Chronic pain is an awful, debilitating condition and can seriously impact upon patients’ quality of life. With insufficient systems in place for the management of chronic pain, thousands of patients are left to suffer in silence, either unaware that help is out there, or left feeling helpless after the healthcare system has failed address their pressing needs.

I was deeply saddened to read a story in the news about a man who took his own life after suffering from excruciating toothache. The man in question, Dorian Thomson, a 41-year-old model from Maida Vale, suffered from Ehlers-Danlos Syndrome (EDS), an inherited collagen disorder that causes weakened joints and can force sufferers to live in an enormous amount of pain. According to reports, Mr Thomson had previously received failed orthodontic treatment that had in fact exacerbated his condition, leading him to suffer for almost a decade before he finally took his own life.

As soon as I read this story, my first thought was how could we, as a caring profession have let down somebody in so much pain that they eventually committed suicide? Naturally it would seem Mr Thomson’s relatives are calling for an investigation into this matter, although I do suspect that the orthodontic treatment is something of a red herring. What this story does highlight however is the very poor availability of access to chronic pain centres.

As a specialist endodontist, I treat pain on a daily basis and am very much aware of the debilitating impact pain can have on my patients’ lives. Strange-ly, at EndoCare we did actually treat a similar case to Mr Thomson’s a little while back. Like Mr Thomson, the patient was a tall, thin model and also...
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What we need is what the old political spin-doctors would describe as ‘joined up thinking’. Chronic pain is not something that can be treated in isolation. With a great deal of experience as an endodontist, I know from my own work that there are many facets to chronic pain beyond dealing with the site of infection.

When someone’s been suffering for a long period of time, or if they’re run down and tired, there’s an emotional component to their pain, especially where chronic pain is concerned. To deal with this element adequately systems should address the acute need for patients such as Mr Thomson to see professional- ails such as psychologists and councillors to give him a comprehensive range of measures to help him alleviate some of his symptoms and improve his quality of life. From a clinician’s perspective, patient suffering in any form is inexcusable, and allowing our patients to suffer in silence is one of the worst things I can imagine.

This case should serve as a reminder of why it is we do what we do. As dentists we work for the common good – we work to relieve our patients’ pain and improve oral health. We should not be purely side-lined by beauty but should focus on health.

As clinicians then, we need to be more aware of the systems that are in place that can help people such as Mr Thomson. Chronic pain is a serious condition. Unless systems to deal with chronic pain are improved, I fear cases such as poor Mr Thomson’s will become all too common.