

SALA POLISSENA A
PIANETA DOLORE

Moderatori: Margherita Maragno – Daniela Pierluigi

Alessandro Riccardi

Cultura e dolore



CULTURA E DOLORE

Alessandro Riccardi

Faculty SAU

Sedazione ed Analgesia in Urgenza

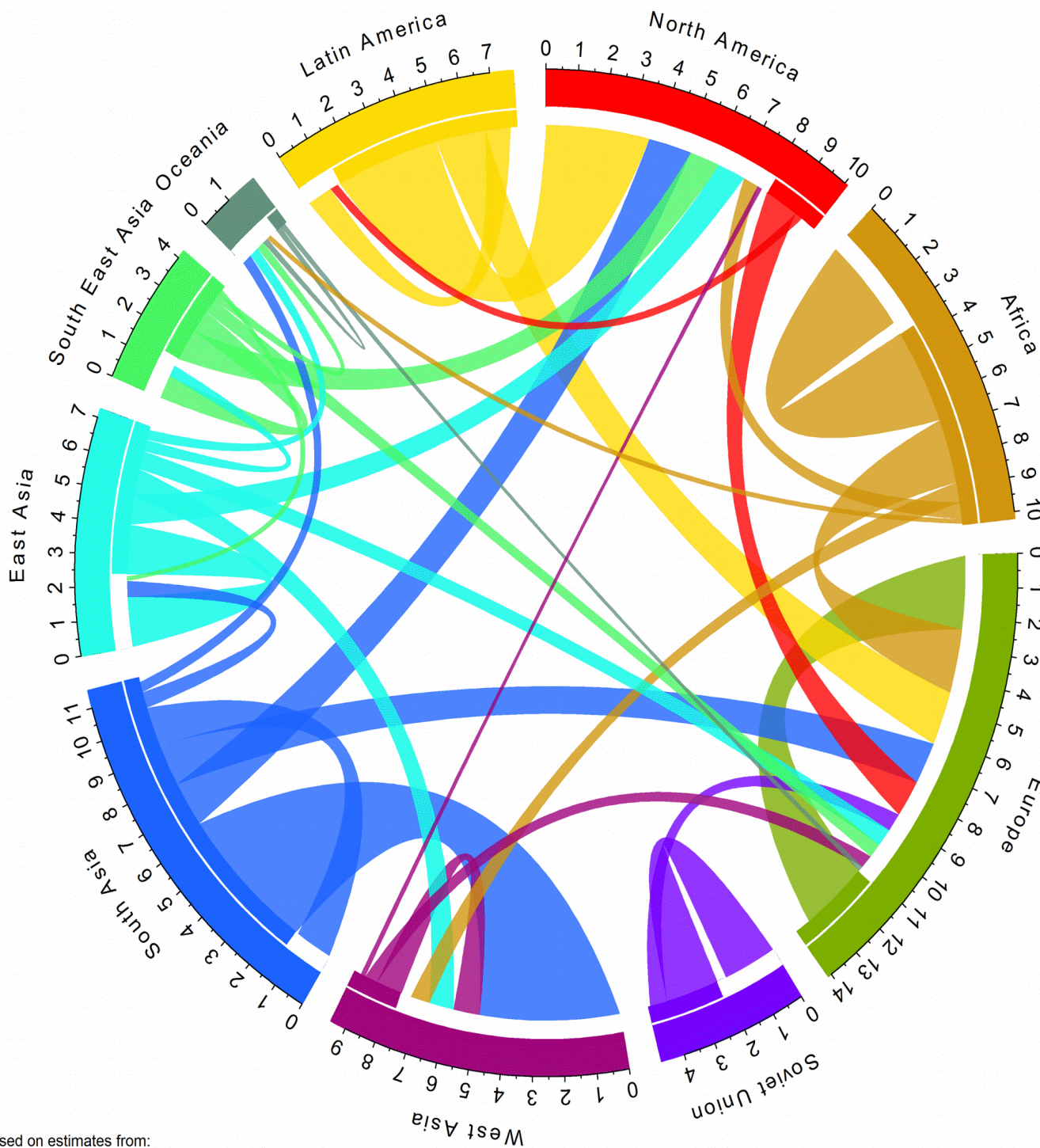
Sedazione
Analgesia
Urgenza



XII congresso nazionale

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RICCIONE 13-15 MAGGIO 2022



MOVIMENTO MIGRATORIO





