

Is there a place for a Pain Clinic in Malaysia?

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EVERY HUMAN BEING experiences pain at some time of life and fundamentally pain can have a functional (emotional) basis or an organic (pathological) basis. The reaction to pain varies. A religious or superstitious person might accept pain as of divine origin, possibly inflicted for the sins of the past, and suffer patiently. Most people, however, are driven to consult a doctor, especially if the symptom persists or becomes worse, despite the usual common remedies available to the lay public. In fact, pain is the commonest cause for a patient to seek medical advice and treatment.

Medical research workers have constantly been developing drugs to contain pain and this accounts for the myriad of analgesic drugs available today for this purpose. Despite the numerous new drugs, morphine and its derivatives still hold sway as a potent pain-killer. But these analgesics bring with them the major problem of addiction, especially when dealing with chronic pain.

To some extent, every doctor can deal with pain but today, the value of the anaesthetist is becoming increasingly evident, especially in the management of chronic intractable pain. To remove the sensation of pain is one of the paramount aims when an anaesthetic, (general or local), is administered. Regional nerve conduction blocks, using local analgesic or neurolytic agents, are of special value in dealing with intractable pain, especially in advanced malignancies.

The best way of dealing with the major problem of chronic, intractable pain (intractable pain implies pain which is severe, incapacitating and resistant to all simple forms of treatment by drugs or other physical means) is to tackle it in an organised unit like the Pain Clinic, usually within a hospital run by a panel of consultants; a radiotherapist, a neurosurgeon a neurologist, a psychiatrist, and an anaesthetist, the latter being usually the head of this panel. Patients with chronic intractable pain can be referred to the pain clinic by private practitioners and by doctors in hospitals throughout the country.

Those common conditions requiring referral to a pain clinic are cancer, giving rise to intractable pain, post-herpetic neuralgia, intermittent claudication (for diagnostic or therapeutic sympathetic blocks), trigeminal neuralgia, post-traumatic neuralgia (painful operation scars, phantom limb pain and painful stumps), causalgia, Paget's disease (for lumbar sympathetic block), osteoarthritis when a nerve root is trapped by arthritic process, angina (for stellate ganglion block), coccydinia and other undiagnosed intractable pain.

The usual pain relief procedures carried out are chemical neurolysis, drug therapy alone, neuro-surgery and deep X-ray or Cobalt therapy. Nerve block provides an alternative method when the cause of the pain cannot be eliminated or when the patient is unfit or unwilling to undergo neurosurgery or radiothe-

rapy. Neurolytic agents, by destroying pain-conducting nerves, might allow patients with advanced malignancy pains to spend the last days of their lives relatively pain-free.

Once a pain clinic is established with a panel of consultants, an education programme on intractable pain must be commenced, aimed at (1), the general medical community to encourage early referral, so that good results could be achieved and addiction problems lessened; and (2), the lay public to make them realise that intensive suffering in cancer can now be controlled by relatively simpler, newer techniques without addiction as an inevitable end-result. The pain clinic is not to be regarded as a diagnostic clinic but one that would deal with patients in whom the cause of the pain has been determined.

In Malaysia today, there is no organised pain clinic

and some doctors may feel that the attitude of our peoples to the problem of pain does not warrant the setting up of such an organised unit as yet. This would be a negative attitude; what is required is an energetic approach in the treatment of pain in terminal malignancy.

A Teaching or General Hospital will be a suitable place to set up such an organised pain clinic. Besides the service that will be available to a group of pathetically suffering patients, such a clinic will provide ideal facilities for research where controlled clinical trials of new and old analgesic drugs can be carried out. Teaching of medical students, medical officers, general practitioners and trainee-anaesthetists in the various regional block techniques can be performed under ideal conditions.