

# ONCOLOGY NURSING SOCIETY POSITION



## Cancer Pain Management

Pain is a common symptom experienced by patients with cancer. Whether as a result of disease or disease-related treatment, pain causes significant physical and psychosocial burdens. A uniquely personal experience, pain markedly impacts the quality of an individual's life, increases vulnerability in an already vulnerable population, and engenders dependence on healthcare providers for access to adequate pain management. Cancer pain frequently is assessed and treated inadequately (Miaskowski et al., 2004; National Comprehensive Cancer Network, 2005).

Effective pain management may include pharmacologic and nonpharmacologic measures (Menefee & Monti, 2005; Pharo & Zhou, 2005). Because oncology nurses embrace holistic care and have sustained contact with patients throughout the continuum of cancer care, they are in a position to identify undertreated and untreated cancer pain and advocate for its relief. As members of interdisciplinary teams involved in practice, education, administration, and research, oncology nurses are in a pivotal position to improve cancer pain management.

The National Comprehensive Cancer Network (2005) reported that cancer pain can be well controlled in the vast majority of patients if evidence-based guidelines are applied, monitored, and individualized and patients engage in informed decision making for managing their pain.

### 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 education, assessment, and management.
- The public, people with cancer, and significant others must be educated about the right to relief from cancer pain.
- Regulatory, legislative, economic, and other barriers to effective cancer pain management must be eliminated.
- Cancer pain prevention and treatment are essential elements of quality cancer care throughout all phases of the cancer care continuum.
- Healthcare professionals, primarily nurses, pharmacists, and physicians, are accountable to effectively manage cancer pain.
- All professionals caring for patients with cancer have an ethical responsibility to acquire and use current knowledge and skills and to implement evidence-based pain management guidelines.
- 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.
- 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 sociocultural effects of unrelieved pain.
- Professional, postgraduate, and continuing education cancer care curricula for nurses and other healthcare providers must include theoretical content and clinical experiences related to cancer pain and its management.
- The conduct of cancer pain research and the evidence-based findings in education and practice are priorities for nurses and ONS.
- Barriers to effective cancer pain management must be eliminated.
- All people with pain must be recognized, with special emphasis placed on the populations known to be at high risk for suboptimal pain management (i.e., children; the elderly; minority populations; women; people with a history of previous or active substance abuse; those with limited financial resources, social support systems, and/or access to health care; individuals with cognitive or psychosocial impairment; and those with previous histories of analgesic allergies and/or metabolic alterations).
- Healthcare systems and clinicians providing care to patients with cancer are responsible for adopting and monitoring institutional and clinical guidelines for cancer pain management and symptoms related to its treatment. Healthcare systems must establish mechanisms

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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 providers must adopt and prioritize pain as the “fifth vital sign” and standardize pain assessment throughout their workplaces.
- Oncology nurses must actively involve all patients, as well as their family caregivers and significant others, in the development of a pain management plan of care and encourage open communication for the reporting of pain at all times.
- Healthcare facilities must establish minimum standards for clinicians’ pain assessment skills.
- Organizations and healthcare facilities must adopt and support the use of evidence-based pharmacologic and nonpharmacologic interventions and establish minimum standards for competency in their use.

- Oncology nurses must adopt pain management as a priority in continuous quality improvement initiatives.

## References

- Menefee, L.A., & Monti, D.A. (2005). Nonpharmacologic and complementary approaches to cancer pain management. *Journal of the American Osteopathic Association, 105*(11, Suppl. 5), S15–S20.
- Miaskowski, C., Cleary, J., Burney, R., Coyne, P.J., Finley, R., Foster, R., et al. (2004). *Guideline for the management of cancer pain in adults and children*. Glenview, IL: American Pain Society.
- National Comprehensive Cancer Network. (2005). Cancer pain treatment guidelines—Version II, August 2005. Retrieved September 6, 2006, from [http://www.nccn.org/patients/patient\\_gls/\\_english/\\_pain/contents.asp](http://www.nccn.org/patients/patient_gls/_english/_pain/contents.asp)
- Pharo, G.H., & Zhou, L. (2005). Pharmacologic management of cancer pain. *Journal of the American Osteopathic Association, 105*(11, Suppl. 5), S21–S28.

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