

Cancer Pain Management

Whether a result of disease or disease-related treatment, pain is a common symptom for patients with cancer. Pain is recognized as a personal experience and a symptom that has great impact on a patient's quality of life. People in pain are vulnerable and dependent on healthcare providers for access to pain management. Cancer pain frequently is inadequately addressed and treated (Agency for Health Care Policy and Research, 1994).

Cancer pain is one of the most feared symptoms for people with cancer and their families. At diagnosis and during intermediate phases of illness, 30%–45% of people experience moderate to severe pain; the incidence increases to 70%–90% of those with advanced cancer.

One barrier to adequate cancer pain management is the use of placebos. Placebos are inactive substances used in research or clinical practice to determine effects attributable to the administration of the placebo rather than to the pharmacologic properties of a legitimate drug or treatment. Research has documented that some healthcare professionals believe that placebos could be used to determine if pain is real. Use of a placebo is only appropriate when a patient has provided informed consent.

When current clinical standards for cancer pain management are used, nearly all cancer pain can be effectively managed (Joint Commission on Accreditation of Healthcare Organizations, 2001). There is no defensible reason why people with cancer should suffer from unrelieved pain; however, undertreatment of pain continues to persist in today's healthcare arena.

It Is the Position of ONS That

- All people with cancer have a right to optimal pain relief that includes culturally relevant and sensitive pain information, assessment, and management.
- Healthcare professionals, primarily nurses, pharmacists, and physicians, are accountable to effectively manage cancer pain.
- All professionals caring for people with cancer have an ethical responsibility to acquire and use current knowledge and skills and to implement current pain management standards of care.
- Placebos should not be used to assess or manage cancer pain, determine if the pain is "real," or diagnose psychological symptoms, such as anxiety associated with pain.
- Nurses should advocate on behalf of their patients for the prescribing physician to eliminate a placebo order that is indicated for assessment or management of cancer pain. Nurses should consider a consultation to an ethics committee if the physician is unwilling to change the placebo order.
- Cancer pain prevention and treatment are essential elements of quality cancer care throughout all phases of the cancer care continuum.
- Comprehensive cancer pain management is a multidisciplinary and collaborative effort that must include ongoing individual assessment, planning, intervention, and evaluation of pain and pain relief. Comprehensive pain management addresses physical, psychological, spiritual, and social effects of unrelieved pain.
- Cancer-care curricula for nurses and other healthcare providers must include theoretical content and clinical experiences related to cancer pain and its management, including the inappropriate use of placebos in professional, postgraduate, and continuing education.
- The conduct of cancer pain research and the use of applicable findings in education and practice are priorities for nurses and ONS.
- The public, patients, and patients' significant others must be educated about the right to relief from cancer pain.
- Regulatory, legislative, policy, economic, and other barriers to effective cancer pain management must be eliminated.
- Joint Commission on the Accreditation of Healthcare Organizations (2001) standards for pain assessment and management must be implemented throughout any healthcare system seeking accreditation as a provider of specialized oncology services.
- Healthcare systems and clinicians providing care to people with cancer are responsible for adopting and monitoring institutional and clinical standards for cancer pain management. Healthcare systems must establish mechanisms for continuous evaluation of pain outcomes in patients at risk for cancer pain.
- Oncology nurses have a professional obligation to ensure that institutional and clinical standards for cancer pain management are adopted.
- Healthcare systems must adopt policies and procedures related to cancer pain management that are evidence-based and, at a minimum, address assessment, pharmacologic treatments, and nonpharmacologic interventions. The following strategies are recommended.
 - Adopt and prioritize pain as the "fifth vital sign," and standardize pain assessment throughout the system.
 - Establish minimum standards for clinicians' pain assessment skills.