *Pain Practice* for his outstanding work since 2006 and



exceptional achievement in obtaining the indexing of *Pain Practice* in Medline. The award was presented to Hartrick on September 27, 2007 at the WIP's 4th World Congress awards banquet held in Budapest, Hungary.



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WIP Calendar of Events

March 9, 2008 12th FIPP (ABIPP Part II) Examination—Memphis, TN, USA

REGISTRATION DEADLINE: JANUARY 28, 2008 – NO LATE APPLICATIONS

March 7-8, 2008 Optional Review Course and Workshop—Memphis, TN, USA

OFFERED JOINTLY WITH ASIPP. REGISTRATION: WWW.ASIPP.ORG/MEETINGS

June 13-15, 2008—25th Annual Pain Symposium—Lubbock, TX, USA

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June 26-28, 2008 Workshop—London, ENGLAND

STAY TUNED FOR DETAILS!

September 11-12, 2008: 13th FIPP (ABIPP Part II) Examination—Budapest, Hungary

REGISTRATION DEADLINE: AUGUST 1, 2008 – NO LATE APPLICATION

November 20-22, 2008 Regional Symposium—Cairo, EGYPT

STAY TUNED FOR DETAILS!

March 13-16, 2009: WIP 5th World Congress—New York, NY, USA



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