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*The Pain Practitioner* is published by the American Academy of Pain Management, 13947 Mono Way, Ste. A, Sonora, CA 95370. Phone 209-533-9744. Fax 209-533-9750. Email: aapm@aapainmanage.org, website: www.aapainmanage.org. Copyright 2007 American Academy of Pain Management. All rights reserved. Send correspondence to Lennie Duensing, MEd, at lduensing@yahoo.com. Contact Jillian Manley at 209-533-9744 regarding advertising opportunities, media kits, and prices.

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LENNIE DUENSING  
Executive Director and  
Editor-in-Chief

# Some Thoughts About Our 18th Annual Clinical Meeting and the Qualities that Define the American Academy of Pain Management

**T**HE American Academy of Pain Management's 18th Annual Clinical Meeting, entitled "Knowledge, Compassion, and Care," was my first as executive director of the organization. And I have to admit that it was with a great sense of awe and anticipation that I approached this gathering. Our annual meeting is, after all, the organization's premier event and the one that defines who and what we are.

Held from September 27-30, 2007, at the Red Rock Resort in Las Vegas, Nevada, the meeting was a great success. With over 1,400 people from throughout the United States and abroad, we had the highest attendance ever. The educational offerings addressed the needs of our interdisciplinary membership and presented top experts in the field. Attendees responded positively to our new innovative programs, such as the TV-style ethics symposium, which opened the meeting. Lively events were held in the exhibit hall. Elvis showed up and sang at the President's reception. At "Grape Expectations," the wine tasting party, attendees sampled fine wines from all over the world. On the last night of the meeting, we danced to a very hot Las Vegas band.

But more importantly, through the process of developing this meeting and at the meeting itself, I gained a better sense of the particular qualities (both tangible and intangible) that define the Academy, and how these qualities give the organization the potential to transform the field of pain management—and ultimately the lives of those with pain.

## We are an Organization with a Unique and Timely Mission

Our mission is unique and on target. Set forth by Dr. Richard Weiner almost two decades ago, our organization's mission promotes an integrative approach pain management. Dr. Weiner understood that pain is

best managed through a truly interdisciplinary approach—meaning that clinicians, representing different disciplines and medical traditions would work *together* to learn about pain and its management. And this would lead eventually to a new and effective model of pain care that would address the whole person—mind, body, and spirit. Although there have been enormous changes and challenges in the pain management environment over the last 20 years, creating an integrative model through our annual meeting and our other programs and publications, remains our vision, mission, and goal.

In addition, the Academy's strength lies in some special qualities that are essential, yet cannot be as easily defined or measured.

## We are an Organization with Great Spirit

The stated goals of our meeting are to: present offerings that meet the educational needs of our interdisciplinary membership; offer practical information for clinicians; and, provide an opportunity for clinicians to network with one another. But it's even more than that. It's not just *what* we do, it's *how* we do it. It is *how* we bring our members together, *how* well we acknowledge the talent and commitment of long-time members, and *how* we welcome and include new attendees.

There's a wonderful Hebrew word that describes the *how* that went into creating and implementing this meeting, and it is what I experienced from our staff, the  
*(continued on page 8)*

**I gained a better sense of the particular qualities that define the Academy, and how these qualities give the organization the potential to transform the field of pain management—and ultimately the lives of those with pain.**

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attendees, Board and Committee members, speakers, and attendees. The word is “ruach” and it means *spirit*, or more precisely, *spirit of the wind*. It is the spirit that motivates and drives us to do our work and meet challenges in spite of the difficulty—and to do it with a sense of joy and camaraderie. For this, I thank all of you who participated for bringing that special spirit to this meeting, and all of you who bring this spirit to our work year-round.

### We Understand that *Knowledge, Compassion, and Care* are the Essential and Ethical Elements for Optimal Pain Management

*“The greatest principle of medical professionalism involves the absolute regard for the well-being of our patients, and for the doctor to act always in a trustworthy and compassionate manner.”*

—Phil R. Manning and Lois DeBakey

Last year, my late mother-in-law (an RN who worked until she was 85) had a massive stroke and was left debilitated and with significant pain. Following her hospital stay, my husband interviewed physicians to determine who could best serve her needs. One astute doctor asked, “What do you want in a doctor?” To this my husband quickly replied, “That’s simple. I want a compassionate medical genius.” With a startled look on her face, the doctor replied, “Yes, I guess that’s exactly what I would want for myself.”

And so, the theme of the 2007 meeting, “Knowledge, Compassion, and Care,” was born. Our purpose was to emphasize that optimal, patient-centered, and ethical pain management requires all three of these essential elements.

As Betty Ferrell, RN, PhD, FAAN, the first recipient of our 2007 Head Heart Award\*, wrote:

“We must...nourish and exercise those humanistic qualities that our patients most want and need...: kindness, personal warmth and compassion. While performance measures may assess our technical competence, these other qualities are not so easy to measure. But that doesn’t mean they’re not important... And we ourselves know when those qualities are missing, when the heart seems to go out of what we do and our practice devolves to fending off ‘hassles’ instead of engaging with our patients.” (1)

As director of the Academy for almost a year, I can say that I have observed the qualities of *knowledge*, *compassion*, and *care* over and over again, not only in the way our clinicians care for their patients (and I know of many inspiring stories), but also in the way they work with one another, and the way they bring these qualities to the work of the organization, and particularly to our annual meeting.

