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## **The whole patient in pain: specialists take new approach**

A world-first approach in training specialists to treat patients in pain has been launched by the Faculty of Pain Medicine of the Australian and New Zealand College of Anaesthetists and outlined in the latest edition of the *ANZCA Bulletin*.

Doctors are now being trained to focus more on the psychological and social aspects of pain under the program developed over four years by the Faculty of Pain Medicine (FPM), the first and only multi-disciplinary academy in the world to train physicians in pain medicine, according to FPM Dean Professor Ted Shipton.

One in five people (20 per cent of the population) suffer from chronic pain, which remains a major social and economic burden across Australia and New Zealand. Chronic pain is defined as constant, daily pain that has persisted for three months or more in the last six months.

Professor Shipton said rapid changes in the understanding of the nature of pain, including chronic, acute and cancer pain, needed to be translated into better treatment of the individual patient and also the broader community.

“There is a lot of misunderstanding about what pain is and how to prevent it from becoming disabling. We know that better education of the community, and the individual, about its complex nature leads to better results.” Professor Shipton said.

Among the most significant changes that have been made to the way pain specialists will be trained is in the Faculty’s philosophical approach to the treatment of pain and management of individuals in pain.

“Our new model recognises the importance and the relevance of the psychological and social dimensions of the person with pain as well as their physical condition.”

Specialist pain medicine physician and chair of the group leading the curriculum redesign, Dr Meredith Craigie said before the introduction of this new approach, the specialist training program had a heavy emphasis on the “biomedical” investigation and treatment of pain.

Under the revised curriculum, physicians are being trained to look at the whole circumstances of the patient in pain, including their home, work, family and social environments, to better manage the condition and the patient’s experience of pain.

“This approach leads away from the focus on pills and procedures and engages with the patient, their family and community,” Dr Craigie said.

“It recognises the complex nature of pain and our growing understanding of the factors in an individual’s life that influence it.”

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