Rhetorically written Article from the Washington Post: [https://www.washingtonpost.com/wellness/2023/09/25/chronic-pain-management-doctor/Links to an external site.](https://www.washingtonpost.com/wellness/2023/09/25/chronic-pain-management-doctor/)

Trisha Pasricha wrote this article targeting an audience who share a connection with the post title “Why doesn’t my doctor believe I’m in pain?” and for those curious about the impacts but have not experienced it. Regardless of the connection to the subject, the writer balances both the Ethos and Logos to address both audiences. The first bit of Ethos shared is that the writer is a physician and can relate to both sides of the argument. She gives both reasons for the doctors not fully understanding pain but at the same time as a patient can express sympathy for those who are on the receiving end. For pathos as well as The writer gives an example of a time that the doctor assumed the pain that she was having wasn’t as bad as it should have been. Only after getting a CT were the doctors able to identify the pain source and treat it immediately. Trisha then takes it from the patient perspective of “Would they have believed me sooner had I reacted differently?” relating to a lot of people’s modes of displaying pain. As a physician Trisha explains the common modes doctors use to measure pain using scales, descriptive words, figurative language, and comparisons as reasons backed up by her status as a physician. She then uses logos with lots of factual data she knows to accurately define pain, and then wraps the article up with more logos to give a plan for patients to use if their pain isn’t acknowledged.