## Access to Medications for Pain Treatment and Palliative Care

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Abstract			

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## Introduction

ere have been a number of factors found that impact the availability and accessibility of pain therapy for persons with life-limiting diseases. ese are some of them:

Regulations and limitations that are excessive: One of the greatest hurdles to the availability of pain therapy across the world is the issue of too severe regulatory laws and limitations [1]. It is widely recognized that governments must strike a balance in their national policy on controlled substances to guarantee that individuals who require medical care, including pain management, have access to the pharmaceuticals they require while also addressing concerns of abuse and diversion. e regulatory hurdles included the necessity for a permit (or registration) to receive prescription opioids, the requirement for a physician to have a special permit, the requirement for redundancy or triplicate prescriptions, prescription and daily dose limits, restrictions on where drugs can be delivered, and insu cient provisions for opioid prescribing in emergency situations. All of these regulations erect barriers to people receiving the high-quality clinical treatment they require [2].

Health-care professional education and training: e safe and e cient use of opioid analgesics in the management of pain necessitates health professional education and training. Palliative care should be a necessary component of undergraduate and postgraduate medical and nursing students' and pharmacists' curriculum, according to research [3]. Health professionals may not prescribe due to fear or a lack of information about the treatments' advantages if they do not receive enough education and training. is has led in morphine inventories

on hospital and drugstore shelves becoming out of date, while people under care continue to be in agony and su ering.

Palliative care guidelines are lacking: Numerous legislation, resolutions, and guidelines at the international level emphasize the importance of having access to pain drugs. Palliative care policies, as well as the integration of palliative care into current HIV, health, and cancer policies, are critical for the growth of palliative care services and analgesic availability [4,5] h-QT1Q Tf11 -1Q1 313.22 TwG.59Tw m(caC)-2Q0)

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