

The Compassionate Crossroad of Value-Based Care, MAiD and Multimodal Pain Therapy; Olumuyiwa Bamgbade, Salem Pain Clinic

Reaffirming the ethics of compassionate medicine, value-based care, MAiD, and multimodal pain management; Olumuyiwa Bamgbade, Salem Pain Clinic Canada

SURREY, BC, CANADA, July 12, 2025 /EINPresswire.com/ -- As Canada expands access to Medical

“

In a compassionate health system, value-based care ensures that patients are not choosing death because they lack support but living with dignity because they are genuinely cared for”

Olumuyiwa Bamgbade

Assistance in Dying (MAiD) for patients with non-terminal chronic conditions, a critical question arises. Are we offering MAiD as a last resort or as a response to unmet needs? The evolving landscape of MAiD demands reevaluation of how value-based healthcare (VBHC) and multimodal pain management can serve as compassionate, life-affirming alternatives to premature death.

While MAiD considers patient autonomy, it also raises profound ethical concerns. When people request MAiD not

because they want to die, but because they cannot access timely, effective, and equitable care, we risk turning a right into an indictment of our healthcare system. The danger is clear: MAiD may be chosen not out of freedom or autonomy, but from fatigue and desperation.

Chronic pain is rarely one-dimensional. It affects physical function, mood, cognition, identity, and relationships. Multimodal pain management recognizes this complexity by combining pharmacologic therapy, physical modalities, psychological approaches, social support, and interventional procedures. When integrated within a VBHC framework, this approach does more than relieve pain; it restores agency. It communicates to the patient, “You are not alone. Your life is still worth living.”

A recent clinical study found that out of 520 chronic pain patients, fewer than 1% requested MAiD. Over a 3-year period, despite enduring pain, most of the patients reported stable or improving quality of life under consistent multimodal care. These findings challenge the assumption that chronic pain leads inevitably to a desire for death. Instead, they highlight what compassionate, coordinated care can achieve: resilience in the face of suffering. Dr. [Olumuyiwa](#)

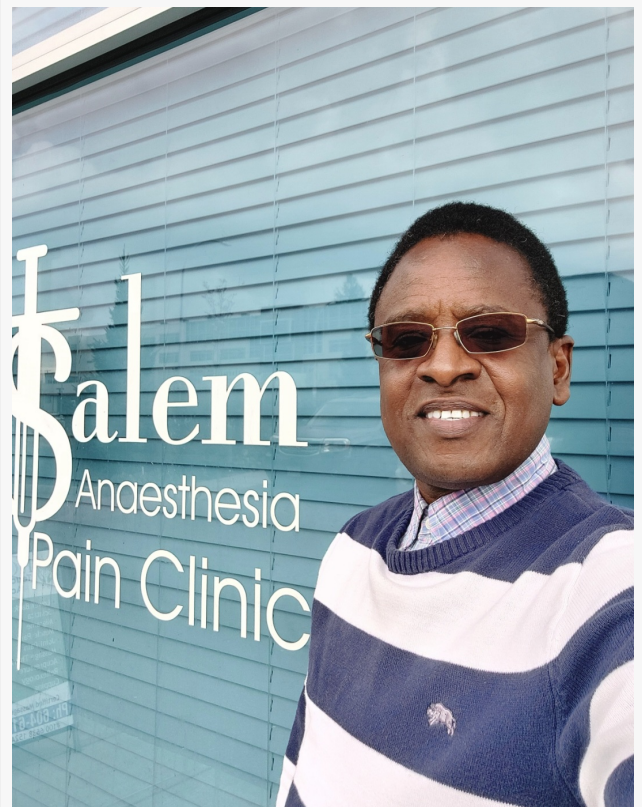
[Bamgbade](#) led the [peer-reviewed scientific study](#) at the specialized [Salem Anaesthesia Pain Clinic](#).

VBHC seeks to improve patient outcomes relative to the cost and effort invested. For chronic pain patients, care must focus on symptom suppression and restoring function, dignity, social participation, and mental well-being. The emphasis shifts from volume to value, from prescribing pills to coordinating care around what matters most to the patient. In VBHC, professionals are rewarded for outcomes, not quantity. This creates a collaborative space for multidisciplinary teams: pain physicians, psychologists, physical therapists, and social workers aligning around the person, not the procedure.

If Canada is to offer MAiD ethically and equitably, then we must also commit to ensuring comprehensive access to life-sustaining alternatives. We must expand funding for interdisciplinary pain clinics and embed mental health support within pain management pathways. We must measure success not by procedure volume, but by patient-reported outcomes.

MAiD must not become a refuge for the medically abandoned. The real test of a compassionate society is not how easily we permit death, but how fully we invest in supporting life under duress. Through VBHC and multimodal pain management, healthcare systems can uphold dignity, reduce suffering, and offer meaningful alternatives to those at their most vulnerable crossroads. We must ensure MAiD remains an informed and voluntary decision, not a default for the under-cared.

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.



Olumuyiwa Bamgbade .

References

Bamgbade OA, Onongaya VO, Bamgbade DO, Adineh-Mehr L, Clarke-Webster CE, Donyagardrad H, Bada BE, Chorna O, Maude PS, Mwizero AG, Oyewole OO, Yimam GT, Atcham-Amougou LM, Lawal OO. Pain Clinic and Sociology of Palliative Care: Request for Medical Assistance in Dying (MAiD) by Chronic Pain Patients. SVOA Medical Research 2025, 3:4, 98-105.

Gallagher, R., Passmore, M. J., & Baldwin, C. Hastened death due to disease burden and distress that has not received timely, quality palliative care is a medical error. Medical Hypotheses 2020, 142, 109727.

Olumuyiwa Bamgbade
Salem Anaesthesia Pain Clinic
+1 778-628-6600
salem.painclinic@gmail.com
Visit us on social media:
[LinkedIn](#)
[Other](#)

This press release can be viewed online at: <https://www.einpresswire.com/article/830525503>

EIN Presswire's priority is source transparency. We do not allow opaque clients, and our editors try to be careful about weeding out false and misleading content. As a user, if you see something we have missed, please do bring it to our attention. Your help is welcome. EIN Presswire, Everyone's Internet News Presswire™, tries to define some of the boundaries that are reasonable in today's world. Please see our Editorial Guidelines for more information.

© 1995-2025 Newsmatics Inc. All Right Reserved.