

Attitude to Pain Management

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Pain management is one of the core activities of any Palliative Care service. Pain is typically experienced by about 80% of cancer patients with many experiencing multiple pain aetiologies and at multiple sites. We are taught that pain is subjective though we try to acquire skills to attempt to objectify them. Pain scales may be useful but remains an attempt to objectify a subjective experience. Dame Cicely Saunders expounded her concept of 'total pain' but are we really able to fully understand our patient's pain in order to manage it? Knowledge in pain assessment, diagnosis and treatment may seem to be futile if the patient does not admit that pain is an issue that needs to be addressed. Compliance with treatment may thus be poor.

Patient Factors

The process of pain management starts with understanding the patient's experience of the pain.

- Many patients expect to get pain with cancer
- Severity of pain may be associated with disease progression or failure of treatment
- Patient's may want pain control but not pain relief
- Patient's may be more fearful of the consequences of pain relief rather than the pain
- Belief in traditional and alternative remedies.

- Many are fearful of using morphine. Previous experience with opioids may be relevant.
- A belief that the use of morphine and parenteral routes indicate increasing strength
- Insight into pain and disease may be a poor.

Family and Social Factors

- Assessing pain for the patient
- Family hierarchy may be a problem
- The lack of a caregiver may affect pain management
- Financial constraints
- The family may have different aims of management than patient eg prolong life at all costs

Professional

- Many doctors are not fully aware of guidelines on pain management
- There is strong opioidphobia and many misconceptions about its use.
- There is an attitude of trying out the newest drug eg fentanyl, without proper appreciation of its properties or guidelines.
- There is little awareness of the use of adjuvant drugs eg anticonvulsants and tricyclics

Community

- Fear of opioids is still widespread.
- Strong belief in the properties of natural, traditional and alternative products
- Cultural beliefs need to be considered eg pain as punishment or being cursed.

Hospice

All the above create the environment in which pain management needs to be conducted. The Palliative Care physician or nurse needs to be sensitive to the above and tailor pain management to each patient accordingly. However the efficacy of the team's management may also depend on :

- Skill and knowledge of team members. Good pain management is more than pharmacological knowledge but include the appreciation of other modalities of treatment.

- Availability of drugs and equipment. A range of drugs in different doses and formulations need to be available. Equipment such as syringe drivers and TENS machine may also be useful.
- Access to complementary treatment such as radiotherapy and neuroanaesthetic techniques may be useful for certain types of pain.
- Good communication between all parties. Language and the involvement of numerous individuals may create misunderstanding and confusion.

Palliative Care is about the attainment of a good quality of life for the patients and families. In trying to achieve this, however, we must not be overzealous in trying to achieve pain relief at all costs. The priority is to understand the experience of pain of the patient, to allow them to decide their own priorities and to facilitate the experience of pain that they are comfortable with.