Il dolore è un muro

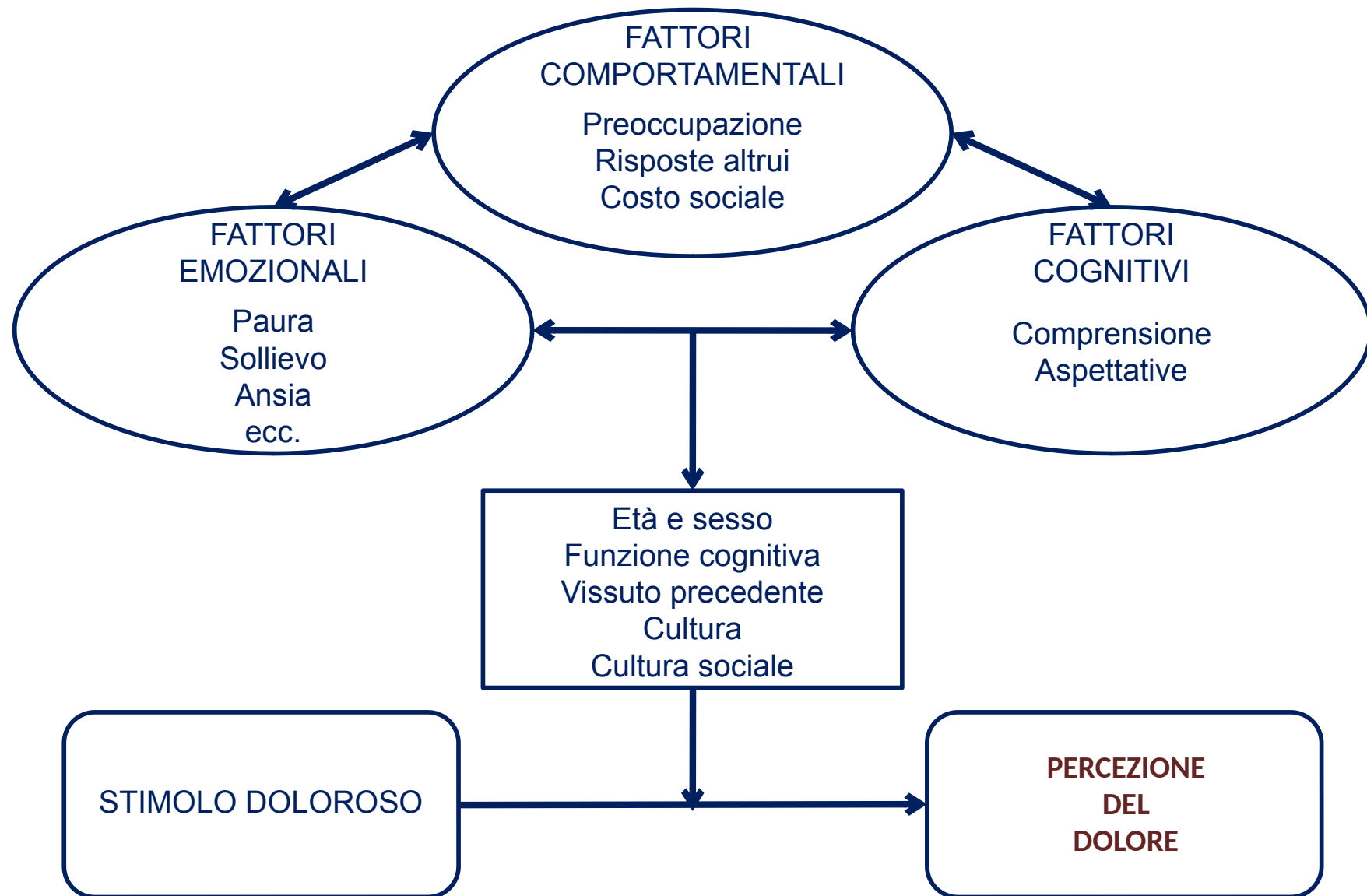


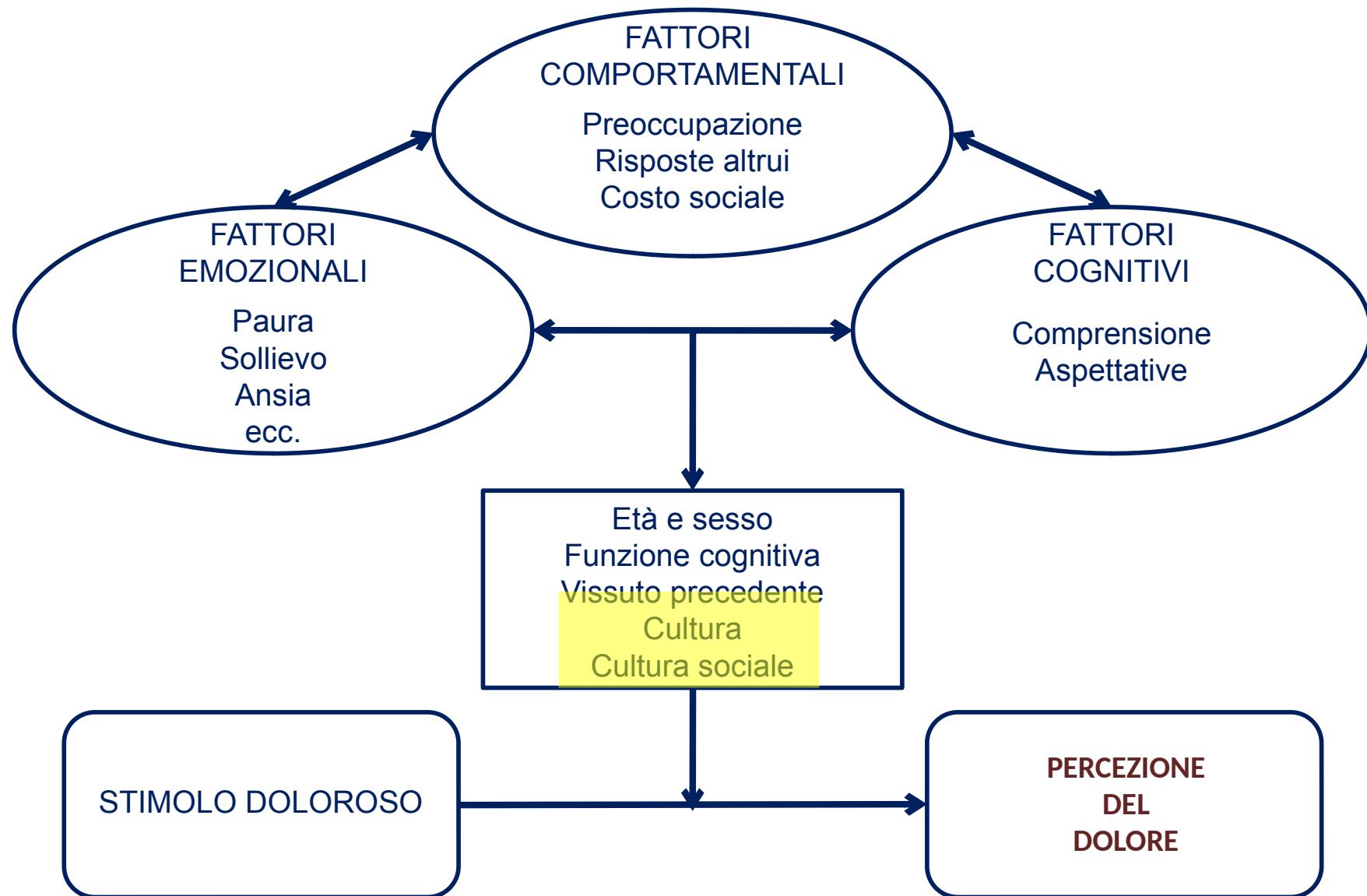
A large iceberg floats in a deep blue ocean under a bright blue sky with scattered white clouds. The iceberg's tip is above the water, while its massive, jagged base is submerged, illustrating the concept of hidden pain.

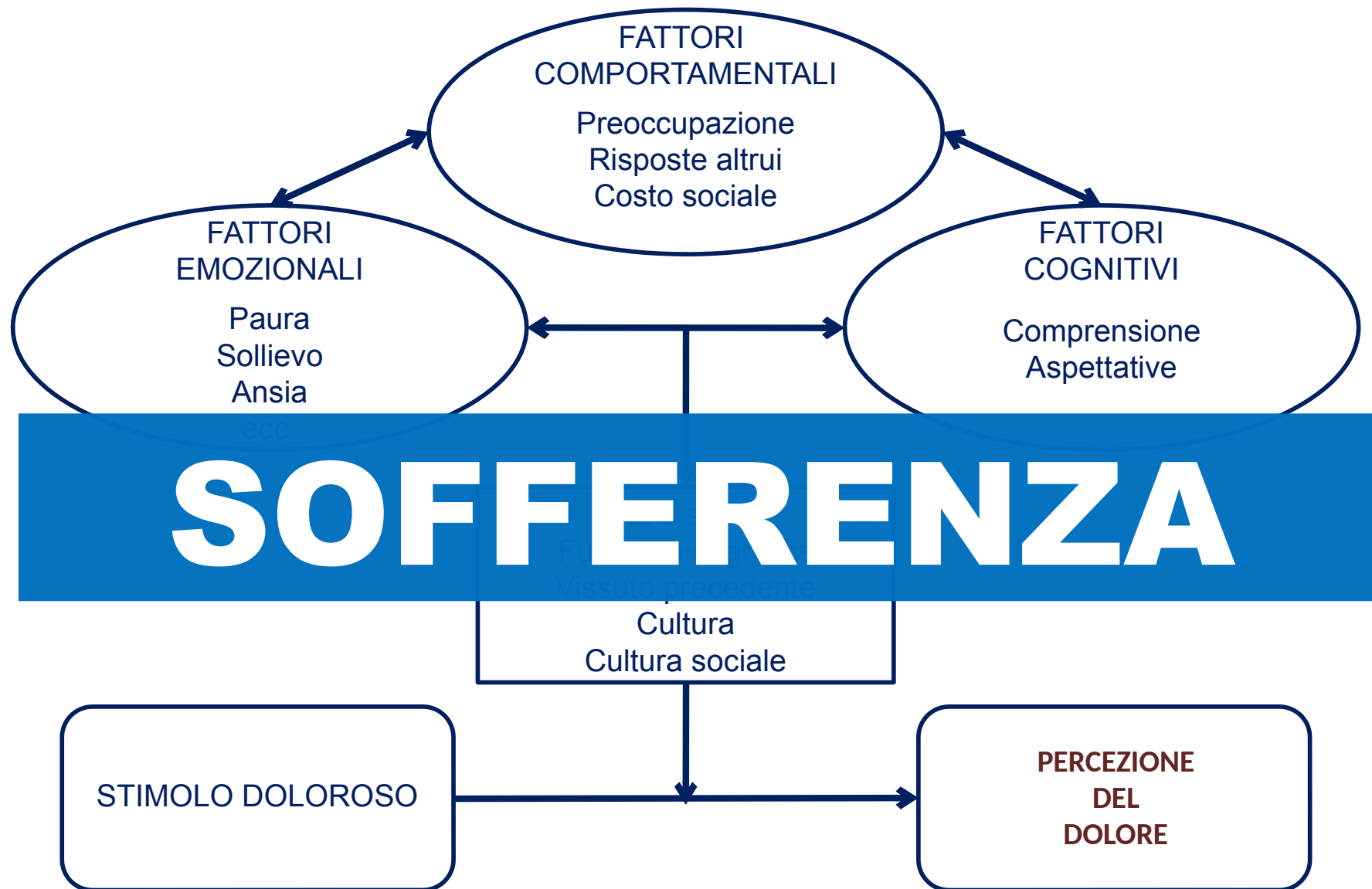
il termine **dolore**
è solo la parte
emersa

