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# PAIN NEWS

A PUBLICATION OF THE BRITISH PAIN SOCIETY  
50TH ANNIVERSARY ISSUE



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THE BRITISH PAIN SOCIETY  
PAIN NEWS

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PAIN NEWS MARCH 2017

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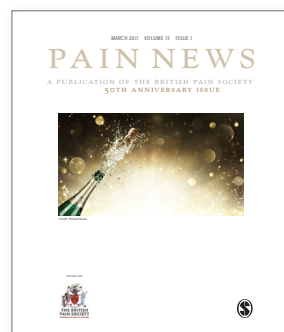
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<https://www.britishpainsociety.org/for-members/pain-news/>



# British Pain Society Calendar of Events

To attend any of the below events, simply book online at:  
<https://www.britishpainsociety.org/mediacentre/events/>

## 2017

### 50th Anniversary Annual Scientific Meeting

Wednesday 3<sup>rd</sup> to Friday 5<sup>th</sup> May 2017  
Birmingham

Put the dates in your diary now for this flagship event – the 50<sup>th</sup> Anniversary Annual Scientific Meeting of the BPS. We are putting together an exciting and stimulating programme and will be announcing plenary speakers and parallel session topics in the near future. The ASM is a great opportunity to:

- Network with colleagues
- Keep up to date with the latest cutting edge research and developments relevant to pain
- Raise questions, partake in debates and discuss outcome
- Meet with poster exhibitors and discuss their research

For regular updates please visit: <https://www.britishpainsociety.org/2017-asm-birmingham/>

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### Living Well Right to the End Philosophy & Ethics SIG Annual Meeting

26<sup>th</sup> to 29<sup>th</sup> June 2017  
Rydall Hall, Cumbria

How to live well at all can prove elusive and has been much debated for thousands of years.

Is it to do with physical health or pleasure or a general sense of wellbeing or happiness or fulfilment or meaning or is it merely the absence of suffering?

Can we somehow enable those we care for to achieve a level of wellbeing even as they become ill and perhaps face death?

Can we achieve a measure of wellbeing in our own lives?

Our meeting this year takes place in the beautiful surroundings of Rydal Hall amongst the lakes and fells of Cumbria where we will be considering all of these issues.

---

### Gonnae no dae that! – exploring patient and clinician fears Pain Management Programmes SIG Biennial Conference

14<sup>th</sup> & 15<sup>th</sup> September 2017  
Glasgow Caledonian University, Scotland

**Speakers including:** Amanda C-de-C Williams, Tamar Pincus, David Gillanders and Johanns Vlaeyen.

#### Social events:

- Wednesday evening: drinks reception in the iconic Glasgow City Chambers.
- Thursday evening: Scottish gin and real ale tasting, plus the chance to play the bagpipes at the National Piping Centre!

**Further details for all our meetings can be found on our events listing page:**  
<https://www.britishpainsociety.org/mediacentre/events/>

# Editorial

Dr Arasu Rayen *Editor*  
 pns.rayen@gmail.com



By the time you read this editorial, summer is around the corner, but most importantly the 50th anniversary of British Pain Society (BPS)

Annual Scientific Meeting (ASM). At this important juncture, it is our immense pleasure to bring you the special edition of *Pain News* to commemorate the 50th anniversary of BPS ASM. After reading the above statement, you should have realised that BPS is the oldest Pain Society in the world. It is the only Pain Society which has been in existence for the past 50 years. What was once called Intractable Pain Society, started by handful of clinicians to promote knowledge and skill and encourage networking, changed its name to Pain Society and later grew into The British Pain Society (BPS) with nearly 1300 members from multidisciplinary

background. We should be proud that we are part of such a long-standing legacy.

To celebrate this occasion, we have a few special articles and guest editorials from the past Presidents of the BPS and the former editors of *Pain News* and a photographic feast from previous ASM. One such article is from Dr Tim Nash. Dr Nash was one of the Pain Management consultants who worked at the Walton Pain Management Centre. I remember him from my attendance at Liverpool pain courses during my training days. When I tracked him down and requested an article about his association with the BPS, he was so enthusiastic about the idea. He completed a wonderful article which gives us real insight into the 'big bang era' of BPS. It was also a pleasant surprise to know that he was the first editor of the newsletter of the Intractable Pain Society. This is the same newsletter which had evolved into our current *Pain News*. So, he is actually the first editor of *Pain News*. I really have to thank him for taking so much effort in not only writing the article but also for sending me copies of the first newsletter and getting in touch with his associates of yesteryear to get more information. Please read his

article which is very interesting and informative about how the BPS came in to existence.

