

Editorial

Facing pain

In this issue we are publishing a selection of papers from the Conference of the London Medical Group held in Charing Cross Hospital Medical School in February of this year. The conference brought together speakers from a wide variety of standpoints—medicine (across a range of specialities), nursing, psychology, social anthropology, theology and the 'lay' public. Our selection presents only four papers from this rich variety, but we have tried to capture something of the diversity of approaches, mirroring the complexity of the topic.

The papers by Twycross and Swerdlow provide the kind of highly specific information and knowledge of specialist resources with which, it is hoped, every doctor and nurse will be equipped in the future. The title of the conference was 'Pain—a necessity?'. Twycross and Swerdlow make it abundantly clear that much of the pain consequent on illness is quite unnecessary, resulting as it often does from lack of knowledge and skill in the medical and nursing professions. Both authors stress the need for a flexible approach to the management of pain, treating each patient as an individual whose reactions will vary according to numerous physical, psychological and social factors.

But to understand pain adequately it is also necessary to widen the context within which it is seen. Sheila Kitzinger's article on pain in childbirth demonstrates in a very practical way how the inner resources of the individual may be mobilised to deal with pain and how attitudes to one's own body are powerful factors influencing reactions to pain. The article by Gilbert Lewis, an author with qualifications in both medicine and social anthropology, places the subject on a still wider canvas. Western attitudes to pain are themselves conditioned by a whole set of implicit assumptions about human life. When we are confronted by the interpretations of a totally different culture, we begin to realise that the struggle for meaning is itself a potential friend or foe in our attempts to face up to pain. This point has been made most forcefully by Viktor Frankl, a Jewish psychiatrist who survived the hell of a Nazi concentration camp and who wrote of what he had learned in *Man's Search for Meaning*.¹ A man can endure almost any suffering, Frankl argues, provided that he can invest it with some kind of

meaning. It is the loss of meaning which ultimately destroys one's capacity to survive.

Perhaps, however, it is our *Case conference* discussion which finally grounds this topic in medical ethics. The discussion centres round the feelings of incompetence of a young medical student when he is faced by a critically ill, bitter and uncommunicative patient. Soon, the discussants observe, this student will develop the veneer of professionalisation which will allow him to cope with such situations. But is such a development really desirable? In exploring this theme the *Case conference* is touching upon that delicate balance between detachment and involvement which constitutes the truly helpful human act. In this discussion we come close to the centre of the phenomenon of pain as it effects each of us. No one can expect to be exempt from suffering, physical and mental, during his lifetime. The critical issue is whether we attempt to hide from it, ignoring its reality, or whether we can learn to accept those aspects which cannot be avoided. Such learning from pain, if we can attain to it, becomes an invaluable gift to offer to others.

In *The Wisdom of Insecurity* Alan Watts has described the inevitable union of sensitivity and vulnerability:

'Unquestionably the sensitive human brain adds immeasurably to the richness of life. Yet for this we pay dearly, because the increase in overall sensitivity makes us peculiarly vulnerable. One can become less vulnerable by becoming less sensitive—more of a stone than a man The more we are able to love another person and enjoy his company, the greater must be our grief at his death or in separation. The further the power of consciousness ventures out into experience, the more is the price it must pay for its knowledge.'²

A medical ethics which can comprehend this final paradox in the human experience of pain will surely be one which has come of age.

References

- 1 Frankl, Viktor, (1964). *Man's Search for Meaning*. London. Hodder & Stoughton.
- 2 Watts, Alan (1976). *The Wisdom of Insecurity*. London. Rider & Co.