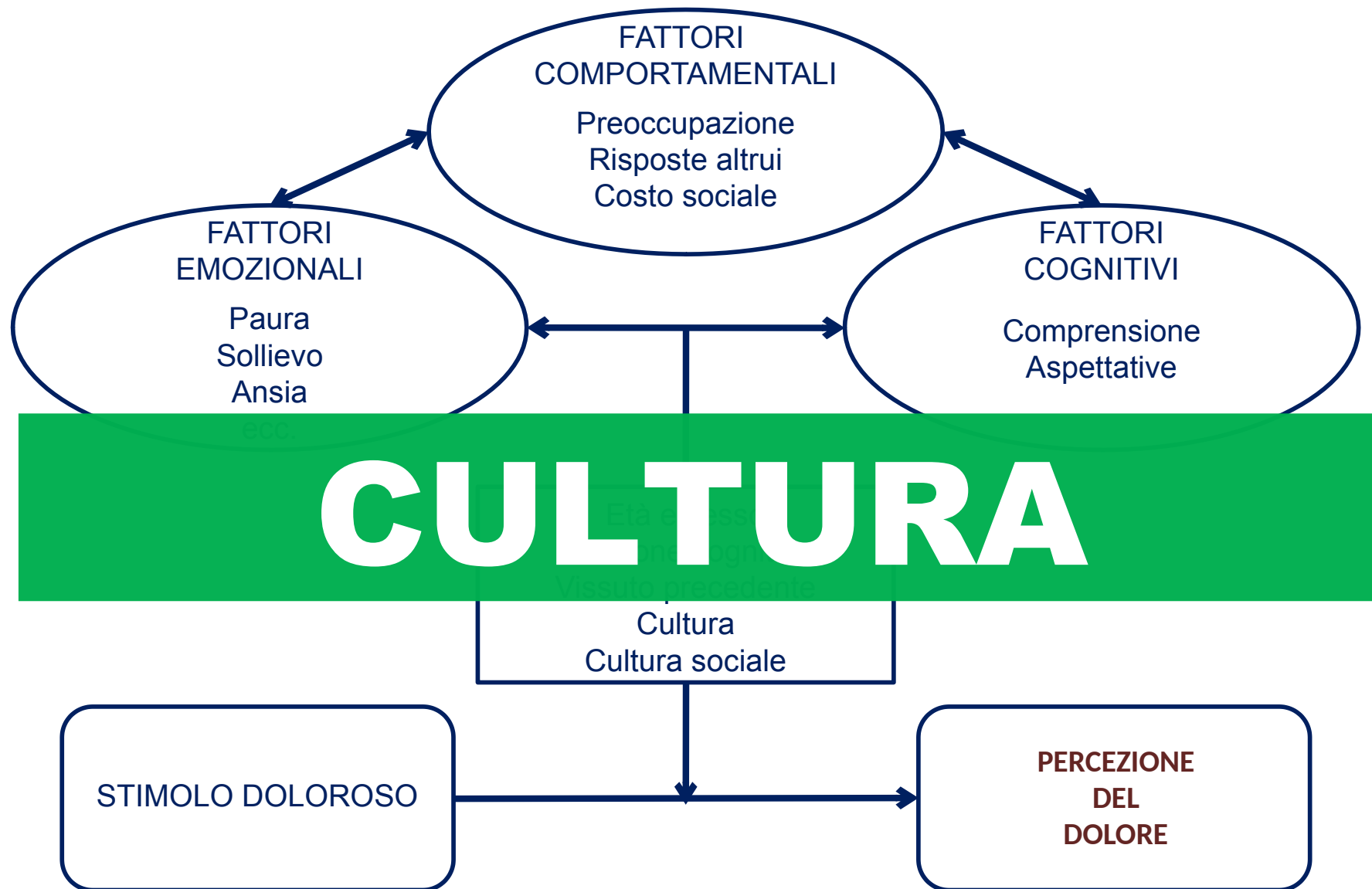


Turk & Melzack, Handbook of pain assessment, 2001









A close-up photograph of a hand holding a white plastic watering can, pouring water onto several small green seedlings growing in dark brown soil. The watering can has a perforated spout, and water is seen dripping from it. The background is a soft, out-of-focus green, suggesting a garden or greenhouse setting. The lighting is bright, creating highlights on the water droplets and the leaves of the plants.

CULTURA,
dal latino «colere»,
coltivare
(*Cicerone*)

Culture and Pain

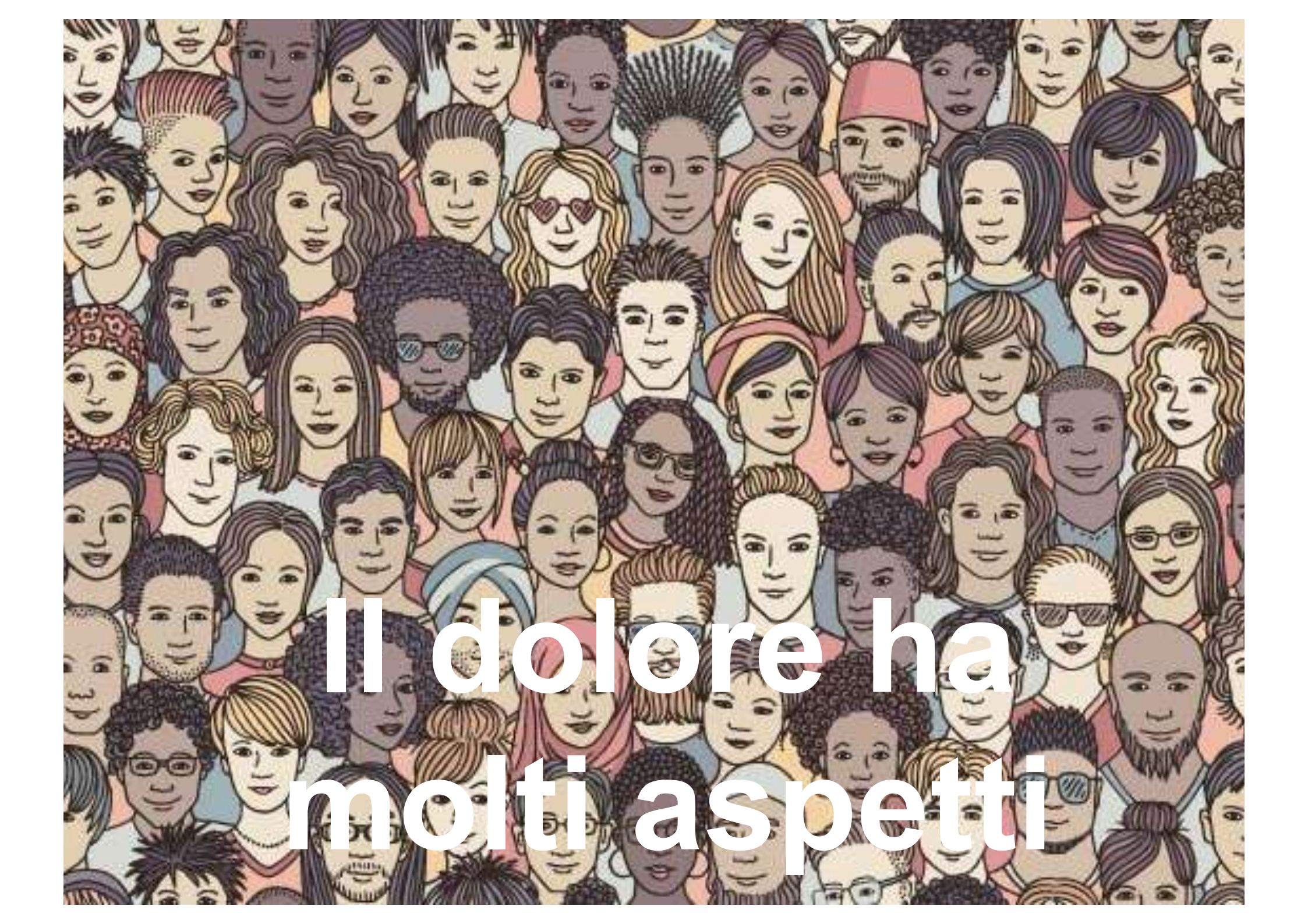
Florence Gelo, DMin, and Rosemary Harris, MD

