



Australian Association of Musculoskeletal Medicine

Doctors adding to pain patients' plight

10 November, 2011

Doctors are failing to empathise with chronic pain patients, who face a stigma on par with that once experienced by lepers, Australian experts claim.

Writing in *Pain Medicine*, specialists said an "extinction of empathy" threatened to overwhelm clinicians and allow their personal negative stereotypes to add to patients' plight.

"Because clinical relationships are morally charged, those presenting with chronic pain are particularly at risk of being placed in 'moral jeopardy' by their clinicians," said the specialists, led by Associate Professor Milton Cohen, a Sydney rheumatologist.

"When sufferers of medically unexplained disorders, such as chronic pain syndromes, cannot fit into the conceptual frame of biomedicine and therefore cannot meet health professionals' expectations of what constitutes an illness, their personal legitimacy is undermined."

The comments came in a quasi-literature review exploring stigmatisation of pain sufferers, and the contribution made by health professionals. The paper argued that terms such as 'heartsink' or 'maldynia' (bad pain) have taken stereotyping further, by using clinical terminology to label patients who are deemed untreatable.

Dr John Quintner, one of the authors, told *Australian Doctor* that chronic pain patients faced the same kind of stigmatisation as leprosy patients had in the past.

"A recurring theme is that of disbelief, particularly when investigations do not reveal a bodily cause for ongoing pain and disability," said Dr Quintner, a rheumatologist and pain medicine specialist at Fremantle Hospital in Perth.

"Then the biomedical model fails and defaults to 'imaginary' pain or 'all in the mind'."

Pain Medicine 2011; online.

Comment:

Geoff Harding, Australian Association of Musculoskeletal Medicine

Here is a tip. There are lots of patients out there with chronic/persistent pain who have been classified as unsuitable for interventions because they have gone beyond three months with their pain. They are told that their pain is now "centralised" - no more "hands-on" treatment for you.

Consequently they are often not examined fully - we take someone else's word for their "centralised" pain. I don't blame GPs for this - they are told that the guidelines state that these patients need to be managed in a multidisciplinary manner - and no more hands-on. Some experts have created this situation themselves and now blame the GP!

My tip is - examine the patient for yourself - put hands on them (this helps establish empathy) and often you will find a tender spot. Read up on the patterns of referred pain and see if the tender spot might have something to do with the pain. Inject it with some local and see how you go. You might be surprised.

I don't find it amazing that after being told by the experts that persistent pain patients are no longer to be treated with hands-on therapies that GPs might not be putting hands on. Try a full pain assessment and a full physical assessment (most of the persistent pain is musculoskeletal in nature).

This approach does take time - you need a "C" or "D" type consultation to do this properly. The world literature supports this. You will then have more confidence to know that the patient really IS suffering from pain and not have to rely totally on their pain report. If the patient needs opioids for a while to improve functioning, then you have more confidence to prescribe and monitor progress. A good palpatory examination also gives you the confidence to detect any inconsistencies (most of these patients are genuine if not tainted somewhat by their experiences).

All correspondence to the Hon. Secretary: Dr. Tom Baster

E-mail: secretary@musmed.com

Web Page: <http://www.musmed.com>