Pain – Medical perspective

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“...from the age of Hippocrates to the present time, the annals of every civilized people contain abundant evidences of the devotedness of medical men to the relief of their fellow-creatures from pain and disease...”


“...there exists a general moral obligation to prevent or relieve human suffering.”

Pain, IASP Taxonomy:

“An unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage.”

- chronic pain may represent a spectrum disorder that entails comorbid neuro-psycho-sociological manifestations;
- The expression of this spectrum is dependent upon genetic, environmental, and experiential interactions throughout the lifespan, and establishes individually unique patterns of physiological, cognitive, emotional, and behavioural responses to pain as disease and illness.
Pain medicine: science and socio-cultural domains

- Increasing new scientific information about pain, impose shaping pain medicine to address the challenges posed by this knowledge.
  - Science and medicine exist within culture and society,
  - Practical applications of knowledge are influenced by socio-cultural forces in the pursuit of specific individual and social goods.
- Pain medicine is an individual and social enterprise:
  - it is the care of those who suffer the burdens of sickness, rendered in ways that are technically right and morally sound by those who profess to have the knowledge, skills and intention to heal.
  - the practice of pain medicine is delivered both as a social and as the individual good(s) rendered within the clinical encounter.

Pain: a subjective experience

- The suffering that the pain patient endures is, by definition is a **subjective experience**, understanding the nature of a patient’s pain depends largely upon appreciating its effects upon the individual person.

- to understand the existential illness of pain, the pain clinician must understand the person in pain.

- Technological, diagnosis and treatment approaches alone cannot provide sufficient insight to the subjective experience and effects of the patient’s pain.

Giordano J. Informa. NY. 2006;
Pain Medicine: an individual physician-patient encounter

- Pain medicine involves “… the use of medical knowledge for healing and helping sick persons… in the individual physician-patient encounter.”

- Pain management should be based upon:
  1. An objective understanding of pain as neurological process, symptom, and disease;
  2. Understanding that the subjective experience is the objective reality of pain,
  3. A critical balance between technical and interpersonal approaches.

- These considerations are applicable irrespective of the clinical approach or subspecialty and regardless of whether the orientation to practice is allopathic, nursing, psychologic, allied health or complementary/alternative.

Dogra N, et al. BMC Medical Education. 2007;
The Chronic Pain Patient

- **Noxiousness.**
  - Specific patients’ presentation of signs and symptoms, expression of the complexity of the underlying pain state: this provides a “conceptual template” to evaluate and treat.

- **Suffering.**
  - The identity and agency of the person in pain.
    1. Who is this pain patient?
    2. How does pain affect this person, and how is it manifest and expressed?
The Chronic Pain Patient

Deleterious aspect of chronic pain is the loss of function and the capacity for activities, roles, relationships, and independence, and for many, diminish the sense of personal agency and attributive dignity.

“...can rob persons of ...capacity to pursue meaning-conferring endeavours ”

These consequences may induce:

- Increasing subjective “hurt” and suffering due to psychological dysfunction (anxiety, depressive, and somatic characteristics and/or frank disorders) and substance misuse/abuse.

- **Negative stigmatization** that may become implicitly (or explicitly) apparent even within the medical relationship.

Concordance and over-estimation are inversely proportional to the patients' self-estimation of Pain. under-estimation is directly proportional to the patients’ self-estimation of Pain.
<table>
<thead>
<tr>
<th>Table 2: The CCs dependence upon the PSRP category split by congruence moderator.</th>
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<tbody>
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<td><strong>Marital status</strong></td>
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the caregiver’s awareness of the patients’ pain issues and treatment influence the concordance between the patients’ and the caregivers pain estimation.”
Who is the person that is the pain clinician?

A moral agent with intellectual and moral traits of character that sustain allegiance to the obligations of caring for those in pain.

In professing to be a pain specialist, clinicians make public declaration that they possess:

1) knowledge and skills required to scientifically understand and manage pain, *(which will be used in ways that uphold the “good” of each and every patient)*;

2) the sensitivity, dedication and determination to inter-subjectively engage each patient as a person and understand the effects and impact of pain upon the person’s life.

Knowledge and skills can be objectively acquired but, the sensitivity to the deleterious effects of pain on the patient’s life require subjective insight.

It is the combination of objective and subjective information that allow the clinician to:

1) determine relative and relevant “good” to a particular patient’s needs, values, and goals,

2) direct the best (most technically right, and morally sound) course of care.

Who is the person that is the pain clinician?

- Is this ‘act of profession’ sufficient to endorse the patients’ trust?
  - Does that mean:
    1) accurately conveying the best of knowledge and skills?
    2) enacting those skills within the technical and moral framework of this practice?
    3) conveying perpetual commitment to the best interest of all pain patients who may seek such abilities?

This act of profession is a promise: an assurance of intents and actions.

- as a promise, it provides grounds for the expectation of ongoing excellence of actions and character, and gives reason for such expectations.
- As such, the act of profession within pain practice is a commitment to uphold the intent and nature of the relationship that defines that practice.

