

# Managing Pain

*Opening Address by Dr Chong Yeh Woei, 1<sup>st</sup> Vice-President, SMA, at the 38<sup>th</sup> SMA National Medical Convention, 19 May 2007, Suntec Convention Centre*

The SMA has always chosen very important topics for our National Medical Conventions which will be of very much relevance to the medical profession and our medical practices, just like aesthetic medicine in 2005 and managed healthcare last year.

This year, we have decided to embark on the topic of pain management because as medical practitioners, we know that acute and chronic pain, from head to toe, from a headache to neckache to back pain to knee pain, affects a large segment of our population and pain is indeed the most common symptom for which people seek medical attention.

This is collaborated by a study conducted by the Pain Association of Singapore in 2006 which found that the incidence of chronic pain was 8.7% in the general population and that this incidence rose steadily to 16.7% in those 60 years and above, which means in fact out of six audience sitting here today, one of you could be suffering from chronic pain. This is actually very significant in view of our rapidly ageing population.

The tragedy of pain is that it can destroy a person's quality of life, limit their activities of daily living and, in very serious cases, erode their will to live. A World Health Organisation Study of 5,447 individuals across 15 study centres located in the Central Asia, Africa, Europe and America examined the relationship between pain and well-being and found that those with persistent pain were over four times more likely to have an anxiety or depressive disorder than those without pain. Other studies also suggested that pain intensity, disability, and anxiety/depression interact to develop and maintain chronic pain conditions. To the society, there would be productivity and hence, economic loss as well.

I heard a quotation once said: *"Pain is a more terrible lord of mankind than even death itself."* It is no longer acceptable to allow suffering and ruined lives from uncontrolled pain. We, as healthcare professionals, cannot say: "I am sorry, there is nothing more I can do." The subjective definition and nature of pain, confusion as to who is responsible for treating it, lack of understanding

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of pain, and misconceptions about drug addiction and tolerance make pain management difficult. Therefore, it is very important that we, as healthcare professionals, identify pain relief as a priority with a critical understanding of the early detection and successful management of acute and chronic pain, with an objective of enhancing the patients' quality of life.

With this in mind, it is also very important to educate our patients on the early detection and different modalities of management for pain relief (even including acupuncture as one of the possible modality), especially in back pain, arthritis and headaches – diagnosis that affects a large group of our patients. Hence the decision to also hold a public forum this time round during our Medical Convention and I must say that the response is seriously overwhelming – showing that our public is really eager to find out more about pain management.

In the 21<sup>st</sup> century, the medical profession will leave our legacy not only for how we were able to use our advanced technology to prolong life but also on how we treated and relieved pain and suffering in the lives entrusted to our care.

I am also glad that our Organising Committee has invited many eminent experts in pain control internationally, from Europe, Australia, China, Japan and Malaysia, to share with us their expert opinion on the impact of pain in their own countries and how they are coping with pain control in their countries. This will definitely bring the sharing of information on pain control up to a new frontier. ■