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Pain Management Strategies

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### **Summary of issues at hand from the perspective of a health care provider in pain medicine.**

1. Injured workers present late to pain medicine providers, usually with significant deconditioning, physically and mentally.
2. Some will have iatrogenic related poor outcome which are commonly worse than the original injury.
3. There is commonly poor health literacy, poor understanding of how the compensation system works and significant fear of future.
4. Commonly there are poor legal advice drivers in terms of wanting interventions that may be quite harmful.
5. A percentage of vulnerable individuals will have permanent lifetime mental health impairment from quite minor injuries, driven by the toxic nature of the system where there is no clear biomedical diagnosis, and significant painful conditions.
6. There is significant fractionation of health care provision and absence of true multidisciplinary care with commercial conflict of interest and unconscious bias to service provision with the most profit.
7. There is significant bias towards biomedical approach and surgical intervention to address painful conditions that have multiple sociological, psychological and some biomedical attributes.
8. Self-insured business have a significant conflict of interest and are not best place to care for injured workers.

### **Key points which need consideration**

1. Need for early multidisciplinary and multidimensional assessment once red flag pathology has been ruled out. As an example, absence of life or limb threatening conditions.
  - 1.1 This should include assessment by a qualified Occupational Therapist, Physiotherapist, and a Psychologist to provide a joint report
  - 1.2 Further input by a Specialist Pain Medicine Physician to clarify painful conditions of non-sinister origin and soft tissue related injuries and sources of pain
  - 1.3 Further input from expert mental health provider if underlying psychiatric and psychological vulnerabilities are identified
2. Early case conference between the stakeholders to ensure non-fractionation of the information and coordination of treatment.
3. Early education and improvement in health literacy to reduce anxiety and fear avoidance, especially for conditions that are painful and of non-disease or major damage origin.
4. Early work hardening program once red flag pathology has been ruled out.
5. Ensure balanced opinion from practitioner's whim have both private and public environments and more diverse experience profile to avoid experimental and non-evidence based/ non-normalised and potentially dangerous interventions.

6. Ability to access public sector resources for assessment and service provision without future compromise of access to Medicare services due to the compensation mechanisms and Medicare rules.
  - 6.1 There are numerous evidenced based services without commercial conflict of interest in the public sector that can give impartial opinions and treatment.
  - 6.2 There are many resources such as access to case conference and multidisciplinary meetings that do not exist in the private sector, which are invaluable in medical decision making and holistic approach to health provision.
  - 6.3 Access to gold standard patient centred focus which invariably does not fully exist due to commercial conflict of interest.
7. Early education programs to ensure the injury does not result in rapid loss of function.
  - 7.1 Work hardening programs.
8. Strict consideration towards having complete independent medical opinions by practitioners whom are not paid by the insurers and are not in direct business affiliation with each other to ensure impartiality, especially when it comes to significant surgical interventions that have high morbidity, high failure rate and are permanently irreversible.
9. Impartial assessment of the injured workers capacity to understand, communicate and consent
  - 9.1 Especially for foreign workers
  - 9.2 Non-English speaking
  - 9.3 Non-resident
  - 9.4 Significantly isolated
  - 9.5 Underlying drug and alcohol issue and mental health vulnerabilities
    - 9.5.1 There are numerous incidences where surgical interventions have taken place with a non-English speaking person giving consent via a friend or a family member with poor understanding of the risks and goals of therapy.  
This is not acceptable in current public sector medical practice, hence should not be acceptable in private practice.
10. Clear pathway to finalisation of a claim to avoid entrenchment into compensation system.
11. Better scrutinization of experts providing opinions.
12. Simplified approach to educating the injured workers in terms of how the system works and the processes and their rights.

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