

Undertreated Pain in the Context of Palliative & End-of-Life Care

Annotated Bibliography: Incidence, Prevalence & Legal Liability and Related Issues

Updated (and links confirmed): 5 January 2009

Incidence, Prevalence

A seven-year review at an outpatient palliative radiotherapy clinic

Has pain management in cancer patients with bone metastases improved?

JOURNAL OF PAIN & SYMPTOM MANAGEMENT, 2009;37(1):77-84. The primary objective of this study was to determine the prevalence of under dosage of analgesics for pain associated with bone metastases in outpatients referred to the Rapid Response Radiotherapy Program at the Odette Cancer Centre (Sunnybrook Health Sciences Centre, Toronto, Canada) from 1999 to 2006. Patients who experienced moderate or severe pain and were prescribed no pain medication, non-opioids, or weak opioids were considered to be under medicated. Between January 1999 and December 2006, 1,038 patients were included in the study database. No appreciable decline was noted in the proportion of patients with moderate-to-severe pain who received no pain medication, non-opioids, or weak opioids during the study period. Despite the publication of pain management guidelines and the dissemination of data regarding the proportion of patients with bone metastases who are being prescribed inadequate analgesics, our findings suggest that a significant proportion of patients continue to be under medicated. [http://www.jpmsjournal.com/article/S0885-3924\(08\)00218-2/abstract](http://www.jpmsjournal.com/article/S0885-3924(08)00218-2/abstract)

A review of published literature

Prevalence of under treatment in cancer pain

ANNALS OF ONCOLOGY, 2008;19(12):1985-1991. Pain is a major health care problem for patients with cancer. Despite the existence of guidelines for cancer pain management, under treatment is a widespread problem. Pain Management Indexes (PMIs) evaluate the congruence between the patient's reported level of pain and the intensity or strength of the analgesic therapy. Among the 44 studies identified, 26 used the PMI as proposed by Cleeland. The range of negative PMI varied from 8-82% with a weighted mean value of 43%. Nearly one of two patients with cancer pain is undertreated. <http://annonc.oxfordjournals.org/cgi/content/abstract/19/12/1985>

Of related interest:

- *Journal of Clinical Oncology*, 10.1200/JCO.2008.17.1660 (22 December 2008). **'Is pain intensity a predictor of the complexity of cancer pain management?'** <http://jco.ascopubs.org/cgi/content/short/JCO.2008.17.1660v1?rss=1>

Something Missed or Overlooked?

If you come across a news media report, journal article, current online resource, etc., specific to undertreated pain in the context of palliative and end-of-life care not mentioned, please alert this office so that it can be included in a future supplement to Media Watch. Thank you.

Control of pain in adults with cancer

BRITISH MEDICAL JOURNAL, 2008;337:a2154. About a third of patients with cancer report pain, rising to three quarters in the advanced stages of the disease. Cancer pain has many dimensions – psychological, physical, social and spiritual – which must be addressed to improve quality of life and functional ability. Surveys show that the effectiveness of pain control in patients with cancer varies, with 12% to 51% of patients reporting unsatisfactory pain control. This article summarises the recommendations from the Scottish Intercollegiate Guidelines Network on the control of pain in adults with cancer. http://www.bmj.com/cgi/content/extract/337/nov05_1/a2154

Pain and suicidal thoughts, plans and attempts in the U.S.

GENERAL HOSPITAL PSYCHIATRY, 2008;30(6):521-527. Using data from the National Co-Morbidity Survey, the authors assessed relationships between four measures of pain ... and 12-month suicidal thoughts, plans and attempts. Findings highlight the importance of pain as a potentially independent risk factor for suicide. [http://www.ghjournal.com/article/S0163-8343\(08\)00164-3/abstract](http://www.ghjournal.com/article/S0163-8343(08)00164-3/abstract)

Pain and quality of life in hospitalized patients with heart failure

JOURNAL OF PAIN & SYMPTOM MANAGEMENT, 2008;36(5):497-504. This study sampled patients hospitalized with heart failure to describe the prevalence and severity of bodily pain; evaluate differences in bodily pain related to selected demographic and disease-specific characteristics; and, evaluate the effect of select demographic, disease-specific characteristics, bodily pain, and mental health on quality of life. Data suggest that pain is highly prevalent and has a significant impact on the quality of life of patients with heart failure. However, additional research is warranted to determine specific causes and characterises of pain in these patients. <http://download.journals.elsevierhealth.com/pdfs/journals/0885-3924/PIIS0885392408002935.pdf>

Only about 10% of elderly patients receive opiates

Inadequate pain relief at end of life in elderly patients

MODERN MEDICINE | Online journal – 13 November 2008 – Elderly cancer patients often do not receive appropriate pain relief at the end of life.¹ Researchers examined a prospective group of 33,675 patients and a retrospective group of 32,810 patients (who had died). Opiate use was low in both groups (9.1% and 10.1% respectively). Patients who saw an oncologist were more likely to receive chemotherapy, opiates and hospice care. Among all patients, patients seen in small practices were less likely to receive hospice care, while those seen outside teaching hospitals were more likely to receive chemotherapy ... but less likely to receive opiates.

