

## Why Does “Pain Management” Exclude Psychic Pain?

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### **Article:**

Since 1999 when the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) added pain assessment and management to their regulatory standards, which were implemented in 2001, “pain management” has been elevated in level of importance. The phrase “pain management,” used by health care regulatory agencies, health care organizations, and health care providers has become a buzzword that is used without thinking of its broader implications or its exclusionary taken-for-granted meaning.

What is the definition of “pain”? According to the Merriam Webster’s online dictionary (2009), pain (as a noun) is defined as,

- (1) Localized physical suffering associated with bodily disorder (as a disease or an injury); also: a basic bodily sensation induced by a noxious stimulus, received by naked nerve endings, characterized by physical discomfort (as pricking, throbbing, or aching), and typically leading to evasive action;
- (2) Acute mental or emotional distress or suffering.

“Acute or emotional distress or suffering” is one (albeit second) definition of pain, however it was ignored when JCAHO developed the pain assessment and management standards, which according to Dahl (2000), were the first evidence-based standards required by JCAHO (this is an interesting yet unrelated point to this commentary—all those standards and this is the first standard that is evidence-based?). The “pain” in the JCAHO pain assessment and management standards refers to “physical” pain only.

I do not begrudge the JCAHO or the American Pain Society for elevating the importance of the assessment and treatment of physical pain. I am glad that pain management has become more significant for health care providers and health care organizations. For persons in physical pain, this is essential. However, what about those who experience emotional pain?

My intention here is to increase the awareness of how the phrase “pain management” and the JCAHO standards are used—that the term “pain” also means psychic or emotional suffering yet this, historically, has been excluded from these discussions. The exclusion of emotional pain from discussions of “pain management” is perhaps another example of the primacy of the body over the mind or of the marginalization of emotional health through stigmatizing language (Shattell, in press).

In addition to increasing awareness about how the phrase “pain management” is used, my intention is also to begin a dialogue on what it would be like if the pain assessment and management standards also included “acute mental or emotional distress or suffering.” Persons suffering from this kind of pain, which is no less important or “evidence based” than physical pain, would benefit. Theoretically, persons identified as suffering from mental or emotional distress or suffering would be identified and treated, which could lead to decreased disability and improved quality of life (the same outcome for the assessment and treatment of physical pain). Phillips (2000) notes that inadequate physical pain assessment and treatment is unethical. I would propose that inadequate emotional pain assessment and treatment is equally unethical. Is it time to add emotional or psychic pain to the JCAHO pain assessment and treatment standards?

## References:

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