Why Physician-Led Pain Care Is Important

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All of us know the unpleasant feeling of pain. Often we know what caused it: a burn, a sprain or a surgical procedure. Most pain stops when the cause is removed and healing takes place. That is acute pain. When pain arises and persists for three months or more without any apparent/obvious cause or reason, it becomes chronic pain.

Regardless of the type of pain, acute or chronic, patients seek relief. Anesthesiologists are committed to relieving pain for patients before, during and after surgery. In addition, anesthesiologists treat chronic pain unrelated to surgery. These physicians have the additional education and training to accurately evaluate, diagnose and treat patients with chronic pain through a comprehensive medical approach.

The diagnosis of the source of chronic pain determines the proper treatment. The treatment of chronic pain is complex and differs from the treatment of acute pain. Due to the strength of pain medication and the delicate structure of the spine and nerves upon which pain procedures are performed, it is important only qualified physicians appropriately and safely diagnose and treat patients suffering from chronic pain.

As my colleagues, Drs. Buvanendran and Sibert have previously voiced on KevinMD.com, the recent decision by the Centers for Medicare & Medicaid Services (CMS) to adopt a new and untested national policy allowing Medicare funds to be used to pay untrained providers to diagnose and treat chronic pain is dangerous and jeopardizes patient safety.

Untrained acute pain providers, such as nurse anesthetists, simply do not have education and training required to diagnose and treat chronic pain patients. Restrictions on nurse anesthetists providing chronic pain services are reasonable and necessary due to the risks of procedures including allergic reactions, infections, bleeding, nerve damage, spinal cord injuries (e.g., paralysis) and brain stem tissue damage.

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