

Find the treatable piece

Let's face it, pain management patients can be overwhelming. Because pain is linked with suffering, it interweaves itself through all aspects of a patient's physical and mental well being. It can present as a huge yet ambiguous target, one that we aren't even sure how to aim at.

Sometimes the patient doesn't really know where to start either, they just want to "feel better." Of course, the expectation is that there is some medication that will do this, some magic pill or interventional procedure. But what about the patients who are on multiple medications and have already had interventional procedures (or aren't candidates for such) and still have pain?

This is when we need to go on the hunt for the treatable piece. We can't expect that the patients have done any brainstorming themselves. They are distracted by the pain and often blinded by the thought that controlling it is not within their own capabilities. This is the time to listen carefully to what they are saying.

"The pain is ok in the morning but by 4 pm I can barely move."

"The medication helps but I don't like taking it."

"Sometimes ice or heat helps but enter reason for not using here (It is a hassle, I forget about it, I only use it when I don't know what else to do.)"

"I don't feel as bad when I am working or during the day but when I try and lay down at night it is terrible."

Sometimes the simplest solutions can be game changers. My patients often say, "I don't know why I didn't think of that." At which point I remind them that if they had, I would be out of a job :)

Come on over to my website to see my list of the most common overlooked “treatable pieces” and the conversations that accompany them. I tried to put them all in this newsletter and it was WAY too long. I would love to hear what you experience with your patients and what solutions you have come up with.

Let’s continue to help each other and by doing so, help decrease the suffering in the world.

Be brilliant, be kind,

Megan