Another person I have to thank is William Campbell. Tirelessly, he responded to a barrage of my emails and calls about various aspects and personalities of the BPS from previous years. He also takes the credit for sending nearly 50 photographs from his collection of photographs from previous years. Now I understand why we see him with his camera all the time during ASM and asking delegates and speakers to pose for his photographs.

There are special editorials from Mike Basler, Ruth Day and Thanthullu Vasu. They have looked back at their associations with the BPS and look ahead at the future of the BPS.

May I take this opportunity to remind you about this year's special ASM in Birmingham. This year's ASM has an exciting line up of speakers and programmes. I hope that lots of you have already utilised the early-bird offer and booked to attend the ASM. If not, please book and attend this special ASM to make it very special and memorable.



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 2017, Vol 15(1) 3  
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# Guest Editorial 1: Post Truth, Glass - cliff, Woke, Adulging and BPS?

**Thanthullu Vasu** *Consultant and Head of Pain Management Services, University Hospitals of Leicester NHS Trust; Former Editor, Pain News*



I can't believe that it is 3 years since I was the Editor for *Pain News*; it was a pleasant shock when the present Editor asked me to write a guest editorial for the newsletter that faces the 50th Annual Scientific Meeting (ASM).

In my first editorial,<sup>1</sup> I quoted,

*plus ça change, plus c'est la même chose*  
[the more things change, the more they remain the same]

I am sure you will agree that the pain services and the National Health Service (NHS) are still facing the same challenges and constraints as we had before. As pain clinicians, we are constantly engaging with the Commissioners and Managers to sustain our pain services. Commissioners have used variety of reasons, including some perfidious, to ration our services. Although we engage locally within our geographical limits as clinicians, we should be really proud that we have a British Pain Society (BPS) that looks into the wider needs of the pain community. We should also be proud that we have a true multidisciplinary Society that caters to our needs as we face our 50th ASM in Birmingham in May 2017.

On another note, it is really worrying that the membership numbers are going down slowly. In my first issue as Editor (Summer 2011), our Honorary Secretary reported that there were 1467 members, whereas in March 2016, this number has fallen down to 1280.<sup>2</sup> So, why are members losing the interest to work with the Society? It is a million dollar question, but I wish to analyse with a concept of 'word of the year'. For those who are not aware, this refers to the most important words in the public domain during that year. I wish to select the Oxford dictionaries 'word of the year 2016' to analyse this.<sup>3</sup>

## Post-truth

Post-truth is selected as the 'word of the year 2016'. It is explained as 'condition in which objective facts are less influential in shaping public opinion than appeals to emotion or personal belief'. Though this word navigated a lot in public domain due to facts like Brexit, US elections and so on, I feel there is a strong link with our position in the BPS. When I was an elected Council Member, some colleagues used to comment that the Society has not done much for them individually. I replied back that they form the Society and it is not just the Council which sits in Red Lion Square running the show:

*You are not stuck in traffic; you are the traffic*

The office bearers represent us but individuals should also take responsibility. Are members leaving because of emotional and personal beliefs rather

than objective facts? I am not in a position to comment, but be assured that this is a Society which has a strong multidisciplinary tradition and represents each one of us when needed. We should be aware that unless we stay together, it is easy for commissioners or service-buyers to compromise our services! Please look at the objective facts rather than personal beliefs: BPS has more than 1200 members and promotes education, training, research and development in all fields of pain. It has raised both professional and public awareness on pain management. It has published evidence-based guidelines that we still use when engaging with the commissioners. If clinicians want to stand away and hope the Society could work, it is not a rational view.

Few other words in 2016 that were short-listed include the following.

## Glass-cliff

This is an interesting concept used in reference to a situation where a woman or minority person ascends to leadership in challenging circumstances where the risk of failure is high. In 2003, Elizabeth Judge wrote an article<sup>4</sup> where she compared 10 companies which had mostly women on their boards with 5 companies with no women on their boards. The companies with women didn't do well, but looking into detail, this trend was there even before these women were appointed. So, 'glass-cliff' was termed to explain why minorities raising to leadership did not perform well due to pre-existing hostile environment. One similar concept is that our BPS has had similar challenges for a long time and members might expect that

these issues should be swiftly resolved. Considering these are long-term problems, we may not have immediate solutions; I can reassure that the Council members work hard to overcome these obstacles. BPS has reached glass-cliff where already existing restrictions are causing obstacles. We need to support the Society at this difficult time rather than exiting!

