



Just Another “Screw It” Day

March 13, 2010 By [Richard Ferri, PhD, ANP](#)

I am having a prolonged case of the “screw its” and it is time to get over them. What I have not realized until today is why the “screw its” have been pulling me down. Okay, back it up here buddy. It was not until today that I even realized I had a bad case of the “screw its” - never mind that they were pulling me down. So lets start at the beginning. You all know the next part. It is when you feel the screw that was gently digging into your skin break your flesh. The screw starts to fester and you feel it tighten. The tightness then becomes a throb; the throb becomes an ache; and then the ache becomes guttural. Once it digs that deep then your gut begins to rock and rot.

What is welling in me is pain. My pain, your pain and the pain of the society. That is a lot of pain. However, pain treatment has become one of the most all consuming issues facing people living with HIV and their providers. As a man living with HIV I sometimes have a lot of pain. As an HIV specialist I treat HIV pain daily. The pain paradox is a mountain I climb daily. It is exhausting.

Treating pain is good. Treating pain is bad. Treating pain can land you in jail. Not treating pain can place you in hell. The pain panic is out of hand.

Screw the clinicians that won't treat pain in those of us with HIV. And fuck the ones that treat it poorly. Stop giving us the excuse to use street crap because you don't know how to provide pain management. Yea, you in the lab coat. Guess what, you are an enabler!

Now lets not let those of us with HIV off the hook here. We deserve a smack upside the head too. We often times lie and make outrageous claims about the pain we are in. We are scared that the only thing that will get us what we need is tears and exaggeration. Fuck us for knowing that it works.

Screw the clinicians who under prescribes pain medications. Stop the bullshit. Nothing makes my T cells twitch when a patient hands me a prescription bottle that directs them to take a couple of pain pills every 4 hours if needed with a whopping supply of 30 pills that is supposed to last a month. Do the math. It is more than “fuzzy”. It is stupid ass covering hijinks. All that is happening here is the clinician gets to feel the screw stop tightening a little and the patient simply gets screwed.

But lets not forget our ownership of the problem. As the great philosopher Pogo once said: “We have met the enemy and he is us”. That says it all. Nothing will stop even a die-hard proponent of state of art pain management then a person who will not help themselves. It is very hard to stand in an exam room and hear the litany of bullshit about how only narcotics, and lots of them, are the only things the help with pain relief.

So you mean your 2 pack a day cigarette habit, diet of fast food (hint: ketchup does not count as

servicing of fruit), allegiance to sitting on your butt, and the extra 100 lb. tanking around your gut are all good things? No, to slow gradual changes to improve your physical, emotional and spiritual health. Yes, to more pills.

One of the downsides to being open about being HIV positive and practicing HIV medicine is that often times my head wants to implode. The pain issue just might make me toss my clinical career out the window, but sadly it is really the one thing I know how to do well. However, the daily battle of pills is taking its toll. I know many clinicians that simply do not prescribe ANY pain medicine for any reason whatsoever. No matter what. It does not matter that many states even have laws that say it is negligence for a medical clinician NOT to treat pain. They are dried words of ink on forgotten paper. No one gets in trouble.

Is there a way to fix this problem and make people's lives better? Yup, there is. It is also fairly simple. However, it would take guts on everyone's part. *Everyone means everyone.* Clinicians, patients, and regulators would have to come clean and own their part of the mess. Will this happen? It actually could, but it won't. What would be the point? Solving a major health care problem only creates a discontented vacuum.

I am feeling the edge dull a bit not that I had my folly and say, but not to worry I am sure it will remain razor sharp so I can impale myself on it at anyone's whim. So I guess I am back at where I started...."screw it."