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Ethical Perspective of Cancer Pain Management

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ABSTRACT

The world health organization reports that cancer is not only a problem in developed countries but also in low and middle income countries. It kills more than 7.5 million people in a year and there are 13 million new cases of cancer every year. Among the cancer patients 30- 50 percent are under active therapy, 70-90 percent patients at far advanced disease suffer significant pain which if not treated leads to anxiety and depression which may lead to suicide. Management of cancer pain is the duty and the ethical responsibility of health care personnel.

Keywords: *Cancer, Pain, Duty of Care, Quality of Life*

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INTRODUCTION

There were an estimated 12.7 million cancer cases around the world in 2008 and the number is expected to rise to 21 million by 2030[1]. In cancer, pain is a common and devastating symptom of the disease affecting patients' lives sometimes more than the cancer itself[2]. Cancer pain can occur at any point during the course of the illness[3]. However, the prevalence of pain increases with progression of the disease and its primary site. Other contributing factors include stage of disease, presence of metastases, tendency for bony involvement, proximity of the tumor to neural structures and generation of pain-producing substances by the tumor[4]. Additionally, as cancer is considered as a deadly disease[5], it is anxiety provoking, which leads to depression. Consequently, the patient's pain increases[4] causing significant physical and psychosocial burdens, markedly impacts the quality of life, and increases the vulnerability in an already vulnerable population[6]. Several studies have demonstrated that cancer patients experience more than one type of pain[4]. However, the cancer pain is frequently assessed and treated inadequately[7, 8] which is an ethical concern[9] because the health care providers have a clear moral duty to alleviate pain[10].

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Barrier to pain management

A wide range of pain management therapies are available, and evidence shows that 85–90 percent of cancer pain can be controlled by using the World Health Organization's guidelines of pain management. Yet, only 50 percent pain control is achieved in cancer patients. Barriers to adequate pain management have been broadly classified as problems related to health care professionals, to patients, and to the health care system[3].

In health care professionals' training, in the context of pain management, depth is missing and major medical and nursing textbooks devote only a few pages for pain symptom and control guidelines[3]. The healthcare professionals lack education and training about pharmacology with respect to dosing, timing, alternative routes of administration (such as rectal, subcutaneous, epidural, intrathecal), and converting from intravenous to oral therapies[11].These professionals lack education especially about the ethical imperative to manage pain and ethical considerations of pain management[12]. Physicians and nurses make decisions that play a major role in cancer pain management, and improvements in their assessment of their patients' pain may result in an adequate analgesic prescription and better pain management[3].Nevertheless, health care professionals

are fearful and anxious about regulation of controlled substances. Their concerns about the side effects of analgesics, and fear of patients becoming addicted or tolerant to analgesics have also been identified as barriers to pain management. Additionally, health professionals getting desensitized and developing compassion fatigue are reported as barrier to cancer pain management[13]. A need for improved training in cancer pain management at all levels of professional education is therefore indicated[3, 11].

It has been reported that patients may not complain of pain because they want to be a "good" patient, or they are reluctant to distract the physician from treating the primary disease[3]. Patients may think that pain is an inevitable part of having cancer or they have learnt through their interaction with their physicians that early pain control will lead them to become tolerant to pain medications which will prevent pain control later in the disease. Fear of being addicted to pain medication is another reason for patients being reluctant to take pain medication and in few patients worry about unmanageable side effects can result in their poor adherence to the prescribed analgesic regimen[3].

Problems related to the health care system include a strict regulatory environment that closely monitors the physicians' prescribing practices. As a result the physicians reduce the drug dose or the quantity of pills to be prescribed; they limit the number of refills, or choose a drug in a lower schedule. This contributes to the under treatment of cancer pain. It is reported that health policy issues related to pain, including cost, access to care, regulatory perspectives, and ethical and legal issues, have been neglected[3]. Although the World Health Organization has had an immense impact in changing policies on cancer pain relief, still today, in many parts of the world, even simple analgesics are not available for cancer pain, let alone morphine which in most cases is required for cancer pain management. Particular to morphine, 80 percent of people worldwide suffering from severe pain lack adequate access to morphine or other opioid analgesics. In around 150 countries morphine is virtually nonexistent[14].

Consequences of pain are varied. Pain dramatically reduces the quality of life[15]. Persistent pain in patients with cancer interferes with the ability to sleep, eat and concentrate[13], preventing patients from working, socializing, or caring for their families[13, 15]. Depression and anxiety also increase with pain intensity. The individual's suffering radiates through households and communities, causing stress to caregivers as well as financial hardship for entire families[15].

