

# The Use of Risk-Management Approaches to Protect Patients With Cancer-Related Pain and Their Healthcare Providers

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**Purpose/Objectives:** To describe the factors that contribute to the risk for undertreatment of cancer pain, as well as the risk factors associated with misuse or abuse of opioid analgesics, and to describe approaches to identify and manage the risks.

**Data Sources:** Published research, articles from a literature review, and U.S. statistics.

**Data Synthesis:** Oncology nurses should perform systematic assessments to determine whether patients are at risk for undertreatment of cancer pain or whether they are at risk for abuse or addiction to opioid analgesics. Oncology nurses must develop effective approaches to manage both types of risk. Patient education is a critical component to help patients who are at risk for undertreatment to adhere to analgesic regimens and to experience optimal benefit from medications. For patients who are at risk for abuse or addiction, oncology nurses should perform ongoing screening for behaviors that are predictive of addiction and implement appropriate interventions to reduce risks of abuse.

**Conclusions:** Oncology clinicians should have a balanced perspective of risk management within the context of cancer pain management.

**Implications for Nursing:** Clinicians must be cognizant of the fact that a significant risk exists for undertreatment of cancer pain. In addition, oncology nurses should recognize patients who are at risk for abuse or addiction or who are actively abusing opioid analgesics and establish appropriate safeguards for patients with cancer and oncology clinicians.

Since the 1970s, oncology clinicians have provided leadership to improve the assessment and management of cancer pain. The efforts have led to the development of clinical practice guidelines for cancer pain management (Miaskowski et al., 2005). In addition, the efforts have fostered an examination of the undertreatment of chronic noncancer pain and have led to efforts to improve the assessment and management of the chronic medical condition. As a result of the efforts, the use of prescription opioids has increased substantially (Caudill-Slosberg, Schwartz, & Woloshin, 2004; Gilson, Ryan, Joranson, & Dahl, 2004; Joranson, Ryan, Gilson, & Dahl, 2000; Zacny et al., 2003). Although opioids are appropriate to treat cancer and noncancer pain, concerns have arisen about the potential for misuse and abuse of prescription opioids (Birnbaum et al., 2006; Edlund, Sullivan, Steffick, Harris, & Wells, 2007; Hughes, Bogdan, & Dart, 2007; Morasco & Dobscha, 2008).

Concerns about misuse and abuse of opioids have not been discussed in most presentations and publications about cancer

## Key Points . . .

- ▶ As more patients survive cancer, more patients will require management of chronic pain.
- ▶ A need exists to balance the effective management of cancer pain with the identification of individual patient risk for abuse of prescription medications.
- ▶ Oncology nurses play a significant role in the assessment of patients who are at risk for undertreatment of cancer pain, as well as those who are at risk for misuse or abuse of opioid analgesics.

pain management. However, as more patients survive cancer and require management of chronic cancer and noncancer pain, healthcare professionals must balance effective pain management with the identification of individual patient risk for substance abuse. In 2006, a case study highlighted the important issue (Kushel & Miaskowski, 2006). The case involved Mr. K, a 66-year-old African American man who was homeless for 50 years and sold drugs to support his daily heroin and cocaine use. In 2002, he presented to the emergency room with flank pain and was diagnosed with renal cell carcinoma localized to one kidney. At that time, his cancer was highly curable with surgery. However, the stipulation was made that the surgery would be performed only if Mr. K ceased using drugs. The patient refused and was lost to follow-up for one year. In 2003, the patient presented to the emergency room with abdominal pain and heroin withdrawal. By that time, he was suffering from severe hypertension and bone metastases and was referred for palliative care.

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Digital Object Identifier: 10.1188/08.ONF.S1.20-24