



Current Trends in Pain

by Melissa Stewart, M.S.S.W.

In 1999 the Association of Community Cancer Centers published a supplement entitled *Oncology Pain Management: A Team Approach*. The main premise was that an interdisciplinary perspective for pain management is highly recommended and essential to achieving excellence in this area.

Three year's later that premise remains true.

Since 1999, however, great strides have been made in developing programs and setting universal guidelines for screening and treating cancer-related pain. To keep readers current, *Oncology Issues* will run a series of articles in three consecutive issues of the journal that will:

- Provide an update on the current trends in oncology pain management
- Outline the prerequisites for building an outstanding Pain and Palliative Care Program
- Offer assessment tools, strategies, and techniques to reduce patient pain and discomfort
- Describe standards for providing truly excellent care for the person with cancer-related pain
- Examine the cancer patient's pain experience.

Effective pain control can have serious economic implications for a cancer center. Good pain management, in addition to enhancing overall quality of life, increases a patient's ability to comply with prescribed treatment protocols, reduces hospital admissions, and decreases inpatient lengths of stay.

In this issue, two articles outline ways to a model pain management program (see Glajchen and colleagues on page 32) and a model palliative care program (see Allegre on page 37). The role that multidisciplinary teamwork plays in a palliative care program is the subject of the "1st Person" column on page 46.

Health care professionals providing treatment and care for cancer patients are also affected by their patients' pain and suffering. Hopefully the pain experiences of these patients inspire compassion in the treating team; but even health care professionals can be ignorant of obstacles to effective pain management and unaware of their own biases, fears, and preconceived ideas about pain. These controversial topics will be covered in the July/August 2003 *Oncology Issues* in articles entitled "Obstacles to Effective Pain Management in Patients with Cancer" and "Morphine in Cancer Pain:

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Multiple Uses and Misconceptions about Addiction.”

Understanding the intricate web of biological, psychological, and spiritual factors contributing to a cancer patient's pain experience is crucial to providing good palliative care. In the July/August 2003 *Oncology Issues*, an article entitled “Cross-Cultural Issues in the Treatment of Cancer Pain” shows how pain must be assessed within a cultural context because the meaning of pain can differ as much between groups as between individuals.

Every day new therapeutic interventions become available and several of these interventions will be explored in this special pain management series. Recognizing the complexity of the pain experience, many of the interventions described in this series span the continuum of approaches and include medications, surgical interventions, and cognitive behavioral techniques. An article on neural blockades and cancer pain will be available in the July/August 2003 *Oncology Issues*, while an article detailing cognitive behavioral

interventions for pain management will appear in the September/October 2003 journal.

As many oncology providers already know, recognizing the significant impact of cancer pain on an individual's quality of life is often complex and difficult to manage. The ability to conduct comprehensive pain assessments is a basic yet necessary skill that is outlined in “Pain Management: Physical, Psychological, and Spiritual Issues” in the September/October *Oncology Issues*. “A Holistic Model of Assessment,” which will also appear in the September/October issue, describes the layers of physical, emotional, spiritual, and social discomfort that often affect patients with cancer.

The significance of cancer-related pain on a person's significant others should not be underestimated. Witnessing the suffering of a loved one can seem unbearable and may have harmful and lasting repercussions. As professionals, we need to acknowledge the impact of pain on caregivers and provide resources for these individuals. The “1st Person” column of the September/October issue will talk frankly about the impact that pain has on the family caregivers of individuals with cancer.

No level of human suffering should be tolerated. Sadly, cancer pain is still too often untreated or undertreated. As professionals, we cannot allow ourselves to doubt a person's subjective experience or the person's report of pain and suffering. If suspicions arise about a patient's motivation, expectations, or underlying psychological diagnoses when the patient asks for improved pain control, an interdisciplinary team meeting and a more thorough assessment of the situation is needed.

Our professional and ethical responsibility is to understand the pain experience of the person with cancer in all its complexity, as well as to examine ourselves and to acknowledge the way our patients' pain challenges us as human beings. This most difficult work requires ongoing commitment and a willingness to engage in self-exploration of the complex issues involved in pain management. ■

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Pain Management: A Continuing Series

In the July/August 2003 *Oncology Issues*, this special series of articles on current trends in pain management continues with “Obstacles to Effective Pain Management in Patients with Cancer” by Yvette Colón and Carol Harper; “Morphine in Cancer Pain: Multiple Uses and Misconceptions About Addiction” by Debra Gordon; “Cross-Cultural Issues in the Treatment of Cancer Pain” by Denise Raab; and “Neural Blockade and Cancer Pain” by Nalini Sehgal.

In the September/October 2003 *Oncology Issues*, the series concludes with “Pain Management: Physical, Psychological, and Spiritual Issues: by Kathleen Murphy-Ende; “Cognitive Behavioral Interventions for Pain Management” by Penny Damaskos and Melissa Stewart; “Suffering: A Holistic Model of Assessment” by Lisa Capelli; and the “Impact of Pain on Family Caregivers” by Ann Goelitz.