



Spring 2013, SPECIAL EDITION

## Pain Medicine Versus Pain Management: Focus On Interdisciplinary Pain Treatment Programs And The Ethics Of Pain Treatment

We focus our attention in this Special Edition Newsletter on a paper just [published](#) in the Clinical Journal of Pain (April 2013, Volume 29 Issue 4, pp. 311-316) by two very prominent physicians in the treatment of chronic pain, Dr. John Loeser and Dr. Alex Cahana. This article, entitled "Pain Medicine Versus Pain Management: Ethical Dilemmas Created by Contemporary Medicine and Business" makes a number of bold observations likely to kindle much discussion. Among them, they note that business principles have progressively "invaded medical territories, leading to often unanticipated consequences for both patients and providers." They state, "Despite the talk about evidence-based medicine (EBM), the primary driving force behind changes in health care has

been economics... The moral obligation to alleviate pain and suffering has often been overlooked."

"Multidisciplinary pain management has been shown to be more effective than all other forms of health care for chronic pain patients;" write the authors, "yet, fewer and fewer [such] facilities are available in the United States."

"More data on the efficacy and costs of multidisciplinary pain clinics (MPC's) have been published than on any other form of treatment of chronic pain...As MPC is the most effective current available treatment for many patients, there should be an ethical obligation to make it available for appropriate candidates. However, economic incentives have propelled physicians and hospitals toward procedural

interventions and away from multidisciplinary pain management. "

The authors further note that there is little financial incentive for device manufacturers and pharmaceutical companies to support MPC, as there is little or no hardware utilized and there is an emphasis on curtailing ineffective drug utilization. In contrast, these companies have funded studies on drug treatment "generating data that are often not meaningful for the treatment of chronic pain patients."

As a result, there has been an enormous increase in the reliance on interventional procedures and opioid prescriptions, without corresponding improvements in the status of chronic pain patients.

Dr. John Loeser has been one of the most prominent practitioners, researchers and thinkers regarding the treatment of patients with pain for over 40 years. He is a Professor of Neurological Surgery and Anesthesiology at the University of Washington School of Medicine. A faculty member there since 1969, he was the Director of the Multidisciplinary Pain Center from 1983 to 1997.

Dr. Alex Cahana, M.D, Ph.D., is a Professor in the Department of Anesthesiology and is Pain Medicine Chief of the Division of Pain Medicine at the University of Washington School of Medicine. He is also an Adjunct Professor in the Department of Bioethics and Humanities and in the Department of Radiology.



Dr. John Loeser

Dr. Alex Cahana

Loeser and Cahana also point out paradigm clashes contributing to decreased use of MPC's despite their evident benefits. "In the United States the payers of health care did not like MPCs; nor did many physicians, who were fixated upon the biomedical model of illness. Further, "as hospitals are also searching for revenue generation, they have facilitated the utilization of revenue-producing procedures and removed support from MPCs."

Yet, as the authors state, "MPC treatment is equally effective as pharmacological, medical, and surgical alternatives in reducing pain, but has a much larger impact upon reducing health care consumption, closing disability claims, increasing functional activities, and returning patients to work. Medication consumption is also reduced by MPC treatment, which is not often the case with the other treatment modalities...Cost benefits and cost effectiveness of MPC are better than those associated with physical therapy, surgery, implantation of stimulators or pumps, and chronic opioid therapy."

Loeser and Cahana stress that these findings and observations pertain to the chronic pain population. They note that the "biomedical concept of disease as a broken part that could be fixed by the application of

appropriate technology" has "worked fairly well with the treatment of acute pain and acute illness in general.

However, in chronic pain a cure is no longer a goal achievable with medical technology. "The pursuit of cure indicates a failure to recognize that a patient with chronic pain needs more than symptom relief to be restored to a normal lifestyle. Indeed, repeated episodes of an intervention may actually damage the patient... Chronic pain mandates a multidisciplinary approach utilizing a biopsychosocial model for comprehensive pain management."

The authors also caution against placing patients in a passive role as consumers of medical interventions. They state specifically that "the patient must assume an active role in treatment for chronic pain: passivity perpetuates pain."

Loeser and Cahana also take aim at some of the incentives and structural traditions of Workers' Compensation (WC) systems that have the potential to contribute to maximizing disability and deterring return to work. "They commonly fail to identify problem patients until their pain behaviors are well established. They often restrict certain types of health care because of the prejudices of those who run such systems. The beneficiary is often dehumanized by the system and its employees....It is all-too-common for

injured workers enmeshed in a compensation system to become depressed, deactivated, and demoralized, thereby jeopardizing further the likelihood of a timely return to work and perpetuating their chronic pain."

Loeser and Cahana criticize the extent to which industry funding has permeated continuing medical education and national meeting, leading to unwarranted focus on drugs and devices marketed by industry and insufficient attention to therapies that are not based on technology and hence not profitable to these underwriters. Similarly, direct to consumer marketing perpetuates the notion that there is "a pill for every ill."

Chronic pain management is best achieved with a focus on cognitive and behavioral strategies, argue the authors. The multifactorial issues facing chronic pain patients cannot be successfully addressed with single interventions in hopes of achieving pain relief and sudden improvements in function. There is no magic bullet; there is no shortcut to doing the work of rehabilitation.

*While there are far fewer multidisciplinary pain clinics in the U.S., The Rehab Center in Charlotte has remained a vital one for over 25 years, providing care to injured workers throughout the Southeast. See our website at [www.TheRehabCenter.com](http://www.TheRehabCenter.com)*