The inadequacy of pain treatment is torture and unreasonable failure to treat pain is an unethical and the breach of human rights[13].

Ethical aspects of pain management

The Hippocratic Oath states "I will keep them from harm . . .", the Declaration of Geneva, states "the health of my patient will be my first consideration". The health professional associations of many countries enunciate a similar ethical basis for the relief of pain. The American Medical Association states that "physicians have an obligation to relieve pain and suffering"[16] and the American Nurses Association's position is that "nursing encompasses . . . the alleviation of suffering . . ." [17]. Hence, pain relief is core of medical ethics[13]and is a classic example of bioethical principle of beneficence. The principle of nonmaleficence prohibits the infliction of harm. Clearly, failing to reasonably treat a patient in pain causes harm; persistently inadequately treated pain has both physical and psychological effects on the patient. Failing to act is a form of abandonment. Whereas, it is indicated that many people would rather be dead than unloved, abandoned and, too often, left in pain[13].

The bioethical principle of justice, seeking the equitable distribution of health care, is the greatest challenge to inadequate pain management worldwide[13]. Beyond principlism; an approach founded on the strength of a broader principle, a virtue ethics approach to bioethics would also yield a clear response to patients' pain. A virtuous physician would place the recognition, monitoring, and treatment of pain as a high priority. To this end, a virtuous physician would inquire regularly about pain, respond appropriately, and refer wisely if unable to control it. If there is a clear ethical duty to relieve suffering or to act virtuously by doing so, then one may argue about double helix relationships between duty and the right. The moral right to pain management emerges from, and is directly founded upon, the duty of the physician to act ethically. Classically the holder of a right has the capacity to enforce a duty on a person or institution. That "other" has a duty to fulfill that right. Indeed, a basic principle of the philosophy of rights is that a right can only exist if there is a preexisting obligation. If one accepts that a health professional has an obligation,

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where appropriate, to manage pain, then the patient has an associated right, where appropriate, to receive such care[13].

Pain is dehumanizing and isolating. It is reported that the disease can destroy the body, but pain can destroy the soul. Hence, the national comprehensive cancer center practice guidelines describe that if a cancer patient reports pain and requests more pain medication, he or she should receive it. Whereas, it is reported that the possibility of addiction to opoid analgesics has been overestimated and the possibility of prolonged pain relieve for these patients has been underestimated[18].

Patients who are in need for pain medication may in response to their call bell be attended by a nurse who may enter into the room in a rush, distracted by the demands of the day and fully present. There is also a possibility that the patients may be attended by an expert nurse who understands the place of the person in pain, the essence of the moment, and the complex dynamics intertwined in the patient's request for pain relieving medication.

Nurses also use therapeutic relationships while interacting with their patients and they build expertise through their experience as professional caregivers as well as through their personal experience as human beings. Consequently, nurses use this experience in providing care to their patients. While being in a relationship there are power dynamics nurses may feel themselves in power and patients may feel being powerless however, nurses through their professional code of ethics could prevent the negative implication of the power relationships. It is also important to recognize that while interacting with patients, an intimacy is created which is important to deal the patients humanly yet, it should not override professional relationships between nurses and their patients. Similarly nurses need to be aware to have an intimacy yet to be at a distance while interacting with their patients' family members. Caring relationships between nurses and patients in pain and their family members require commitment, compassion, and presence. Nursing care of those experiencing or witnessing in pain is not just "doing for." It is "being with"[19].

Nurses approach their patients individuality and treat them as whole person including physical, emotional, psychological and spiritual dimension of life. However, these relations should remain regardless of patient's age, gender, cultural, religious and social background. Though it may not always be possible but should be emphasized through continuous reminder by nurses to themselves and also through their advocacy for their patients.

It should be acknowledged that pain is a subjective experience and the individuals have different pain threshold. Hence, they instead of being compared with each other should be treated individually and through a non-discriminatory approach.

CONCLUSION

Pain management in oncology patients is important and is included in the duty of care. Hence the health care personnel should give it a due importance and should manage it accordingly.