### Woke

'Woke' is an US informal alert to injustice in the Society. It means '*being aware – specifically in reference to current events and cultural issues*'. Though it was applied in the United States to racism, the concept could be applied to other situations. We should all be 'woke' now that the Society needs our support. Without us, the Society can't function. All other Societies have grown in number and this is the time to reflect why it is important for us to stay together as a Society!

### Alt-right

This is an ideological group (mainly online) with extreme conservative or reactionary views, rejecting mainstream politics and disseminating deliberately controversial content. Luckily, our BPS does not face much criticism, but still we could see various online or social groups of comments about our Society. I presume that all these discussions will benefit and make our BPS stronger. I am sure that these controversies arise as the expectation from BPS is higher and it will stand stronger to do the needed.

### Hygge

'Hygge' is cosiness and comfortable conviviality that gives content and feeling of well-being (represents Danish culture). Some members feel that it is okay to stay away from the Society with comfortable hygge, but times are more complex and demanding that we need to include ourselves rather than the opposite.

Please get involved with the Society as it is made by you rather than formed for you!

### Adulting

'Adulting' refers to a person behaving as a responsible adult, especially in doing routing mundane but necessary tasks. This is a cheeky word honouring a dull task that needed doing. Let us all do adulting, in that being a vital part of the BPS is a necessary task.

In the next section, I am only going to express *my personal views*. These are my thoughts that should be objectively analysed and debated for the benefit of our Society:

### ASM pattern

Each year, we get reports that the ASM was a huge success. Fourteen years ago, when I started as a pain trainee, ASM was like a festive period. I still remember the whole pain department going to ASM and finding it difficult to get an anaesthetic consultant to hold the fort till we all came back. Now, the situation is different! Not many from our department go to the meeting and it is rare to find trainees who are interested. Many reasons could be debated; but the two important facts include the following: (1) cost of the ASM which should be reduced; for a consultant, he or she will lose the whole study budget in one meeting itself, and (2) though the ASM committee works hard, members have anecdotally commented that the topics are monotonous and more basic science based; why not challenge this with more clinically applied topics rather than science/research alone? Considering the fact that there are more clinical members, ASM agenda should represent this with apt engagement of frontline clinicians.

### Membership benefits

Members get *Pain News* and *British Journal of Pain*, but the number of other

publications and leaflets might have reduced in number now, possibly because of cost-effectiveness. To keep in pace with modernisation, BPS can judiciously use the online platform to inform and involve the members. ASM topics and education days could be webcasted later for those who could not attend. This could also involve important case discussions; Google *Pain Consultants* group has proved hugely successful how online discussion can help and benefit our patients and this should set a model. I request the Executives to do the necessary to make sure that the benefits of membership are realised by members.

### Feeling part of Society

I personally feel that more needs to be done to make us feel a part of the Society. Charity-runs, Christmas cards and coffee-day for charity are some examples. All charities have a section which deals with these activities and BPS should consider this to motivate the members.

### Spreading good news

Although I have great appreciation for all the work done by the Communications Committee of BPS, I still feel that we should be spreading more good news and appreciation. Even small appreciation for a pain service should be given due importance and projected to create awareness of our good work. Faculty of Pain Medicine has a webpage advertising all the good work in pain management and this could be a simple example.<sup>5</sup> If we don't appreciate our colleagues, who else will?

### Is multidisciplinary cause for concern?

There have been concerns from doctors that there are not many medical representatives on the BPS Council. As more than 50% of the membership is

from anaesthetic faculty, this concern could be understood. However, being multidisciplinary is vital to work together for the benefit of our faculty. Every discipline should be reassured by the BPS that they will be taken care of and represented in an even way.

I am very fortunate to have been elected as a Council Member of our prestigious Society in the past and served as the Editor of *Pain News*; my personal example clearly proves that if you want to serve the Society, there are always options to be part of it. Please think again how you could help the Society. In my last issue as the Editor (March 2014), I finished with a quotation from Albert Einstein:

*Strive not to be a success, but rather to be of value*

I am confident that we, as individual members of the BPS, will add huge value and continue to make it a great success.

