

On the Frontlines of Old Battles

Regardless of the breakneck speed with which our world changes these days, it has never been more true that “the more things change, the more they stay the same.” Two very interesting topics have surfaced recently in the newspapers—topics that should not even be issues based on our progress in recent years in treating cancer pain and pain at the end of life. Nevertheless, some things never seem to change, and incidents such as these leave us sadly shaking our heads.

In one incident, a physician in northern California is being sued by the family of a man who died a terribly painful death. The family is charging the physician with malpractice, claiming that he failed to provide appropriate pain relief for their loved one. In an oddly juxtaposed report, we find that OxyContin® (oxycodone, Purdue Pharma L.P., Norwalk, CT) has “hit the streets.” The qualities that have made OxyContin so appealing for cancer pain relief—ease of use and efficacy for extended periods—have made it appealing to both hardened and casual drug users. The results have been deadly. Users have seriously misjudged its potency and quickly overdosed. Some have died, resulting in eye-catching news reports. Patients and families desperate for help and relief are left to sort out these reports and wonder what they mean to them.

Patient and professional education always have been at the heart of quality pain management. With widespread and concerted ef-

forts, some progress has been made. We have known for some time that the barriers to adequate pain relief in patients with cancer have included fears of addiction, disdain for using narcotics, and lack of knowledge and experience in pain relief techniques among physicians and nurses. Healthcare professionals’ fears of the effects of high doses of drugs also have been prevalent. It has taken huge amounts of time and energy from pain-relief specialists and state pain initiatives to educate professionals and the lay public alike. However, stories such as the ones mentioned previously remind us just how fragile our progress has been and how much remains to be done.

As oncology nurses, we can take responsibility for our own continuing education in regard to pain relief, encourage nursing schools to integrate adequate amounts of pain-relief education into school curricula, and continue to seek creative ways to assist our nursing and medical colleagues to reach an understanding of and appreciation for adequate comfort care.

Our education of patients, families, and the public must be ongoing and forceful. The lessons must include the difference between prescribed and recreational drug use, distinguishing between addiction and ongoing legitimate needs for pain relief, and drug security at home. Letters to the editor also are imperative when we see the news reports.

Nurses can help to counter the public’s fears about illegal drug use and educate communities about appropriate use of these amazing new preparations and a person’s right to effective pain relief.

Education efforts also must be proactive and not just reactive. We live in a world where we can be fairly certain about the public’s reaction to drug use. Preempting the concerns of patients and families is as important as providing “basic” education. Our patients need to hear in advance that their pain will be controlled. As we explain new pain prescriptions and how often to take the drugs, how to use them to their best advantage, and how to avoid or counteract side effects, we also need to help patients understand that the drugs are not inherently good or bad—the reason for taking the drugs is what determines the merit. Parents who need relief from cancer pain should not have to bear the additional burden of fear that by taking strong narcotics they are sending the wrong message to their children. Families need to know that patient suffering will be managed aggressively. This more comprehensive approach to educating patients, families, and communities is mandatory.

Adequate education and preparation must go beyond the details of each individual case. This is an opportunity to undo all kinds of misperceptions and myths about drug use and quality care. We must seize the chance to make a real difference. 