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Ethical Clearance: No human or animal subject involved

REFERENCES

1. World Cancer Research Fund International. (n.d.). Stopping cancer before it starts. Cancer Statistic. Accessed 19 June, 2013. http://www.wcrf.org/cancer_statistics/
2. Breivik, H., Cherny, N., Collett, B., deConno, F., Filbet, M., Foubert, A. J., Cohen, R. & Dow, L. (2009). Cancer-related pain: a pan-European survey of prevalence, treatment, and patient attitudes. *Annals of Oncology: Official journal of the European Society for Medical Oncology*, **20(8),** 1420-1433.
3. International Association for the Study of Pain (2009). Epidemiology of Cancer Pain: Global Year Against Cancer Pain October 2008 – October 2009. Accessed 19 June, 2013. http://

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www.iasppain.org/AM/Template.cfm?Section=Fact_Sheets1&Template=/CM/Content Display.cfm & ContentID=7395

4. Carver, A. C., & Foley, K. M. (2000). Management of Cancer Pain. Chapter 140. Holland-Frei Cancer Medicine (5th ed.). Edited by Bast, R.C Jr., Kufe, D.W., & Pollock, R.E., et al., Hamilton (ON): BC Decker. Bookshelf ID: NBK20965. Accessed 19 June, 2013. http://www.ncbi.nlm.nih.gov/books/NBK20965/
5. Ali, F., Hussanien, H., Rattani, S.A., & Abedallah, N. (2012). Exploring Knowledge about Breast Self- Examination among Middle-Aged Women in Aswan, Egypt (Upper Egypt). *Asian Review of Social Sciences,* 1(2), 20-28.
6. Oncology Nursing Society [ONS] (2013). Oncology Nursing Society Position on Cancer Pain Management. Approved by the ONS Board of Directors, 4/98; revised 11/00, 6/02, 10/04, 10/06, 1/10, 1/13.
7. American Pain Society. (2005). Guideline for the management of cancer pain in adults and children. Glenview, IL: Author. Cited in ONS. (2013).
8. National Comprehensive Cancer Network. (2012). NCCN Clinical Practice Guidelines: Adult cancer pain [v.1.2012].
9. Borneman, T. & Ferrel, B.R. (1996). Ethical Issues in Pain Management. Pain Management. From the city of Hope National Medical Center, Duarte, California. Clinics in Geriatric Medicine. 12, (3).
10. Robert, R. & Smith, S. (n.d.). Ethical Issues Surrounding Cancer Pain. Institute for Medicine in Contemporary Society, State University of New York at Stony Brook, School of Medicine, Stony Brook, New York 11794-8033.
11. Christo, P.J., & Mazloomdoost, D. (2008). Cancer Pain and Analgesia. Annals of the New York Academy of Sciences, 11(38), 278-298.Blackwell Publishing Limited.
12. Kaufman, H. (March, 2007). Oncology Pain Management: Ethics Curriculum for Health Care Providers. Fellow, Clinical & Organizational Ethics: Joint Centre for Bioethics. Pp.1-15.
13. Brennan, F., Carr, D.B. & Cousins, M. (2007). Pain Management: A Fundamental Human Right. *Pain Medicine: International Anesthesia Research Society,* 105(1), 205-221.
14. Piana, R. (May 15, 2012). Untreated Cancer Pain Remains a Significant Global Problem: International experts address causes and solutions to the lack of access to pain medication in the world's poorest areas. HSP News Service, L.L.C, 3(8). Accessed 21 June, 2013. http://www.ascopost.com/issues/may-15-2012/untreated-cancer-pain-remains-a-significant-global-problem.aspx
15. Fogarty International Center of the U.S. National Institutes of Health The World Bank World Health Organization Population Reference Bureau | Bill & Melinda Gates Foundation (December, 2008). Breaking the Pain Relief Barriers Cancer and AIDS Patients Need Not Suffer. Disease Control Priorities Project. Pp. 1-4.
16. Council on Ethical and Judicial Affairs, American Medical Association. Decision near the end of life. *JAMA* 1992,(267)2,229 –233. Cited in Brennan, F., Carr, D.B. & Cousins, M. (2007). Pain Management: A Fundamental Human Right. *Pain Medicine: International Anesthesia Research Society,* 105(1), 205-221.
17. American Nurses Association. Code of Ethics for Nurses with Interpretive Statements. Washington, DC: American Nurses Publishing, 2001. Cited in Brennan, F., Carr, D.B. & Cousins, M. (2007). Pain Management: A Fundamental Human Right. *Pain Medicine: International Anesthesia Research Society,* 105(1), 205-221.
18. Sullivan, M. & Ferrell, B. (2005). Ethical Challenges in the Management of Chronic Nonmalignant Pain: Negotiating Through the Cloud of Doubt. *The Journal of Pain,* 6(1):2-9.
19. Ferrell, B. (2005).Ethical Perspectives on Pain and Suffering. American Society for Pain Management Nursing. *Pain Management Nursing,* 6(3): pp 83-90.

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