

# Reframing Chronic Pain, Suffering, Dignity, and MAiD; Olumuyiwa Bamgbade, Salem Pain Clinic Canada

*Chronic pain patients are reframing chronic suffering, dignity, and Medical Assistance in Dying (MAiD); Olumuyiwa Bamgbade, Salem Pain Clinic Canada*

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If we are to offer dignity in dying, we must first ensure dignity in living or caregiving; through equitable care, not abandonment masked as choice”

*Olumuyiwa Bamgbade*

(MAiD) has expanded in Canada to include individuals living with non-terminal chronic pain, but many questions and controversies still persist. A revealing three-year study conducted at a pain clinic in British Columbia offers a powerful narrative. It indicated that even when suffering persists, most chronic pain patients do not choose MAiD, but they choose resilience and multidisciplinary care. Dr. [Olumuyiwa Bamgbade](#) led the [peer-reviewed study](#) at the specialized research-focused [Salem Anaesthesia Pain Clinic](#).

The study showed that out of 520 chronic pain patients at the clinic, only five men, less than 1%, requested or inquired about MAiD. All had complex, neuropathic, non-cancer paraspinal pain. Despite ongoing discomfort, most patients demonstrated remarkably stable quality of life scores, reflecting hope and adaptation rather than despair. The patients in this study were people for whom pain was chronic, but not absolute.

What the study revealed through the SF-36 Quality-of-Life scale is that pain is often accompanied by psychological and social hardship, including depression, isolation, and demoralization. Yet with consistent, value-based pain management and compassion, many patients found pathways through the suffering without resorting to MAiD. Over three years, patients reported modest improvements in vitality, social function, and emotional role functioning. This suggests that when pain management is personalized, multimodal, and integrated into a supportive care network, patients' dignity and agency are preserved, despite persistent pain.

Canada is one of the few nations permitting MAiD for chronic pain. While this respects individual

autonomy, it also introduces a duty of care: we must ensure that death is not chosen because adequate care is denied. The findings of this study challenge systems to invest in accessible pain clinics, chronic disease management, social care, and mental health support. Furthermore, policy oversight must ensure MAiD is a true last resort, not a substitute for inaccessible or inequitable care.

This study is a call for ethical humility and policy caution. It reminds healthcare leaders that the absence of pain is not the only marker of a life worth living. Instead, connection, respect, stability, and responsive care preserve a patient's humanity.

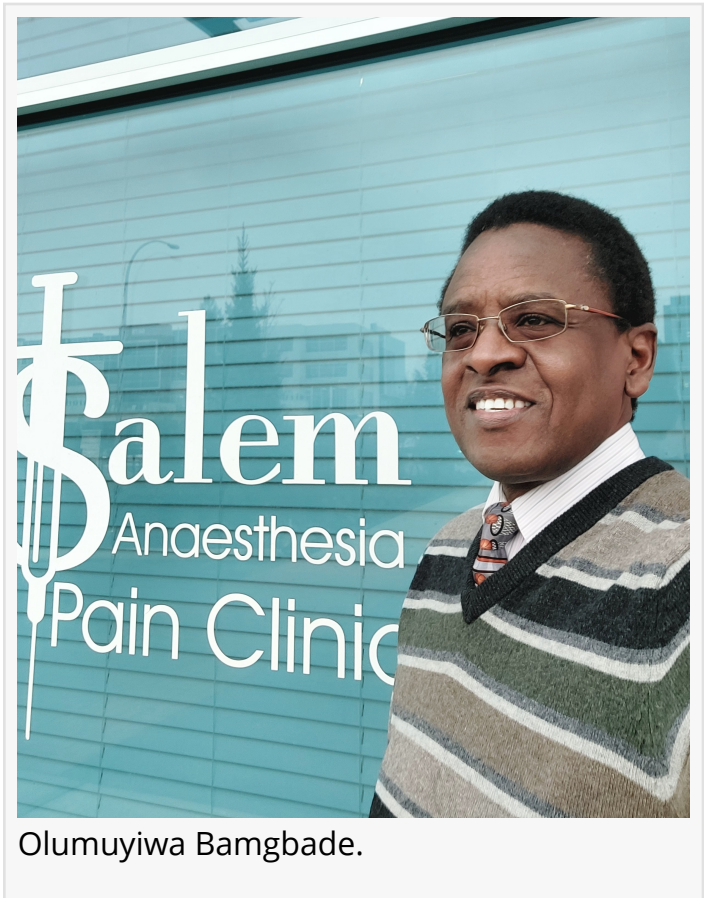
Chronic pain is real. So is despair. But so too is resilience, especially when nurtured by consistent, empathetic care. As debates around MAiD evolve in Canada and beyond, this study stands as evidence that value-based, multimodal pain care can be a dignified alternative to death. In a time of widening access to assisted dying, our ethical responsibility is to widen access to life-sustaining and life-improving care even more.

Dr. Bamgbade is a healthcare leader with an interest in value-based healthcare delivery. He is a specialist physician trained in Nigeria, Britain, the USA, and South Korea. He is an adjunct professor at institutions in Africa, Europe, and North America. He has collaborated with researchers in Nigeria, Iran, Armenia, Zambia, China, Rwanda, the USA, Kenya, South Africa, Britain, Tanzania, Namibia, Australia, Botswana, Mozambique, Ethiopia, Jamaica, and Canada. He has published 45 scientific papers in PubMed-indexed journals. He is the director of Salem Pain Clinic, a specialist and research clinic in Surrey, BC, Canada. Dr Bamgbade and Salem Pain Clinic focus on researching and managing pain, insomnia, value-based care, health equity, injury rehabilitation, neuropathy, societal safety, substance misuse, medical sociology, public health, medicolegal science, and perioperative care.

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