

# From Pain Medicine to Pain Surgery: How Our Specialty Lost Its Way

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Dr. Steven Richeimer's 2010 editorial, "Are we lemmings going off a cliff? The case against the "interventional" pain medicine label", raised significant concerns regarding the trajectory of pain medicine at that juncture.<sup>1</sup> Fourteen years later, we find ourselves in an even more disturbing place. The trend regarding which Dr. Richeimer attempted to warn us — labeling ourselves as "interventional pain specialists" — has spiraled into something even more damaging. He suggested that we strive toward the label of "comprehensive pain physicians", as "interventional pain physicians" relegated physicians who treat pain to mere "technician" status. Recently, we have witnessed trainees, and even some programs, viewing (and labeling) pain medicine as "pain surgery", with the emphasis on procedures at the expense of holistic, patient-centered care resulting in the potential devaluation of the profession.

We strongly opine that the rise of social media and the overwhelming emphasis on posting advanced procedure photos from the operating room on social media have skewed perceptions of what actually constitutes "pain medicine". While interventional procedures certainly have their place, the oversaturation of devices, therapies, and industry-backed techniques has created overwhelming "noise". More troubling is the rise of unaccredited fellowships, which resemble interventional radiology training programs with an overarching focus on the "procedural fix". Some of these programs ignore the complexities of pain, including psychosocial and comorbid factors. Training has shifted, and many fellows believe that this unfortunate paradigmatic revision is in the best interest of their patients. This is not the future for which we should be aiming.

Dr. Richeimer's point regarding the rise of interventional pain medicine driven by financial considerations and convenience is perhaps even more relevant today than was the case 14 years ago. Over the past two years, we have witnessed a significant decrease in applicants for accredited pain fellowships, with many drawn to high-paying anesthesia jobs.<sup>2</sup> Concomitantly, unaccredited fellowships offering purely procedural training are gaining in popularity, much to the dismay of leading pain medicine educators.<sup>3</sup> This is not the comprehensive training that pain physicians need and that our patients deserve.

As a field, we must ask ourselves: For what do we stand? Pain medicine, at its core, should be about providing relief and improving the quality of life for patients, not just performing procedures. The shift toward becoming "needle jockeys" or "pain surgeons" undermines our credibility and diminishes the trust patients and other healthcare professionals place in us.

Leaders in the field now widely support the extension of training,<sup>4</sup> and we need to ensure that our programs produce well-rounded pain physicians, not mere proceduralists. Technology and interventional therapies are advancing, but our focus must remain on treating the whole patient. Should we fail to return to such focus, we risk losing the very identity of pain medicine as a legitimate specialty.

It is time to stop and take a hard look at where we are headed. The path we are on is not sustainable. Social media hype, the powerful influence of industry, and the lure of quick "wins" through procedural work are undermining the future of our field. If we do not act now to redefine what it means to be a pain physician, others—payors, administrators,

other specialties, and even the patients we serve—will do it for us. We must shift our focus back to what truly matters: delivering comprehensive, patient-centered care. The time to act is now.

## Disclosure

Dr Scott Pritzlaff reports personal fees from SPR Therapeutics, Nalu Medical, Bioventus, royalties from Wolters Kluwer, grants from Abbott, Biotronik, Nevro, Medtronic, outside the submitted work. Dr Michael Schatman reports Senior Medical Advisor from Apurano Pharma, outside the submitted work.

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