

# Why is pain management for chronic wounds so neglected?

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It is a simple fact of life that wounds cause pain. We do not need empirical evidence to prove it but for those that remain sceptical there is a plethora of international research showing that the pain experienced by people with chronic wounds is remarkably similar from person to person. This will come as no surprise to anyone who has cared for someone with a chronic wound in either a professional or lay capacity. We know that chronic wound pain is frequently severe, persistent and quickly leads to sleeplessness, emotional distress, loss of self-esteem, social isolation and depression and yet it fails to receive priority in today's overburdened health service.

Worryingly, ineffective pain control is not confined to wound management and there is a global inadequacy in treatment for both acute pain and cancer pain. As health professionals, we should ask ourselves why the relief of another person's pain remains more rhetoric than reality. If terminally ill patients experience moderate to severe pain in the last few days of life and babies in neonatal units are not routinely given analgesia for painful procedures, what chance do patients with non-healing wounds have?

People with chronic wounds often believe that pain is inevitable and untreatable because that has been their experience. This becomes a self-fulfilling prophecy when clinicians do not routinely implement effective pain-reducing strategies. It is about time that health professionals stopped making excuses

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and took individual responsibility to ensure that inadequate pain management becomes a thing of the past.

Effective pain management does not need expensive, sophisticated resources, what it needs is empathy, understanding, good interpersonal skills and to be made a priority. After all, pain reduction will always be the highest priority for the patient — why is it not the case for healthcare staff? New advances in treating pain related to dressing changes or persistent wound pain are worthless without adequate pain assessment and each patient has the right to be believed — and heard — in their expression of pain.

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In the past few years, a growing number of guidelines by professional organisations to improve wound pain management have been published (European Wound Management Association, 2002; World Union of Wound Healing Societies, 2004) which offer pragmatic recommendations for practitioners, ironically the impact of such initiatives does not spread as easily as the myths surrounding the use of analgesics. Recommendations alone will never change behaviour but they help define best practice and provide a rationale that was, until recently, previously lacking.

International consensus statements integrate well established principles of alleviating pain with new approaches to the management of wound pain. More treatment options are now available as pain medication can be administered either systemically or locally in dressings incorporating an active analgesic. As a result, more people with chronic wounds have been able to break free from the misery of persistent wound pain (Jørgensen et al, 2006).

A recent review published by the International Anaesthesia Research Society (Brennan et al, 2007) concluded that reasonable pain management is a right and that health professionals have a duty to listen to and reasonably respond to a patient's report of pain. Many experts argue further that the unreasonable failure to provide adequate pain relief constitutes negligence. The concept of pain management as a fundamental human right is gaining momentum. For all of our sakes let's hope it becomes a reality. **WUK**

## References

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