Special Commentary

Pain As A Paradigm
Don Purcell MD

Pain is an experience that reaches far beyond the symptom itself. Often, it has its own language by which those who are afflicted with it talk to us. If you listen carefully, and learn to read “between the lines” you will eventually reach a place beyond pain and enter the realm of suffering. This is where you need to go. If you are going to treat pain, then you must also address the suffering it brings. In my experience, neglecting this aspect of care will only take you part of the way. You have to complete the job.

When I approach an individual in pain I first ask myself “What are they really telling me?”, “What is the underlying theme?” If you simply ask someone “Where does it hurt?”, most people will point to one area or another and give you a very matter of fact answer. But if you ask them “How has this affected your life?”, you will likely get a very different response. Some will say the pain won’t allow them to do the things they did before.... the way it took things from them, the losses. Still others will lead you to a place far away from where you began, and tell you of things that happened long ago and are now all but forgotten. It is in these places that suffering has its origins. But it is also here that true healing can take place, thereby relieving pain at its root source.

Because the experience of pain can be many faceted, we often call upon an interdisciplinary team of specialists from different fields to address the physical, emotional, social, cultural and spiritual aspects of its treatment. Likewise, if we are to approach a community model that addresses this concern, then we must first allow for better collaboration between the professions at all levels of healthcare. This may take the form of a permanent, standing, interdisciplinary pain council that allows for free exchange of ideas, as well as a forum for jointly-sponsored community educational endeavors. In this way, we may be able to realize a broader scope of care for those in pain by addressing its many aspects from the vantage point of a number of different disciplines.

And so, pain is a paradigm; a model for something that it represents on a deeper level. Like a many sided gem, we can see into the center from a number of places if we just take the time to go beyond its surface; a process that begs our commitment to work together to alleviate the suffering that it brings.

Editor’s Note:
Don Purcell MD, is an internist who specializes in pain management. He recently organized a very comprehensive Pacific Pain Symposium sponsored by the Dannemiller Medical Education Foundation, Hospice Hawaii at Home, and his Regency Pain Center.

The meeting, held at the Hawaii Convention Center September 17-19, 1999, was very well attended by physicians representing many specialties (even a dermatologist), general practitioners, nurses and other health care providers.

Mahalo, Don, for your efforts to educate us about pain management, and for your paradigm. 

Norman Goldstein MD, Editor

Book Review

“Handbook of Pain Management,”

Laura L. Post MD

In the field of health care, the management of pain has become an exploding arena of diagnostic techniques, treatment research, and burgeoning hypotheses in search of comprehensive multidisciplinary care. Drawing upon numerous of the basic sciences (anatomy, physiology, biochemistry) and clinical disciplines (anesthesia/surgery, psychiatry/neurology, family medicine), Pain Management is a specialty which requires both global knowledge and the specific awareness of the unique patient’s situation and experience. It is no coincidence that, in the past six months, I have been asked to review three separate and unrelated books each in some way addressing the origins of pain, its dynamics and sequelae.

Attempting to provide a reasonable basis for addressing problems in the management of pain of patients, this volume chooses a pragmatic approach while maintaining rigorous academic standards. The great number of contributors (nearly 90), spanning theoretical disciplines and orientations, diverse geographies, and transcending medical and non-medical fields attests to the consciousness with which the editors approached this subject. Interestingly, a reference of this magnitude even necessitated three of those editor-type individuals who each helped to shape and determine the contents of the final product.

A flaw that this writer has observed in comparable tomes of this magnitude is a tendency to pontificate on the nature of pain; to compromise the clinical intention with philosophical diatribe; to dilute the successful paradigms of understanding and treatment. Here, the practitioner focus is maintained throughout; the points are as clear as the writing itself; and even the Preface and Foreward are succinct and attention-grabbing.

Unlike many such ambitious projects, “Handbook of Pain Management” flows relatively smoothly, though not quite as if penned by a single source. It is more redundant than one would like to see in a book of this pedigree, and the duplication manifests in proximate chapters, underscoring the uneven editing.

I was similarly disappointed to discover that the 58 chapters were subdivided into the five nebulous categories of Foundations, “Therapeutic Modalities,” “Pharmacologic Interventions,” “Pain Management in Selective Disorders [sic, should this not be “Selected Disorders?”], and “Selected Topics.” Where more definitive divisions might have led the reader to consider alternative classifications of pain and interventions to reduce it, the ones offered in fact force the reader to search the Index (which does happen to be excellent) for specific topics: in other words not to be able to easily read through from beginning to end or even from one chapter to its neighbor.

Moreover, the reader must often peruse several remote areas in order to be sufficiently apprised of the latest technology and think-