

On a bad day, some blue sky..

Written by Michael Vagg, Clinical Senior Lecturer at Deakin University School of Medicine & Pain Specialist, Deakin University

It's a funny way that I make my living.

I spend anything up to 10 hours a day sitting at a desk talking to people with problems. I work in a practice which has set out to develop a culture of sharing triumphs, disasters and frustrations alike within the team. On the whole, I love my work, delighting in the constantly unfolding panorama of human experiences before me, and trying to choose from my palette of treatments the artful touches I could apply to improve the look of the picture.

But I can still have days like yesterday.

I met a man my own age whose 18 year marriage, young family and career were effectively lost as a result of a single incident on a bad day five years ago. He had fought hard against every loss and indignity that had piled up against him. He could hardly have done more, but there he was still paying a very heavy price for something that was never his fault. He won't get back to where he was, and it'll be a big job even to construct a new normal that gives him a life he will be happy to live with.

I also had my worst fears about another patient confirmed. She had missed an appointment with one of our team members and we asked the police to perform a welfare check, based on our very high suspicion they would not find her alive. Judged by the usual measures, her suicide risk had been redlining for most of this year.

Responses had been planned, and discussions about risk mitigation had occurred at various times throughout the year within our team. I had seen her two weeks ago and did not pick up any particular change that might have precipitated her action. Such deaths happen in our practice a few times a year and it never really gets much easier to respond to them. One has to stay professional, but I will be flat for a few days as will all of us who worked with her. There will be the sombre formalities of a coroner's review which we have begun preparing for.

The profession I have chosen and the patients with whom I work are both groups with suicide rates well above the community average, but it's still a difficult topic to discuss. By sharing this with you all, I hope I may bring some awareness to these sad facts, and help break down the

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taboo surrounding discussions of suicidality and mental health in general.

I received that news while talking to a different patient, who was in the middle of describing for me a minor miracle of modern medicine. After 40 years of near daily headaches, a new treatment that we introduced into this country a couple of years ago has produced five months of almost complete relief. She reckons she has nearly forgotten what a bad migraine feels like. The amount of potent triptan medication she has needed in the five months would have lasted her about a fortnight in the old days.

Earlier in the session, I caught up with an elderly lady who came to Australia in the great wave of post-war migration from a devastated Europe. She had developed back pain from injuries in a high-speed car accident four years ago. The process of legal and bureaucratic wrangling which resulted in my performing a successful, simple procedure had taken more than a year.

Part of that process involved my diagnosis being repudiated on behalf of the insurer by another specialist from outside my field. This happens often and is just another one of the petty humiliations one puts up with as gracefully as possible when engaging with compensation systems.

Since that procedure, which took about 20 minutes in theatre, she has been able to do her own shopping again, drive independently for up to half an hour, and visit her grandchildren whenever she wants. Small gains perhaps, but very meaningful for the lady concerned. Her son has aged visibly in the months it has taken to fight the necessary battles for funding approval, but you can see in his eyes when he looks at his mother that he's proud he toughed it out for her.

So you get the wins and the losses thrown together on top of each other. Days like yesterday leave you emotionally spent, whatever else happens to be going on in your personal life. The training and skills I have spent my entire adult life developing are often tested and still at times found wanting.

The line between open and critical self-awareness on the one hand and paralysing self-doubt on the other can be indistinct at times. The best treatments we have in pain medicine only work one-third of the time as well as would like them to, so humility is appropriate. The patients I look after usually have predicaments rather than diagnoses. They don't just need medical care, but

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they may also need protection from victimisation, stigmatisation and the misguided good intentions of others. They need education, coaching and support as much as they need expert diagnosis and treatment.

Some days I feel like I should hand back the letters after my name because I don't think I deserve to have them anymore. I feel like I haven't made a lick of difference to anyone. But those days pass.

I've learnt I can't be all things to all people, but maybe to a few of them I can be just what they need at a particular time. That's ambitious enough in any branch of medicine.

If this discussion has caused any issues, please reach out to Lifeline on 13 11 14 or talk to a health professional

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