St. David's Medical Foundation Creative Essay Competition 2017

Personal Perceptions of Pain.

The inspiration for the below piece of text is inspired and formed by observations from various clinical, personal and life experiences. Since beginning my career in medical school my perceptions and opinions on many things has changed, and as my clinical horizons have been broadened I have come to realise that more often than not one unifying feature lies within each of our interactions with patients. I wanted to explore what could be quoted as the source of our motivation to work as clinicians and to gather my thoughts, feelings, memories and questions about the prickly entity that presents in our English language as the definition for the word pain. This is not a magnanimous piece of work, I don't set out to refine our perceptions but instead question the foundations of them in their first instance. I don't intend to find finesse or to romanticise the subject to appeal. I set out to be honest with you, with myself and ask questions that science has as of yet, to my knowledge, answered.

Pain.

Definition: (n) Highly unpleasant physical sensation/emotion caused by illness or injury
Mental suffering or distress.

Acute Pain.

Definition: Acute pain - of less than twelve weeks.

That ear ringing, eye squinting, head spinning thing. Or is it? That's what it is for me, but what is it like for you? Or Mrs Jones in bed 4 or wee little Harry in the nursey? How do we know what pain feels like for those around us, we may use the same words, a simple accident of the nature by which we learn - Mum asks 'Where does it hurt?' 'Is it sore?' 'Does it sting?' – but do we feel the same thing, to the same extreme, in the same way when we each use those words?

That ear ringing, eye squinting, head spinning thing for me is shock, its falling off my bike, tripping off the curb or taking a football to the head. It's acute, immediate, disorientating and quick, over in seconds but those seconds feel like minutes in my fuzzy world of pain. Part of me thinks maybe it's the adrenaline, or maybe it's my upbringing, or maybe it's my genetics. Either way I can't help always wondering, would it be the same for you?

This has been something that has been brought to my attention in particular when on a LOCS in A & E and when dealing with children. We have arbitrary scores to assess pain, but in acute situations, or in patients that are too young, infirm or frail to tell us how they feel I often wonder if we do enough to make sure our patients' are pain free. I wonder if what we deem adequate pain relief for one person is providing the same warm relief for another. I understand that we can use general observations to review physiological responses to a stressor such as pain, but does our perception of pain end when our heart rate returns to normal? Can we as clinicians confirm definitively that our patient is pain free? Even with verbal confirmation of comfort this is hard and it leaves me questioning how do we approach pain as clinicians, as parents, teachers, brothers, sisters and friends? As a community, a species and as human kind.

Our attitude to pain isn't the best, in my experience anyway we are often down right awkward about it. 'Ohw, it can't hurt that much, rub it better'. What if it really does hurt that much, what if it's an entirely different sensation to that individual from the one we perceive it to be. Why are we

embarrassed by pain? Why do we hide it, shush the tears and downplay its searing intrusion into our emotions. You might say because we're British, but it's not just in the UK it's a worldwide phenomenon. Is it the cultural opinion that pain makes us weak, that showing our pain makes us less of a human, less able to cope, less resilient and less acceptable? Surely pain is a symbol of the antithesis; pain allows us to survive, we are alive because we feel pain, we know if we're injured or unwell, we learn innately to avoid pain and as a consequence avoid danger. We are in existence due to the expert sculpting and moulding of thousands of year and the demise of thousands of our ancestors for whom pain was life, pain was one of the few indicators of health, safety and life.

The acute, urgent, pressured and precious bittersweet feeling of pain was once one of our only ways to communicate, learn, predict and live our lives for as long as we could. Today though I can't help but wonder if we're doing ourselves a disservice by underestimating pain, its' severity and its' different forms.

Chronic Pain.

Definition: Chronic pain - of more than twelve weeks.

It's not a tear, or a yelp or a wail. It's not 30 seconds, or minutes. It is not fleeting, or fast. It's sometimes a look, a gesture or a habit, something that becomes part of the person. A sag in their posture, a hesitancy in their gait, or sometimes just a dullness to their being. It is a different phenomenon to witness because it is unique to everyone; one person's pain is another's discomfort. Chronic pain could be physical, emotional, social, or psychological culminating presenting with the torturous questions of what once could have been, or what should be now.

Our perceptions are shifted again here. From the immediacy of placating the fallout from acute pain - a concept most of us have in our own way experienced - to instead grappling with an entity that's mostly unknown. Unknown to those individuals with chronic pain, their families, friends, neighbours and to us as clinicians. The longevity of the pain is what allows the mechanism by which patients cope to be so diverse. Emotional and physical coping strategies can manifest over time in the physiological outputs we rely on to rank pain. I find myself wondering whether chronic pain does lessen or whether our patient's ability to cope with it increases, or indeed more often than not whether our patients' pain is chronically increasing but their ability to cope means they present with a steady state of perceived pain.

All of these unknowns and with little comprehensive research to fall back on I marvel at those who deal with chronic pain cases day in day out. I question how we have conversations and manage expectations of our patients when so little is truly known about chronic pain, and especially when what is known can surely only apply to the minority as the concept of pain, and more immediately chronic pain is so subjective. I question if we are over-looking the concept of pain and instead focusing too much on its cause in the context of a physical ailment that could be fixed with drugs or surgery. Can we better help our patients by acknowledging that our vocation is fallible and that we don't always have an answer?

I once sat in a pain management clinic, an experience which prompted some of the aforementioned sparks of thought. I had the privilege of seeing many different patients but also of being able to discuss at length the nature of chronic pain in the clinician's experience. I left with as many questions as I had answered but I also came to understand more of the role of clinicians in the case of chronic pain. Unlike acute pain the aim isn't necessarily to neutralise the pain, but instead to

strategize the best way to cope with the pain. To put together an approach unique to each patient which no longer relies on surgery or medication or any one individual aspect. The one feature that did strike me however was that every patient came into the consultation room as the result of an incredibly long journey. A journey that was dictated by the clinicians they encountered, our arbitrary way of assessing pain but also ultimately their perception of their own pain. It was from this realisation that I became acutely aware of pain as a motivational factor in patients seeking help and in the discrepancies between the level of pain which individuals were able, and willing, to cope with.

Pain has over the last two years become a factor that as a human, and an aspiring clinician I'm increasing aware of. It is an area of interest which I hope to develop, to explore and to mature my own perception and opinion of in the coming years. Pain is omnipresent and is an entity that I hope never to devalue, underestimate or ignore, for the sake of my ability to be a good clinician and for the comfort of my patients.

Ceinwen Cloney

Year 2 GEM Student

Swansea University

647067