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& Palliative Medicine
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During this particular hospitalization, a Cambodian resident physician was rounding on the intensive care unit service. He went into Mrs Prak's room, spent considerable time interviewing her, and upon leaving immediately located her chart. He crossed out the existing order for narcotics and increased the dosage, tripling the previous amount. He also changed the medication to be given in a straight dosing schedule with additional medication as needed.

The attending physician, when reviewing the patient's chart, quickly noticed this radical departure from the existing plan of care and questioned the resident. "Mrs Prak has been asked during regular intervals and has not complained about pain," said the attending physician. To which the resident responded, "Not to you."

A further discussion between the attending physician and the resident revealed a cultural variable of importance in the treatment of postoperative patients. Mrs Prak was not asking for much pain medication because she did not want to be a burden to staff. As the resident stated, “She won’t complain to you.” Culturally, it is of supreme importance for Mrs Prak to be a “good patient.” She would tolerate the pain, however extreme, rather than inconvenience staff, who might then perceive her as demanding and therefore think ill of her.



Il dolore ha
molti aspetti

Original Article

A review of the literature on care of clients in pain who are culturally diverse

R. Davidhizar¹ RN, DNS, CS, FAAN & J. N. Giger² RN, EdD, CS, FAAN

¹ Professor and Dean of Nursing, Division of Nursing, Bethel College, Mishawaka, IN, USA

² Professor, Graduate Studies, School of Nursing, University of Alabama at Birmingham, Birmingham, AL, USA

A close-up photograph of a man's face and arm as he works on a wall. He is holding a yellow pencil in his right hand, which has a silver ring on the ring finger. He is using an orange spirit level to draw a straight line on a light-colored wall. The level has three circular vials and a ruler scale. The man is wearing a blue and white striped shirt with a brown collar. The text is overlaid on the lower half of the image.

**in PS dobbiamo saper
parificare le differenze**
(sociali, economiche, culturali)

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Pain is a phenomenon with both personal and cultural meanings (Davidhizar et al. 1997). It is well known to health care providers that while clients may experience the same surgical procedure, the same progression in the labour process, and receive the same pain medication, pain responses and expressions of pain differ significantly among clients. Yet they are often similar in persons from the same cultural and ethnic group. There is also growing appreciation that people differ biologically with thresholds to pain varying as well as physiological response to pain medication (Giger & Davidhizar 1999). Another variable, which may occur between cultural and racial groups, is verbal expressions of pain. For example, Black individuals who use 'Black

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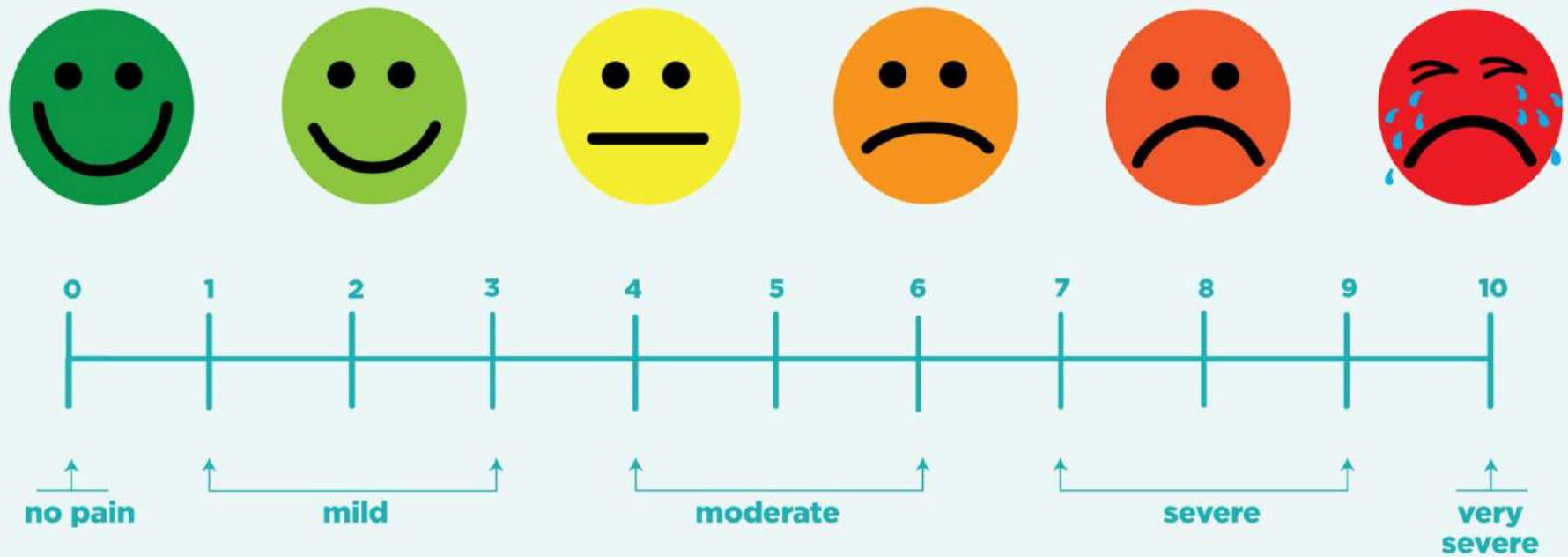
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**Non tutte le
intelligenze
sono
uguali**





La cultura influenza la lettura delle scale



The Visual Analog Scale (VAS) involves a horizontal or vertical line with word anchors at the extreme of 'no pain' to 'pain as pain as bad as it can be' at the other. The individual is asked to make a mark along the line to represent intensity. A study of Chinese patients' responses to the VAS revealed that it was suitable for assessing pain intensity but that the vertical line presentation was more clearly understood than the horizontal line. Because Chinese is traditionally read vertically downwards and right to left, the vertical presentation is more likely to obtain an accurate reading (Aun et al. 1986).

