Pain: The Past as Prologue

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Pain, Pain Management and the Opioid Epidemic (Dec 2, 2016)
Nicholson Foundation and Center for Health and Wellbeing, Princeton
THEN AS NOW: CONCERNS ABOUT OXYCODONE AND ADDICTION

- In league with heroin
- Endo Marketing
- Tougher prescription control needed

And the drug has acquired the unenviable status of being the principal choice as a substitute for heroin by California-based heroin addicts.

prescribed. Because of increasing numbers of addicts to this drug in the State of California, the California Medical Association Committee on Dangerous Drugs and the House of Delegates has recommended that oxycodone-containing drugs be returned to the triplicate prescription list as they were originally in 1949. This recom-

1963, LA Times

U.S. Senators Call Inquiry on Percodan

A regional problem in changing times...

It may seem odd that California has become the center of Percodan misuse. Two factors, however, may contribute to this: California has an undue share of unstable personalities who welcome bizarre methods of escaping reality; and it is one of two
Under-treatment for fear of addiction: “It is an irony of our age. Millions of Americans in hospitals – late-stage cancer patients, burn victims, accident victims – suffer unnecessary, sometimes agonizing pain…” “Doses of narcotic analgesic ... too low”

Overmedicated – early years in the rise of prescription drug abuse: “Millions more unhospitalized... are dangerously overdosing on painkillers often inappropriately prescribed for their chronic pain...”

The year?
PAIN has been controversial for decades in U.S. society.

Drugs – only part of the story.

• PROBLEM OF ADDICTION

The fear of drug dependence, and of *addiction* to opiates and other medications (varies by individual)

• PROBLEM OF MEASUREMENT

Reliable *measurement*: pain is subjective, the expert depends on individual patient and secondary indices; not like true “vital signs” (temperature, blood pressure)

*New Yorker, February 2000*
WHY PAIN IS CONTROVERSIAL

CHRONIC PAIN CARE REFLECTS THE POLITICAL CLIMATE AND GEOGRAPHY

SICKLE CELL DISEASE: infection, early mortality, recurring painful ‘crises”

1960s: a “new” disease characterized by “pain and suffering among African-American that has been long ignored” – rising awareness resonated with political and cultural currents of the era

Memphis researcher, pointing to geographical variations in relief: “the people in Oakland and Chicago disagree with us, they feel we under-treat people in sickle cell crisis...”

CHRONIC PAIN CARE REFLECTS THE TIMES -- LIBERAL AND CONSERVATIVE CARE:

BY 1990s: Patient confront increasing skepticism, frustration from nurses and ER workers about faking pain, drug-seeking, chronic disease management:

“Before you can get past the agony, you have to convince a doctor that it’s real”
CHRONIC PAIN – A LONG SHADOW OF SKEPTICISM: WHAT SHOULD BE DONE, THE PSYCHIATRIC PERSPECTIVE (1950s)

“The relief of pain is obviously one of the main functions of physicians.... Ironically, it is one of the things we do least well – partly because we don’t understand it.” (Boston psychiatrist; 1959.)

1957 California Symposium on Pain – Henry Albronda
Patient in chronic pain worthy of study but not necessarily worthy of sympathy.

Complaints of chronic pain “may develop in the child... brought up to repress feelings of hatred [who then] may use complaints of pain to cover his hostile feelings toward an associate.” Malingering, “masochistic self-punishment underlies [the] chronic painful condition.”
1956 – PASSAGE OF NEW S. S. DISABILITY LAW

- Eisenhower signs law establishing Social Security
- Disability Benefits

- When is disability compensation justified?

CONCERN ABOUT THE SOCIAL CONSEQUENCES AS MORE PEOPLE IN PAIN (a demographic trend) CLAIM DISABILITY BENEFITS:


- Texas housewife, Rosie Page, ‘arthritis with marked psychogenic overlay of her symptoms’ applies for benefits, rejected by HEW, and appeals to federal court.
OPENING THE DOORS TO RELIEF OF CHRONIC PAIN – THE ROLE OF COURTS

ROSIE PAGE V. CELEBREZZE, 1963

1963 JUDICIAL RULING BY JOHN R. BROWN – A LANDMARK CASE HINGES ON THE ACCEPTANCE OF SUBJECTIVE PAIN AS REAL PAIN

“If pain is real to the patient, the disability entitles the person to the statutory benefits... the fact that pain complained of by claimant is not shown by objective clinical and laboratory findings does not mean that [HEW] must give little weight to allegations thereof.”
PAIN RELIEF ALSO CONTROVERSIAL IN 1950s – because of new drugs...

The Addiction Potential of Oxycodone (Percodan®)

EDWARD R. BLOOMQUIST, M.D., Los Angeles
Member, Committee on Dangerous Drugs, California Medical Association

INITIALLY PRAISED FOR CLINICAL UTILITY: “acts fast,” “lasts long” “thorough relief”

PHYSIOLOGICAL BENEFIT COMPARED TO MORPHINE: “As good as morphine... does not produce respiratory depression” (Gravenstein, 1956)

HAILED AS NON-ADDICTIVE - THEORY OF ADDICTION: “well-tolerated... drug broken down extremely slowly... little euphoric effect, addiction should not be a problem.” (Brittain, 1959)
REGULATORY CONCERNS GROW WITH WIDENING USE OF PERCODAN... calls for reform

1961 – California Attorney General, Stanley Mosk criticizes the “high-powered campaign waged by Endo Company among doctors and pharmacists...”

