LETTER TO THE EDITOR

Stigma Against Patients with Coccyx Pain

I congratulate your journal and authors Slade et al. on the extremely insightful original research article titled “Stigma Experienced by People with Nonspecific Chronic Low Back Pain: A Qualitative Study” [1]. The study emphasizes that patients with chronic back pain very commonly experience detrimental stigma and bias perpetuated by health care providers.

I would further assert that there is a subgroup of patients with low back pain (beyond the initial scope of Slade’s study) who seem to epitomize such stigmatization, specifically patients with coccydynia (tailbone pain, which is essentially the most inferior or “lowest” form of “low back pain”).

As director of a Coccyx Pain Center at an academic medical center, I hear practically daily from coccydynia patients who report that their physicians have treated them with trivialization (“it’s only your tailbone, we don’t even use it”), disbelief against a physical etiology (“it’s all in your head” or “it’s just stress”), and defeatism (“there’s nothing you can do for it”).

More than a century ago, medical impressions of coccydynia were that “The trouble is in the brain, not at the periphery, neither bone nor skin” [2]. But more recently, research has shown that “patients suffering from this disability are not neurotic—it is only that their symptoms have not been understood” and “clearly coccydynia cannot be regarded as an hysterical or a neurotic condition. Our behavioral assessment indicates that patients with coccydynia have a psychological profile similar to that of any other group of patients” [3]. Unfortunately, despite such research, physician bias against patients with coccydynia seems to persist, making the publication by Slade et al. so crucial in highlighting how frequently patients with back pain experience these types of stigmatizations.

Hopefully, by raising physician awareness of such biases, we can rise beyond stigmatizing our patients and focus instead on providing appropriate diagnoses, treatments, and compassion.

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References