河北文安今發生地震 北京有震感

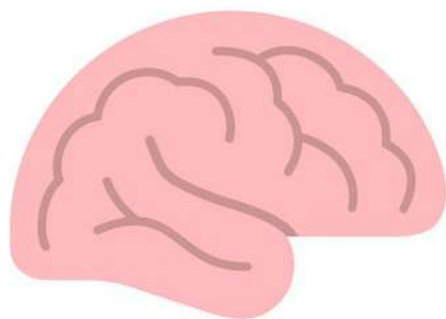
出自維基新聞 <http://zh.wikinews.org>

【二〇〇六年七月四日訊】

北京時間15:27 (UTC時間03:56:27)，在中國河北文安發生了一次地震，震中為北緯38.9度，東經116.3度 (中國地震局數據)，中國地震局測定震級為3.1級 (美國地質測量局測定為2.9級)。

中國地震局隨後發表的消息說，北京、天津普遍有震感，河北、山西、山東等地的部分地區也有震感。目前暫無人員傷亡的報告。

中國總理溫家寶，副總理回良玉迅速做出了指示，要求地震部門加強監測、分析工作，瞭解震情，保證群眾生命財產安全，維護社會穩定。並且特別要求注意首都圈的情況。



V S



2. Appreciate variations in affective response to pain

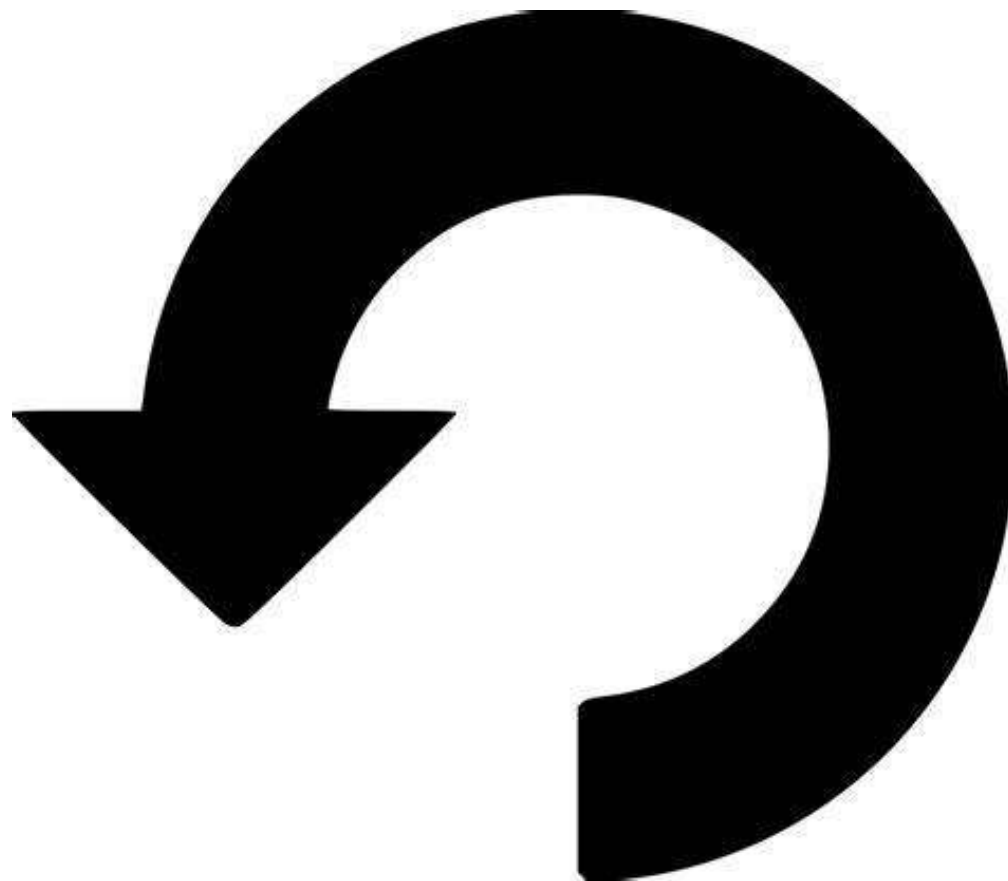
Cultural responses to pain have been divided into two categories: stoic and emotive. Stoic individuals are less expressive of their pain and tend to 'grin and bear it'. Emotive individuals are more likely to verbalize their expressions of pain. As in the scenario at the front of this article, individuals from the Amish culture typically react to pain more stoically and even children are less likely to react to pain with an affective response (Beachy et al. 1997).



APPROCCIO STOICO



APPROCCIO EMOTIVO



DOLORE E CULTURA ma del sanitario (e quindi formazione)

3. Be sensitive to variations in communication styles

Walker et al. (1995) note that in some situations a one-sided style of pain assessment is present. If the answer to a question on pain experience is 'yes', an injection or tablet is given. If 'no', nothing occurs. However, for most health care professionals, there is awareness that pain presents a much more challenging assessment problem than a simple 'yes'/'no' response. Non-verbal communication also differs between cultures. An individual may feel that non-verbal symptoms or expressions, for example, wincing or groaning, are sufficient to describe the pain experienced and verbalization is not needed (Giger

CONOSCENZA



4. Recognize that communication of pain may not be acceptable within a culture

In some cultural groups, asking for assistance is considered lack of respect. Thus, asking the nurse for pain medication by a Chinese client may be viewed as taking the nurse away from more important duties (Giger & Davidhizar 1999). A client may view the nurse as a professional who will know client needs without being told and may thus wait passively for pain medication expecting that if it is needed it will be provided.

5. Appreciate that the meaning of pain varies between cultures

The meaning of pain frequently differs between people of different cultures. Pain is personal. However, the pain experience is altered by changing circumstances and cultural values, which provide interpretations of pain for the patient (Mathieson & Stam 1995; Morris 1991). Kleinman (1988) reported that individuals attribute meaning to their pain. Meaning of pain may be related to religious beliefs. For example, the majority of Hispanics-

Culture, Pain, and Culturally Sensitive Pain Care

■ ■ ■ *Kathryn Eilene Lasch, PhD, MA, MSSW*

MR. TYLOR'S VIEWS ON THE COUVADE.

By the Couvade, I need scarcely explain, is meant that custom in accordance with which the husband takes to his bed at the birth of a child and is treated as if he were the mother of it. As is well known, this curious custom has been found in many parts of the world, and in parts so distant from one another as to preclude the idea of imitation. To say nothing of Béarn (whence it has derived its name), and the N.E. of Spain, we hear accounts of it from missionaries in North and South America, particularly in Guiana, in the south of India, in Borneo, and (according to Marco Polo) in China. In classical literature there are three clear allusions to it, viz., *Apoll. Rhod.*, ii, 1011, foll., among the Tibareni, a tribe on the south coast of the Black Sea; *Strabo*, iii, p. 165, among the Cantabri in the north of Spain; and *Diod. Sic.*, v. 14, in Corsica.

It seems then that, however absurd the custom may appear to us, yet there is some feeling or idea in human nature, at some stage of development, to which it corresponds. The difficulty is to say what this feeling or idea may be. I confess I do not think the explanation given by Mr. E. B. Tylor (*Early History of Man*, 3rd ed., p. 301, foll.) is entirely satisfactory. By him the term Couvade is extended so as to include another custom which, though no doubt connected with the one above named, is yet distinct from it; I mean the custom by which before or after (or both before and after) the birth of a child the father fasts entirely, or abstains from certain food, or from certain acts, lest he should injure the health of the child. Mr. Tylor's explanation that this is an outward expression of the idea that "the connexion between father and child is not only, as we think, a mere relation of parentage, affection, duty, but that their very bodies are joined by a physical bond; so that what is done to the one acts directly upon the other", is quite convincing, but obviously has reference only to the custom last mentioned, nor indeed does he apply it further.

Next he goes on to say that certain forms of the Couvade (meaning the Couvade strictly so-called) "involve giving over parentage to the father", and he traces a connexion between the two customs by saying (after Bachofen) that the father's going through the dietetic course above mentioned "may naturally become a legal symbol that he is the father". No one can say this is impossible, but the facts as given just before by Mr. Tylor himself, viz., that among certain tribes both parents perform the Couvade, and that among these same tribes, and others (where the father



PROVIDING CULTURALLY SENSITIVE PAIN CARE

In approaching any patient in pain, the first rule is to avoid cultural stereotyping and to be open, authentic, sensitive, and caring. Culture is, above all, an involving process. The more that is learned about the cultural features of a particular patient population, the better equipped the clinician will be to work effectively with patients in pain. However, it is not just a matter of formal training. Clinicians need to read books and articles about various cultural groups within their patient population, consult with community organizations and known community-health advocates, and talk to people about their cultures. Pain education materials are invaluable when developed in collaboration with a designated cultural group. The clinician must understand the difference between what is culturally sensitive versus what is linguistically appropriate. Culturally sensitive materials take into account the subtle nuances of culture. They entail more than mere

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SFUMATURE

Finally, when language remains a true barrier, it is important and appropriate to involve an interpreter. However, once again, interpreters need to convey the meaning of the patient's words and not just the words. Often because of intergenerational differences and other cultural factors, a family member is often not the appropriate interpreter. Social

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GO AWAY!



