

Specialist Pain Clinics and Addiction Care Service Need Robust Primary Healthcare; Olumuyiwa Bamgbade, Salem Pain Clinic

Promoting specialist pain clinics and addiction treatment services through stronger primary healthcare; Olumuyiwa Bamgbade, Salem Pain Clinic Canada

SURREY, BC, CANADA, July 11, 2025 /EINPresswire.com/ -- In the current sociomedical landscape,

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When chronic pain patients lack stable primary care, it causes fragmented therapy, fractured trust, strained specialist clinics, and rising staff harm; true healing begins with continuity, not crisis”

Olumuyiwa Bamgbade

specialist pain clinics and addiction management services are vital in addressing some very complex and costly healthcare conditions. However, their success depends on reliable and robust primary healthcare systems. Without strong primary care as a foundation, these healthcare initiatives risk fragmentation, poor continuity, and low patient accountability. Stable primary healthcare ensures patient engagement, timely access, coordinated care, and longitudinal monitoring, all essential elements for the value-based care of chronic pain and addiction.

Primary healthcare is the system's first point of contact

and long-term anchor. For chronic pain or substance misuse patients, symptoms evolve and require ongoing assessment, referral, and management. Stable primary healthcare can recognize early warning signs, prevent escalation, and provide continuity between specialist interventions. Sometimes, pain and addiction clinics may be siloed, working within tertiary or outpatient specialty settings with limited follow-up opportunities. Primary care can fill this gap by reinforcing care plans, monitoring medications, and integrating psychosocial supports. Through shared care models and interconnected electronic health records, primary care can track referrals, communicate with specialists, and align treatment goals, thereby mitigating duplication and treatment gaps. This interconnectedness is vital for patients with co-occurring conditions such as anxiety, depression, insomnia, or diabetes, which impact pain or substance use outcomes.

Chronic pain and addiction care require behavioral changes and sustained engagement, yet many patients struggle with motivation, insight, or social support. Recent medical research reveals a troubling trend: chronic pain patients who lack stable or reliable primary care are

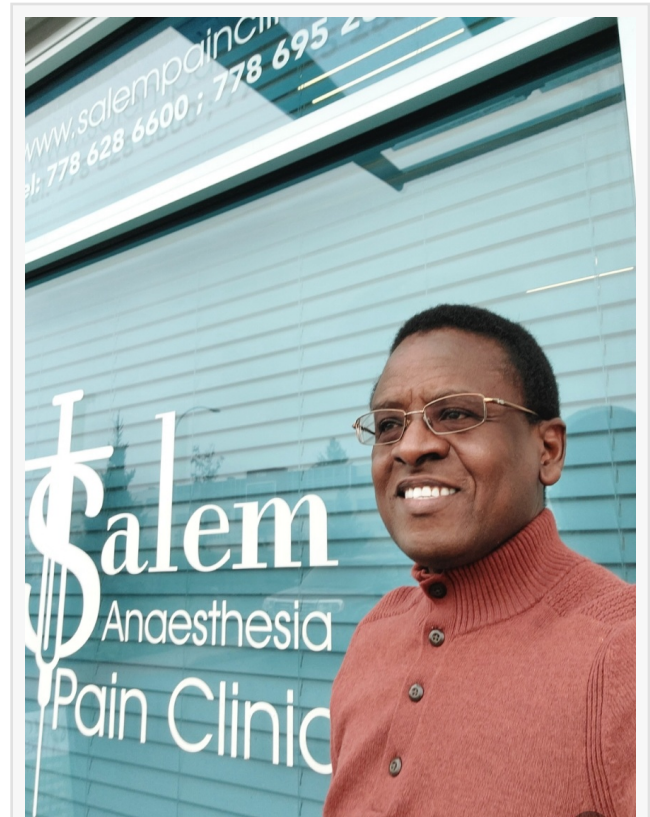
significantly more likely to engage in verbal aggression, emotional manipulation, and harassment toward pain clinic staff. Dr. [Olumuyiwa Bamgbade](#), a multinational team, and the [Salem Anaesthesia Pain Clinic](#) published the [peer-reviewed clinical study](#). The study revealed that these patients, often dislocated from any consistent medical home, brought unmet needs, mistrust, and desperation into the specialist clinic, escalating conflict and harming therapeutic relationships. The findings highlight an overlooked consequence of fragmented healthcare: it burdens patients and endangers healthcare professionals.

The study indicated that when the safety net of primary care is inadequate, patients push for inappropriate interventions or use manipulative behaviors to obtain medication. The study's findings urge immediate action. The harassment of pain clinic staff is not just a behavioral issue; it is a systems failure. It reflects the pressure placed on specialists to fill the gaps left by inadequate primary healthcare. It is a sign that patients, too, are hurting, not just physically, but emotionally and socially, because they lack the stable, longitudinal relationships that primary care provides. Moreover, such an inadequate environment causes higher rates of clinician burnout, staff absenteeism, and compromised clinic safety, an unacceptable reality that undermines the sustainability of pain clinics and addiction management systems.

Without stable primary care provision, the care continuum for addiction programs may be delayed, undermining patients' recovery. To enable value-based pain management and addiction therapy, we must stop viewing them as isolated solutions. We must reframe them as dependent on stable primary care to promote care continuity, ensure patient accountability, and mitigate harassment of physicians caused by patients. Investing in robust primary care isn't just beneficial for health outcomes; it's essential for clinic safety, staff well-being, and sustainable care. The future of pain clinics and addiction care lies not in more specialization alone, but in stronger integration, relationship-based care, and systemic accountability across the entire health system.

Reference

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Olumuyiwa Bamgbade

Olumuyiwa Bamgbade
Salem Anaesthesia Pain Clinic
+1 778-628-6600
salem.painclinic@gmail.com
Visit us on social media:
[LinkedIn](#)
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