

Cover Story



Photograph by George Sakkestad

Patients participate in a breathing and progressive muscle relaxation meditation session at the Bay Area Pain Program facility. Patients are (from left) Sandra Rosa, Xenia Doerr, Nicole Lawson and Virginia Laird.

Centering on Pain: Bay Area Pain Management Center in Los Gatos

By Grant Shellen

There aren't many survivors when a commercial airliner crashes. Los Gatos resident Massoud Dabir is one of the lucky few.

Dabir was a passenger on a Boeing 747 that, during liftoff, crashed into construction equipment parked on a closed runway. The crew was supposed to have used a different takeoff route at the Taipei, Taiwan airport on Oct. 31, 2000, but stormy weather had reduced visibility.

The plane slammed back into the ground, breaking apart, catching fire and killing 83 of the 179 people on board.

Dabir is lucky to be alive, but the impact of the crash left him with serious physical and emotional damage. His spine was fractured and his discs and nerves damaged. He lost his memory for a while, and was diagnosed with eating, sleeping and post-traumatic stress disorders.

Dabir, an electrical engineer who started several successful Silicon Valley firms, became depressed and overtaken with pain. He stayed in bed for days at a time. He took 10 to 12 narcotic and muscle relaxant pills a day. Even at that, he had to visit the emergency room about once a week.

He was living in Newport Beach at the time, but after moving to Los Gatos about a year after the accident, Dabir paid a visit to Dr. Peter Abaci—and he said it turned his life around.

Abaci, an anesthesiologist and co-founder of the Bay Area Pain Management Center in Los Gatos, began a course of multi-disciplinary treatment that has reduced Dabir's pain level significantly. Perhaps more importantly, it has taught him how to manage the pain he still feels.

"Now there are days I don't take any pain medication," Dabir said. "I can get out of the house, I'm normal to some extent."

"I might be with this pain for the rest of my life," he adds, "but at least I know how to manage it."

Most patients at the Bay Area Pain Center haven't been through such a gruesome experience. Many of their ailments come from repetitive stress, work-related injuries or lifting a heavy object improperly.

But whatever the cause, pain halts their careers and breaks their spirits. Sufferers' lives are disrupted, and many fall into a cycle of pain-induced depression and depression-induced pain. Most turn to traditional physicians, expecting medication, surgery or some other kind of treatment to fix their problem. If it doesn't, they usually keep going back for more.

That's why Abaci and fellow anesthesiologist Dr. John Massey founded the Bay Area Pain Center in 1999. The doctors had interned together, and Abaci invited his colleague to join him in a

pain management practice he had taken over the year before. They gradually created partnerships with others who were experienced in treating pain.

The two led the center on their own until just recently, when they named Dan Doore as president and chief executive officer—a role he has performed at both Community Hospital of Los Gatos and Good Samaritan Hospital, as well as Sutter Health Central in Sacramento and John Muir Health Network in Walnut Creek.

Massey and Abaci say they wanted to create a program that would consider all aspects of pain, and help people break away from taking high dosages of medications, undergoing unnecessary surgery or otherwise constantly relying on medical professionals for relief.

"We take patients and turn them back into people," Massey said. "Most of the people we see are professional patients."

The center is staffed by a variety of specialists, including pain-control physicians, physical therapists and psychologists. While all of those specialties are available elsewhere, the founders say multidisciplinary facilities are harder to come by.

"We believe in this interdisciplinary model of the mind-body connection and treating the whole person—what they call in medicine the biopsychosocial model," Abaci said. "Not just looking at people in terms of their physical anatomic problem or their physical ailment, but looking at them as a person, treating them both physically and psychologically and doing it in a coordinated fashion."

The center was so successful that the affiliated Bay Area Pain Program was started in 2001 to provide intense treatment for patients with chronic pain. The eight-week program offers physical therapy, group psychological counseling, art therapy, vocational counseling, nutritional education and medical consultation.

