

de consulta é referido como uma medida potencialmente eficaz por 92% dos médicos.

Estes resultados revelam a preocupação dos médicos portugueses sobre a realização de ECD e procedimentos desnecessários, mas também o desconhecimento de recursos que podem ser úteis na sua argumentação com o doente. Esta argumentação é, por vezes, erroneamente percebida por alguns doentes como uma posição de intransigência do médico. É, por isso, essencial dar

ferramentas aos médicos que lhes permitam dialogar com o doente, de forma eficiente e transparente.

O programa *Choosing Wisely* Portugal (<https://ordemdosmedicos.pt/choosing-wisely-portugal-escolhas-criteriosas-em-saude/>) pretende responder a esta lacuna, e os resultados deste inquérito vieram fundamentar ainda mais a necessidade da sua ampla divulgação e o potencial impacto positivo na Saúde dos portugueses.

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Letter to the Editor Regarding the Article: "Chronic Pain Education in Portugal: Perspectives from Medical Students and Interns"

Carta ao Editor a Propósito do Artigo "O Ensino da Dor Crónica em Portugal: As Perspectivas dos Estudantes de Medicina e dos Internos do Ano Comum"

Keywords: Analgesics, Opioid; Chronic Pain; Education, Medical; Internship and Residency; Students, Medical

Palavras-chave: Analgésicos Opioides; Dor Crónica; Ensino Médico; Estudantes de Medicina; Internato e Residência

Dear Editor, I read with enthusiasm the article regarding "Chronic Pain Education in Portugal: Perspectives from Medical Students and Interns",¹ which aims to shed light on chronic pain education and pedagogy in Portuguese medical universities, as seen through the eyes of final year medical students and newly qualified graduates carrying out the first year of postgraduate medical training.

I was not surprised to read that in Portugal, for the most part, continued medical education in pain is not compulsory and lifelong learning is based on casual opportunities or professional interest. As a junior doctor myself, my own medical training is a proof of this: looking back at my days as a medical student, I honestly do not recall, with any clarity whatsoever, having been taught any specific pain management skills in the classroom setting.

As for my clinical training, my classmates and I were often at a disadvantage because each tutor had several students assigned to him. This made it difficult to practice our knowledge with the patients and our teachers often felt the need to rush their examination in our presence out of

fear that the patient may be bothered by the presence of so many students. I believe that this setting hinders the patient's expression of pain (or other symptoms), which in turn limits the tutors opportunity to perform a proper multidimensional pain assessment and consequently contributes to the students' lack of medical knowledge' regarding pain management.

During my first year of post-graduate training, my pain education remained limited as I also "learned to manage pain by imitating my tutors, adopting the beliefs and behaviors of my future peers". I received no training concerning the clinical use of opioids, I was unaware of the clinical guidelines and national legislation on chronic pain, was taught to believe that the risks of opioid use outweighed the clinical benefits (causing me to be oblivious to opioids' pharmacodynamics and pharmacokinetics as well as to the advantages and disadvantages of their prescription).

Consequently, the moment I became a junior doctor and began having my own patients, I sought out tutors who are true examples of good practice in chronic pain. I have also dedicated many hours to acquire appropriate pain education, empowering me to make prudent choices about initiating, continuing, modifying or discontinuing opioid therapy, while considering patients' various contexts.

I am aware that I still have much to learn and am grateful to have met many excellent teachers, ones who are also knowledgeable about empathy and communication skills, qualities that improve a physician's effectiveness in the management of people with chronic diseases. I sincerely hope that this article is successful in influencing the entities related to medical education in order to improve pain education in Portuguese medical schools, with the ultimate goal of reducing patient suffering and improving quality of life.

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