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 conjointly-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 Hawai‘i 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
ing before applying methods in practice: in other words, having to internally unlearn and re-learn piles of facts as happened between the "classroom/memorization" and "hospital synthesis" years of training in medical school. I'm uncertain as to whether this reality stemmed from inability of the Editor and two Associate Editors to concur on more lucid format or whether no such wished-for overarching overview exists; it might have been illuminating for the editors to reveal some of their decision-making process in an introductory statement to the rest of the book.

A solid starting place for any handbook would be to establish the parameters for later review, and these editors sagely chose to indeed begin with rule-making and boundary-setting, in Michael Feuerstein's thoughtful Chapter 1, "Definitions of Pain." One basis of understanding of pain might draw upon distinctions between observable and measurable indicators and more subjective and less definable reports. Another avenue of elucidation might involve the recognition that personal experiences described as unpleasant could be construed as pain, even in the absence of damage-causing biological stimuli. Third, it is feasible to examine the relationship between functional and productive capacity in the context of somatic preoccupation and emotional state. Just as physicists may hold concepts of energy as both a wave and a particle, Dr. Feuerstein argues that healing practitioners must imagine pain as existing simultaneously on a number of continuums.

The next several chapters try to pinpoint the physical aspects of pain: probing human anatomy with medical electrodiagnostics, detailing differences between acute and chronic presentations, and providing a taxonomy perhaps relevant to the filing of Workers Compensation or Disability claims. Lumped in with that mass are a few entries broaching the subject of psychological evaluation - including structured questionnaires and rating scales - general behavioral predictors, and applications to children and the elderly. Hence ends the first subsection of "Foundations," with multiple suggestions of pathways to consider regarding the "What is" of pain but with little enlightened advice about which direction might be the most useful or promising.

Although the next broad subsection is "Therapeutic Modalities," placing the third section of "Pharmacologic Interventions" second might have allowed the development of ideas to progress more smoothly, since more practitioners may be familiar with NSAIDS, narcotic analgesics, muscle relaxants, antidepressants, and anticonvulsants than with the neurosurgical (nerve blocks, Stimulation implants), physiatric, chiropractic, hypnotic, and cognitive interventions outlined. And, while the detoxification protocols found in several sites unwaveringly attest to the risks of long-term use of controversial drugs such as Methadone, there is scant coverage of the differential risks of inadequately medicating pain in known addicts or of iatrogenically making an addict from an otherwise healthy individual with debilitating painful sensations.

The tripartite cluster of chapters dealing with headache (Chapters 19, 20, 21) is of high merit in their perspective and, possibly, in the breadth of application given the statistical likelihood of any reader being confronted with this symptom during the course of a career, most specifically, the origins and resolutions of migraine. Oddly, the trigeminal pain of tic *douleureux*, emphasized widely during training as "the worst pain known to Homo Sapiens," rates a few short paragraphs in Chapters 22 and 23.

Among the plethora of information, what may be the most common pain presentation worldwide, Chapter 27, "Differential Diagnosis of Low Back Pain," provides a navigable clinical approach to this oft-seen problem. The remainder of this extended section on "Pain Management in Selective Disorders" includes arthropathy, neuropathy, genital pain (male and female), post-herpetic conditions, phantom pain, and pain of malignancy, in no particular order and with no special emphasis.

The "Handbook" ends with some economic concerns, grouped together under "Selected Topics." From primary care to inpatient settings, the key to successful intervention with complaints of pain seems to be empathy, precise history-taking, broad-based and multidisciplinary approach, liberal consultation with experts, occupational rehabilitation, amid mindfulness of legal aspects.

"Handbook of Pain Management" is an ambitious book which is well-written and poorly organized. Most topics of general interest are covered, and some specialized concerns addressed in detail. Discussion exists on a multitude of issues about how to proceed when a patient with pain comes for relief, but there is no summary suggestion as to how to take a Pain History, establish a Pain Clinic, or implement a Pain Team. The research data presented are up-to-date and comprehensively-presented by the respective authors but in a format too loosely-structured to either demonstrate the chronological development of ideas or the retrospective logical review of approaches tried and discarded or adopted. Finally, this writer was hoping to encounter a definitive integrated explanation for the existence of pain from editors as prestigious and experienced as these, and the lack of even a simple statement on the status of the thinking and approach of pain was dispiriting.

**Editors note:**

This book review was written by the Chair of the Department of Psychiatry, Commonwealth Health Center, Saipan and Medical Director, Division of Mental Health and Social Services in the Commonwealth of the Northern Mariana Islands.

Dr. Post is a full-time practicing psychiatrist specializing in addiction medicine, forensic evaluations, human sexuality, traumatic stress and holistic health. She was recently awarded First Prize in the Arizona Authors' Association National Literary Contest for her piece "Strike One" - about battering relationships. She may be contacted at P.O. Box 5424, Saipan, MP 96950-5424.

Many thanks, Dr. Post, for a very thorough book review.

Norman Goldstein MD, Editor