



Policy Title: ISNCC Pain Position Statement

Date Drafted: June, 2008

Date Approved by Board of Directors:

Purpose

That all nurses incorporate pain assessment into their nursing assessment of each patient - and ensure that a Pain Policy exists and is implemented at institutional level.

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 because, e.g.

- § Patients often have multiple pains, and each pain should be assessed separately, as there may be different causal mechanisms.
- § An important aspect of contemporary pain management is that pain treatment should be targeted to the identified mechanisms or factors contributing to an individual's pain. This requires comprehensive assessment of mechanisms and effects.

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 an 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 counselling 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 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.

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.

References:

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- § Canadian Pain Society. Position statement on pain relief. Chapter of International Association for the Study of Pain. St. John's, Newfoundland: Memorial University School of Nursing.
- § Cancer Pain Relief and Palliative Care for Children WHO 1998
- § Conquering your Child's Chronic Pain - a paediatrician's guide to reclaiming a normal childhood
- § Hawthorn, J., Aranda, S., and Webb, P. (1996). Management of cancer pain. Australia: Glaxo Wellcome.
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- § Ventafridda, V. (1994). The ethical dimensions of under medication of pain. Psycho-oncology, 3:3537.
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- § World Health Organisation (1996). Cancer pain relief: With a guide to opioid availability. 2nd Ed. Geneva:WHO.

Useful Websites

- § www.hospiceafrica.or.ug

- § The Blue Book 4th Edition 2006 - Pain and Symptom Control in Cancer and or Aids Patient in Africa and other African Countries
- § www.ISNCC.org link to WHO Pain and Palliative Care Communication Programme - Cancer Pain Release - The analgesic ladder turns 20
- § www.eapcnet.org
- § www.act.org.uk
- § www.iahpc.com International Association of Hospice and Palliative Care – Pain Assessment Tools

Signature: _____
President

Date: _____

Signature: _____
Education and Practice Chair

Date: _____

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