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Exploring the Treatment and Management of Chronic Pain and Implications for Disability Determinations: A Workshop
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The social evolution of chronic pain

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Chronic Pain: The social domain

Social, cultural, political perceptions and beliefs

Social policies: e.g.

Social security/ disability benefits (pensions, supplementary supports…) SSI, SSDI

Workers‘ Compensation benefits

Veterans‘ benefits

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Should SSA – and other agencies – recognized Chronic Pain as a **disability** for social policy purposes?

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Two preliminaries

I. The driver of shifts in social conceptions of Chronic Pain is the unavoidable fact of subjectivity and the suspicion of fraud and deception.

II. Key terms are ambiguously used:

E.g. **IMPAIRMENT** in SSA means:

(i) disease
(ii) symptom
(iii) 'impairment' (e.g. irregular gait)
(iv) disability

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-- Chronic pain is a **symptom** associated with health condition

-- IOM 2011: chronic pain is itself a **disease** (cf ICD 11)

-- Interagency Pain Research Coordinating Committee (IPRCC), National Pain Strategy: A Comprehensive Population Health-Level Strategy for Pain, The IPRCC Pain Strategy Report 2017: Chronic Pain is either an impairment ('functional impairment') or a disability

-- Saunders v. Wilkie 2018 (Veterans Administration): “disability because of its significant functional impact on the human body” and s**elf-report** is sufficient evidence

(cf. SSA's *Evaluating Subjective Symptoms in Disability Claims*, 2015: self-report **not** enough)

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Why the confusion?

[NB: parallel issues with discomfort, nausea, bloating, unpleasant sensations in organ systems, etc.]

Source: Epistemological: privileged access, incorrigible: perfect subjectivity

Commonsense: an obvious and unquestioned decrement in one's health when experienced

Context dependent: the same stimulus produces different experience of pain depending on individual bodily structure, experience, comorbidities, race, gender, culture, level of support, etc

Hence: administrative tendency to seek 'objective' basis

Measurement problems: response shift; contextual differences

Hence: when is chronic pain 'real' and when psychogenic, or a weakness of character

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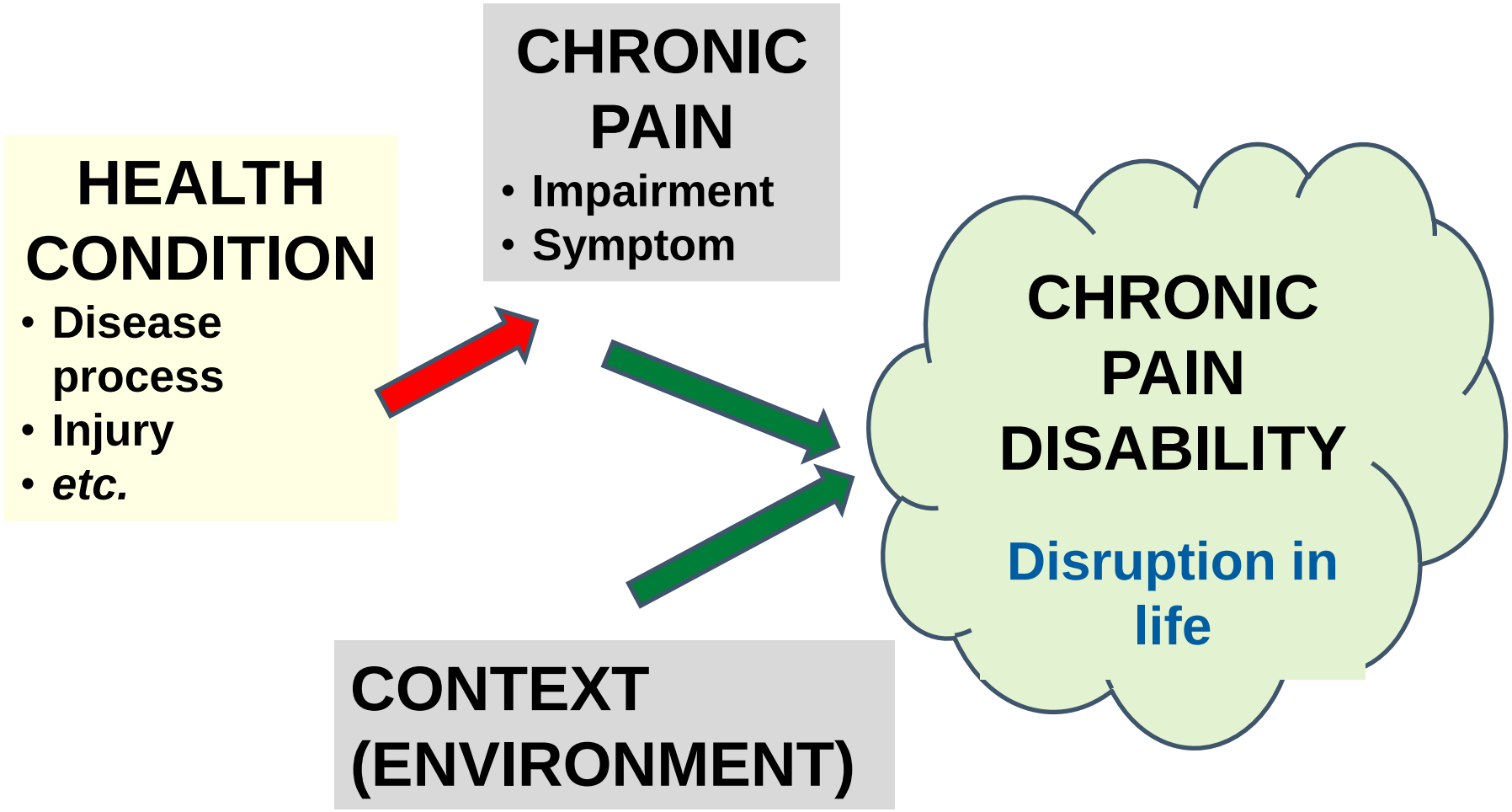
WHO Model

International Classificaiton of Functioning Disability and Health (ICF)



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If social policy recognized chronic pain as a disability … practical issues remain

i) **evidence**, the spectre of fraud will urge assessors to look for underlying objective causes [Saunders v. Wilkie: self-report is default, unless evidence to the contrary];

ii) **political acceptability** of trusting self-report alone;

iii) **inequities**: managed pain is less of a disability than unmanaged pain; levels of individual sensitivity, or cultural differences may unfairly distort assessment of severity and need for support