Bemoans the drug company’s apparent influence on California Medical Association which found no need for strict prescription controls

“lack of evidence sufficient to warrant the return of drug to triplicate blank”
YET, THE PAIN CARE FIELD EXPANDED DESPITE THE CONTROVERSIES...

JOHN BONICA puts multidisciplinary pain clinic idea (neurosurgeon, psychiatrist, other medical colleagues) into practice in Tacoma, Washington community hospital ...

1953: Publishes, *The Management of Pain*... became known as “the Bible” of pain management.

Appointed Chair of Anesthesiology at University of Washington, 1961 – organized the university’s Multidisciplinary Pain Clinic


THE DEVELOPMENT OF PAIN MEDICINE AS A FIELD: Over next 20 years, Bonica’s Clinic evolves into a national model of patient care and teaching;
LIBERALIZING TRENDS IN PAIN CARE:
PAIN, THE DR-PATIENT RELATIONSHIP, AND SOCIAL CHANGE

1970s: The *multi-disciplinary pain clinic* (social work, psychol, surgery, psychiatry, neurology, pharmacology)

- **ASK THE PATIENT... “The McGill Pain Questionnaire”**

- **Patient Controlled Analgesia**

- **TENS (transcutaneous electrical nerve stimulation)**

- **Acupuncture**

(More than simply drugs)

1973: Patient-controlled analgesia

1975: The McGill Pain Questionnaire (Melzack)

(radiating? Spreading? cruel? annoying? terrifying?)
CHRONIC PAIN CARE REFLECTS THE POLITICAL TIMES (1970s and 1980s):

A NEW SKEPTICISM: Pain specialist, SF Brena, Atlanta: “the learned pain syndrome” – “Chronic pain is often a conditioned socioeconomic disease.. Majority of patients show pain behavior in excess of biomedical findings... society had gone too far in granting monetary compensation for escape from work via pain complaints.”. *(Chronic Pain, 1978)*

PAIN JUDGES RECONSIDER: Where does pain fit within Social Security disability? Secretaries of HEW/HHS

From Page v. Celebrezze (63)
To Miranda v. Richardson (75)

COURTS ALSO GROW SKEPTICAL OF SUBJECTIVE PAIN
1975 ruling: “pain is not easily diagnosed, but the Secretary is not at the mercy of every claimant’s subjective assertions of pain” when determining eligibility for disability (Miranda v. Richardson, ’75 Ford Administration)
CHRONIC PAIN: SKEPTICISM RETURNS

- “Disability benefits had ballooned tenfold in 20 years”

- “Rules were broadened to include subjective states like... intense back pain”

- The disability “rolls were reduced about 10% before Congress halted the effort.” (490,000)

Resulting in Lawsuits -- Political battles

- Courts becoming even more involved in pain politics

1984 – Lorraine Polaski v. Heckler, (8th circuit) – 290,000 returned

COURTS, NOT PHYSICIANS, SET GUIDELINES FOR JUDGING PAIN
C. 1980s: WISE RECOGNITION THAT THE PAIN PROBLEM IS NOT ONE, BUT TWO CO-EXISTING CHALLENGES (under-treatment and over-medication)

Under-treatment for fear of addiction: “It is an irony of our age. Millions of Americans in hospitals – late-stage cancer patients, burn victims, accident victims – suffer unnecessary, sometimes agonizing pain...” “Doses of narcotic analgesic ... too low”

Overmedicated – early years in the rise of prescription drug abuse: “Millions more unhospitalized... are dangerously overdosing on painkillers often inappropriately prescribed for their chronic pain...”

Washington Post 1986
PAINKILLER: THREE ECONOMIC TRENDS SHAPING TODAY’S OPIATE PROBLEM

1) DEREGULATION AND THE RISE OF AGGRESSIVE DIRECT TO CONSUMER ADVERTISING

2) RURAL ECONOMIC DECLINE

3) COST CONTAINMENT AND MEDICAL REIMBURSEMENT (DECLINE OF THE MORE COSTLY MULTIDISCIPLINARY PAIN CLINIC, AND RISE OF THE PILL AS QUICKEST FIX)

WHERE HAVE THE LAST 3 DECADES TAKEN US IN THE STRUGGLE FOR CHRONIC PAIN RELIEF?

WAILOO, “LEARNING FROM PAIN,” PERSPECTIVES IN BIOLOGY AND MEDICINE (forthcoming, 2016)
Why pain has been so controversial for so long in medicine and society?

70 YEARS OF CULTURAL DEBATE

- MEASUREMENT

- ADDICTION (from Percodan to OxyContin)

- POLITICS AND THE COURTS

- ECONOMIC AND CULTURAL TRENDS

(People in chronic pain caught in middle of these pitched battles)

THE NEED FOR A CULTURAL TRANSFORMATION IN THE WAY PAIN IS VIEWED AND TREATED
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