LOOK AT
THAT
ARSEHOLE



ALONE
(LIKE A
DOG)



IF YOU COULD
ONLY IMAGINE...



LET'S
GO



YOU SHITTED
YOUR PANTS
EH?



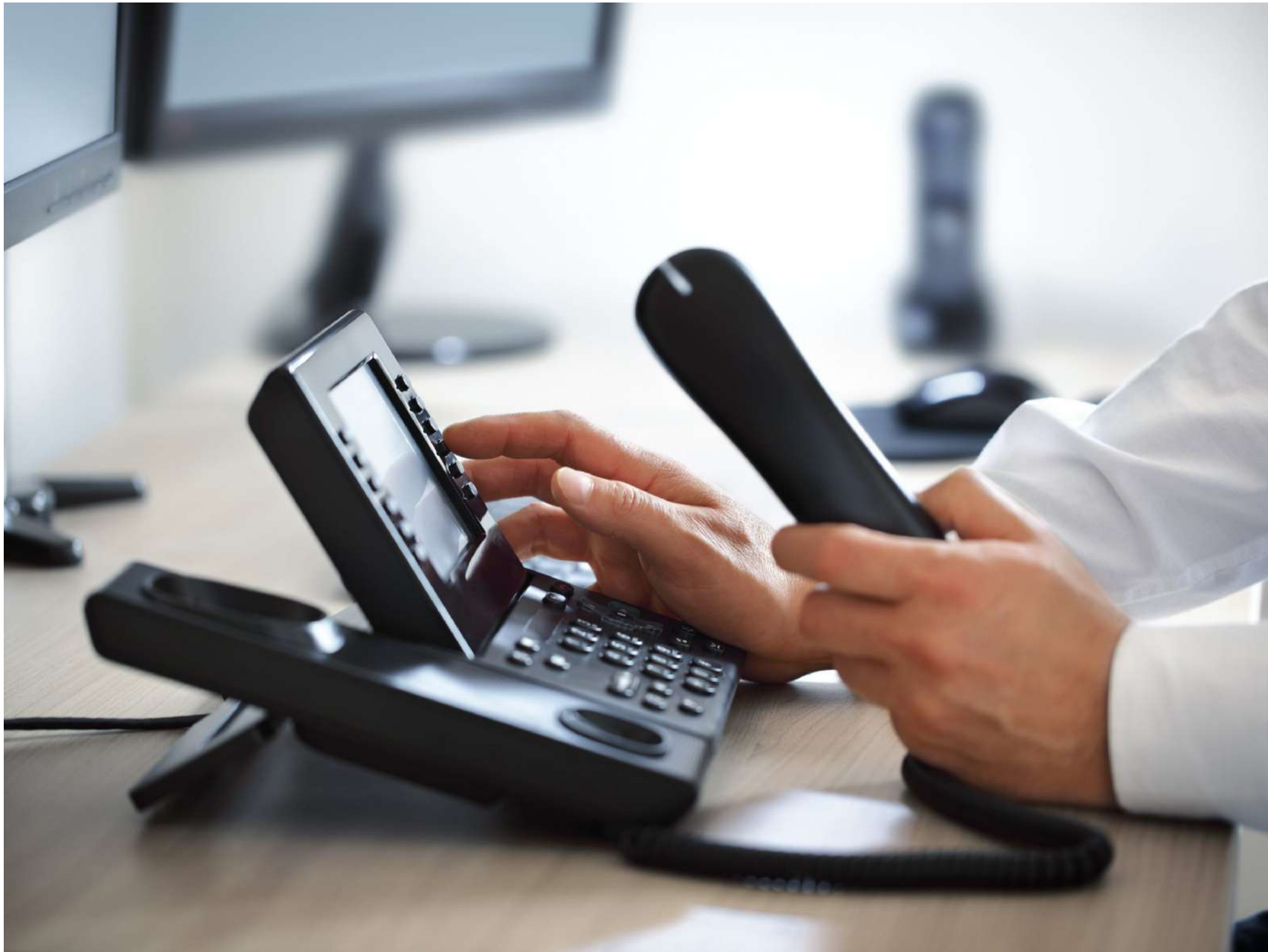
GO FUCK
YOURSELF!



FORGET
IT!



la lingua italiana





TERAPIA DEL DOLORE IN URGENZA E SEDAZIONE PROCEDURALE

Manuale SAU
Sedazione ed Analgesia
in Urgenza

FABIO DE IACO
ENRICO GANDOLFO
MARIO GUARINO
ALESSANDRO RICCARDI
MARIA PAOLA SAGGESE
SOSSIO SERRA

Sedazione
Analgesia
Urgenza

A person is sitting on the floor, leaning against a wall. Their head is buried in their hands, suggesting a state of despair or exhaustion. The scene is dimly lit with a strong blue color cast, creating a somber and melancholic atmosphere. The person is wearing a light-colored t-shirt and dark pants. The wall they are leaning against is textured and appears to be made of concrete or stone. The floor is also visible, showing some texture and shadows.

Immerge
foto che
cola il
ggio e
libera l'angoscia

David le Breton

*An Octopus Headache? A Lamprey Boil?
Multisensory Perception of "Habitual
Illness" and World View of the Ainu¹*

