

Undertreated Pain in the Context of Palliative Care

Incidence, Prevalence & Legal Liability (and related clinical issues)

Review compiled and annotated by Barry R. Ashpole

Incidence, Prevalence

Pained patients fear relief may bring addiction

Prescriptions for narcotic pain medications are increasing, so are mishandling and abuse of those medications. But some argue there's a greater problem – the undertreatment of pain. Experts said one factor is that most doctors haven't been taught how to treat pain, how to prescribe narcotics. "When I went to medical school we were told never to give pain medicine unless the patient is dying or has surgery," Dr. Susan Opper, a pain specialist at St. Luke's Hospital (Kansas City, MO), says. Doctors also fear pill seekers – those who want narcotics for a high – and law enforcement.

Link to online news report:

<http://www.myfoxkc.com/myfox/pages/News/Detail?contentId=6577534&version=1&locale=EN-US&layoutCode=TSTY&pageId=3.5.1> (Link confirmed 05.19.08.)

Nursing homes undertreat dementia patients' pain

Researchers at the University of North Carolina (Chapel Hill, NC) evaluated data for 551 residents of six nursing homes across the state and found that residents who were cognitively impaired were less likely to receive regular doses of pain medication or to receive pain drugs at all. This was despite the fact that dementia patients and cognitively healthy patients had similar rates of often-painful conditions like cancer, osteoarthritis and degeneration in the spinal disks. Pain medications are often prescribed "as needed," the researchers report in the *Journal of Pain & Symptom Management*.¹

1. Reynolds KS, Hanson LC, DeVellis RF, *et al.* 'Disparities in Pain Management Between Cognitively Intact and Cognitively Impaired Nursing Home Residents.' *Journal of Pain & Symptom Management*, 2008;35(4):388-396.

Link to online news report: <http://uk.reuters.com/article/healthNews/idUKCOL06888120080430>

(Link confirmed 05.27.08.)

Prescribing factors and patient adherence affect cancer pain management

Inadequate analgesic prescriptions and poor patient adherence contribute to ineffective cancer pain management, according to a study published in the *Journal of Pain & Symptom Management*.¹ Researchers at Erasmus Medical Center, Rotterdam, The Netherlands, examined the prevalence of pain, including breakthrough pain, in a cohort of cancer patients receiving outpatient treatment. They also assessed the quality of pain management.

1. Enting RH, Oldenmenger WH, Van Gool AR, *et al.* 'The Effects of Analgesic Prescription and Patient Adherence on Pain in a Dutch Outpatient Cancer Population.' *Journal of Pain & Symptom Management*, 2007;34(5):523-532.

Link to online news report:

<http://www.therapeuticsdaily.com/news/article.cfm?contentValue=1656957&contentType=sentryarticle&channelID=30> (Link confirmed 05.27.08.)

80% of the world's cancer sufferers have no access to pain relief

Access to Pain Relief - an Essential Human Right, published by Help the Hospices for the Worldwide Palliative Care Alliance (2007), reports that 80% of the world's cancer sufferers have no access to pain relief, to low cost and effective pain relieving drugs.

Link to Help the Hospices for the Worldwide Palliative Care Alliance report:

http://www.worldday.org/documents/access_to_pain_relief.pdf (Link confirmed 05.27.08.)

Chronic pain in Canadian seniors

Chronic pain affects more than one-quarter of seniors living in households and close to 4 out of every 10 living in institutions, according a Canadian Community Health Survey published by Statistics Canada (2005). Researchers examined the prevalence of chronic pain among seniors 65 and over living in private households and also in long-term care facilities. Prevalence of chronic pain was highest in health care institutions, where 38% of seniors were affected by it. The findings are based on two separate health surveys.

Link to Statistics Canada report: <http://www.statcan.ca/Daily/English/080221/d080221b.htm>
(Link confirmed 05.27.08.)

Chronic pain in Canada

Chronic non-cancer pain is common in Canada according to a study published in *Pain Research Management*.¹ Chronic non-cancer pain was reported by 29% of the respondents, with increased frequency in women and older age groups. The average duration of pain was 10.7 years and the average intensity was 6.3 (on a scale from 1 to 10), with 80% reporting moderate or severe pain. Chronic pain is undertreated and major opioid analgesics are probably underutilized in the management of moderate to severe pain. Despite growing evidence supporting their efficacy and safety for chronic non-cancer pain, less than 10% of chronic pain patients taking prescription medication were treated with a major opioid. Almost 70% were worried about addiction potential, and one-third felt that strong analgesics should be reserved for terminal illnesses.

1. Moulin DE, Clark AJ, Speechley M, Morley-Forster PK. 'Chronic pain in Canada – prevalence, treatment, impact and the role of opioid analgesia.' *Pain Research Management*, 2002;7(4):170-184.

