

Soldiers Against Pain

Jewish Hospice conference gives professionals a comprehensive view

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Lots of people die on the midnight shift," said Kathy Strettar, overnight nursing supervisor at Providence Hospital in Southfield. She gives that fact as her reason for attending "The War on Pain" conference spearheaded by the Jewish Hospice & Chaplaincy Network (JHCN).

"I would hope I could mentor some of the nurses on end-of-life issues," she said.

Strettar was among the more than 740 physicians, pharmacists, social workers, clergy, nurses, medical administrators, hospice and elder care givers who attended the March 19 session held at Congregation Shaarey Zedek in Southfield.

JHCN, celebrating its 10th anniversary, either partnered with or listed as sponsors virtually every major medical institution in Metro Detroit as well as hospices, Jewish agencies, private donors and Wayne State University's Eugene Applebaum College of Pharmacy and Health Sciences.

"Jewish Hospice & Chaplaincy Network has the privilege of working with all of you as we serve more than 500 patients and their families a year," executive director Rabbi E.B. "Bunny" Freedman told the audience.

"Unfortunately, many come to us writhing in pain," Freedman said. "We're all soldiers in the war against pain."

JHCN volunteer Renee Gruskin took up the battle after watching the suffering of her husband, nationally renowned pediatric nephrologist Dr. Alan Gruskin, who died from pancreatic cancer six years ago.

"Told by his doctor to 'Go home and plan your funeral,' he could never lie down in a bed again," Gruskin of West Bloomfield told the attentive crowd. "He sat in a chair. Every evening for six months he became panic stricken as soon as the sun went down."

When a friend suggested that she call Jewish Hospice, their lives changed, she said. "They gave us so much warmth and comfort and medications that were so needed. In the end, as caregivers, we must remember the physical pain and the emotional pain."

Seeing All Aspects

Treating both is no easy job, conference experts said.

"We don't think of pain comprehensively," said Dr. John Finn, medical director of Palliative Care Services at Providence-St. John Health System. "Pain management is much more than narcotics. Doctors are completely clueless. Even in hospice we under-treat pain."

For example, "cancer patients can live longer with spinal-injected medications," Finn said. "Why aren't institutions jumping at this?"

"Interventional pain management is under-used," said Dr. Russell Portenoy, chairman of the Department of Pain Medicine and Palliative Care at Beth Israel Medical Center in New York.

"The system is broken," he said, because of lack of follow-through.

"We're not applying the skills we have adequately," agreed Dr. Perry Fine, professor of anesthesiology at the University of Utah's School of Medicine and a founding member of the American Academy of Hospice and Palliative Medicine.

Pain is managed poorly in 20-40 percent of the population, Fine said. But "population studies mean nothing when you walk into a room and that person is in pain — then it's 100 percent."

It's important to know that "many pain symptoms are caused by the mind — they look physical," said Elana Goell-Varkovitsky, PhD, a psychologist who practices in Franklin. "There's a great need to answer the big questions, 'Did my life matter?' The inability to come to terms with this causes pain."

It can be "more honorable to be in pain than to think you have failed," Goell-Varkovitsky said. "It's important to guide them to what is beautiful and meaningful in their lives ... Love is greater than death."

The Local Picture

"Southeast Michigan had the first hospital-based palliative care in the state, if not the nation," said Margaret L. Campbell, Ph.D., who is a palliative care nurse practitioner at Detroit Receiving Hospital and assistant professor of research at WSU College of Nursing.

"Our patients [in southeast Michigan] have choices. There's some seamlessness from hospital to hospices in the community."



She noted a shortage of palliative medicine physicians and advance practice nurses.

"What we already know about cancer pain needs to be applied to other illnesses," Campbell said. "Study breathlessness, study fatigue, study people who can't tell you what their symptoms are."

Audience questions covered such subjects as:

- Pain management in nursing homes: "We're doing a pitiable job in assessing and managing pain in nursing homes," Fine said. "It's a systems and funding issue."
- Addiction to pain-killing drugs: When health professionals don't know what constitutes addiction, Portenoy said, it leads to under-treatment. By law, the only reason to stop giving an addictive medicine is if there is "criminal intent," for instance, if the patient intends to resell it.
- Complementary Alternative Therapies (CAM): The mind-body therapies that are proven to work have been integrated into the mainstream treatment of pain, Portenoy said. "But, at least in New York, the airwaves are full of 'complementary approaches' that are unproven. I really worry if we don't take a stand against those."

"I think this was a really comprehensive seminar," said Barbara Bradley, a Bloomfield Hills social worker who deals with end-of-life issues. "Emotional pain is as deadly as physical pain. They have covered the subject in depth." ■