pain occurs in 30%–70% of patients with cancer (Bonica, 1985; Miaskowski & Dibble, 1995; Portenoy et al., 1992). Unrelieved pain interferes with performance of daily activities and results in altered mood states, such as anger and depression, and a diminished quality of life (QOL) (Burrows, Dibble, & Miaskowski, 1998; Glover, Dibble, Dodd, & Miaskowski, 1995). Despite the prevalence of cancer pain and its impact on individuals, negative attitudes and lack of knowledge on the part of healthcare professionals, patients, and family caregivers result in the undertreatment of cancer-related pain (Cleeland, 1984; Ward et al., 1993).

A number of efforts have been directed toward changing healthcare professionals’ knowledge and attitudes about pain management, including the development of clinical practice guidelines and standards (American Geriatrics Society Panel on Chronic Pain in Older Persons, 1998; Jacox, Carr, Payne, et al., 1994; Joint Commission on Accreditation of Healthcare Organizations, 1999). However, little has been done to change