

Narratives on Pain and Comfort: Dr. M's Story

Christine K. Cassel

Dr. M is a fifty-nine-year-old internist with a successful practice in a major Eastern United States city. He has lived in this city his whole life and is a highly esteemed citizen. Because of his broader social concerns and energetic support of activities to improve access to health care and quality of care for the underserved, Dr. M became involved in a number of local and regional medical organizations and quickly rose to prominence as a director of a board of a major national organization. In this position, he was an effective, articulate spokesperson, highly respected for his integrity and thoughtfulness.

Before one of the meetings of this board, Dr. M personally contacted the organization's other directors, including me, to warn us that we might be hearing some scandalous news about him. He wanted us first to hear it from him personally. This was the "scandalous" news.

Dr. M had assumed the care of a patient of a recently retired colleague. The patient was an older woman with multiple musculoskeletal complaints related to lumbar stenosis and advanced degenerative arthritis of the spine, which left her in immense pain. Because of heart disease and diabetes, she had elected not to seek surgical treatment for her chronic condition. Yet, to keep functioning, she required large amounts of pain medication. The physician who had been caring for her for many years had tried maximum doses of nonnarcotic analgesics, which had worked until the past two to three years. At that time, nonsteroidal anti-inflammatory drugs were no longer effective, and she began a regimen of Percodan, a controlled Scheduled II medication.

When she was transferred to Dr. M's care, he was aware that she had become physically dependent on this medica-

tion, but, after thorough examination, he was also aware that it helped her function and remain active and that she was not abusing the drug. He continued the treatment. However, within the first year of taking on her care, he was notified by the state medical board that his license was being suspended and that he was being investigated for overprescribing controlled substances.

Whenever this particular state board makes such a decision, the records become public. The news quickly spread, first among the medical community, including his colleagues, and soon throughout the community. This devastated Dr. M both personally and professionally. He submitted his resignation from the board of the national organization, but the other directors refused to accept it. Yet he remained preoccupied and depressed, understandably, by this arbitrary and senseless intrusion into his practice.

A year later, the case against him was settled and his license was reinstated, but the damage had been done. He no longer enjoys practicing medicine. He is bitter both toward patients with chronic pain and toward government in general. The citizens and the medical professionals of his city are well aware that they have lost a great resource in losing the enthusiasm of this physician. Even though he still sees some patients, he refuses to provide any care that involves patients who require treatment of pain.

Today, when we have effective pharmaceutical treatments for pain and when pain experts tell us that almost no patient should be required to suffer pain because such effective treatments exist, it is a tragedy to waste public funding on activities that pose such a major barrier to patient care. Where is our sophisticated understanding of the use of narcotics? Clearly, the difference between physical dependence and pathological addiction needs to be more widely understood.

Experiences like that of Dr. M will remain in the minds

of physicians long after a medical education lecture on the graded approach to pain treatment and the appropriate use of narcotics. No physician wants to go through this

kind of personal embarrassment. If physicians are afraid of board sanctions, it will have a chilling effect on their willingness to look after patients suffering from chronic pain.