

Twenty years ago, I worked as an emergency room nurse in San Antonio, Texas. At that time, we had the most up-to-date training and equipment and considered our ER operations to be prepared for any trauma presented us. As each ambulance approached, we eagerly awaited the report, made assignments, primed IV lines, opened catheters and gauze dressings and set up monitors. This ER team was like a well-oiled machine -- adrenalin pumping, using all of our combined skills and training.

On occasion, after the flurry of activity subsided and the patient was transferred, the triage desk would inform us of the next patient waiting for service. It might be a young woman with the complaint of headache who had waited several hours for treatment. The nurses would basically draw straws on who would attend to the patient. Unless we already knew this patient from past visits, it was routine to check with the admissions clerk and ask, "Is she a frequent flyer?"

I'm ashamed even to write this now, but I must admit that it was a typical reaction of medical professionals toward pain patients who showed up in their emergency rooms during the early 1980s. It's not that we weren't compassionate, but because we didn't have the current available knowledge and understanding of pain issues, we were unintentionally insensitive.

But that was then and this is now and thankfully, we've come a long way since. Or so I would have thought.

A recent Web-based study of patients who went to an emergency room for chronic pain was published in the Winter/Spring 2006 *American Chronic Pain Association Chronicle* and also presented at the annual American Pain Society Conference in May. The study surveyed 248 individuals who had visited their local hospital ER for relief of pain, 88 percent of whom reported their pain as being "out of control."

According to the article, nearly half of these respondents rated the pain management treatment received in ER as 'poor,' 'terrible,' or 'the worst experience of my life.'

Few of us would argue that going to the ER is not the answer to routine pain management. This does, however, lead to the question, "Why don't they go see their regular doctor?"

The survey results indicated that more than half of these pain patients in the study had indeed attempted to contact their primary physician prior to seeking help in the ER. Of these patients:

- 16 percent were directed by their physician to go to the ER;
- 19 percent reported that their physicians would no longer treat them;
- 30 percent believed their physicians were fearful of prescribing such high doses of analgesics;

- 34 percent had been told by their physicians that they had “done all that they could” for them.

As for the ER staff reaction to these patients, the survey reported that 35 percent indicated the attending physician did not believe their pain.

“This preliminary survey highlights the many challenges faced by those seeking relief from chronic pain and a marked mismatch between patient expectations and the ER treatment of pain,” said Dr. Knox Todd, a board member of the American Chronic Pain Association (ACPA), in the journal article.

Dr. Todd continued, “The ACPA clearly has an opportunity to increase understanding among emergency department physicians so they can better treat people with pain.”

Though a similar study has not been conducted exclusively in Oregon, the many calls I receive from patients with chronic pain conditions clearly indicate that for most people, visiting an ER for pain management is a last resort. However, it becomes necessary when people experiencing severe pain are unable to access treatment through their primary care physician.

In relation to this survey, a United Press article written May 8, 2006, gave opportunity for “talkback” comments from readers. Sadly, there was an unmistakable theme in the various respondents’ anecdotes of disrespect and pre-judgment.

Overall, there were pleas for ER medical professionals to be trained to recognize authentic pain and be educated about chronic pain management alternatives.

One patient wrote, “I agree that some people are ‘pain junkies’ and abuse the ER for their habit. For those of us [who are] not, it sure would be nice if we were at least given the benefit of the doubt, and treated in a respectful way. I believe that most of the ER docs should at least take a step back and really look at the person, see if the pain is showing in their faces and eyes, then make their judgment. Those of us in pain would truly be ever so thankful!”

One response from a New York patient particularly caught my attention. She said, “I am often subjected to being called a ‘frequent flyer,’ a drug addict and have even been told not to come back until I can cope better!”

How surprising that 20 years later, the use of this “frequent flyer” label and the culture of many emergency departments has remained unchanged when it comes to treating acute and chronic pain.

Unquestionably, emergency departments face extraordinary and intense challenges. And in their defense, a better job needs to be done at the primary care level in providing effective pain management to reduce the need for emergency care.

But no one believes that an avid shopper will inevitably become a shoplifter. In turn, it is just as unreasonable to assume that a person who requires narcotics to control serious pain will evolve into a drug-seeking addict.

Everyone has the right to be treated as an individual case without the added indignity of typecasted assumptions.

We have much work to do.

*Diana*