During a recent Monday morning at the program facility, a small group of women use pens, paint, crayons, and colored pencils to create art within a *mandala*—a circle often used in Tibetan Buddhism as a meditative art form—while music plays softly. A facilitator has asked them to represent their goal for the week. One woman draws trees growing up from the inner borders of the

circle. Another fills the circle with multi-colored wavy lines.

"My target was to have more energy," said Sandra Rosa, the wavy-line artist. "I drew current. Instead of feeling down, I would like to have a good, straight flow of energy."

Rosa is starting her second week of the program, and she said she already feels better about being able to control the pain she feels in her neck, back, head, wrists and elsewhere as a result of two decades of driving a school bus. The program is a departure from the kind of treatment Rosa has undergone for the last four years: medication, cortisone shots, biofeedback and even surgery.

"I like it a lot," she said. "I never thought [art] was something you could relax and meditate on."

Even though she was slightly surprised by the results, Rosa was open to the possibility that the pain program could help her. Psychologist Kimeron Hardin, the program's administrative director, said patient responses are varied.

"Sometimes we get people that are very holistic-minded and this is just what they're looking for," he said. "Other people are real skeptical. When you have a passive patient, to have a place that said you're responsible for your own well-being, it takes a while to get it."

Angela Jones was one of the skeptics. Jones injured her back at work, and was referred to the program when increasing doses of narcotics failed to numb her pain after two surgeries.

She said she was hesitant to enroll in the program, thinking doctors would take her medication away and administer it to her on a limited basis and that she would have to do vigorous aerobic exercise.

"That wasn't true at all," Jones said.

She quickly embraced the program after her expectations were completely turned around.

"After the third or fourth day, I could tell a difference in myself and my body," she said. "We go eight weeks, but I wish we could have gone six months ... Had I been turned onto this by the doctors, I don't think I would have had all these years of depression."

And Jones seems eager in comparison to other participants. Hardin recalls a woman in her early 30s who came to the program so medicated that "she was in a chemical cocoon." Like many of the other program alumni, she struggled to get out of bed most days.

"When she first came in, she cried the whole first day," Hardin said. "When she left, she was laughing, moving—just bubbling with excitement."

Why are some people suspicious of the interdisciplinary treatment method? Massey and Abaci both say it is gaining respect and popularity, but that some people—doctors included—are unaware of how important psychological care is in dealing with pain.

"A lot of times patients and doctors are not familiar with that component being part of medical care," Abaci said. "It doesn't mean somebody's crazy, but it means we need to treat the whole person and all the aspects that go along with the problem."

Convincing insurance companies of that has proven to be even more difficult. Now that Doore has taken over administrative leadership of the pain center, he said that will be one of his primary goals.

With experience managing a number of local hospitals, he has built up the necessary contacts to do so. He will also have a level of freedom he sometimes lacked when working for large healthcare corporations. He said that freedom will be beneficial in garnering support for the pain center's methodology.

"I'm going to be working directly with these doctors ... trying to help them develop relationships with other physician groups, with the health insurance companies," Doore said, "and really help them take their vision of pain management ... and be able to convert that vision into a strategic plan that can help them drive over the next several years."

Massey said he is confident the new CEO can do just that. He and Abaci had worked with him when they started the practice, and are familiar with his work at Community Hospital and Good Samaritan. Doore helped them get several locations from which to operate, including their current center on Knowles Drive.

Its success has caused the pain center to outgrow even that

location, though. Construction is under way on a new building to house the program at 15047 Los Gatos Blvd. The pain program, which is currently run from a smaller office on S. De Anza Boulevard in San Jose, will also move into the new location.

With so many patients, one might expect it to be tough for the pain center's staff to connect with them.

Not so, said Dabir.

"I cannot tell you how much I love this man," he said of Abaci.

The doctor's recommended course of treatment helped him avoid three surgeries that had been recommended by a prior specialist.

He feels that he is now able to take control of his pain, rather than it taking control of him.

His recovery has been such that, with a little more rehabilitation, he hopes to start another company by next summer. Without Abaci's help, he said he doubts that would have been possible.

Copyright © [SVCN, LLC](#).