HPNA
Hospice and Palliative Nurses Association
ADVANCING EXPERT CARE IN SERIOUS ILLNESS

HPNA Position Statement
Pain Management

Background

Pain is a common symptom in most serious or life-threatening illnesses. Pain is defined as "an unpleasant subjective sensory and emotional experience associated with actual or potential tissue damage or described in terms of such damage."[1] This definition underscores the multidimensional nature of pain, which has an impact on all facets of life, including the emotional and spiritual dimensions. Pain has also been defined as whatever the experiencing person says it is and existing whenever he/she says it does.[2]

As a major symptom for adults and children with cancer, pain has been well-documented.[1,3-6] Approximately three fourths of people with advanced cancer experience pain.[7] Pain is also present in many advanced illnesses including heart disease, dementia, and stroke. Prolonged bedrest, pressure ulcers, bowel obstruction, and chronic illnesses (e.g., arthritis) all contribute to pain in advanced illness. Additional factors such as anxiety, depression, and spiritual distress influence and are influenced by the experience of pain. Pain can cause profound suffering and impaired quality of life.

Unrelieved pain remains a serious health problem not only in the United States, but globally.[8] Lack of knowledge by healthcare professionals, irrational fears of addiction, inadequate assessment, and a lack of access to opioids are among the more common reasons for under-treatment of pain.[1,6,7]

As one of the most feared symptoms by those at the end of life, unrelieved pain can consume the attention and energy of those who are dying, and create an atmosphere of impotency and despair in their families and caregivers.[9,10] Pain and the emotional suffering it can create are often overwhelming for patients, families and caregivers. Unrelieved pain can contribute to unnecessary suffering, as evidenced by sleep disturbances, hopelessness, loss of control, and impaired social interactions. Pain may actually hasten death by increasing physiological stress, decreasing mobility, contributing to pneumonia and thromboemboli.[11]

Undertreatment of pain is more common in individuals who are unable to speak for themselves.[1] Populations that are particularly vulnerable include infants and children, the elderly, people who speak a different language or whose cultural background differs significantly from the clinician's, and those who are developmentally delayed, cognitively impaired, or severely, emotionally disturbed.[1,12-14] Special efforts must be taken to ensure adequate assessment and interventions for these populations.

Pharmacological interventions remain the first line treatment for unrelieved pain. Opioids are needed when pain does not respond to non-opioids alone. Analgesic guidelines are available through several organizations such as the American Pain Society,[1] American Geriatrics Society,[15] and the National Comprehensive Cancer Network.[16] Some clinicians, patients, and caregivers avoid opioids due to a fear of addiction. Clinicians, in particular, need to understand the difference between addiction, tolerance, and physical dependence.[17] Fears of addiction should not prevent appropriate treatment of pain.

In addition to pharmacological interventions, treatment should include nonpharmacological therapies as appropriate. Massage, biofeedback, distraction, music therapy, and relaxation therapy are among the nonpharmacological approaches that have been shown to be effective in pain relief.[18]

"Our ability to relieve pain should be the litmus test of our value as healthcare professionals. It is the core of our contract with society and the mandate of our privilege to be nurses."[19, p. 54]

Position Statement

- All people, including vulnerable populations such as cognitively impaired, infants, children, and the elderly, facing serious or life-threatening illness have the right to optimal pain relief.
- All healthcare providers have the obligation to believe the patient's report of pain.
- Pain assessment and management should incorporate principles of cultural sensitivity as well as patients' values and beliefs.
- All healthcare professionals caring for the patients with serious or life-threatening illness need to acquire and utilize current knowledge and skills to implement appropriate pain management.
- Healthcare organizations need to adopt policies and procedures that address the assessment, and pharmacological and nonpharmacological management of pain.
- Pain management should include, as appropriate, advanced technology.
- Pain assessments and management should be aligned with evidence-based practice.
- The need for regulatory control of opioids must be balanced with access to opioids for all patients who need them.

- Pain management should be part of education for all healthcare providers who are caring for patients with serious or life-threatening illness.
- Healthcare professionals must advocate for their patients to ensure adequate pain relief.
- Uncontrolled pain should be considered an emergency with all healthcare professionals taking responsibility to provide relief.
- Patients have the right to participate actively in decisions about their pain management.
- Families should be supported in their efforts to observe and relieve pain when appropriate.
- Palliative care programs should share their knowledge of pain management concepts with others in their communities.
- Use of placebos for pain management is inappropriate and unethical.

Definition of Terms

*Addiction: "*A primary, chronic, neurobiologic disease, with genetic, psychosocial, and environmental factors influencing its development and manifestations. It is characterized by behaviors that include one or more of the following: impaired control over drug use, compulsive use, continued use despite harm, and craving."[18, p. 2]

Pain: An unpleasant subjective sensory and emotional experience associated with actual or potential tissue damage or described in terms of such damage.[1]

Physical dependence: "A state of adaptation that is manifested by a drug class specific withdrawal syndrome that can be produced by abrupt cessation, rapid dose reduction, decreasing blood level of the drug, and/or administration of an antagonist."[18, p. 2]

Suffering: An individual and private experience characterized by a state of severe distress induced by loss of intactness of person or threat that the person believes will result in loss of his/her intactness related to physical pain, unrelieved symptoms, spiritual distress, depression, or multiple losses.[20]

Tolerance: "A state of adaptation in which exposure to a drug induces changes that result in a diminution of one or more of the drug's effects over time."[18, p. 2]

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Approved by the HPNA Board of Directors
October 2012

This position statement reflects the bioethics standards or best available clinical evidence at the time of writing or revisions.

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HPNA Mission Statement:

To advance expert care in serious illness.