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Dear Felicia

First of all, may I congratulate you and your contributors on an excellent issue¹ that is both timely – indeed long overdue – and helpful. Having experienced the pain of an acute disc protrusion for only a few weeks, I can scarcely imagine what it must be like to suffer from it for years on end without any apparent prospect of relief.

In particular, I agree with Andrew Lucas that the term failed back surgery syndrome (very little better than the ‘failed back’ of my time) should be abandoned. I note that he does not suggest a substitute, and suspect that he may share my dislike of labels in general. I suppose some sort of taxonomy is necessary for research, but I am worried that once people have been labelled and categorised their future management may be governed by false generalised presumptions and rigid thinking or, worse, that they may be consigned to a therapeutic dustbin.

Our endeavours to improve matters, and indeed much of this issue, have inevitably been dominated by the search for an evidence base for the management of these patients. Most of this comes from quantitative research involving randomised controlled trials and recording the ‘results’ of interventions, but as well as this we need to discover what, in the long run, really makes a difference to people’s lives. As well as

outcome measures, quality-adjusted life years and the rest, we need accounts of first-person experience and narratives to give us some guidance as to the ‘true’ value of our efforts. We do of course seek these at the individual level at the clinic, but there seems to have been relatively little effort made to correlate what we can learn from patients.

So, would you consider devoting an issue of the *British Journal of Pain* to *qualitative* research in pain medicine? I have the impression that there isn’t an awful lot of it around, but I am sure you could find enough enthusiasts to produce something very refreshing.

Yours sincerely

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Reference

1. Cox F (ed.) Failed back surgery syndrome issue. *Br J Pain* 2012; 6: 139–181.

Editor’s response

Thank you very much for your letter and positive feedback. I will explore your suggestion of an issue of the *British Journal of Pain* that focuses on qualitative methods and be in contact with you shortly.