Resources for BC health care providers and people living with chronic pain

Websites, social media platforms, and patient self-management programs concerning pain provide physicians and patients with nonpharmacological options to manage chronic pain.

Judy Dercksen, MD

Chronic pain can present in many forms, from migraines to plantar fasciitis, and the number of people suffering from pain, currently one in five, is expected to increase. Websites and social-media platforms focused on pain can enhance chronic pain management for many people.[1] Past president of the American Academy of Pain Medicine, Dr Lynn Webster, put it best, "Complex problems require complex solutions." Webster pointed out that, "In the USA in 2000, there were 1000 multidisciplinary programs. Today there are 200." Incongruously, as the number of pain clinics in the USA has decreased, the annual number of opioid prescriptions for pain relief has increased.[2]

In a policy statement released in July 2017, Doctors of BC called for improvements in chronic pain management.[3] Of note, the statement pushed for improved access to chronic pain specialist services, which currently can have wait times of up to 2 years. Family doctors can help patients while they wait, and since close to 90% of patients have some form of digital access,[1] they can access free pain websites such as those from Pain BC (www.painbc.ca), Self-Management BC (www.selfmanagementbc.ca), and Pain Improvement (www.painimprovement.com), all of which are geared to augment office-based pain management. Such self-management programs have proven benefits.[4]

Professor Patrick McGowan recognized 30 years ago that patients need to take charge of their own health. Expanding on programs studied at Stanford, he created the Self-Management BC program launched by the University of Victoria in 2002. McGowan, director of the program, "felt the need to lower the risk of patients having to face the crippling consequences of poorly managed chronic diseases." McGowan estimates that between 3000 and 3500 people participate in the program every year, and that half of the patients are seeking improved pain control.

Having worked as a family doctor for over 30 years, I understand how easy it is to neglect certain aspects of chronic pain management. In a busy clinic, it is challenging to address the complex needs of patients suffering with chronic pain. I have learned that the most valuable resource can be the informed patient. Patients who are taught skills to cope with their symptoms are more likely to take charge of their own health.[5]

Many physicians are not aware of Self-Management BC's new telephone-based program aimed at supporting patients in their homes, the Health Coach Program, which thousands of patients with all types of chronic diseases have participated in. The program is supported by recruited volunteers who are given a 2-day training course and paired with patients. The volunteers call the patients once a week for 6 months to provide support.

I learned of this program from a patient who was referred to me by a chronic disease nurse in our community. The patient's pain and anxiety had noticeably improved by the time I saw her, and she attributed the improvement to the support she received from her coach.

Other self-management programs also exist (see Box). Charles Labun, coordinator of the Interior Self-Management Program, notes that the various Self-Management BC programs have been well received by

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patients in the province. The education and support provided increase patient readiness for change. Chronic pain requires a multimodal attack, and even if patients are unable to afford private services, like physiotherapy, massage, or chiropractic treatments, self-management programs augment office-based medical care.

Family physicians and health care providers can reassure patients, once any serious pathology has been excluded, that accessing the available free programs could help them improve their pain. By improving pain control, it is possible to decrease the risk of substance abuse and improve the quality of the lives of families living with people suffering from chronic pain.

When a patient presents with severe, even unbelievable pain, a trusting doctor-patient relationship is essential, as fear and anxiety increase pain. Patients are often terrified that their medications are going to be withdrawn or reduced. Recent evidence supports the finding that the vast majority of older patients with moderate to severe pain are undertreated,[6] and physicians are reluctant to prescribe opioids to patients who have addictions (or a history of addictions) even if they have moderate to severe chronic pain.[7] Dr Lynn Webster has highlighted the challenges physicians face with the opioid regulations: "We as physicians are forced to be the judge and law enforcement. . . . We are required to be in an adversarial role for our patients. This is the antithesis of healing and jeopardizes the doctor-patient relationship."

Appropriate treatment reduces the risk of patients in chronic pain suffering because of undertreatment or turning to drugs available illegally.

Instead, physicians can emphasize the need for partnership in their patients' care. They are in the ideal position to stress the importance of self-management programs as part of a pain plan. As patient self-efficacy improves, opioids can be reduced or, when indicated, switched to safer options, like buprenorphine. Appropriate treatment reduces the risk of patients in chronic pain suffering because of undertreatment or turning to drugs available illegally.

