

The Challenges of Assessing and Treating Pain

Over the years, the public has fostered something of a love affair with the notion of pain. French philosopher Simone Weil noted that, "Pain is the root of knowledge." In 1982, singer John Mellencamp proudly sang that it "Hurts so good." Everywhere, professional and weekend warriors grunt the words, "No pain, no gain," as they squeeze out one more push-up.

In reality, however, there is nothing smart, good, or macho about pain—especially chronic pain, from which an estimated 50 million Americans suffer every day.

Shortage of trained professionals

In June 2008, the AMA issued its opinion on the state of pain management in the US, noting that, "In the past several years, there has been growing recognition on the part of healthcare providers, government regulators, and the public that the under-treatment of pain is a major societal problem. [Pain of all types](#) is undertreated in our society."

Barry Cole, MD, MPA, executive director of the American Society of Pain Educators and the program director of PainWeek 2008, says the problem stems from a shortage of trained professionals. "It's not about recognition," says Cole. "It's that we don't have anybody who's ever been trained to do pain management in the US except for a very small sub-group of people. We're talking less than 10,000 pain professionals in the US."

Cole believes that the majority of pain professionals today are interventional in their treatment orientation. That might amount to just three epidural steroids, and done. Or a spinal cord stimulator trial, and done. And insurers, says Cole, are willing to pay thousands of dollars for these "one-shot approaches," even though, from a workers' compensation perspective, return to work is in no way assured.

Today's medical system, says [Ira Fox, MD, DABPM, FIPP, founder of Anesthesia Pain Care Consultants](#), is lacking in terms of insight into this issue. Fox, whose practice offers both interventional and interdisciplinary services, says that an insurance carrier will readily pay as much as \$100,000 for someone to have a spine operation. In the same breath, though, they may tell the patient that going through an interdisciplinary pain program, which may be more of what they need in order to deal with various psychological and emotional issues, is a non-covered service. "And the data out there doesn't even support the evidence-based medicine aspect of whether these surgeries work."

Echoes Robert Gatchel, PhD, professor and chairman, Department of Psychology, College of Science, University of Texas at Arlington, "A person with hypertension is prescribed medication, but they are also allowed to see a dietician and enroll in an exercise program. They get more respect because hypertension can kill you. It's the same with asthma. But pain? No one ever died from pain."

Ongoing challenges

Cole says the greatest challenge in pain management today is the lack of access for the majority of people in pain, coupled with a lack of education for the providers who see patients in pain. He explains that the lowest common denominator of pain management is either a family practitioner or internist hoping to treat a complicated, complex patient in seven minutes or less.

"What are you going to do in seven minutes to resolve a 5- or 10-year problem that has now resulted in unemployment, depression, substance use, and all that goes with the chronicity of pain?" asks Cole. "We've dumbed down the delivery of pain management services to the lowest common denominator, and we have left primary care quite literally holding the bag."

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