

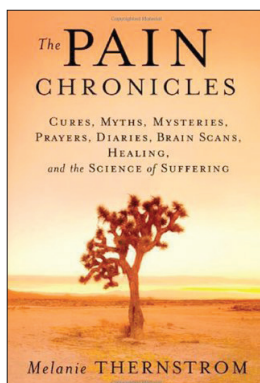
Out of Hours Books

THE PAIN CHRONICLES: CURES, MYTHS, MYSTERIES, PRAYERS, DIARIES, BRAIN SCANS, HEALING, AND THE SCIENCE OF SUFFERING

MELANIE THERNSTROM

Farrar, Straus and Giroux, 2010

PB, 384pp, £11.99 978-0865476813



Conversations about chronic pain can be challenging. There is not much scope for optimistic problem solving and the limits of mainstream medicine are quickly reached. Psychological flexibility is needed for both parties involved in pain dialogues. Melanie Thernstrom's *The Pain Chronicles* provide comprehensive material to turn what otherwise may end in mutual anger and frustration into a shared exploration of all concepts involved in the experience of pain.

This book combines the narrative of the authors own pain experience with a journey through the concepts of pain. A resourceful young journalist, she has chronic pain. The story begins with her romantic life; she swims with someone who will become her boyfriend and sprains her shoulder. This pain will never go away. She keeps a pain diary; her pain narrative leading to key discourses of pain. The reader is a witness to her monologue and dialogues with experts in the field. She leads us into the realms of explanation models: pain as metaphor, as history, as disease, as narrative, and as perception. An injured deer is used as a simile to illuminate the link between nociception, escape strategies, and pain behaviours which are linked to social interactions. This evolutionary model is expanded to humans seeking meaning in their suffering. Enter demons, gods, curses, and fates. We learn about

Babylonian, Egyptian, Greek, and Christian ways of interaction with supernatural forces. Her pain stays, she describes it as 'a sour domestic partner' and writes about her strategies of dealing with it, her interactions with others, her search for help, and the responses from helpers. She sees neurologists, physical therapists, internists, and psychiatrists and we are privy to their explanation models and the way they are conveyed to the patient. *The idea of exercising a body part which is in pain felt completely counterintuitive*, she writes and explains her resistance to physical therapy. She summarises the world of treatments instead of cures. *'Holidays from pain', 'shelter from bad weather'*.

The author demonstrates bargaining strategies for the alleviation of suffering. This suffering is seen through different lenses: there is the spiritual lens that introduces martyrdom and *imitatio Christi*, there is the lens of global health inequality, epitomised by a situation where she, the privileged American pain sufferer, meets an Ethiopian man who has leprosy. The chapter dealing with pain as history draws a picture of how the pharmacology of pain has developed over time. We hear about opium in all its ramifications from ancient concoctions to the current political paradoxes of opium being at the same time over and underprescribed for pain.

These developments are put into the context of 19th century science and politics in the US and UK: *'There was no meaning to pain ... it was a biological by-product of disease. The body had been claimed as the province of science, the patient dispossessed'*. At this point the author gets through the means of imaging a diagnosis, modelled on her skeleton: *'cervical spondylosis'*. The semantics of pain-words introduce the political dimension of pain medicine.

The gaze switches from structure to function, from skeleton to brain activity in different regions. Enter the pain matrix. Conversations with leading experts in the medical world are interweaved with fellow patients: patients who get better through hard work or chance, patients who continue going round in circles. It becomes clear how challenging relationships between chronic-pain patients and their professional and personal caregivers are: *'It's hard work behaving as a credible patient'*. We are

led into the history of racist assumptions about pain sensitivity and pain tolerance in disadvantaged parts of society. The interplay between social exclusion, health inequalities, and the cellular mechanisms of chronic pain make for sad reading. We learn about the loss of pain inhibition and the shrinking of grey matter, demonstrated in functional MRI studies, and about potential pharmacological targets to address the molecular dimension of chronic pain. 'Pain as narrative' starts with what Foucault described so brilliantly in *The Birth Of The Clinic*: the paradigm change of questioning pain. Instead of asking 'What is the matter with you?' Parisian doctors started to ask 'Where does it hurt?'. The focus shifted from the lived experience to abnormalities of the body, from issues to tissues.

Exploring the narrative dimension of the pain experience shows us how the act of choosing pain can strengthen personhood, where being exposed to unchosen pain is disintegrating one's sense of self. She also brings the religious perspective back: the perspective of the pain experience, whether it happens with or without meaning, with or without own contribution: *'Context stamps the pain like a coin'*. She writes about the actual self and its trajectory as feared-for and hoped-for future self. Relationships in a state of clinical uncertainty are explored from the viewpoints of all involved participants. This richness of observational stances is very instructive for the reader helping us understand what makes encounters with pain sufferers often so difficult. Here comes the positive turn: *'In a good relationship the patient and the doctor collaborate to create a wellness narrative'*. Is this the most important skill? Does this explain the success of alternative practitioners in an absence of data for successful treatments?

