Reviewer’s report

Title: Recognition and use of the bio-psychosocial model of pain management in British pain clinics - results of a qualitative study of staff from a range of disciplines.

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Reviewer: Michael Nicholas

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This qualitative examination of the practices of several pain clinic teams is offered as an attempt to determine ‘whether promoting the bio-psychosocial model of pain is an important part of their therapeutic intervention in the pain clinic’. The authors also tried to determine how the professional background and training of the different staff ‘might influence their interactions with patients, other staff and the treatment models that they employed’.

This study also represented a follow-up of a previous study by the same authors that examined the beliefs and experiences of a number of patients who had attended a pain clinic. It seems (but is not explicitly stated) that this clinic was not one of those included in the present study. This is a pity as it would have made the paper more interesting by getting the perspective of the staff treating the same patients.

How multidisciplinary pain clinics try to work in interdisciplinary ways to help patients with intractable pain is an important topic. The nature of this topic could also be considered to lend itself more readily to the more descriptive qualitative than quantitative methods of analysis. At the same time, the qualitative methods present a problem in assessing the value of the study – the authors have to provide a convincing case that their summaries and examples cited are accurate representations of the pain clinic staff perspectives and not influenced by any biases held by the authors (which might entail at least acknowledgement of their biases). Unfortunately, after reading the paper several times I found a number of shortcomings in these regards and I think the paper requires more work in a number of areas.

As the paper refers in its title to ‘British pain clinics’ it might be important to establish how representative the selected clinics were of ‘British pain clinics’. The selection criteria for the clinics were (1) those led by anaesthetists and/or rheumatologists, and (2) widely distributed across the country. No mention was made on how representative these clinics might be nor was there mention of how many were approached but declined to participate. There is also no information on the staff composition and range of treatment modalities offered. For example, some run intensive group programs, while others see patients individually only. This would be important information in the context of this paper.
One consequence of this selection approach is that it places in doubt a key conclusion reported by the authors. Specifically, they claimed there was an absence of attention to what they termed ‘social’ aspects of chronic pain. In support of this case they noted that none of the pain clinics employed an occupational therapist who they argued were ‘skilled in such matters’. This is simply an assertion with little substantiation. Reference to a chapter in a book by an occupational therapist does not constitute evidence. Equally, this reviewer knows of pain clinics in the UK that do employ occupational therapists but obviously none of these were included in this survey. It was also unclear how much the authors sought (in their quite brief interviews) information on attention given by the clinic to the local social/environmental contributors to particular cases. For example, would a letter with treatment/management recommendations to the patient’s general practitioner not come under this heading? By taking the position that social interventions had to have a designated staff member or discipline the authors could be open to questions about their bias or at least a priori expectations. By not discussing the extent to which they sampled this aspect of pain clinic interventions, the authors leave the reader unsure about the extent to which the conclusions are representative of British pain clinics or just the questions asked of some clinic staff. No mention was made of family involvement in the treatment process, something many clinics I know do encourage. In short, the reliance on lack of occupational therapists as evidence for lack of contact with the social (ie. local) environment of each patient is not convincing. The authors have identified a potentially important facet of pain self-management, but to conclude that this role must rest entirely with a particular professional discipline is open to doubt. This is a role that many health professionals can (and do) address. In the present context, for example, the authors interviewed psychologists – it would be surprising if they paid no attention to environmental aspects of the patients’ lives. The paper provides no convincing evidence that this was refuted in the interviews with the psychologists.

The results are divided into sub-headings or themes (education for adaptation, re-framing chronic pain as a problem of cognition, managing patients’ expectations, and professional boundaries). This is helpful, but the issue of bias on the part of the authors is a recurring question that needs to be addressed. The impression I gained was that the authors held a particular point of view about the biopsychosocial model of pain management which was not really articulated but was used to evaluate the pain clinic staff. For example, the headings did not cover biological (medical or physiotherapy) interventions – and the authors claimed these were hardly in evidence. Yet, drug management and ‘physical’ modalities like TENS and exercise are common features of pain clinic work. The core question about how these different facets might be presented to patients in an integrated and meaningful way is a very important one. Unfortunately, I do not feel the authors have addressed it as effectively as they might in this version of the manuscript. I would recommend further revision.

**Level of interest:** An article of importance in its field
Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:
I declare that I have no competing interests