In the cover page of *The Lancet*,<sup>6</sup> there was a valuable comment: 'Physicians, disillusioned by the productivity orientation of administrators and absence of affirmation for the values and relationships that sustain their sense of purpose, need enlightened leaders who recognise that medicine is a human endeavour and not an assembly line'. You could be that leader or at least part of our BPS which takes this leadership role for pain management!

If you have any comments on these controversies, please don't hesitate to email the Editor at [pns.rayen@gmail.com](mailto:pns.rayen@gmail.com) and interesting comments could be published in the next issue.

#### References

1. Editorial. *Pain News*, Summer 2011, p. 5.
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Workshop Leader: **Dr Steven G. Kamerling**, Senior  
Research Director and Therapeutic Area Head  
for Pain, Inflammation, Oncology and Cardiac  
Disease, Global Therapeutics Research, **Zoetis**

**KEYNOTE SPEAKERS INCLUDE:**

- **Prof Anthony Jones**, Professor of Neuro-Rheumatology, **University of Manchester**
- **Dr Steven Kamerling**, Therapeutic Area Head for Pain, Inflammation and Oncology, **Zoetis**
- **Dr Joseph W. Stauffer**, Chief Medical Officer, **Cara Therapeutics, Inc.**
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## Guest Editorial 2: Able navigators in unchartered seas

Dr Mike Basler



I do not have a high tolerance for mission statements, acronyms or any of the managerial bilge that has frequently been fired into my

inbox over the last 20 years as a Pain Consultant in the NHS; but I make one exception. In the last 5 years, my hometown has changed its mission statement from saying we smile a lot (try to believe that in the hail, rain and wind that frequently passes these shores in the middle of the summer) to the simple phrase that 'People make Glasgow'. This sound bite may seem even more idiotic than the former slogan, but if you speak to anyone who lives or has worked here in Glasgow, they know exactly what it means.

In the midst of the ever-widening gap between despair and hope, and poverty and riches, Glaswegians have a directness, an intolerance of bunkum, a strong sense of humour and an unflinching belief that we are all 'Jock Tamsons Bairns', that are hugely valuable strengths in troubled times. I am sure these strengths are not unique, but I would say that Glasgow would give anywhere in the United Kingdom a good run for their money if they suggested that these attributes were more prevalent in their area.

Why do I write this? In these cynical times where walls are being built, truth is not necessary and a serial bankrupt with an incendiary twitter account is leading the Western world, there is often a belief that many of those involved in regularity

bodies and positions of authority are only interested in self-aggrandisement. I often held this viewpoint. What I can say is, that after my time on Council and my period as Editor of *Pain News*, is that those I met in the British Pain Society (BPS) are quietly unflinching in their support for those on the ground in our hard-pressed specialty and I would happily propose them as surrogate Glaswegians!

It is not until you attend Council meetings and see the volume of governmental, regulatory and educational traffic that requires someone to stand up and ensure that the voice of pain management (and more importantly that of our patients) is heard. It is also clear that the task of ensuring that there is multidisciplinary consensus to a variety of issues can often be difficult – and that those involved put significant effort to ensure that the strength of the whole team is respected and acknowledged.

When I first started out in medicine, the old green and yellow Oxford Handbook of Medicine (the house officer's friend) had a section with a few pieces of philosophical wisdom. 'If you have strong views – question them'. Nowhere was this more apparent in some of the Council discussions and this open dialogue was a good thing.

I made good friends on Council and was exceptionally grateful for the help of the members of the BPS administration team, who were not only highly proficient but also lovely people. We should be grateful for 50 years of BPS work. For many of us, it's work, innovation and advocacy has helped define our working careers.

The role of *Pain News* has always been a strange one and when I started as Editor, I sent out a request asking for comments about editorial direction. As expected, there were only a few comments but my favourite reply said that it was 'not worth the paper it was printed on'. From this point, I knew that I had a challenge to engage the readers and was forever indebted to those who took time to write in publication that was unlikely to be scrutinised in a research assessment exercise. Given that it was not a scientific journal, it was likely that I could not expect any kudos for what was at times a fairly arduous task. The lack of scientific scrutiny did have some advantages, as it gave me freedom to ask people to write what they *really* thought about issues (rather than what they would write to achieve a publication) and that spark often generated healthy discussion. This was very apparent in the issue that surrounded the controversy over the first NICE (National Institute for Health and Care Excellence) back pain guidance and I would hope that this, and a few other editorials, possibly meant that *Pain News* in my time was more useful than toilet paper.

