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Tuesday, February 22, 2005

Reforms Are Needed for Fair Pain Treatment

Hospital practices and state regulations need overhaul to give minorities, women access to adequate relief

The Detroit News

Strange as it may seem, aggressive treatment of pain is a relatively new development in medicine. And as The Detroit News reported Sunday, women and minorities are less likely to receive adequate pain treatment. This is a failure of medical training and medical practice.

The News' report cited appalling statistics, gleaned from such reputable sources as the New England Journal of Medicine, the Journal of the American Medical Association and the Annals of Emergency Medicine that African-Americans and Hispanics nationally were far more likely not to receive pain treatment for broken bones in emergency rooms. In addition, two-thirds of members of the same groups received ineffective pain treatment for cancer. And finally, African-Americans in one survey were nearly two-thirds more likely than whites to get no pain treatment in nursing homes.

Studies from Wayne State University and the University of Michigan, The News noted, found the situation just as bad in southeast Michigan.

Pain treatment for all patients remains problematic in this country. Training in effective pain management in medical schools only emerged in the 1990s. As The News reported, physicians are still nervous about aggressively prescribing pain medication because the state government tracks such prescriptions. Certainly, the state needs to monitor pain prescriptions so it can shut down pill mills, but such enforcement shouldn't inhibit the effective treatment of pain for all sufferers.

While medical schools in Michigan now teach pain treatment as part of their curricula, the fact that both women and minorities too often still do not receive adequate pain treatment indicates that the teaching needs to be more successfully translated into practice.

Hospitals and individual physicians must examine their own procedures to make sure that all patients, regardless of sex or race, receive proper pain treatment. If that means changing internal regulations or setting up seminars from specialists in the new medical discipline of pain treatment, that's what should be done.

For injured workers receiving treatment under the state worker compensation system, pain treatment ought to be integrated into a patient's regimen as well. The goal of the worker compensation system is

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to return a patient to productive employment. If untreated chronic pain prohibits a patient from being returned to work, the system has failed.

Medical science now has much more effective tools in the battle against pain. But they only work if they are applied to all who need them.

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