



A chance
to ease South Africa's
pain burden

DR SEAN CHETTY

MGH Fellowship Award
University of Stellenbosch
Pain management



Being gifted with the opportunity to significantly impact on the critical shortage of pain management skills in South Africa was totally unexpected for anaesthesiologist and critical care specialist, Dr Sean Chetty, of University of Stellenbosch.

"My boss at the time, late in 2018, asked me to represent our department at a local Discovery Foundation presentation held in the faculty to increase awareness of their Foundation Awards. I was on call, but it sounded interesting. Walking back, I bumped into Dr Brian Allwood, a colleague in Tygerberg Hospital's pulmonary unit who received the MGH Fellowship Award in 2017. He was enthusiastic about his learnings there and urged me to apply. I said maybe, but it felt kind of tongue-in-cheek," recalls Sean.

Paging through the Discovery Foundation booklet that weekend, his intent solidified. He put an application together and contacted Massachusetts General Hospital (MGH) to locate a mentor. He received a call from them several weeks later

to clarify certain things in his application. "It was a very casual, friendly chat – I was telling her why I like pain management, she said thanks, and that was that. The next thing I got an email to say I had it!"

It's a strange anomaly that in a country with a quadruple burden of disease, nobody can legitimately call themselves a pain specialist. While pain management is recognised as a field of study by the Colleges of Medicine, the Health Professions Council of South Africa has yet to register it. Sean, one of the most knowledgeable physicians in pain management in the country, reckons there are probably only five to 10 people in South Africa with the expertise to manage chronic pain. To him that's an "abomination."

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Chronic pain a silent epidemic in South Africa

"There's a silent epidemic of pain in South Africa. Nobody's actually taking ownership. A surgeon's priority is operating. There is some pain, but the anaesthetist sorts it out. GPs worry about pneumonia, renal or heart failure. Nobody's thinking about the patient's quality of life. The problem is so big and affects every area of medicine," he asserts.

He says patients are cared for up to a point. As a specialist in Critical Care, he enjoyed looking after his patients post-operatively – but once they were recuperating in a ward, he never saw them again.

Trained at Wits University's Chronic Pain Management Unit and now Head of Clinical Department: Anaesthesiology and Critical Care at University of Stellenbosch, Sean is passionate about promoting the bio-psycho-social model of pain management.

"I'm an anaesthesiologist with a special interest in pain. A lot of GPs even call me a pain specialist, but the HPCSA would

censure me if I claimed that," he says with a chuckle before returning to the paucity of pain management. "Rather than just a procedure and giving medicine, we need to probe other aspects of the patient's life that impact on their pain. What coping skills can we convey, how does their core musculature contribute to pain management? It's also very much about rehabilitation and psychological management. Most pain can be managed at GP level," he contends.

"Amazingly, sometimes patients just need someone to talk to. With pain, stoicism does not make you stronger. Whether acute, traumatic or chronic pain, we need to educate our healthcare professionals to recognise and treat patients appropriately," he says.

Sean will spend at least a year at the cutting-edge MGH Centre for Translational Pain Research. He sees his role upon his return as holistically improving patients' quality of life, through teaching, prevention, care and advocacy.



SA lacks continuity of care

"We simply don't have continuity of care here. For example, we have millions of people living with HIV and TB, yet nobody is tracking them after they're medicine complaint. Both conditions, and others across many other disciplines, are associated with significant neuropathic pain," he says.

Because of South Africa's large burden of disease, doctors are forced to choose areas of medicine that will make the biggest difference – and for years communicable diseases took centre stage. Though pain is the most common presenting symptom, it's hardly taught at undergraduate level, with perhaps the odd curriculum devoting a day to it.

"An orthopaedic surgeon will tell you about a fracture, but pain is not treated as a disease entity," Sean says. He sees pain management as reaching widespread acceptance as a registered discipline in South Africa in about the same time that it took Critical Care (12 years). His work at MGH will involve pre-clinical research, especially around modulating neuropathic pain (pharmacological and interventional management), work in a pain laboratory (unavailable in South Africa), and translational pain research and clinical observation of interventional pain procedures.

A desire to be involved in patient outcomes

Growing up in the Kwa-Zulu-Natal South Coast town of Isipingo, Sean's father was a sales rep and his mother did admin jobs, while helping raise an older sister. He worked 'really hard' at school and loved watching the Bill Cosby Show on TV. (Cosby's character, Bill Huxtable was a gynaecologist and his wife, a lawyer).

"I decided I wanted to be a gynaecologist and went to med school with the one goal in mind – to become an obstetrician." However, his first rotation in gynaecology as an intern put him off as instead a love for paediatrics developed. Life, however, had other plans and his application for a medical officer's post in Johannesburg was accepted. He was later offered a registrarship in anaesthesiology.

"My Professor said just try it for a year. I think my competitive streak came out and before I knew it, four years had passed and I was a specialist in anaesthesiology!" he says. His desire to be more involved with patient outcomes then led him to qualifying in Critical Care. Sean is married to a physiotherapist who is currently doing a Master's degree in Physiotherapy and she will also be working on her research while in the USA. They have two girls, aged 10 and eight. "Her supervisor is allowing her to work on her research while we're in Boston, so it's worked out brilliantly," he enthuses.

Everything there
is to know

about pain

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