Amos Tversky a famous psychologist once said 'A part of good science is to see what everyone sees but to think what no one else has thought?' *Pain News* occasionally has the freedom to do this, and I would encourage all in the Society to use it as a vehicle to call out the Emperors New Clothes – both clinically and in the wider NHS. Pain Medicine travels through choppy and uncharted seas – clinically, academically and managerially and in these difficult



times, we need to be able to stand up and point out where false channels, rocky outposts and new horizons may lie. The BPS has had an important role in navigation.

For a variety of reasons, I had to travel down different routes than the

BPS after I left my editorship, but I am thankful for the opportunity I had, the people I met and the insights I gained. People make the BPS, and in the last 50 years, it has worked hard to ensure that pain management has headed in the right direction. Tversky also said 'it

*is probably easier to make the world a better place than to prove you have done it'. Don't take the BPS or Pain News for granted. They can be important. I look forward to a further journey of discovery in the future 50 years and wish all success.*



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[www.britishpainsociety.org/2017-asm-birmingham/](http://www.britishpainsociety.org/2017-asm-birmingham/)  
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## Guest Editorial 3: Words - I love them

Ruth Day



My inbox pinged – there it was: ‘As a former editor of *Pain News* would you please write something for this

special edition?’ How could I resist? Especially as I love words. Sometimes it’s the sound the word makes in my head, sometimes it’s making up daft rhymes when I’m walking the dog, other times it’s the combination of music and words. Before I was the editor of *Pain News*, I edited a little known publication, *News of Hymnody*. It’s circulation is so small that, unlike *Pain News*, it hasn’t made it into the BBC comedy programme ‘Have I got news for you?’ Bit of a shock when that came up on my screen.

*Hymns and pain* – I guess some of you may be thinking there are no links between these publications, but here are some:

- Both have a pink theme. NOH (*News of Hymnody*) is printed on pink paper and PN (*Pain News*) was very pink in its early 2-colour days.
- They have both shared me!
- They both share subject matter which intrinsically has a tension between public and private.

Faith, like pain, relies on self-report. In the same way as someone might doubt the existence of another’s pain (‘Did you see her zooming round the supermarket last week? And she says her pain’s so bad she can’t get to work!’), it is difficult to see someone’s faith (‘And he calls himself a Christian!’). Perhaps, there is an image with both too – that someone can talk about either forever.

A friend of mine used to say that people internalise their theology through hymns – the addition of words to memorable tunes helps them stick. How many of us remember the carols we learned at school and sing them (without looking at the words) every year? But there are not many hymns that speak about human physical pain, so I was pleased to combine the two

when, at Epiphany this year, we sang that we are given:

Insight, to see what God has done  
In changing water into wine,  
In healing bodies racked with pain,  
In warming hearts; yes, even mine.  
(Jeremy Davies)

The following week, another hymn, another connection:

Through our calling closely knitted,  
daily to your praise committed,  
for a life of service fitted,  
let us now your love proclaim. (Fred Kaan)

Yes – knitting. As an avid knitter, I was delighted to read Betson Corkhill’s book *Knit for Health & Wellness* last year and to see that much of her work has been done in the area of pain management. Knitting regularly can improve your happiness, calm, confidence, concentration and problem-solving. Why don’t we see more of it about? I’ve been known to knit discreetly during the Annual Scientific Meetings (ASMs) – this year, I plan to be more open and hope you will join me. And I promise not to sing hymns at the same time.

# From The President

## Dr Andrew Baranowski



Dear Colleagues, I am writing this just before Christmas and you will see it in March, very confusing!

### Time for reflection

Christmas is

always a time for reflection for me and probably for many of you. Today I have been thinking about our beginnings as a Society and the huge progress we have made – or have we?

### Memories of the early days

Mark Mehta (Consultant, Norfolk and Norwich) wrote in *Pain*, 8 (1980), 121–122 about the early days. He noted that the Intractable Pain Society, from which the British Pain Society (BPS) emerged, ‘met for the first time in Salford in November, 1967, at the invitation of Dr Mark Swerdlow (Manchester)’.