<http://www.modernmedicine.com/modernmedicine/Modern+Medicine+Now/Inadequate-Pain-Relief-at-End-of-Life-in-Elderly-P/ArticleNewsFeed/Article/detail/565992>

1. *Journal of Clinical Oncology*, 10.1200/JCO.2008.16.3956. 'Comparison of prospective and retrospective indicators of the quality of end-of-life cancer care.'

<http://jco.ascopubs.org/cgi/content/abstract/JCO.2008.16.3956v1>

Adequate pain care sorely lacking for patients

U.S. | McClatchy Newspapers (Washington, D.C.) – 29 October 2008 – Medical science has learned a great deal about the causes of pain and ways to relieve it, pain experts say, but for a host of reasons, the treatment of pain and suffering has improved hardly at all in recent years. John Seffrin, the president of the American Cancer Society, calls this "a national health-care crisis of under-treated pain. Nearly all cancer pain can be relieved, but fewer than half of our patients report adequate pain relief," Rebecca Kirch, the society's associate director of policy, told a pain seminar in Washington last week. <http://www.mcclatchydc.com/144/story/54951.html>

Articles, reports, etc., listed in the annotated bibliography dated 6 October 2008:

1. *Journal of Pain & Symptom Management*, 2008;36(4):374-382. 'Caregiver perceptions and pain talk by hospice interdisciplinary teams.' <http://www.jpmsjournal.com/article/PIIS0885392408002005/abstract?rss=yes>
2. American Cancer Society: **Achieving Balance in State Pain Policy: A Progress Report Card** [07.15.08.] http://www.painpolicy.wisc.edu/Achieving_Balance/PRC2008.pdf
3. U.S. | *New York Times*: 'Regimens: Whites more often given opioid drugs, study finds.' [01.08.08.] <http://www.nytimes.com/2008/01/08/health/research/08regi.html>
4. *Journal of the American Medical Association*, 2008;299(1):70-78. 'Trends in opioid prescribing by race/ethnicity for patients seeking care in U.S .emergency departments.' <http://jama.ama-assn.org/cgi/content/abstract/299/1/70>

Articles, reports, etc., listed in the annotated bibliography dated 7 July 2008:

1. *Oncology News International*, 2008;17(6). 'U.S. cancer patients still plagued by undertreated pain.' [06.01.08.] <http://www.cancernetwork.com/display/article/10165/1165435>
2. U.S. | FOX-TV (Kansas City, MI): 'U.S. patients fear pain relief may bring addiction.' [05.19.08.] <http://www.myfoxkc.com/myfox/pages/Home/Detail.jsessionid=FD41E34FD2E7A78EC33A8FC12EBDE553?contentId=6577534&version=3&locale=EN-US&layoutCode=TSTY&pageId=1.1.1&sflg=1>
3. U.S. | *Plain Dealer* (Cleveland, OH): 'Pain relief efforts target children.' [05.06.08.] <http://www.cleveland.com/living/plaindealer/index.ssf?base/living-0/1210062652307540.xml&coll=2>
4. U.K. | Reuters: 'Nursing homes under treat dementia patients' pain.' [04.30.08.] <http://uk.reuters.com/article/healthNews/idUKCOL06888120080430>
5. *Journal of Pain & Symptom Management*, 2008;35(4):388-396. 'Disparities in pain management between cognitively intact and cognitively impaired nursing home residents.' <http://www.ncbi.nlm.nih.gov/pubmed/18280101>
6. Statistics Canada: 'Chronic pain in Canadian seniors.' [02.21.08.] <http://www.statcan.ca/Daily/English/080221/d080221b.htm>
7. *Journal of Pain & Symptom Management*, 2007;34(5):523-532. 'The effects of analgesic prescription and patient adherence on pain in a Dutch outpatient cancer population.' [November 2007] <http://www.ncbi.nlm.nih.gov/pubmed/17664055>
8. World Hospice & Palliative Care Day Report, 2007: '80% of the world's cancer sufferers have no access to pain relief.' http://www.worldday.org/documents/access_to_pain_relief.pdf

