

Letter from the Editor

Interventional Pain Medicine in the New Millennium

Bert Fellows, MA

As we enter the new millennium, I feel both humbled and privileged to be the editor of *Pain Physician*. I feel humbled because, as a psychologist, experience has taught me that psychological interventions in the field of pain management are of little or no benefit when pain levels are intense. Somatic interventions, whether they be neural blockade, oral pain medication, or physical therapy, must ease and reduce the suffering before one's consciousness is receptive to psychological remedies. Relief, as Dr. Dan Dotson's review focuses on, is the key ingredient for successful interventions. By the time relief is obtained for most of our patients, they are in dire need of psychosocial interventions; their lives having been ravaged by years of misdiagnosis, misunderstanding, and false accusations, by the loss of functional capacity, work, and self-esteem. The work ethic plays such a profound role in the personal identity of most individuals that being awarded disability is a mark of shame—a life sentence without parole. For the mother unable to care for her children as she used to, or the grandparent no longer able to keep the grandchildren overnight, or the elderly who no longer feel they can contribute, the sense of being a burden can be overwhelming. It is at this point of relief that I feel privileged to be a part of this great clinical team effort to enhance and sustain this relief, to reinforce newfound hope, to perhaps help in the salvage of damaged relationships. It is an even greater privilege to be a part of the tremendous organizational effort of AOPMA to preserve and promote interventional pain medicine and provide leadership into the next century and beyond.

In order to remain successful, we must continue to engage in the political arena. Politics is all about decision-making, and decision-making is all about power and influence. If we are not a part of this process of power and influence,

we will fail just as surely as if we neglect basic research and advanced educational programs. To that end, we have formed the Key Contact Program, which will maximize our efficiency in communication with the decision-makers. You will find a membership form in this issue—please get involved.

The *Pain Physician* continues to focus on both practice management and clinical issues. Thanks to Linda Van Horn for her tips on strategic planning and to the many contributions from the staff of Arent Fox for the News from Washington, Health Care News, and the insightful look at current “safe harbors” by William Sarraille.

On the clinical side, be sure to check out the excellent review article on *Percutaneous Epidural Lysis of Adhesions* by Manchikanti and Bakhit, and the exciting results of the case report on *Laser-Assisted Percutaneous Endoscopic Neurolysis* by Epstein and Adler.

After incorporating the many changes and suggestions made by AOPMA membership, Board of Directors, and others associated with AOPMA, the difficult task of drafting clinical guidelines for interventional techniques was finally completed in the form of *Interventional Techniques in the Management of Chronic Pain, Part 1.0*. This effort should help to bridge the gap between practice management and clinical practice by providing practical guidelines for diagnosis and treatment together with the appropriately matched CPT and ICD-9 codes for each. As we evolve, we need to become increasingly precise in our efforts to blend the science of medicine with the art of medicine. Guidelines should help to harmonize this relationship.

Remember, this is a work in progress, just as we are. It will change just as surely as we do, but it offers an anchor: a tangible, substantial, organized standard to guide us in our journey and to improve our communication with each other, with the regulators, and with the payers.

From Pain Management Center of Paducah and Association of Pain Management Anesthesiologists, Paducah, KY.

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A hearty welcome to the new members of our editorial board: Keith R. Brown, R Ph, Pharm. D; Aaron K. Calodney, MD; Stephen R. Hayes, MD; Saadat Kamran, MD; Gabor B. Racz, MD; Judson J. Somerville, MD; Kenneth Varley, MD, and Peter Wright, MD. Welcome also to Sonora Hudson, MA, and Anu Manchikanti whose manuscript editing skills appear for the first time in this issue.

Sonora joins us with a wealth of editorial experience having been Manuscript Editor for Pain Digest since 1989, and Managing Editor of the International Journal of Pharmaceutical Compounding since 1996 in addition to her freelance writing for Allied Healthweek, Anesthesiology News, M.D. News, and other publications. Anu is a journalism student currently attending New York University.

As always, many thanks to our support staff: Vidyasagar Pampati, Michelle Powell, Ben Lawrence, Diane Dunmyer, Tonie Hatton, and Kevin Court.

The challenges before us are daunting and complex, but

we have made significant progress. We need to continue our efforts with vigor. The future of interventional pain medicine is at stake and with it the future of pain sufferers everywhere.

If I might borrow and slightly modify some lines from the pen of one of our former national poet laureates:

The woods are lovely, dark, and deep,
 But [we] have promises to keep,
 And miles to go before [we] sleep
 And miles to go before [we] sleep

- Robert Frost, *Stopping by Woods on a Snowy Evening*

None of us can do it alone, but together we can ease the journey of endless miles; together, we can ease the burden of our promises to do our best to provide "relief." Together, we can make a difference.