EMIKO OHNUKI-TIERNEY

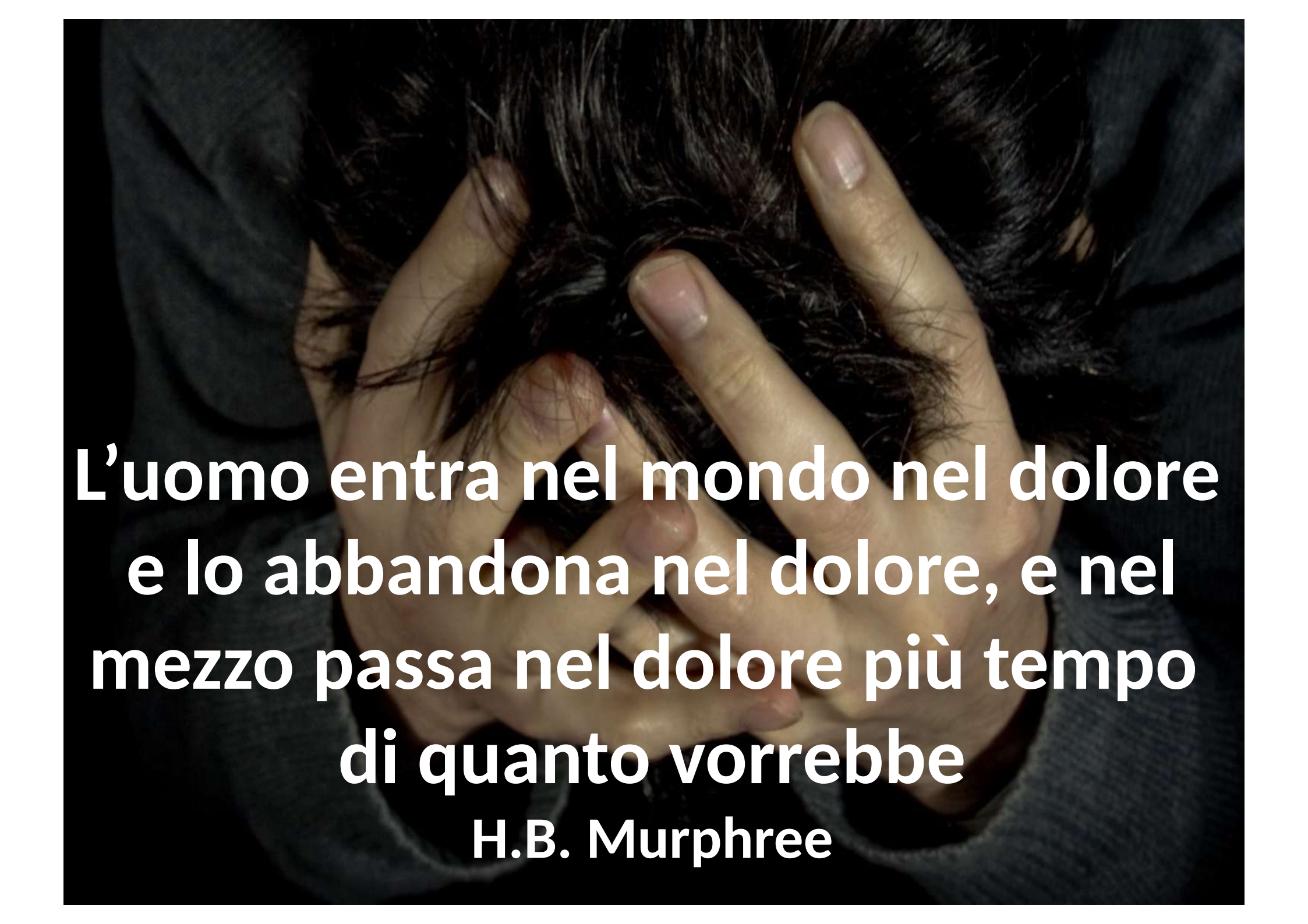
"Habitual (natural) illnesses," with an implicit assumption of their insignificance, both for the people and the anthropologists, have received little attention in anthropological literature. An analysis of headaches and boils of a group of Sakhalin Ainu now resettled in Japan suggests that the classification of these minor illnesses is intimately related to their world view and that the Ainu view of these illnesses reflects their multisensory perception of their universe.

WITH A STRONG UPSURGE OF INTEREST in illnesses² and health care in cross-cultural perspective in recent years, old themes and new interests are steadily increasing our literature concerning what is usually referred to as medical anthropology. A significant part of anthropological publications on illnesses in non-Western societies deals with so-called supernatural illnesses. For these illnesses a soul, a deity, a spirit, a demon, or other "supernatural" (an obvious misnomer) constitutes a pathogen, etiological factor, or a source of power for cure. These illnesses have attracted anthropologists because of their relation to both world view and religion, and their function as mechanisms of

A photograph of three people in formal attire engaged in conversation at a social event. On the left, an older Black man in a dark pinstripe suit and patterned tie is gesturing with his hands. In the center, a woman with dark hair in a white dress is looking towards the man on the right. On the right, a white man with grey hair, wearing a dark suit and a striped tie, is holding a glass and looking back at the woman. The background shows a dimly lit room with other guests and a table with a white cloth.

l'arte della diplomazia





**L'uomo entra nel mondo nel dolore
e lo abbandona nel dolore, e nel
mezzo passa nel dolore più tempo
di quanto vorrebbe**

H.B. Murphree

Pazienti dimessi senza analgesia

20%



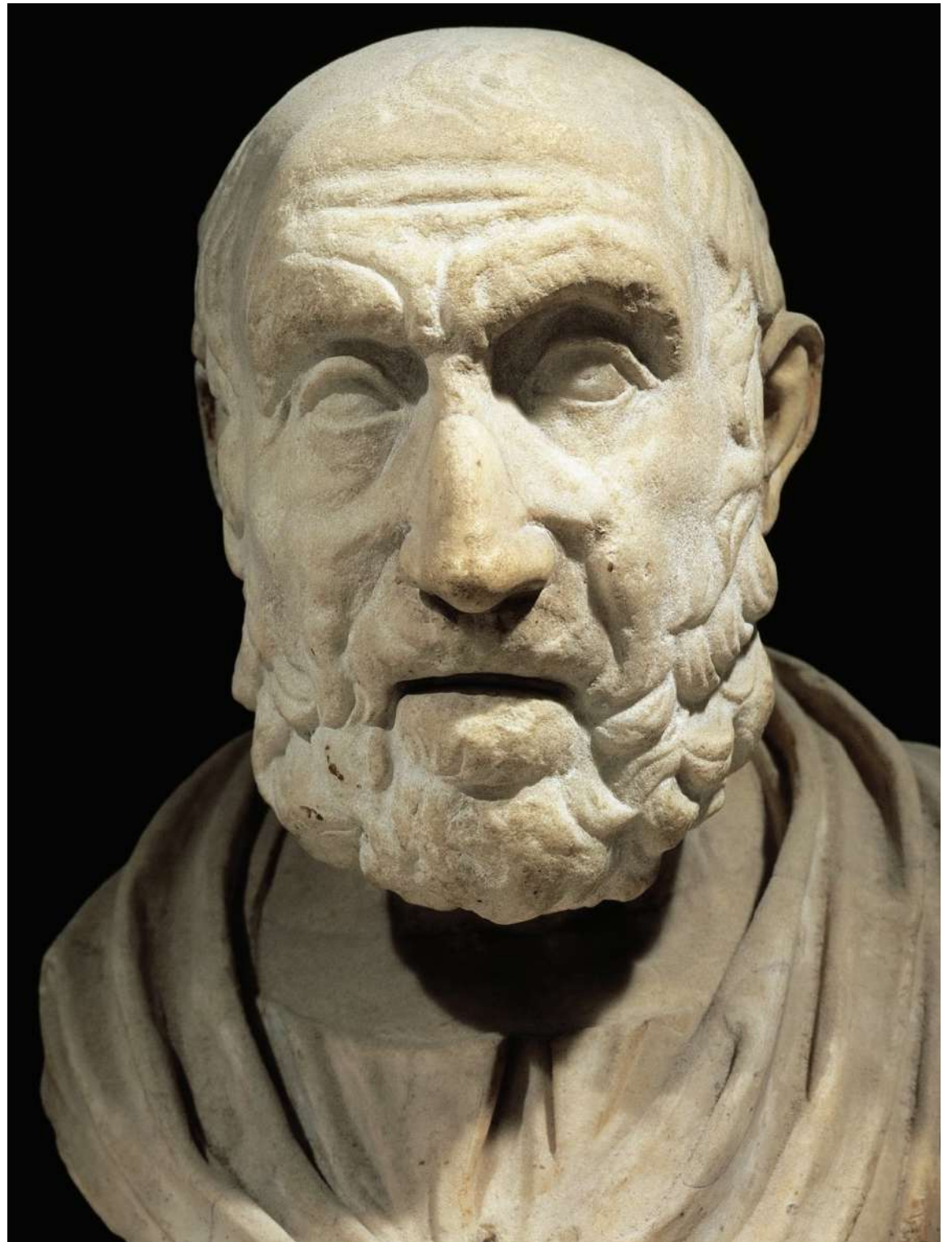
Conclusions. Approximately one fifth of patients in the fracture and non-fracture groups did not receive an analgesic prescription. Age greater than 80 years and minority race/ethnic status were associated with lower rates of opioid prescribing.

