

Wait Time Benchmarks for Patients with Chronic Pain:  
Position of the Canadian Anesthesiologists' Society

1. Many patients with chronic pain can be treated effectively by their family doctors using treatments that include medications available in the community. Unfortunately, many family doctors are reluctant to prescribe medications with proven efficacy in alleviating chronic pain (e.g., they may be concerned about the risk of addiction associated with the use of opioids). If family doctors were provided with proper training in the treatment of chronic pain and if they were adequately remunerated for the extra time that is often required to care for patients with chronic pain, the burden on pain clinics would be reduced and many patients would have a better quality of life.

2. The Canadian Pain Society reviewed the evidence concerning acceptable wait times for the treatment of chronic pain at multidisciplinary pain centers.<sup>1</sup> The Canadian Anesthesiologists' Society examined their findings and held informal consultations with anesthesiologists who are directors of pain clinics. It is apparent that there may be a marked decline in function in patients who suffer chronic pain for more than six months. The Society recommends that patients wait no longer than six months from the time of referral by their primary physician to their first assessment by a subspecialist in chronic pain management, with the proviso that shorter wait times should be targeted for certain conditions for which early intervention may be particularly beneficial (see Table). Because of lack of resources, many chronic pain subspecialists currently have long wait lists and may not be able to provide services within the recommended time intervals.

Recommended Benchmarks	
Condition	Wait time for first assessment by pain subspecialist after referral by primary physician <sup>a</sup>
Acute neuropathic pain of less than 6 months' duration	30 days
Acute lumbar disc protrusion	3 months
Cancer pain <sup>b</sup>	14 days
Subacute chronic pain in an adult of working age where intervention may improve function	3 months
Other types of chronic pain	6 months
<sup>a</sup> These wait times do not include subsequent waits for rehabilitation programs, psychology-based programs, or interventional procedures that may be deemed appropriate after the initial consultation with a pain subspecialist.	
<sup>b</sup> Service within 14 days is recommended for patients who do not have access to a palliative service or in cases in which a palliative care team has asked for a specific procedure.	

## Reference

1. Lynch ME, Campbell F, Clark AJ, Goldstein D, Dunbar M, Peng P, et al; a Canadian Pain Society Task Force. Toward establishing evidence based benchmarks for acceptable waiting times for treatment of pain. Whitby (ON): Canadian Pain Society; 2006. Available: [www.canadianpainsociety.ca/WaitTimes\\_ForPainTreatment.pdf](http://www.canadianpainsociety.ca/WaitTimes_ForPainTreatment.pdf) (accessed 2007 Sept 19).