

Protecting Doctors from Extortion, Coercion, and Harassment in Pain Clinic; Olumuyiwa Bamgbade, Salem Pain Clinic Canada

Safeguarding healthcare by protecting physicians from extortion, coercion, and harassment in pain clinic settings; Olumuyiwa Bamgbade, Salem Pain Clinic Canada

SURREY, BC, CANADA, July 12, 2025 /EINPresswire.com/ -- Physicians who serve in chronic pain

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When patients weaponize desperation and institutions weaponize regulation, physicians are left defenseless, caught between compassion and coercion, undermining ethical, safe and sustainable healthcare”

Olumuyiwa Bamgbade

clinics are often heralded as compassionate specialists navigating some of the most complex and emotionally charged aspects of medicine. Yet behind the therapeutic walls of these clinics lies an escalating crisis: an environment where clinicians are increasingly exposed to extortion, coercion, and harassment by distressed patients. A recent study titled “[Pain Management and Sociology Implications](#)” offers a crucial and data-driven spotlight on this hidden epidemic within pain care. As the findings underscore, it is time affected physicians reframe their response from tolerance and silence to protection and systemic action. Dr. [Olumuyiwa Bamgbade](#) led the peer-reviewed study at the specialized [Salem Anaesthesia Pain](#)

[Clinic](#).

In the prospective study of 1,102 chronic pain patients over six years, 11% were found to harass clinic staff, including the physician. The abuse took many forms: verbal insults, sexual harassment, threats of reputational destruction, and manipulative retaliation complaints. Many patients sought to coerce the physician into prescribing higher doses of opioids or demanded unproven interventions by leveraging their emotional distress, legal entitlements, or social vulnerabilities.

Most concerning, the study revealed that patients without a regular primary care provider, those unemployed, and those entangled in insurance claims for injury or disability were statistically more likely to engage in coercive or harassing behavior. In a clinic model intended to heal, such power imbalances and psychosocial stressors have instead created fertile ground for victimizing physicians or providers.

Pain specialists are not just under pressure to heal; they are under siege to comply. Patients may threaten to file retaliatory complaints if their demands are not met. Some patients threaten to defame physicians on review platforms or in legal forums publicly. Others engage in emotional manipulation, invoking their trauma or financial hardship to pressure clinicians into unethical or unsafe practices. These tactics create a toxic dynamic where physicians must choose between clinical integrity, personal safety, or reputational risk. For racialized, or immigrant physicians, who lack societal support, clout, or protection, the risks are even greater.

While empathy and equity must remain central in pain care, they must not come at the cost of physician safety or ethical erosion. Physicians should not be forced into compromising their professional standards to appease threatening behavior. Just as we advocate for trauma-informed care for patients, we must equally embrace trauma-aware protection for providers, especially in high-stakes specialties like pain management.

The study is not just a wake-up call but a blueprint for reform. Protecting physicians from coercion and harassment is not a luxury but a medical, ethical, and legal imperative. It requires institutional courage, cross-sector collaboration, and a decisive cultural shift that puts physician safety on par with patient dignity. As healthcare evolves, so must the safeguards around its most critical resource, its workforce. In the spirit of healing, let us also heal the systems that have left providers exposed and unsupported for far too long.

Dr. Bamgbade is a healthcare leader with an interest in value-based healthcare delivery. He is a specialist physician trained in Nigeria, Britain, the USA, and South Korea. He is an adjunct professor at institutions in Africa, Europe, and North America. He has collaborated with researchers in Nigeria, Iran, Armenia, Zambia, China, Rwanda, the USA, Kenya, South Africa, Britain, Tanzania, Namibia, Australia, Botswana, Mozambique, Ethiopia, Jamaica, and Canada. He has published 45 scientific papers in PubMed-indexed journals. He is the director of Salem Pain Clinic, a specialist and research clinic in Surrey, BC, Canada. Dr Bamgbade and Salem Pain Clinic focus on researching and managing pain, insomnia, value-based care, health equity, injury rehabilitation, neuropathy, societal safety, substance misuse, medical sociology, public health, medicolegal science, and perioperative care.



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