Who is the person that is the pain clinician?

- What is it that substantiates the clinicians’ act of profession as a first person commitment?
  - It is the clinicians’ oath that is testimonial to the integrity of pain medicine practice, and the primacy of the patients’ best interests in directing each and all of the clinicians’ intentions and actions.

- Codes of ethics are agreed codifications of systematized judgments. However, they tend to remain as conferred, third person standards that describe parameters and boundaries of practice.
  - Such codes lack the unique affirmation of the first person voice, which implies personal commitment and promise.

- In this way, an oath is not only a statement of “belonging,” but is an expression of belief that reflects individual consonance with particular moral precepts, goals and ideals.
The community of patient and clinician - the “healing agency”

Clinician and patient, with mutual respect and commitment to the construct, goals, and ends of the medical relationship, should develop and work toward realistic goals based upon shared intentionality of pain relief and management.

- Giordano J. *Pain Physician* 2006;
- Giordano J. *Prac Pain Management* 2007;
Pain medicine in the technophilic era

- In this age of technophilic orientations to solving medical problems, an over-reliance on technology or purely objective assessments can result in ineffective attempts to treat a patient’s pain.
- This reflects a dissonance or reluctance to confront the limitations and inadequacies borne of the techno-centric, disease-based healthcare paradigm.
- Chronic pain frequently does not neatly “fit” into this model, but rather is more characteristic of phenomenal illness.
- As such, a more encompassing approach may be required that goes beyond simple focus upon the symptom or disease of pain, and entails evaluating and treating the person who suffers from pain.
Implementation of a comprehensive paradigm of pain care requires:

- Recognition of the complexity of chronic pain and the person in pain,
- Account for economic factors imposed upon the healthcare system,
- Enable articulation of any paradigmatic revision within the contemporary social and medico-legal environment.
The “healing Agency”
is not an isolated enterprise - 1

- It is subject to agents and forces external to the clinical encounter:
  - pain medicine exists within a social environment, socio-economic and socio-legal factors.
  - Economic issues significantly affect the subsidy, and conduct of pain medicine (research and practice).
    - market effects negatively impact the provision and availability of resources for treating and managing chronic pain.
  - Diminishing resources coupled to an increasing demand for pain-related services have modified the practice of pain medicine and often have established the clinician as “provider” and patient as “client”.
    - the primacy of the patients’ best interests is often subordinated to an economically-driven decisional process with supply-demand discrepancies;
    - these factors may prompt increasingly contractual, if not litigious, undertones that may progressively affect the scope, type, and nature of pain care.
The “healing Agency” is not an isolated enterprise’ - 2

- “patient as consumer” affects the “healing Agency” soundness:
  - creates a direct tension between the clinician’s knowledge and skills and the choices and behaviours of the patient/consumer.
- Consumerism may induce an escalating pressure to provide treatments that patients see, for various reasons, as being of “greatest value”
- Often the ‘high value” treatments requested/demanded are opioids, cannabis and excessive interventional techniques.
- This can lead to an overutilization of agents and procedures in an attempt to accommodate patient demands (i.e., acquiescent care, in which patient “autonomy” hampers that of the clinician to exercise prudent expert use of knowledge and skill).
- Characteristically this is prompted by patients’ fears of escalating pain, diminishing resources, and availability of care, and by clinician’s fears of legal retribution by “unsatisfied” patients.

Underutilization/provision of pain treatment (agents and procedures) may result from:

1) Diminishing or non-available (fiscal and clinical) resources;
2) Inadequate third-party coverage schemes;
3) clinicians’
   • fears of medico-legal sanction and prosecution,
   • mistrust of patients’ capacities to abuse “autonomy”,
   • discomfort of losing control of the medical situation.
Pain care has become increasingly disjoint, broadly affecting pain medicine as a social good, with particular groups of patients (the poor, certain racial and ethnic minorities, children, and older patients — being at even greater risk for underservice and under-treatment.

Under-treatment of pain (economic, social issues, defensive practice)

Inappropriate utilization of pharmacologic agents and techniques

Conflicts within the proximate and second- and third-order relationships of pain medicine

Failure of technically appropriate and ethically sound pain care.

Jost TS. J Law Med Ethics 1998;
Chibnall JT, et al. Spine 2006;
Pain - Medical perspective conclusions

- The practice of pain medicine is delivered both as a social and as the individual goods rendered within the clinical encounter or a “Healing Agency”.

- The treatment of pain patients can be demanding, and the right and good articulation of pain medicine in the current economic, legal and social environment can be difficult.

- Acting as a moral agent, the pain clinician makes a promise both for ongoing excellence of actions and character and of understanding that the subjective experience is the objective reality of pain.

- By applying knowledge, skills and human sensibility the pain clinician, in collaboration with the pain patient, applies the most technically right and morally sound actions to regain personal agency and attributive dignity.
Thank you !!!

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