BC offers a wide variety of invaluable tools. I have found the RACE phone line to be a readily accessible gold mine of information. The addictions specialist I spoke with has helped me transition patients from high doses of morphine and hydromorphone to buprenorphine. I have patients with addiction problems now coping so well with their pain that they are able to attend mental health and addiction counseling. The General Practice Services Committee's Practice Support Program and website have also improved physicians' abilities to manage pain. Pain BC provides education, support lines, and online physician and patient workshops. Self-Management BC has group meetings for patients, online workshops, and telephone coaching. The Divisions of Family Practice website includes a number of resources and division-created tools for pain management. The Northern Interior Rural Division of Family Practice, hoping to see more activation of these resources in areas of Northern BC and Williams Lake, has sponsored a program aimed at increasing awareness of the ways to help patients and families improve their quality of life. Pain improvement.com is geared toward patients who are not computer savvy. Podcasts and simple navigation choices help guide patients through a pain-management journey that will support resources provided by Pain BC and Self-Management BC.

The battle against chronic pain has to be fought on all fronts. The complex problem of chronic pain and addiction is inadequately managed with medication alone. Physicians need not feel alone in this struggle. Until more multidisciplinary clinics are available, self-management resources can go a long way in cut-

CHRONIC PAIN RESOURCES

Pain BC (www.painbc.ca)	Pain education for providers and patients (including teens), toolboxes, support forums, coaches, and self-management programs.
Self-Management BC (www.selfmanagementbc.ca)	Chronic disease self-management programs, personal coaches, and group meetings for BC residents.
Pain Improvement (www.painimprovement.com)	A step-by-step self-management pain program with pain education.
Rapid Access to Consultative Expertise (RACE) (www.raceconnect.ca)	Rapid access to consultants via telephone or app. Addiction specialists provide valuable advice on opioid prescribing.
General Practice Services Committee (www.gpscbc.ca)	Practice-support programs and clinical tools for health professionals.
Divisions of Family Practice (www.divisionsbc.ca)	Provincial resources and division-created tools for chronic pain management.

ting a path through the jungle of pain management.

Competing interests

None declared.

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Dr Neil Carlisle Barber 1934–2018

Dr Neil Carlisle Barber, 84, of Creston, BC, passed away peacefully, embraced by his family, on 2 November 2018. Born in Manchester, England, Neil attended Cambridge University and qualified as a medical doctor in 1959. He and his young family then spent 3 years in northern Kenya, where he served diligently as the only doctor for a remote area. After also working as a doctor in Swansea, Wales, for 2 years, Neil and his family immigrated to Quesnel, BC, in 1965. Neil embraced the Cariboo and it embraced him. He devoted the remainder of his medical career to this region, specializing as an internist and becoming a founding member of the International College of Hospice/Palliative Care in 1995, where he was instrumental in bringing a multibed hospice unit to Quesnel. He is fondly remembered by patients and medical staff alike as a gentle, intelligent, devoted doctor who treated everyone with compassion, grace, and strength. Neil retired in 2002, and in 2008 he and his wife, Eva, moved to Creston, BC, where he continued his commitment to palliative care by serving on the local Hospice Society Board and successfully bringing two hospice rooms to the Creston Valley Hospital.

Neil is survived by his daughter, Theresa (David) Metzger, and his sons, Marcus (Janice) Barber and James (Ila) Barber. He is also survived by his sisters, Julie (Richard) Williams and Linda Allatini (Anthony) Wilson and his grandsons, Wes (Alaina), Daniel, Michael, William, and Jon. Neil joins his beloved wife of 60 years, Eva, who passed away in 2017.

A special thank you to the nurses and doctors at the Creston Valley Hospital, and to Father Sylvester Obi Ibekwe of the Holy Cross Catholic Church, for their loving care and support during Neil's final days. Funeral services were held at the Holy Cross Catholic Church in Creston on 23 November (www.gfoliverfuneralchapel.com/notices/Neil-Barber). Neil was laid to rest beside Eva at the Forest Lawn Cemetery in Creston, BC. Memorial donations may be made to the Eva and Neil Barber Memorial Fund at the Creston-Kootenay Foundation, Box 701, Creston, BC, V0B 1G0 (proceeds to benefit the Creston Valley Hospital palliative care rooms) or to the Holy Cross Catholic Church at Box 299, Creston, BC, V0B 1G0.

—Theresa Metzger, BSc
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Recently deceased physicians

If a BC physician you knew well is recently deceased, consider submitting a piece for our "Obituaries" section in the *BCMJ*. Include the deceased's dates of birth and death, full name and the name the deceased was best known by, key hospital and professional affiliations, relevant biographical data, and a high-resolution photo. Please limit your submission to a maximum of 500 words. Send the content and photo by e-mail to journal@doctorsofbc.ca.