

Protocols Can Weaken Pain Treatment: A Surprising Paradox

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When somebody asks me what is ethical in pain treatment, my first answer is the latin motto “primum non nocere” (first, do not harm”). That’s good, but too often this is confused with following protocols, thus it can become misleading. What have I against protocols? That they explain all about what you have to do, but nothing about how to do it. Therefore it happens that what you should do overshadows how you might do it. In short, pain treatment is not only a matter of procedures, but it involves a gestalt approach to the patient [1]. A gestalt approach is not only holistic medicine, but also an overlook on the entire environment, including the patient, his family, his hospital setting and his social world. Does it seem too much? In reality it is just the beginning.

But let’s examine what it means in medical practice: we have a lot of protocols on how to perform good analgesia and this is good; but any analgesic treatment is inadequate if it doesn’t put the patient at ease, if it is not concerned with guaranteeing him comfort not only for the invasive procedure, but also for the whole stay in hospital, where this includes to allow relatives, friends and sometimes even pets to visit and comfort the patient. The reason is simple: pain threshold increases or decreases with the level of attention awareness or distraction of the patient [2]: a stressed patient will feel more pain for the same painful treatment, but this is not included in any protocol. This is particularly true for those patients who cannot speak: babies, elders, mentally challenged people, who cannot claim for their rights among which pain treatment is one of the most relevant.

Pain treatment is sort of a tripod: its first leg is the direct treatment of the patient’s pain, the second leg is creating a comfortable environment, and the third is – paradoxically - the care of the caregivers. This has a name: gestalt. Gestalt is the idea that systems (physical, biological, chemical, social, economic, mental, linguistic ones) and their properties should be viewed as wholes, not just as a collection of parts; the whole is in the parts and the parts are in the whole, and this synthesis of whole and parts is reflected in the holistic character of the functions of the parts as well as of the whole. Thus, pain treatment is not just “pain treatment”, but taking care of the three above mentioned systems (patient, environment, caregivers). But this is rarely considered.

Consider instead those procedures included in those projects extrapolated to humans from the procedures used in mechanic farms and assembly lines [3]. This closeness of human care and farm processes is decidedly alarming. Pain treatment cannot be a mechanical action, it cannot be severed from social, environmental, cultural and economic care; pain is not correctly framed and cured if the environment is not modulated, adapted and tailored on the patient, so to become friendly and careful.

This is why protocols are not enough. And why they can paradoxically become harmful. They can overshadow the treatment of the person in favor of the treatment of the illness. This is the case of neonatal analgesia: though it is well-known that oral sucrose is not analgesic enough for procedural pain, it is still widely suggested, while other procedures that include human involvement such as sensorial saturation made of cuddles and sugar during pain [4] and breastfeeding are overshadowed. In the treatment and assessment of pain for mentally disabled people, the same protocols of average patients are applied, with the result of scaring these particular patients and of considering them as invisible [5], because nobody is trained to treat their pain. Even in the treatment of average people’s pain, gestalt-related treatments such as mindfulness [6] are omitted and this can even lead people to require a withdrawal of life-saving cures just because their

lives have become so apparently unfit with the environment to feel out of place and to feel their pain unacceptable and unbearable, while this would be reduced in a patient-tailored setting.

When we rely on protocols we risk to sit easily and comfortable with our conscience and duties, while what we get is mediocrity. Mediocrity is the result of when we work with skills but without exercising virtues. Pain treatment is a delicate and precious arena, where men and women should be encouraged to exercise their virtues.

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