Listed as of related interest from the *New York Times* [09.10.07.]:

'Pain of world's poor suffer in pain.'

http://www.nytimes.com/2007/09/10/health/10pain.html?_r=1&scp=3&sq=dying%20in%20pain&st=cse&oref=slogin

'Millions dying in pain.'

http://www.nytimes.com/slideshow/2007/09/07/science/20070910_PAIN_FEATURE.html#

'Medical narcotics.' http://www.nytimes.com/imagepages/2007/09/10/health/20070910_PAIN_MAP.html

'About opiates.' http://www.nytimes.com/imagepages/2007/09/10/health/20070910_PAIN_SIDE.html

'Painkillers in short supply in poor countries.' <http://www.nytimes.com/2007/10/09/health/09pain.html>

Cont.

9. Oncology Channel: '**Cancer Pain: Overview, Incidence, Prevalence.**' [Last reviewed 12.01.07.] <http://www.oncologychannel.com/pain/index.shtml>
10. **Canadian National Pain Study** [PowerPoint presentation by Pamela Squire MD dated 09.12.07.] http://www.canadianpainsociety.ca/francais/Tramadol/Tramadol_Slides_SQUIRE.ppt
11. *Pain Research Management*, 2002;7(4):170-184. '**Chronic pain in Canada – prevalence, treatment, impact and the role of opioid analgesia.**' <http://www.ncbi.nlm.nih.gov/sites/entrez?db=pubmed&uid=12518174&cmd=showdetailview&indexd=google>
12. *Medicine, Health Care & Philosophy*, 2001;4(3):277-288. '**The under treatment of pain: Scientific, clinical, cultural, and philosophical factors.**' <http://www.ingentaconnect.com/content/klu/mhep/2001/00000004/00000003/00322381>
13. *British Medical Journal*, 2000;321:1309. '**Survey of patients shows that cancer pain still undertreated.**' <http://www.bmj.com/cgi/content/full/321/7272/1309/b>
14. *Journal of the American Medical Association (JAMA)*, 1998;279(23):1877-1882. '**Management of pain in elderly patients with cancer.**' <http://jama.ama-assn.org/cgi/content/abstract/279/23/1877>
 Online editorial comment on *JAMA* article: '**New research indicates that untreated pain is a major problem among older nursing home residents with cancer.**' [07.01.98.] <http://www.law.uh.edu/healthlaw/perspectives/Bioethics/980701Untreated.html>

Incidence, Prevalence: Additional References & Resources

Listed in the annotated bibliography dated 7 July 2008:

1. U.S. | Michigan Cancer Pain Initiative (MCPI) is dedicated to addressing the problem of unrelieved pain from cancer and other sources. [Accessed July 2008] <http://www.mipain.org/>
2. *The Pharmaceutical Journal* 2007;278:679-682. '**Pain in Palliative Care: A Review.**' http://www.pjonline.com/pdf/cpd/pj_20070609_palliativecare01.pdf
3. Australia | Howard Florey Institute, 2006;24(Summer):1. '**Alzheimer's pain poorly treated.**' http://www.florey.edu.au/fileadmin/user_upload/documents/newsletter/06_01_Summer_HFI_Newsletter.pdf
4. WHO Pain & Palliative Care Communications Program | HIV Aids Cancer Pain Release, 2006;19(4). '**Research in HIV-related pain and palliative care.**' <http://whocancerpain.wisc.edu/?q=node/80>
5. Canada | *Managing Cancer Pain*. The Canadian Healthcare Professional's Reference. Ed. Gallagher, R. The Canadian Pain Society, 2005.
6. Canada | *Managing Pain*. The Canadian Healthcare Professional's Reference. Ed. Jovey, RD. The Canadian Pain Society, 2002.
7. Canada | Pain Management. Ian Anderson Continuing Education Program in End-of-Life Care (Module 2). University of Toronto, 2000. <http://www.cme.utoronto.ca/endoflife/Modules/PAIN%20MANAGEMENT%20MODULE.pdf>

Links

Please alert this office if you encounter any difficulty. Every effort will be made to find an alternative means of access. Alternatively, copy/paste the URL into the address bar of your browser.

