The prejudice against chronic pain

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Ben was a healthy 53-year-old man. One day, he felt a pull in his back while working on his car. He felt a dull ache that gradually began to increase and radiate down his right leg. His doctor gave him some pain killers and sent him to physiotherapy.

Nothing helped. He was a machinist, but because of his back pain he could not work. He spent most of his day lying down, doing very little. Eventually he had back surgery, but it did not work. He applied for a disability pension through the Canada Pension Plan (CPP), but his application was refused.

He went on general welfare assistance. His wife felt frustrated because she had to do everything. She told him that she wanted a divorce.

Friends stopped calling because Ben did not want to go out anymore. His family doctor referred him to a pain program to help him cope with his pain, but the program closed before he got in. Ben started to think about killing himself.

His wife took him to the family doctor who began treatment with an antidepressant and referred Ben to a pain specialist.

Ben's case is not unusual. With almost 30 per cent of Canadians reporting chronic pain, his problems have become more common.

Chronic pain is not just pain that lasts a long time. Chronic pain leads to changes in the brain and spinal cord. It is a disease in its own right. People with chronic pain are at high risk for developing a psychological illness like a major depression. If the pain does not kill you, the depression might. Remember, depression can be a deadly disease ending in suicide.

Given the enormity of the problem, one would think that the government of Ontario would have a plan to help people with chronic pain. I am a medical specialist in pain management and I have chronic pain. If there is such a plan, I have not heard of it.

Chronic pain is one of those areas of medicine that is ignored. It is ignored by the government, by the medical profession, and by the general public.

The government is a reactive body of elected officials. If a health-care matter is likely to have an impact on the next election, it gets attention. Although 30 per cent of the public has chronic pain, the government has been silent. People with chronic pain are not seen as a valuable block of voters. In fact, money has been removed from the provision of care to such patients.

More than a year ago, a local hospital-based pain program closed its doors to patients who did not have third-party payment. This means that only patients whose cost of treatment is covered by an insurance company or WSIB, will receive help. If you are covered by OMHP only, you will not receive treatment in the pain program. If the hospital cannot profit from your pain, you are left in the cold. This is a two-tiered health-care system in action, operating out of a facility paid for by the very taxpayers it refuses to treat.

The government is not alone in its lack of interest in people with chronic pain. Chronic pain can arise from a multitude of causes including disease, trauma, and psychiatric illness. Sometimes chronic pain leads to new diseases that make their pain worse. Therefore, it is important that patients with chronic pain have access to the same help that any other patient has.

When I recently referred one of my patients to another medical specialist I received the following reply: Dr. So-and-So "will not (their emphasis) be accepting referrals of ... (patients with a ...) chronic pain syndrome ..."

I received four such replies from different physicians in a period of one month. Although physicians have the right to handle their time the way they see fit, physicians are a community resource. If physicians do not take chronic pain seriously, why should the government?

One of my patients injured her back. She is unable to work. Three Ontario surgeons have refused to assess her and she is now travelling to India, at her own expense. Have we reached the point when people with chronic pain have to leave our country to get help?

Within the next 10 years the number of people with chronic pain will increase as the population ages, while the number of specialists in the area will decrease.

The only training that undergraduate students receive in regard to treating patients with chronic pain is a one-hour lecture with this writer.

There are no graduate medical students currently in training to become specialists in this challenging field.

The local medical school does not see this as a problem.

Finally, there is the public's lack of interest in this problem. I have had chronic pain for many years. I know what it is like to be disappointed by others.

Once, a colleague told me that it was unfair that I did not have to work late one night while he did. I suggested that I would work all night long if he was willing to take on my various physical problems for the rest of his life. Funny, he did not jump at the chance.

I have had people who I thought were friends not bother to call me after one of my many surgeries because they were indifferent. Multiple patients tell me they are abandoned by their friends. There was no public outcry when the local pain program was closed even though it was reported in this newspaper.

However, every person is at risk for joining the ranks of people with chronic pain. It can happen in the blink of an eye. Without the interest of the public, the medical profession and the government will never take the problem seriously.

Chronic non-cancer pain is a physical state that leads to changes in a person's central nervous system. It leaves its victims weak, irritable and isolated. It can destroy a person's career, family, and future. Without the support of the government, the medical profession and the general public, chronic pain has become an orphan illness.

As the years go by, this number will grow. There will be no specialists or programs available to help the many people who will suffer from chronic pain.

Now is the time to change the playing field before the current crisis grows to the point where there will be no helpful solutions.

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