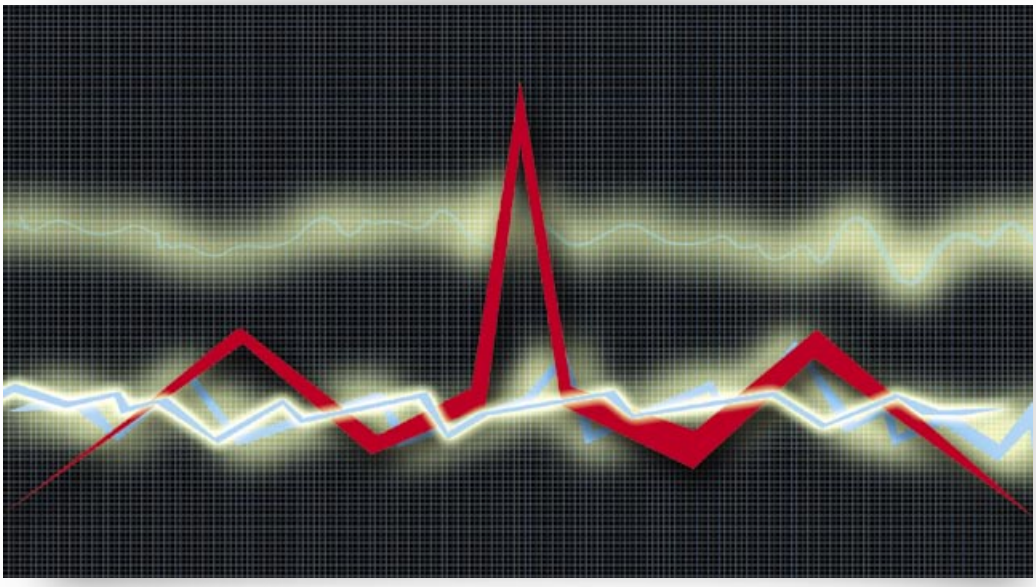
By Dr Tan Poh Kiang, Editorial Board Member

The **Fifth Vital** Sign



We are taking patients' pain seriously so that less patients will have to suffer in silence.

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I was told by a pharmacist from Singapore General Hospital that the Joint Commission International (JCI) accreditation was causing everyone to work overtime and feel stressed. JCI happens to be in vogue as most of our restructured hospitals are rushing to subject themselves to be scrutinised by a set of 368 minimum standards devised by JCI "to improve quality and safety of patient care." JCI is a division and a subsidiary corporation of the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). JCAHO and JCI are non-governmental and not-for-profit US corporations based in Oakbrook Terrace, a suburb of Chicago. JCAHO and its predecessor, Joint Commission on Accreditation of Hospitals (JCAH), have been accrediting hospitals in the United States for about 75 years. Currently, JCAHO states that more than 90% of the hospitals in the US seek accreditation with it. Despite the not-for-profit status of JCAHO and JCI, fees are charged for accreditation surveys (one figure quoted for a hospital in Singapore was US$30,000)[1].

Notwithstanding the work stress and hefty bill, one blessing that has come out of the JCI deal is that the accredited hospital has to practise monitoring and documentation of patients' pain, in addition to what it is already doing for pulse rate, respiratory rate, temperature and blood pressure. Finally, we are taking patients' pain seriously so that less patients will have to suffer in silence, needlessly. That surely must be a good thing in the evolution of healthcare.

THE GIFT OF PAIN

Not too long ago, I attended a marvellous symposium on management of pain where the panel of experts included an anaesthesiologist, palliative physician and neurologist. They shared from their own expert domains of the type of debilitating pain syndromes they treat and the

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modern approach to the management. The most striking lesson for me, though, was the discovery of "good pain" versus "bad pain". It is easy to assume that pain is always bad and that is the main reason a sufferer will seek help from the medical profession. But I also learnt that pain is the physiologic defence that helps our body detect threats and potential harm, and causes us to react appropriately. When the corrective action is undertaken and our body is removed from the source of harm, the pain abates. This is "good pain". However, there are aberrant situations when after the noxious stimulus has been eradicated, the pain persists to torture the person afflicted. A classical example of "bad pain" is neuropathic pain following a herpes zoster viral infection.

"Leprosy attacks chiefly the nervous system, and because the patient loses the warnings of pain in affected parts of the body, he inadvertently injures himself – not because of inherent decay brought on by the disease."

In my learning journey about pain, one of the best books I have read is *The Gift of Pain* by Dr Paul Wilson Brand and Philip Yancey (1993, Zondervan Publishing House). Some of us may know that Brand was a renowned orthopaedic surgeon who had spent 18 years at the Christian Medical College in Vellore, India. In the course of his diligent pursuit of research with his wife, Margaret, he discovered the underlying cause for deformities of hands and feet suffered by leprosy patients. Before Brand's revelation, it was commonly believed that Hansen's Disease caused direct decay of the extremities. Drawing on his WWII experience working with polio-paralysed and war-injured hands, Brand pioneered the startling idea that the loss of fingers and toes in leprosy was due entirely to infection and thus preventable. Leprosy attacks chiefly the nervous system, and because the patient loses the warnings of pain in affected parts of the body, he inadvertently injures himself – not because of inherent decay brought on by the disease. Thus, Brand discovered "the gift of pain".[2]

