

# Not Just an Epidemic of Painkillers: An Epidemic of Pain

Cristian Zanartu, MD<sup>1</sup>

The fact that the United States is facing an epidemic of both prescription and illegal opioid-associated deaths is undeniable.

For 5 years, I have dedicated my career to the care of those who suffer in the context of cancer, in the Bronx, New York. As a newly trained palliative medicine physician, I thought I would encounter only those patients who were confronted with a disease with a short life expectancy. But I soon realized that this is not the route that suffering takes. My prejudiced eyes rolled as I saw the first of many patients who presented with chronic pain years after cancer treatments had concluded. Most of them were already taking high-dose opiates, a saga from a well-intended colleague. Many of them had an unclear physiopathological etiology to explain the extent of their pain.

Suffering is a force of its own, the dark matter of the universe melting underneath our picture-perfect lives. Suffering is constantly creeping under the untouched image of society we want to create. It pervasively affects the marginalized groups that our society does not want to see. There they are, coming in to your clinic, those who ache horribly from a backache, knee ache, or whole-body ache. Those literally inconsolable beings, hoping that you can, just this once, please prescribe them an opioid that could overpower this pain, giving them normalcy and peace. “Come on doctor, oxycodone 30 mg is the only one that works for me.” How could I deal with this? How could I separate genuine from nongenuine pain? Who am I to make this distinction?

Initially, I am ashamed to say, I resented seeing those patients who suffered from pain with unclear etiology. I did not want to see them. I only wanted to see the ones who suffered “for real,” the ones who were confronted with terminal cancer, the ones with tumors nesting in their pancreas, the ones with cracking bone metastases. Or, I wanted to see cancer survivors with other clear, pain-causing lesions. Those were real. The others were not.

But again, suffering does not work that way. Suffering never follows the path we think it will. I slowly allowed myself to become inquisitive. I slowly allowed interest to replace doubt and rejection. “Where do you believe

this pain comes from?” “What do you fear most about this pain?” “When did pain make its first appearance in your life? Do you remember?”

The answers are mind blowing. I do not pretend that, as physicians, we can mend the hurt that lies beneath our patients’ personal stories. But we can acknowledge it. It is there. I have heard it all. “This pain is my cancer coming back to destroy my body.” “This pain is punishment for the harm I have done to my family.”

On the other hand, exploring early trauma leads to shocking findings itself. “I was sexually abused systematically for 11 years when I was a kid.” “Violence has been a part of my life since I was 5 years old.” “I saw my father murder my mother.” “I was abandoned.” There is no limit to how much pain humans can inflict on each other.

The opioid epidemic is partially the result of the unregulated prescription of opioids. This is something to mend, and the time is now. But in this prescribing, I see also the result of misguided compassion toward a society that hurts. We have a country in pain, yet pain has no place in our culture. The Diagnostic and Statistical Manual of Mental Disorders criteria gear toward functionality and ergo productivity. Yet we hurt. And we continue to hurt. And there is no holding of this pain. It is still easier to access a Percocet than a session of cognitive behavioral therapy, mindfulness training, relaxation techniques, couples counseling, post-traumatic stress disorder treatment, and dedicated and consistent physical rehabilitation. Patients go to their doctors in helpless pain. Their doctors, helpless as to how to assist them, go to an opioid. Doctors have not been trained in how to open a space for pain and suffering. Both provider and patient end up confronting a problem they are powerless against. And sitting there, in pharmacies across the country, we have these substances that will coat the spine, limbic system, and prefrontal cortex with sweet relief. It is there, one prescription away. What else is a helpless system to do?

If we cannot dialogue with pain, if we cannot dignify suffering and approach it in its multifaceted nature, if we cannot know of a compassion beyond the prescribed pill, then the problem is not oxycodone. The problem is still us.

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## AFFILIATION

<sup>1</sup>Montefiore Hospital, Bronx, NY

## CORRESPONDING AUTHOR

Cristian Zanartu, MD, Montefiore Hospital, 1521 Jarrett Place, Bronx, NY 10461; e-mail: [czanartu@montefiore.org](mailto:czanartu@montefiore.org).

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