Legal Liability

Articles, reports, etc., listed in the annotated bibliography dated 6 October 2008:

1. U.S. | *Tulsa World* (Tulsa, OK): **'Doctors' legal fears leave patients in pain ...'** [09.25.08.] http://www.tulsaworld.com/news/article.aspx?articleID=20080925_16_A7_WASHIN110403
2. *American Medical News*: **'Legal risk for prescribing painkillers is small, study says.'** 09.08.08.] <http://www.ama-assn.org/amednews/2008/09/08/prsb0908.htm>
3. PharmaTech.com: **'Misuse of narcotics may call for additional doctor training.'** [08.21.08.] <http://pharmtech.findpharma.com/pharmtech/Regulation/Misuse-of-Narcotics-May-Call-for-Additional-Doctor/ArticleStandard/Article/detail/543483?contextCategoryId=35097>
4. *Medscape Neurology & Neurosurgery*: **'Understanding and navigating the laws and regulations governing pain relief with opioids.'** [08.12.08.] <http://www.medscape.com/viewarticle/577999>
5. *USA Today*: **'Politics of pain demonized by Drug Enforcement Administration.'** [08.01.08.] http://www.accessmylibrary.com/coms2/summary_0286-35240522_ITM
6. U.S. | *Herald-Leader* (Lexington, KY): **'Debate over prescribing narcotics: Treatment for pain divides physicians.'** [08.03.08.] <http://www.kentucky.com/211/story/478782.html>

Articles, reports, etc., listed in the annotated bibliography dated 7 July 2008:

1. U.S. | Associated Press: **'Advocacy group sues (Washington) State over guidelines for pain medications.'** [06.24.08.] http://seattlepi.nwsource.com/local/368462_pain26.html
Pain Relief Network website <http://www.painreliefnetwork.org/prn/category/mainpage>
2. U.S. | End of Life Palliative Education Resource Centre Fast Fact & Concept #63: **'The legal liability of under treatment of pain.'** <http://www.mywhatever.com/cifwriter/library/eperc/fastfact/ff63.html>

Legal Liability: Additional References & Resources

Listed in the annotated bibliography dated 7 July 2008:

1. U.S. | University of Kansas School of Law: **'Ineffective treatment of pain for the elderly, an annotated bibliography of sources pertaining to the emergence of liability for ineffective treatment of pain.'** <http://www.law.ku.edu/library/elrp/warren.pdf>
2. *Journal of Law, Medicine & Ethics*, 2001;29(1). **'The undertreatment of pain – legal, regulatory and research perspectives and solutions.'** http://www.painandthelaw.org/mayday/jlme_29.1.php
3. *Journal of Law, Medicine & Ethics*, 1998;26(4):308-331. **'Criminal act or palliative care? Prosecutions involving the care of the dying.'** <http://www.aslme.org/research/mayday/26.4/26.4a.php>

A serious breach of fundamental human rights

To leave a person in avoidable pain and suffering should be regarded as a serious breach of fundamental human rights [and] can be regarded not only as unethical, but also negligence (I am tempted to say criminal negligence). It also should be regarded as unprofessional conduct; that is, it should constitute a basis for disciplinary action by the relevant professional licensing body.

Margaret A. Somerville, The McGill Centre for Medicine, Ethics & Law, Montreal, Canada, 1994

Related Clinical Issues

Study shows major pain research funding decline

AMERICAN PAIN SOCIETY | News release – 11 December 2008 – Federal funding for pain research is declining sharply, more than 9% a year since 2003, according to a new study published in *The Journal of Pain*.¹ Pain research, as a result, now accounts for only 0.6% of all grants awarded by the National Institutes of Health, despite the high prevalence of chronic pain in the U.S. <http://www.newswise.com/articles/view/547324/>

1. *The Journal of Pain*, 2008;9(12):1077-1087. 'Trends in funding for research on pain: A report on the National Institutes of Health Grant awards over the years 2003 to 2007.' [http://www.jpain.org/article/S1526-5900\(08\)00768-2/abstract](http://www.jpain.org/article/S1526-5900(08)00768-2/abstract)

Pain assessment tools in palliative care: an urgent need for consensus

PALLIATIVE MEDICINE, 2008;22(8):895-903. At present, there is no universally accepted cancer pain assessment tool for use in palliative care (PC). The European Palliative Care Research Collaborative, therefore, aims to develop an international consensus-based computerised pain assessment tool. As part of this process, the authors performed a literature review on pain assessment tools for use in PC and an international expert survey to gain information on the relevant dimensions for pain assessment in PC. Development of PC pain assessment tools seems to be a continuous process, which does not adhere to systematic guidelines, thus does not contribute to a universally accepted tool. No tool contained all relevant dimensions as defined by the experts. Many tools focused on particular dimensions, suggesting that specific research interests may drive the tool development process. Extensive literature reviews, expert and patient input and clinical studies are a needed approach in the development of a new consensus-based pain assessment tool. <http://pmj.sagepub.com/cgi/content/abstract/22/8/895>

