Myth or fact? You must ask about patients' pain at every consult

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The Joint Commission does not require physicians to ask every patient about their pain at every visit.

The AMA is spreading that message along with others connected to physician-documentation tasks as part of a series, “Debunking Regulatory Myths,” that seeks to provide clarification to physicians and their care teams in an effort to aid physicians in their day-to-day practice environment.

“Our primary focus is to clarify confusion around what regulations require,” said Christine Sinsky, MD, AMA vice president of professional satisfaction. “The AMA can be an authoritative source of clear information for physicians, for administrators, and for leaders, so organizations can turn to the AMA to see that they no longer have to mandate that every patient at every visit be asked about pain.”

The AMA’s regulatory myths series is part of the AMA Practice Transformation Initiative and provides physicians and their care teams with resources to reduce guesswork and administrative burdens so their focus can be on streamlining clinical workflow processes, improving patient outcomes and increasing physician satisfaction.

The series includes a webpage devoted to a certain regulatory myth, such as the one that pain must be assessed at every visit. The myth is stated and debunked, and resources are provided to remove any lingering doubt that the myth isn’t true.

“The impact of all of this is to lessen the administrative burdens that physicians are under and free up more time for physicians to attend to their patients,” Dr. Sinsky said.

Resolved: Pain questions are a pain

For the myth about requiring repetitious questions about pain, there is a link to the 2016 Joint Commission statement on pain management noting that an earlier requirement that “pain be
addressed in all patients” was rescinded in 2009 from all programs except behavioral health.

The revised standard for hospitals and programs other than behavioral health states that “hospitals assess and manage their patients’ pain,” and allows organizations to establish their own policies “based on the population served and the services delivered.”

The statement also declares that the Joint Commission does not require drugs to manage pain or, when drugs are appropriate, it does not require which one to use.

In January 2019, the Joint Commission released new and revised pain assessment and management standards that will be applicable to Joint Commission-accredited ambulatory care organizations, critical access hospitals, and office-based surgery practices.

Learn more about what the AMA Opioid Task Force is doing to help physicians and policymakers end the opioid epidemic.

**Persistent myth erodes trust**

Dr. Sinsky said she has heard many complaints from physicians about being required to repeatedly ask patients questions about pain that were irrelevant to their condition and the reason for their visit.

“We were able to debunk the myth and that’s important for a number of reasons,” Dr. Sinsky explained.

“First, if you spend one or two minutes asking patients about pain, then that’s one or two minutes you don’t spend addressing something that’s of high importance to the patient.”

She added that it is a bad experience for the patient “to be the target of rote questions that don’t have anything to do with you, and that makes you feel like you’re just a number, that nobody knows you or is paying attention to why you’re there.”

Asking rote questions also has a similar effect on physicians, nurses or other members of the practice staff.

“It feels unprofessional to be acting like an automaton to some directive,” Dr. Sinsky said. “It suggests a substantial lack of trust in one’s professionalism and I think all of that nips away at the job satisfaction of the clinician delivering the work.”


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