

# Pain & Policy Studies Group • International Pain Policy Fellowship



PANAMA

## Rosa Buitrago, BS, MCPH Fellow 2006-2011

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For further information on Panama:

<http://www.painpolicy.wisc.edu/country/profile/panama>

### BACKGROUND:

The Government of Panama passed a law in 2003 asserting patients' right to palliative care; however, a 2006 survey of the healthcare providers in 11 cities found that there was still just one palliative care unit at the National Institute for Oncology (NIO) in the capital city serving Panama's more than 3 million people. Outside of the NIO, physicians, pharmacists and nurses were reluctant to prescribe, stock or administer opioids and no oral morphine was available, generally only pethidine, tramadol, and parenteral morphine were available.

### FELLOWSHIP SUCCESSES:

In 2009, with the feedback provided by surveys conducted by Professor Buitrago, the Ministry of Health (MoH) formed a policy review commission, which found, among other barriers to proper medical care, that only oncologists and anesthesiologists were allowed to prescribe opioids; prescriptions were valid for no more than 48 hours; and only cancer patients could get palliative care. Those findings led to a MoH Executive Decree, issued in June 2009, which brought the right to palliative care and pain relief to all patients; it also authorized some practitioners to prescribe opioids for five days and palliative care, pain, cancer, and other specialists to do so for 30 days. "The policy is in place," said Professor Buitrago in 2011. "Now we're moving onto implementation, education, and attitude change." In 2011, an informational poster about the changes in Decree 320 was distributed to all hospital pharmacies throughout the country.

During the extension of her fellowship, 2009-2011, a National Palliative Care Program (Program) was established to improve palliative care provision at the national level and expand it beyond oncology patients. The Program has several different focal areas including education on pain management and palliative care, improving controlled substances regulations, integrating palliative care services, and improving opioid access and availability. In this program Professor Buitrago is in charge of aspects related to improving opioid access and availability and is also actively collaborating in education activities provided to healthcare team.

In 2010, Professor Buitrago traveled to the 53rd Session of UN Commission on Narcotic Drugs in Vienna to advocate for a major resolution "promoting adequate availability of internationally controlled licit drugs for medical and scientific purposes while preventing their diversion and abuse." Participating in that advocacy effort tested the pedagogic and diplomatic skills she had gained in the fellowship, as she won over representatives of narcotics control agencies who had little or no sensitivity to—and in some cases sympathy for—the problem of uncontrolled pain and the need for its medical attention. Professor Buitrago also spoke at a side-event on the successes Panama had achieved in improving opioid availability and integrating palliative care into its health system.

### ONGOING PROGRESS:

As a result of the activities of the Program, with the effort of an increasing number of physicians, nurses, pharmacist, psychologists, and social workers, 14 regions throughout the country now have healthcare facilities with advanced palliative care services. Additionally, the availability of oral morphine has increased since 2006, slowly but consistently, and oxycodone is available as well. These opioids are now procured by the Program, which regularly notifies pharmacists throughout the country about the available stocks at the central level.

Buitrago's influence is not confined to Panama—"a pinprick in the world," as she describes it. Her experience is a prime example of the IPPF's greater strategy—not just to affect policy in the Fellows' own countries but to use their experience as

seed, propagating progress within their regions and beyond. In fact, in 2011, Professor Buitrago became a member of the PPSG International Expert Collaboration and in this capacity has gone on to mentor others. For example, she became involved in reviewing the controlled substances regulations in various Latin American countries and took leadership in opioid availability workshops throughout the region. A Peruvian attendee, whom Professor Buitrago mentored, went on to become the president of the Latin American Palliative Care Association. Professor Buitrago was designated in 2012 as member of the WHO Expert Committee on Drug Dependence.

Fifteen years earlier Buitrago, a research pharmacist, had entered a masters' program in clinical pharmacy. Fulfilling the requirement to work in a hospital, she was struck by the terrible reality of unremitting pain—and her very limited knowledge of how to relieve it. Now she is doing her part to assuage the suffering of billions. "The real value of this fellowship is not just to learn things for your own country," she said, "but to enter into a global network which is critical in order to obtain results." Based on the skills learned during her master degree and the fellowship, her leading work on teaching pain management and palliative care at her school that began with an undergraduate course during 2004 has evolved to graduate courses and recently to the approval of a Master Degree on Oncology and Palliative Care. At the moment, Professor Buitrago and other faculty members have trained several hundreds of healthcare providers in the fields of pharmacology and pharmacotherapy of pain management and palliative care and have contributed to the training of oncologist and general practitioners in opioids pharmacology applied in cancer pain management. "The fellowship provided me and my team an organized way to think, plan and reach measurable results in favor of all those vulnerable patients suffering pain," said Professor Buitrago.

### CHALLENGES AND FUTURE NEEDS:

Despite notable progress, challenges to opioid accessibility remain in Panama. The current healthcare system in Panama makes it difficult to use the same prescription in national and independent healthcare facilities. Additionally, there continues to be a lack of education. During the last two years the Program has been meeting with different stakeholders to improve another Decree, Number 524, which requires special prescription forms for opioids. A draft of a Law which will modify this and other aspects related to controlled substances for medical and research use has already been discussed and is expected to be approved by the National Assembly shortly. This new law will contribute to a rational use of opioids and address uncertainties regarding dependence syndrome.

### PUBLICATIONS:

- Krakauer, EL, Wenk, R, Buitrago, R, Jenkins, P, Scholten, W, Opioid Inaccessibility and Its Human Consequences: Reports from the Field, *J Pain & Palliative Care Pharmacotherapy* 2010; 3:239-243. (doi:10.3109/15360288.2010.501852)
- Buitrago R. Latin American Perspectives on Pain and Palliative Care Pharmacotherapy. Access to opioids: A global pain management. *Journal of Pain And Palliative Care* Vol 27, 1(March 2013)
- Manual de opioides para Latinoamérica. Co-author of Pharmacology Chapter. 2010

#### *Peer reviewer and/or collaborator*

- WHO guideline: "Ensuring Balance for Opioids Availability"(2011)
- WHO Guidelines on the pharmacological treatment of persisting pain in children with medical illnesses" (2012)
- Pain and Policy study Group, University of Wisconsin - School of Medicine. Improving global opioid availability for pain and palliative care: A guide to a pilot evaluation of National Policy. 2013.



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