MUST PATIENTS SUFFER?

I. SUFFERING AND THE IMPERATIVE OF MEDICINE

One of contemporary medicine’s central purposes is to relieve pain and suffering. Substantial policy funding and clinical efforts are directed towards pain research, clinical trials for pain management, and programs of palliative care. While we accept some pain as a necessity in the performance of certain medical procedures, from needlepricks to invasive surgeries, this relative tolerance for pain makes sense only in the context of broader aims to achieve a pain-free existence for patients and thereby enhance patient control and quality of life.

While pain may be tolerated as a medical necessity in some circumstances, it is difficult to discern a medical purpose for suffering. Rather, in the ideology of contemporary medicine, suffering is an unmitigated evil, worse than death. The relative weighting of these concepts in medicine is reflected in the standard moral formulation that it is permissible to administer pain medication to relieve suffering, even if this method hastens death. Suffering, not death, is the ultimate or absolute “enemy” of modern medicine, while death is a relative or qualified enemy, which may be transformed into a dignified “exit” under appropriate circumstances. It is possible to say, then, that medicine has added to its goal of relieving suffering an aspiration to banish suffering from the human condition.

It follows from this imperative that chronic, protracted pain and unremitting suffering experienced by patients is a symbol of medical failure. Medical research on pain control, however far advanced, and greater willingness to use palliative care by professional caregivers, is still inadequate to the task; reliance on technology has not proven to be an efficacious mediator of human presence. Moreover, recent right-to-die legislation has presumed this failure in claiming that competent patients have a right to physician assistance in suicide on the grounds of a compassionate response to patient suffering [2].

This failure of medicine to meet the imperative to relieve pain and suffering confronts us with very different kinds of options. We might attribute this failure to a biomedical research agenda that historically has given a low priority to pain control, and to inadequacies in institutional and ongoing medical education that leave caregivers with insufficient knowledge and skill in palliative care. Three implications follow from this understanding of medical priorities and limits:

1) The professional community accepts the validity of the imperative to relieve pain and suffering;
2) The community recognizes that medicine’s failure to fulfill this alternative gives to pain and suffering great meaning and direction for the identity and integrity of medicine;
3) The profession commits itself to a more dedicated effort at the research and clinical levels to relief of pain and suffering as a goal of medicine in general and in the treatment of particular patients.

These collective commitments, which presuppose that pain and suffering are remediable medical conditions, are constitutive characteristics of the contemporary medical paradigm.

A second option is available, however, namely to question the overriding status of the medical imperative. Although acceptance of pain and suffering may strike many caregivers and patients as “cruel,” the point of this approach is to suggest that pain and suffering are inevitable features of the human condition. Thus, the effort to eradicate pain and suffering may appear misguided and even dehumanizing. I want to draw on comments from two student journals to illustrate this perspective.

In one entry, a woman who occasionally experiences arthritis and back pain comments: “I actually get to the point where I welcome the pain and suffering and revel in it because it is at such times that I know I’m really alive and a finite being.” In short, pain and suffering bear witness to the reality of our existence, and to both the possibilities and limits of our mortality. A medicine devoted to uncompromising fulfillment of its imperative may deprive us of mediums of self-knowledge that are vital to making our way in the world.

A second entry, reflecting on the aging process, is equally revelatory: “... even though I have a low threshold for pain and sickness, I also feel the most alive when I’m in pain or suffer. This is because I’m aware that I’m a body and not just a mind and I get a reality check that I need to take better care of my body if I’m going to have a healthy old age. ... I just don’t want to have to rely on medicine and doctors to make up for what I should have been doing my whole life.” An embodied self is a self that bears and is re-membered by pain and