

Premise

**ISNCC Position Statement
Cancer Pain**
November 1998



All individuals with cancer have the right to obtain optimal pain relief.

Background

The WHO estimates that, of the five million who die from cancer each year, four million die in uncontrolled pain. Untold suffering because of unrelieved pain continues as a major problem and presents a challenge to health care providers. The provision of pain control in care of the patients experiencing cancer merits high priority. Uncontrolled pain causes suffering and reduces quality of life. Patients often fear the symptom of pain more than they fear the cancer. Much of this suffering is, however, unnecessary since up to 90% of cancer pain can be effectively controlled. The management of cancer pain is a complex undertaking requiring assessment of the physical, social, spiritual, economic, emotional and cultural components of pain.

The barriers to good pain management have been categorised into three areas: lack of knowledge by clinicians, myths and misconceptions of patients and families, and inadequate health care systems, legislation and policy. Despite recent advances in the understanding of cancer pain, these obstacles continue to inhibit attempts to improve the management of cancer pain. Cancer pain treatment is further influenced by the low priority given to comfort and management of symptoms. The focus on cure often reduces the resources available for treatment of symptoms and consultation for supportive care. Failure to consider the 'total pain' concept had resulted in unmet needs of cancer patients who suffer with unrelieved pain. There is an urgent need to define accountability and responsibility for the management of pain in health care systems.

Position

The management of cancer pain is central to the practice of oncology nurses. Nurses facilitate care across the illness trajectory and are in a ideal position to advocate for better management of pain. Even in the absence of basic drug therapies for pain relief (i.e., government restrictions on opioids), nurses work to reduce pain intensity by the use of heat, cold and other complementary therapies. Spiritual counseling and discussion about the meaning of pain may reduce patients' and families' feeling of helplessness and isolation.

The International Society of Nurses in Cancer Care (ISNCC) will continue to

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provide support, networking, consultation with peers and educational opportunities to ensure that cancer nurses have access to the knowledge and skills necessary to accomplish their role in improving the management of cancer pain.

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ISNCC recommends that:

Nurses must be accountable to provide to the best of their ability as much pain relief as is possible for patients with cancer.

Nurses must play a leadership role in identifying and assessing cancer pain and in planning, implementing, coordinating and evaluating the interdisciplinary management of cancer pain.

Nurses must work to reduce or minimise the health care system barriers in order to provide effective pain management.

Nurses must act as strong advocates with patients and families to report inadequate pain relief.

Nurses must take primary responsibility for public, patient and family, and professional education related to the right to pain relief and the options and resources available for assessment and treatment of cancer pain.

Nurses must work to influence national and international policies in the area of resource allocation for the management of pain through skilled communication with politicians and policy makers.

Nurses must undertake independent and collaborative cancer pain research and use applicable findings in education and practice.

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