### We do Our Work “In Community”

Another essential quality of the Academy is that it is truly a community. It is a community composed of open-minded practitioners who are willing to contribute their individual areas of expertise, and who are willing to gain new perspectives and understandings about pain management—all with the purpose of discovering effective ways to heal those who live with chronic pain.

Our 19th Annual Meeting, which will be held at the Gaylord Opryland & Convention Center, in Nashville, Tennessee, from September 8 to September 11, is titled “Cultivating a Community of Care.” (These dates have been changed from the previously announced August dates.) It will focus on “community” as it relates to creating an integrative model of pain management, and the work our clinicians do in their local communities.

### REFERENCES

1. Ferrell B. Why compassion is such an important part of practice. *ACP Observer*. December 2003. Available at: <http://www.acponline.org/journals/news/dec03/president.htm>. Accessed November 19, 2007.
  2. Manning PR, DeBakey L. *Medicine: Preserving the Passion in the 21st Century*. New York, NY: Springer-Verlag; 1987.
- \* The new Director’s Choice Head Heart Award is given annually to an individual who has exhibited extraordinary knowledge and compassion in his/her work.

(from page 7)

Finally, for those of you who could not be with us this year, we have provided photographs of the various aspects of the meeting. In addition to our educational offerings, you can see attendees having a great time. Contrary to the TV ads, what happened in Vegas should not stay in Vegas. It was a rewarding time, with outstanding educational offerings, symposia, networking opportunities, and just plain fun. See pages 53-62.

We hope to see you in Nashville in 2008!

# In This Issue



DEBRA NELSON-HOGAN  
Editor

**T**RADITIONALLY, the last issue of the year reflects the qualities of the annual clinical meeting and its educational aspects. In her column, Executive Director Lennie Duensing beautifully describes the atmosphere and activities that illustrated our theme of “Knowledge, Compassion, and Care.” We have selected several presentations to highlight, because they, too, reinforce our theme.

Keynote speaker and recipient of the *Richard S. Weiner Pain Education Award* Robert J. Schwartzman, MD, details new treatment options for complex regional pain syndrome (CRPS). His discussion focused on new uses of ketamine, an anesthetic which blocks the NMDA receptors, for both outpatient and inpatient protocols. “For patients who have been refractory to all modalities of treatment, a ketamine coma protocol is currently being used in Germany that keeps the patient in a coma for five days. All patients receive the usual critical-care monitoring and awaken with no CRPS pain (allodynia, hyperalgesia, and hyperpathia). Most patients suffer the original pain that initiated CRPS. On the third day of coma, patients regain their normal sympathetic tone and lose all of the inflammatory components of the illness. Thirteen of the 40 patients have remained pain-free. One patient has been pain-free for nine years, and the others between four and six years.”

Lynn Webster, MD, FACPM, FASAM, one of the speakers in an all-day track on “Emerging Solutions in Pain: The Interface of Pain and Addiction,” writes about avoiding opioid abuse while managing pain, a topic that was discussed in several sessions. He also writes about current research on abuse-resistant and abuse-deterrent products that will be commercially available soon. He emphasizes that with the aging baby boomer population, “there will be an unprecedented influx of people in pain. Some estimates suggest a 50% to 100% increase in pain patient populations. Therefore, to simply not prescribe

opioids is not a viable solution. Continued research is needed to find creative ways to develop safer opioids for both addicts and chronic pain patients.”

J. Kimber Rotchford, MD, MPH, founder of the Olympic Pain and Addiction Services (OPAS) in Jefferson County, Washington, introduced a therapeutically and financially viable clinical model for caring for patients with chronic non-malignant pain who are at risk of or have the active disease of addiction. He shares with us “universal precautions” that are used for patients with complex medical and psychiatric histories. “Our patients benefit from comprehensive monitoring that involves family, an interdisciplinary healthcare team, and regular office visits.”

The opioid discussion continues in an editorial by Michael J. Brennan, MD, a physiatrist in private practice in Connecticut. “I still hurt: A differential diagnostic approach to patients in pain,” addresses what pain clinics, and the people who frequent them, are all about. He writes, “Parenthetically, don’t non-pain physicians realize that the reason we have rational polypharmacy, which includes opioids, is that Tylenol® does not work for these people?”

That opioids do not work for all people, but other options can help people in pain, was brought to life by Dennis Kinch, who received the *Richard S. Weiner Pain Education Fund Advocacy Award* for his outstanding commitment to pain patient advocacy. In his keynote presentation, he described “The Pain Cycle From a Patient’s Point of View.” Walking allowed Kinch to take back his life, and he ultimately walked the length of U.S. Route 66, educating and raising awareness in clinics along the way.

Jeffrey Janata, PhD, spoke in the Pre-Exam Track, a session designed to review some key components in the Academy’s Certification Examination, which is given on the last day of the conference. Dr. Janata discusses the role of psychological evaluation in chronic pain.

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