He wrote, ‘The initial group consisted of 17 enthusiasts ...’. I love that term ‘enthusiasts’; it encases passion and entrepreneurship, two aptitudes that have helped Pain Medicine to develop and resulted in the field being recognised as a ‘cornerstone’ of our health service by NHS England. By 1980, he suggests there were 178 ‘pain relief centres in Great Britain and Ireland’ and he comments that ‘Most hospitals provide the simpler methods of pain treatment ..., but a few regional centres exist where a multidisciplinary approach ... are available’. He identified areas of activity that included the following:

- Representation on the Medical Research Council (MRC) for financial

support of ‘responsible and approved projects’;

- Negotiations with commercial firms for the development and design of suitable equipment;
- The public and indeed medical profession, need to be made more aware of the problems of chronic pain, though:
  - Lectures;
  - Publications;
  - Media;
- Higher professional training;
  - Submissions to the Association of Anaesthetists;
  - Recognised by questions in the Faculty of Anaesthetists of the Royal College of Surgeons (FFARCS; when the anaesthetists were a faculty within the Royal College of Surgeons);
  - Compiling a list of suitable training facilities.

Mark’s summary could be written today:

- ‘Advances in the management of chronic pain still lag far behind advances in other branches of medicine’;
- ‘The subject is largely ignored in the undergraduate curriculum’;
- ‘Few people realise the extent of unnecessary suffering ...’ and ‘support from the DHSS is not as great as it should be’;
- ‘The prospects for further development in this field are not enhanced by the swinging cuts in the National Health Service budgets’.

### So was it all bad then and are we any better now?

I am not sure that I am able to make judgement. But I will try to look at some of the initiatives under way so you can judge and I have asked a few colleagues to comment as well.

### Research

Sam Eldabe, kindly gave me the following:

Clinical Pain continues to be underrepresented in research funding especially when we take account of the recently published incidence and severity of the condition. Few National Institute for Health Research (NIHR) calls have been specific to chronic pain research.

However, there are signs of an overall improvement. For example, of the total of 51 studies on the National Institute of Health Research Portfolio for Anaesthesia Perioperative Medicine and Pain, 12 are Pain studies with varying funding from the NIHR Efficacy Mechanisms and Evaluation (EME) Research for Patient Benefit (RfPB) to MRC and National Institute of Academic Anaesthesia (NIAA).

The vexing issue of the role of opioids in chronic non-malignant pain has given rise to a specific NIHR Health Technology Assessment (HTA) call on the topic in 2015, and the I-WOTCH (Improving the Wellbeing of people with Opioid Treated CHronic pain) study was funded to explore the issue. This is due to start in April 2017.

At this year’s Annual Scientific Meeting (ASM), the BPS Science and Research Committee lead a parallel session on the





funding of clinical pain research with talks from funders and successful applicants.

Arthritis Research UK recently announced the Pain Challenge fund. The focus of which is on fundamental biomedical discovery pain research, to increase our understanding of the fundamental biological mechanisms and pathways, which underlie musculoskeletal pain and/or lead to the prevention of musculoskeletal pain, or identification and development of new treatments for pain.

### Relations with companies

Times are difficult ...

The BPS is committed to providing opportunities for trade stands and satellites at our ASM and opportunities for advertising through our journals providing appropriate guidelines are met. Unfortunately, support of the BPS by industry has shrunk over the past few years. Some may say this is appropriate as it reduces inappropriate interference, and others will say that the contribution by industry along the lines of that in the 1980s is essential. Whichever side of the line that you stand, this downturn has had financial consequences for the Society. I suspect the Society will move forward being less dependent on industry hopefully developing new relationships.

### Education

The BPS and members collaborate with many agencies around education. There are still gaps that our Education Committee under the guidance of Paul Cameron aims to fill for 2017, we have had an exciting programme of events to date. We look forward to this continuing as Paul reconstitutes his committee's membership. Our Special Interest Groups (SIGs) are also very active.

### e-Pain

Our members have been integral to e-Pain, a joint collaboration with the

Faculty of Pain Medicine (FPM). This multidisciplinary e-learning programme in pain responds to the need for improved knowledge, skills and attitudes of all staff in the NHS who deal with patients who have acute or chronic pain. Please take a look at <https://www.britishpainsociety.org/british-pain-society-publications/e-pain/>

### EPM Lite

EPM Lite is the Essential Pain Management Programme (EPM) and was originally developed in Australia and New Zealand by Roger Goucke and Wayne Morris as an educational tool for health care workers in low- and middle-income countries. The UK FPM took on introducing EPM Lite as a project in 2014. A representative from the Pain in Developing Countries SIG of the BPS is a co-opted member of the EPM UK working group (of the FPM). EPM Lite has successfully been delivered in 11 UK medical schools with 4 more schools interested and there are plans to expand its role out.