Articles, reports, etc., listed in the annotated bibliography dated 6 October 2008:

1. *Pain Treatment Topics*: 'Can opioids make pain worse?' [08.20.08.] <http://pain-topics.org/pdf/Compton-OIH-Paradox.pdf>
 2. Canada | Canadian Pain Society: 'Online resources for pain management health professionals.' [07.23.08.] <http://www.newswire.ca/en/releases/archive/July2008/23/c6800.html>
 3. *Nursing in Practice*: 'National Patient Safety Agency issues warning on pain killers.' [07.08.08.] <http://www.nursinginpractice.com/default.asp?title=NPSAissueswarningonpainkillers&page=article.display&article.id=12207>
- U.K. | *The Guardian*: 'Doctors are warned over drug deaths.' <http://www.guardian.co.uk/society/2008/jul/06/health.nhs>
 - *Medical News Today*: 'Pharmacists urged to implement new opioids guidance immediately.' <http://www.medicalnewstoday.com/articles/114420.php>

Articles, reports, etc., listed in the annotated bibliography dated 7 July 2008:

1. U.S. | *Sun* (Las Vegas, NV): 'The painful truth about Nevada.' [07.06.08.] <http://www.lasvegassun.com/news/2008/jul/06/painful-truth-about-painkillers/>

Geography of prescription narcotic consumption in the U.S. http://www.lasvegassun.com/multimedia/rx_interactive/

2. Australian Broadcasting Corporation: **'Brisbane scientists close to pain-free chemo.'** [05.20.08.] <http://www.abc.net.au/news/stories/2008/05/20/2249649.htm?section=justin>
3. *Annals of Oncology*, 2008;19(1):44-48. **'Opioid analgesics for cancer pain: symptom control for the living or comfort for the dying? A qualitative study to investigate the factors influencing the decision to accept morphine for pain caused by cancer.'** <http://annonc.oxfordjournals.org/cgi/content/abstract/19/1/44>
4. *Science Daily*: **'Morphine: A comfort measure for the dying or pain control for the living?'** [12.11.07.] <http://www.sciencedaily.com/releases/2007/12/071210212155.htm>
5. *National Review of Medicine*, 2004;1(15). **'Undertreated pain festers in our anti-opiate culture.'** http://www.nationalreviewofmedicine.com/issue/2004_08_30/feature05_15.html

Related Clinical Issues: Additional References & Resources

Opioids in Cancer Pain

OXFORD UNIVERSITY PRESS | Online posting – 22 December 2008 – Opioids have become invaluable in modern medicine, but it is essential that they are prescribed with an understanding of the complex pharmacology behind their effectiveness. Without this, they will frequently fail to achieve their enormous potential of pain relief, minimal side effects, and improved function. In addition, opioids come with problems, including side effects such as constipation, respiratory depression, and sedation, and the potential for substance abuse. **Publication date:** June 2009. <http://www.oup.com/us/catalog/general/subject/Medicine/PainManagement/?view=usa&ci=9780199236640>

Listed in the annotated bibliography dated 6 October 2008:

1. *British Journal of Healthcare Computing & Information Management*. **'Cancer pain management training for healthcare professionals on CD-ROM.'** [09.16.08.] <http://www.bjhcim.co.uk/news/2008/n809020.htm>
2. PharmaLive.com: **'New tool helps pain advocacy community address growing public health crisis.'** [09.09.08.] <http://www.pharmalive.com/News/index.cfm?articleid=569580&categoryid=22>

Listed in the annotated bibliography dated 7 July 2008:

1. *The Lancet*, 2007;369(9570):1325-1326. **'Morphine kills the pain, not the patient.'** <http://linkinghub.elsevier.com/retrieve/pii/S0140673607606114>
2. *Palliative Medicine*, 2007;21:77-80. **'Lethal opioids or dangerous prescribers?'** http://pmj.sagepub.com/cgi/pdf_extract/21/2/77

In the first article in a three-part series in *The Medical Post* (available only on subscription) Canadian palliative care physician Romyne Gallagher looks at the forces that demonized opium and its related compounds from the mid-1800s to the mid-1900s, finding they had little to do with medicine. The series continues with the emergence of addiction amid great societal changes at the end of the 19th century. In the final article in the series, the author discusses how global politics affected the domestic agenda.

3. Part I: **'Under the influence: Opium's fall from grace.'** [12.05.06.]
4. Part II: **'Opium: Demonizing addiction.'** [01.09.07.]
5. Part III: **'Opium: How business interests hurt the future of pain management.'** [01.23.07.]