

Pain management: Is it time to start looking at the patient's genes?

Genomics.

Now that is a word that has some real catchiness to it, a virtual aphrodisiac for even the most adroit etymologist. I just like to say "genomics." It conjures up the great line ("Plastics?") Dustin Hoffman repeated in *The Graduate*.

"Mrs. Robinson (another reference from *The Graduate*), we're into 'genomics' now and we need to take a look at your genomes so I can provide you with the best perioperative care for your upcoming reconstructive foot surgery."

"Really?" she replies. "Is there a test for that and will it hurt?"

"No, there is nothing to it. We just need to take a little swab from the inside of your mouth." Amazing what these white coat cerebral bench scientists are able to discover from a little buccal mucosa now days. I usually just fish out a raspberry seed or something else unidentifiable, trying to recall the last mastication.

"Doctor, can you give me something other than Vicodin? It does not work well for me."

Most of you are now drawing the same conclusion that I used to draw. "Dammit, I am the doctor and you are a drug seeker. You just want the 'percs,' better known as Percocet (Endo Laboratories)." Naturally, you say this internally in order not to offend the patient or, even worse, suffer the ignominy and hassle of a board complaint. Maybe you even scream it like the thunder of an internal Tourette's syndrome but now we know that Mrs. Robinson may really be on to something because of the results of her simple DNA test.

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