

## 'Modern Medicine' Includes Pain Management and Sensitive End-of-life Care

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The phrase "modern medicine" has connotations for most of us that include the latest diagnostic and therapeutic devices and procedures. For physicians, "modern medicine" must also include transformed approaches to pain management and to the process of dying. At the Medical College of Wisconsin, we are sending messages to our students that most pain is very treatable, and that dying is part of a normal life cycle. As such, it is an important part of the doctor-patient relationship.

We have designed innovative programs to educate students, residents, practicing physicians and nursing staff in palliative and end-of-life care in order to disperse the shadows of denial that have surrounded these subjects for decades in the medical community. Pain is real if the patient reports feeling it. Furthermore, each patient has the right to have his or her pain accurately assessed and properly treated. And, sometimes, our best ministrations will prove ineffectual and a patient will die.

Through preceptorships, residency programs and outreach to hospitals and nursing homes, we are enabling health care practitioners to implement best practices in pain management and help guide patients and their

families through the dying process.

As of January, 2001 all hospitals and nursing homes must meet baseline pain-management criteria established by JCAHO. Our partnership with the University of Wisconsin Medical School in the Wisconsin Pain Initiative has made us a national center for teaching effective pain management. For the last 10 years, we have done outreach work to hospitals and nursing homes in Wisconsin and throughout the country. We will continue to educate medical staff in supporting best practices so that patients do not suffer needlessly.

David Weissman, MD, Professor of Medicine, the palliative care nursing staff and our Office of Educational Services, led by Associate Dean Deborah Simpson, PhD, have found that there is a great desire among caregivers to learn communication skills. It is personal communication between the health care provider, the patient and the patient's family—not necessarily new technology—that lies at the heart of effective management of both pain and the dying process. Doctor Weissman launched the *Journal of Palliative Medicine* in 1998 to provide a forum for this rapidly developing field.

We have established a pres-

ence on the Internet with a grant from the Robert Wood Johnson Foundation. Doctor Weissman reports that the End of Life Physician Education Resource Center ([www.eperc.mcw.edu](http://www.eperc.mcw.edu)) is drawing a growing number of users. In May, the site received 250 visits per day. More than 2700 people from 54 countries have signed up at the site to receive a weekly e-mail update of newly added educational materials, resources and links plus pertinent clinical, educational and technological news. New registrations have reached a rate of 300 per month. While these numbers may seem small by Web standards, they are very encouraging when one considers that EPERC's target audience is a very specialized community of end-of-life educators, including physicians, residents, nurses, hospice and social workers, clergy and administrators. The site offers discussion bulletin boards, a searchable archive of articles on end-of-life care, links to other Internet resources and more.

The Robert Wood Johnson Foundation recently made a new grant to the Medical College that builds on its past support for developing a curriculum in end-of-life care for family medicine and general internal medicine residency programs. The new grant will allow us to develop

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curricula for neurology and surgery residencies. Since Dr. Weissman began working on an end-of-life care curriculum in 1998, more than 200 residency programs around the country have adopted it.

Pain and death have been part of the human condition since the dawn of the species. Current end-of-life curricula and the emphasis on pain management standards are a return to basic truths almost every physician discovers at sometime in his or her practice:

- Everybody hurts.
- Sometimes the best technology is insufficient.
- Sometimes the newest and best drugs don't work.
- Sometimes death can no longer be cheated (as if it ever could have been in the first place).

In these situations we, as physicians, need to know how to make our patients comfortable and how to talk to their families in a sensitive and understanding fashion about what is happening. This is working "for the good of the sick and the well," as we swore when we took the Hippocratic oath at graduation.

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