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Is the World Health Organization analgesic ladder obsolete or is it relevant to contemporary veterinary practice?

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## EDITORIAL

## Is the World Health Organization analgesic ladder obsolete or is it relevant to contemporary veterinary practice?

To fully assess the issue or obsolescence or otherwise of the World Health Organization (WHO) analgesic ladder, one must consider the driving forces behind its conception and the challenges of its inception as well as progress in the last 25 years. At the time that the WHO cancer pain relief guidelines, often termed "the ladder" were conceived, at a meeting at Lake Como in 1982, cancer pain management in the developed world was poor. This was documented "first hand" by two journalists with terminal cancer, who wrote caustically about cancer pain and its relief (MacInnes 1976).

If the situation was considered grim in the developed world, it was hypothesized that millions in the developing world were suffering with little or no hope of effective analgesia. Some of the initial working party, established following the Lake Como meeting, expressed their goal as "*to achieve world freedom from cancer pain by the year 2000*" (cited by Meldrum 2005). This was taking place in a time where information relating to cancer pain and its management was almost non-existent at undergraduate level, and there were "emotional" and irrational attitudes towards opioid prescription including anxiety, disapproval, and guilt. To contextualize the difficulties that the authors faced, the attitude of the chief of WHO publications is typical of the view of the time: he called the document an attempt to "spread morphine all over the world." It took two years of negotiation before the guidelines finally appeared (Meldrum 2005).

Evaluation of the WHO guidelines took place on a global level. Ventafridda's field test compiled data on 664 cases from 15 different countries. Although many cases were lost to follow-up, pain control, where documented, was higher than 75% with "the ladder"; "*strong* 

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