I have also learned in medical school that pain is part of our defence mechanism where it can stimulate our sympathetic-adrenaline "fight or flight" reaction. But it was only after reading Brand's personal account that I began to appreciate how special pain can be. In 1965, he left Vellore to accept an appointment as the chief of rehabilitation at the US Public Health Service's National Hansen's Disease Centre in Carville, Louisiana. It was there that he met a 4-year-old girl, Tanya who suffered from a very rare disease called "congenital indifference to pain". Leaving the little girl for a while in his consultation room so that he could get something from the next room, he returned to find to his horror that the child was doing finger painting with her own blood. Bored with waiting, Tanya had decided to bite off her fingertips so that she could paint on some white paper she had found. Brand noted that she lacked any mental construct of pain. Instead, she rather enjoyed the tingling sensation especially when her mutilations produced dramatic reactions from adults. The rest of Brand's clinical findings included permanently damaged ankles as she continued walking on dislocated ankles, and multiple sores of varying ages on her soles. He then made an insightful observation that left an indelible mark on my mind:

"Tanya's particular problem occurs rarely, but such conditions as leprosy, diabetes mellitus, alcoholism, multiple sclerosis, nerve disorder and spinal cord injuries also bring about the strangely hazardous state of insensitivity to pain. Ironically, while most of us seek out pharmacists and doctors in search of relief from pain, these people live in constant peril due to pain's absence."[3]

PARADOX OF PAIN

Pain is both a friend and a foe. I discovered this when I was a fourth-year medical student. Following a vague discomfort in the central abdominal area that I had initially attributed to over-eating, the shift of the pain and its intensification to the lower right quadrant of my abdomen was worrying. As this happened late in the night, I allowed my strong sense of denial to dictate and popped several tablets of Panadol and Buscopan to relieve my agony. In the meantime, I was already praying that this pain in the right iliac fossa was not acute appendicitis. By the next day, a high fever had spiked and I could not even get up from my bed to walk. I meekly asked my parents to drive me to National University Hospital for admission. It turned out to be what I had wished against, and worse – the engorged appendix had ruptured and spilled its faecal

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content into my abdominal cavity. I ended up with a stern scolding from the general surgeon who was also my clinical tutor (for not making such an obvious diagnosis earlier), a couple of drains coming out of my appendicectomy wound, intravenous Flagyl and intramuscular Gentamicin. Pain at high intensity from the surgical wound continued to plague me for the next seven to 10 days. By ignoring the warning of a friend, I had to endure the torment of a foe.

"... pain is the physiologic defence that helps our body detect threats and potential harm, and causes us to react appropriately."

I have since come to respect pain and listen to it attentively – both in my own body and the bodies of my patients. It is true that a wounded healer is more empathetic. Therefore, I am rather peeved and impatient with colleagues who treat pain with a callous disrespect. A patient of mine had been suffering debilitating back pain for a couple of weeks despite two visits to his company doctor and one to the emergency department. The pain got worse and he came to see me on my night off. My stand-in locum decided wisely that this degree of pain and suffering needed inpatient investigation and treatment. So, with a detailed memo documenting the history of events, the patient went to the A&E department where he waited for nearly three hours before he was attended to by a young medical officer. Without much eye contact and not even a physical examination, this patient was sent for a lumbo-sacral x-ray. As expected, apart from the loss of lumbar lordosis, it was not conclusive. He was told there was nothing wrong with him and was discharged with Panadol. The poor man who could barely walk on his own was furious.

"If I had wanted Panadol, I could have bought it from a 7-Eleven store!" he related to me. In the end, he had to seek help from a private orthopaedic surgeon, who took his pain seriously and pursued the matter with a MRI. The finding was that of a prolapsed inter-vertebral disc compressing on the nerve root. He underwent a micro-discectomy and has since been completely well.

LISTENING TO PAIN

Unlike the other vital signs which can be objectively observed and measured – pulse rate, respiratory rate, temperature and blood pressure – the fifth vital sign is dependent on asking the patient to attempt to quantify it on a scale of 1 to 10. A mild tolerable pain of 6 can rapidly deteriorate to a massive pain of 9 or 10 in visceral pain, neuropathic pain and cancer pain. Therefore, it is important to ascertain pain sensation regularly and act upon it. It is also taught that pain when treated early is usually very responsive to the appropriate modality of treatment. The corollary is that when some types of pain are left untreated, they will evolve to become recalcitrant to what would have been effective treatment methods.

It was a source of great encouragement to me recently to witness how aggressively my sister's mother-in-law was treated for her disseminated cancer pain at the Singapore General Hospital. The managing team recorded her pain score frequently and devised a graduated pain treatment protocol comprising liberal doses of morphine that can be controlled by the family members. The care-givers were taught well how to react to her pain changes. They were also referred to the Hospice Care Association upon discharge. The hospice team continued the same compassionate approach to pain management until she breathed her last.

I am hopeful that with pain officially incorporated into the health system's patient monitoring structure, and a lavish education of all healthcare providers who will encounter pain in patients, less will need to suffer when there are effective means to alleviate the agony. ■

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