The final chapters focus on the author finding someone who is able to deal with her being in pain. She writes about perception influencing the pain. Mind over matter? We participate in a novel method of biofeedback using functional MRI as modality to operate different pathways of her brain. We also see the success of contextual shifts to experience pain: the scar of an experiment about pain tolerance where the stimulus was accidentally too high reminds her of her ability to endure adversity without the dimension of suffering.

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At the end she is in a different biographical and conceptual space. She found a partner and with medical help gave birth to twins. Pain shifted into the background. Reading the book led me on a positive journey. My copy is now full of markings, highlighted passages, and quotes I want to remember for the next time I find the encounter with a pain sufferer stalling. This book in its combination of simplicity and sophistication, has been added to my toolbox for those situations.

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DOI: 10.3399/bjgp13X667295

NEVER AGAIN? THE STORY OF THE HEALTH AND SOCIAL CARE ACT 2012. A STUDY IN COALITION GOVERNMENT AND POLICY MAKING**NICHOLAS TIMMINS****The King's Fund and the Institute for Government, 2012
PB, 150pp, £15.00**

Bristling with incidents and opinion, this controversial paperback introduces a history of the Health and Social Care Act 2012, a bill which became law in March 2012 and involves a huge restructuring within the NHS. The richness of the text derives from the author's background knowledge, access to numerous publications, and 30 interviews conducted for the sake of a wide assessment on the legislation's evolution.

Early chapters reveal clashes between politicians (like Clarke and Thatcher), PCTs and clinicians well before health secretary Andrew Lansley's proposal *Liberating the NHS* put into print what Professor Timmins ranks as the 'biggest ever shift in accountability'.

Readers are left in no doubt that these plans are radical, introduced during a problematic economic period which forecasts cutting £20 billion from the NHS budget. In October 2012, the *Daily Telegraph* predicted the bill heralded the largest revolution in the NHS since its foundation 60 years ago.

A bullet-point list summarises the health secretary's hastily produced 50-page strategy; requirements that appear in the white paper begin with three commitments:

- all family doctors to be involved in commissioning consortia, with strategic health authorities to be abolished in 2012 and primary care trusts to go in 2013;
- the establishment of an 'autonomous' commissioning board; and
- a new economic regulator to be charged with 'promoting competition' and given current powers with the Office of Fair Trading 'like other sector regulators, for instance Ofcom and Ofgem'.

Timmins' readers may also sense that the coalition government's ambition was not matched at a senior level by the necessary experience to engineer successful implementation. Implementation remains a bridge to be crossed, and therefore a chapter yet to be written. Perhaps there's too much ongoing experience for busy MPs to study, in fact, to be fair, too many reports in specialist fields for any but a few to claim complete knowledge of medical matters. Precisely which group of MPs knows that

most patients are happy to travel an extra 10 miles to support competition among health providers?

Now and then, the detail of the mammoth 550-page bill that emerged proved a difficult read; Shirley Williams told the NHS Confederation that elements were confusing and obscure, even after amendments; less politely, an unprecedented joint editorial by the *BMJ*, *Health Service Journal*, and *Nursing Times* described it as an unholy mess.

Numerous other issues are noted in the text, not least, a reluctance at a high level to set out exactly how the commissioning will work (described as an unwillingness to 'talk about the wiring'), price versus quality, the impact of EU law on competition, and whatever reasoning led to this fresh approach, that is, why do it at all?

Timmins' slightly whimsical layout for this book is to depict a drama in five acts, opening with *Out of the Ark* then *Run Fast ... Run Very, Very Fast*, and a closing chapter *Never Again* setting out lessons. I think an equally good approach would have been to illustrate the general political process of preparing ideas about the NHS for action; the author could have relied on his own experience or interviews to do this. This explicit notional logic (proposed as a diagram) may then be deployed to question interviewees, allowing their comments to be set alongside activities displayed in the diagram. For instance, if one activity in such a diagram is to gather opinion on major issues for the NHS 2011 to 2016 the contributors could have commented on how well this was done: did the government listen to the appropriate groups? Has some implicit government mission (which translates ideas into proposals for action) received insufficient attention?

However, despite introducing the idea of an autonomous, self-correcting system that allocates resources (and could be sketched as an abstract device as I've suggested here), the book's 150 pages hold no diagrams to stir debate.

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DOI: 10.3399/bjgp13X667303

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