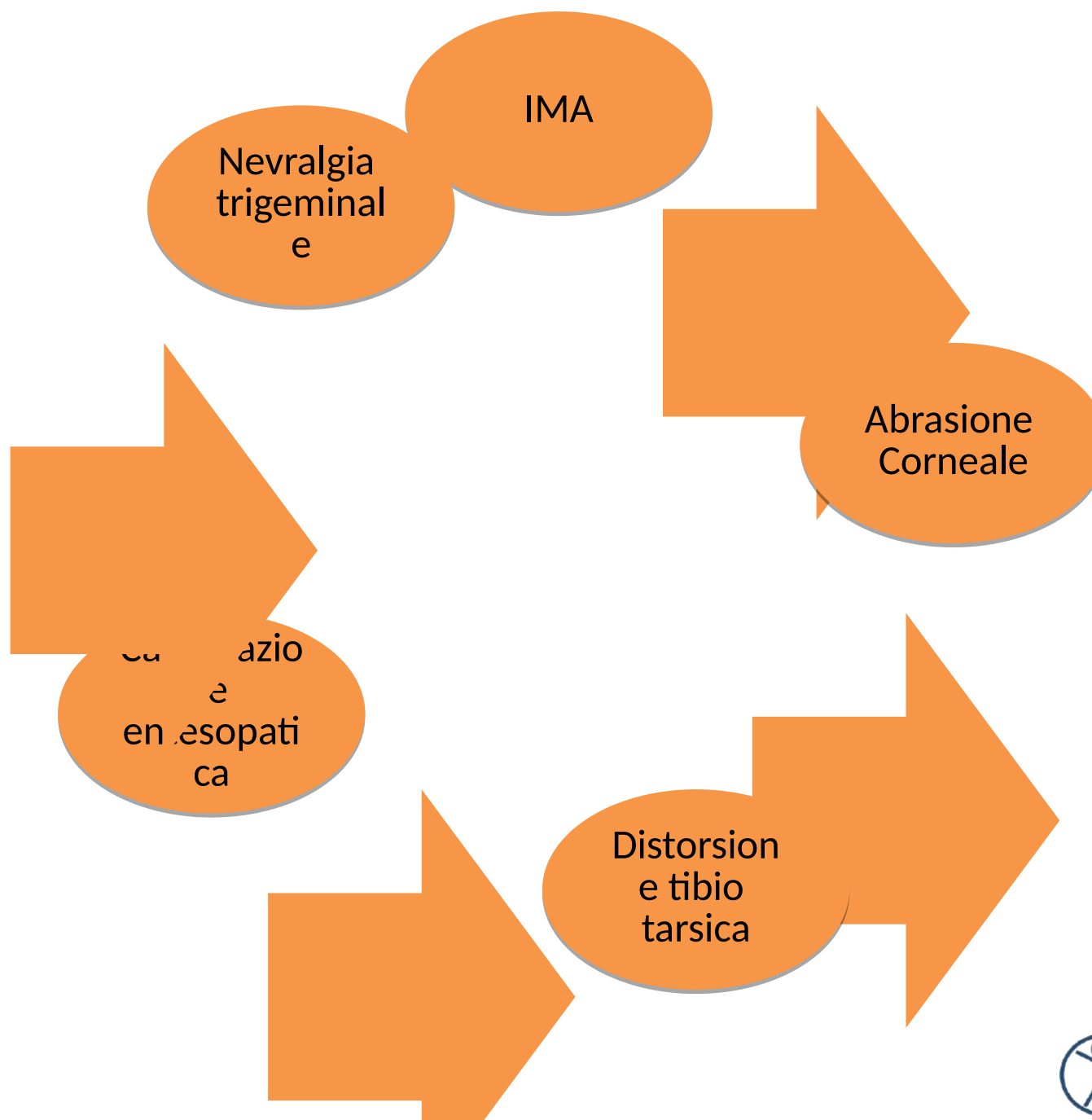
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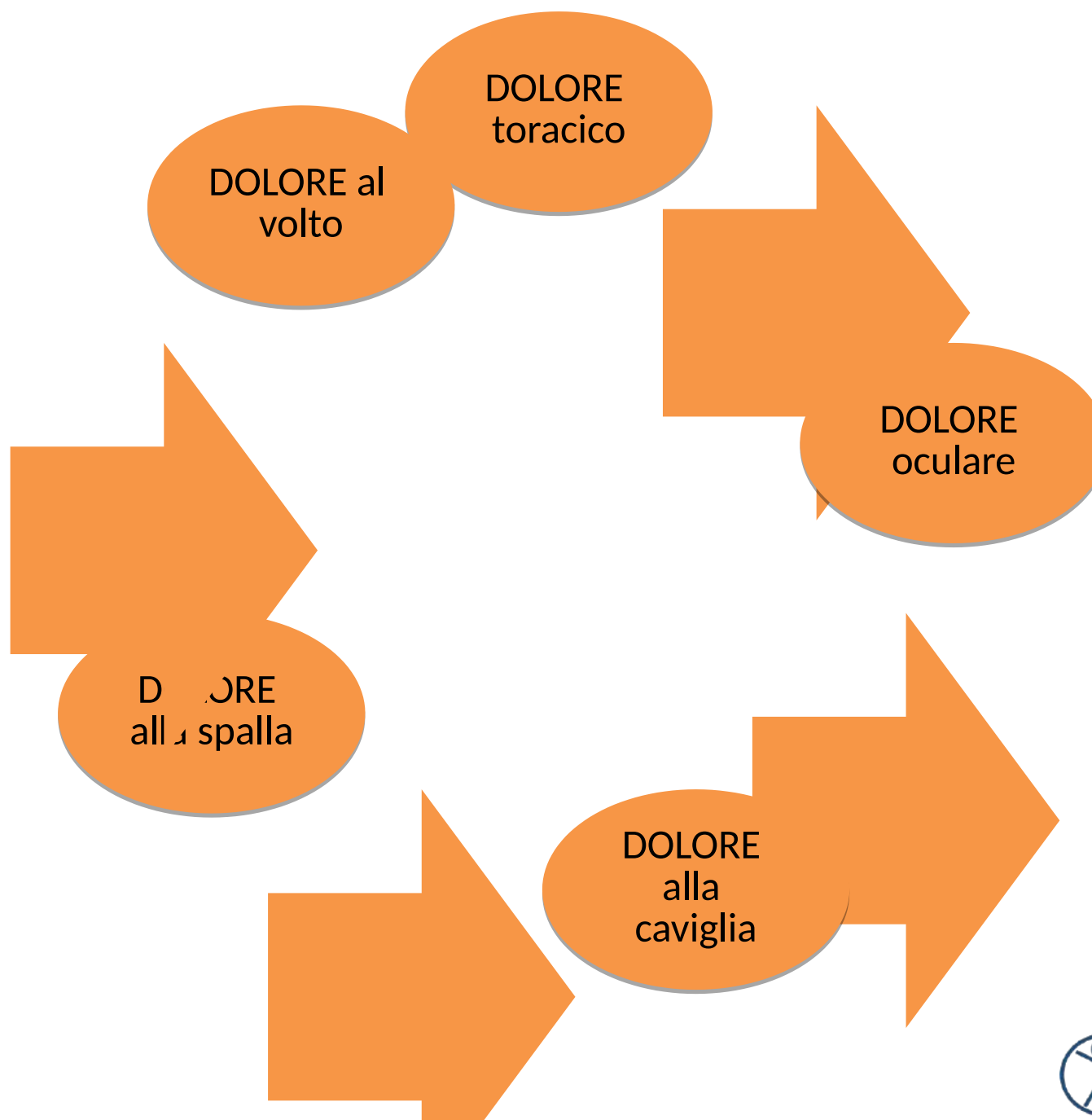
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*Sedare dolorem
opus divinus est*

(attribuito a Ippocrate)







**OLTRE IL
70%
DEGLI ACCESSI IN PS PER
DOLORE**

18 milioni
di pazienti
con dolore
ogni anno



**Narrare il dolore
l'esperienza del SAU Humanities**



Il dolore è un muro



**La cultura può rompere
ogni muro**



E per tutti il dolore degli altri
è dolore a metà

Fabrizio de Andrè