### Pain News and the British Journal of Pain

Our membership survey indicated that these were highly valued by our members, and when I was at the International Association for the Study of Pain (IASP) World Congress, we received positive comments from overseas indicating how far the *British Journal of Pain* (BJP) reaches. As the BJP gains recognition, we will be able to reflect that increased value by placing it behind a paywall so that those who are not BPS members must pay for it. We are heading in the right direction, because of the efforts of the editorial team and those of you contributing high-quality papers; hopefully, we will soon see the journal bringing in funds for the Society.

### The National Awareness Campaign

At the beginning of the year, we started releasing our posters electronically; these

are being circulated to members for you to use not only locally but also through Facebook and Twitter. A measure of success will be how often the posters are shared and how far afield. Please share and re-tweet and keep doing so. I appreciate there are many problems in the world, but pain is also one of them and to my knowledge, there are no professional multidisciplinary team (MDT) bodies that are spreading the word. The posters feed back to our new look website and as the site develops, we will see more information for our members and those with pain. For the BPS to continue to provide support around our MDT mandate, we need income and the National Awareness Campaign (NAC) links in to how people can contribute – not only financially but also through providing resources as well.

### Ambassadors and Trustees for the BPS

It is still early days as I write this, but the Society is also looking at how we can engage the public. We have our highly successful Patient Liaison Committee and Patient Reference Group led by Antony Chuter. However, we are also beginning to explore the possible roles of Ambassadors and Trustees who would be able to support the Society in the public domain. More to come in the future, I suspect.

### Social media

Social media did not exist in the 1980s – many people may wish it did not now! But it is a fact of life and we have had some excellent articles from Drs Damien Smith, Stephen Humble and Arun Bhaskar in recent issues of *Pain News* encouraging us to take part and providing us with a knowledge base to do that.

Our Social Media Team has now developed a formal relationship with our Media Team under the Communication Committee led by Arun Bhaskar. Ann Taylor and Sam Ahmedzai are keeping





From The President Dr Andrew Baranowski

our followers informed of events as we hear of them, and Alan Fayaz, Roger Knaggs and Austin Leach are involved in providing horizon scanning, strategic overviews and more in-depth analysis.

### Higher professional training

This is now established for those with an anaesthetic background with our partner, the FPM. There are several MSc courses that appear to go from strength to strength, and I hope that the BPS will be able to offer CME training sooner than later. So, we are getting there!

As our strength is the MDT mandate, we must look to further collaboration with other agencies that support the field. I am pleased that Council has representation from the following:

- Royal College of Nursing;
- The British Psychological Society;
- The Physiotherapy Pain Association;
- The Chronic Pain Policy Coalition (CPPC);

The Association of Palliative Medicine;  
The Faculty of Pain Medicine; and  
The International Association for the Study of Pain.

### The National Institute for Health and Care Excellence

The National Institute for Health and Care Excellence (NICE) Low Back Pain and Sciatica guidelines were published at the end of 2016, following a consultation earlier in the year. The BPS has supported the emphasis on the multidisciplinary (bio-psycho-social) approach to pain management, with early assessment and stratifying patients into groups with differing risks of developing ongoing problems to target treatments and resources appropriately. We hope the guideline will support clinicians to make important decisions about specific investigations and/or treatments using a patient-centred approach. Certain groups and individuals have raised concerns about various aspects, and the BPS remains committed to reviewing any

feedback we receive, particularly constructive input that will help to further support best practice.

NICE has also informally indicated that it is considering looking towards drawing up guidelines on the management of chronic pain. The BPS will actively monitor the situation, and we will involve our members where we can as these guidelines will be of major importance affecting most of our work. We have been informed that the guidelines will be one of the largest projects that NICE has undertaken.

### The future

Events over the past few years have shown we can't predict the future. What history tells us (or at least tells me) is that the nature of the problems we will face are the 'same as in the past', but hopefully, we can build on the positive progress made by the enthusiasts to support multidisciplinary approaches to providing best care and support for our patients.