Link to abstract of journal article:

<http://www.ncbi.nlm.nih.gov/sites/entrez?db=pubmed&uid=12518174&cmd=showdetailview&indexed=google> (Link confirmed 05.27.08.)

Canadian National Pain Study

When questioned on how well chronic pain is managed, participating physicians in the Canadian National Pain Study (2002) answered:

- 15% Not well managed
- 53% Not very well managed
- 07% Somewhat well managed
- 03% Very well managed

Link to power point presentation prepared by Pamela Squire, MD:

http://www.canadianpainsociety.ca/francais/Tramadol/Tramadol_Slides_SQUIRE.ppt (Link confirmed 05.27.08.)

Scientific, clinical, cultural and philosophical factors in undertreatment of pain

An essay in *Medicine, Health Care & Philosophy* offers an explanation and interpretation of the undertreatment of pain, discussing the scientific, clinical, cultural and philosophical aspects of the issue.¹

- Pain is subjective, not objective.
- The causal basis of pain is often poorly understood.
- Pain is often regarded as a “mere” symptom, not as a disease.
- There often are no “magic bullets” for pain.
- Pain does not fit the expert knowledge model.

Changes need to occur in medical philosophy, education, and practice.

1. Resnik D, Rehm M. 'The undertreatment of pain: Scientific, clinical, cultural, and philosophical factors.' *Medicine, Health Care and Philosophy*, 2001;4(3):277-288.

Link to abstract of journal article:

<http://www.ingentaconnect.com/content/klu/mhep/2001/00000004/00000003/00322381> (Link confirmed 05.27.08.)

Survey shows that cancer pain undertreated

Pain in cancer continues to be inadequately managed, according to a report of a survey published in the *British Medical Journal*.¹ More than two thirds (70%) of the 157 patients taking part in the survey reported that they had experienced pain as a result of their cancer. An even higher proportion (77%) had experienced pain as a result of their treatment. Many had been inadequately prepared for this pain and many did not ask for help. Just under half (46%) of the participants in the study had been told to expect pain, and more than a third said they had not been given sufficient information on pain control. Less than half (43%) of the participants reported that they had not asked for pain relief.

1. Major, S. 'Survey of patients shows that cancer pain still undertreated.' *British Medical Journal*, 2000;321:1309

Link to online journal article: <http://www.bmj.com/cgi/content/full/321/7272/1309/b>

(Link confirmed 05.27.08.)

Pain usually increases as cancer progresses

Studies published in 1999 show that pain occurs in 30% of all cancer patients, regardless of the stage of the disease. 90% of patients with advanced cancer experience severe pain and as many as 50% of patients may be undertreated for cancer pain. Pain usually increases as cancer progresses. Important facts:

- Cancer pain depends on many factors, including the type and stage of the cancer
- Cancer pain may be triggered by blocked blood vessels or pressure on a nerve from a tumor
- Side effects of cancer treatments, such as surgery, radiation, and chemotherapy, may include pain
- About 90% of patients with advanced cancer experience severe pain, which often is undertreated

Link to online resource: <http://www.oncologychannel.com/pain/index.shtml> Reviewed 05.27.08.

(Link confirmed 05.27.08.)

Untreated pain a major problem among older nursing home residents with cancer

Untreated pain is a serious problem in nursing home residents, and is prevalent among older residents and members of ethnic minorities, suggests a study published in the *Journal of the American Medical Association*.¹ Despite clear evidence that appropriate use of analgesics can relieve pain in over 90% of cases, a high prevalence of unrelieved cancer pain has been documented in numerous clinical settings. Similarly, pain among the aging population has been historically underreported and undertreated, and insufficient attention has been paid to management of pain in nursing homes.

1. Bernabei R, Gambassi G, Lapane K, *et al.* Management of pain in elderly patients with cancer. *Journal of the American Medical Association* 1998;279(23):1877-1882.

Link to abstract of journal article: <http://jama.ama-assn.org/cgi/content/abstract/279/23/1877>

(Link confirmed 05.27.08.)

Link to online commentary: <http://www.law.uh.edu/healthlaw/perspectives/Bioethics/980701Untreated.html>

(Link confirmed 05.27.08.)

Incidence, Prevalence: Additional References & Resources

Listed in reverse order of publication (i.e., the most recent is listed first)

1. Dickman, A. Pain in Palliative care: A Review. *The Pharmaceutical Journal* 2007;(June)278:679-682

Link to journal article: http://www.pjonline.com/pdf/cpd/pj_20070609_palliativecare01.pdf
(Link confirmed 05.27.08.)

2. *Managing Cancer Pain*. The Canadian Healthcare Professional's Reference. Ed. Gallagher, R. The Canadian Pain Society, 2005.
3. *Managing Pain*. The Canadian Healthcare Professional's Reference. Ed. Jovey, RD. The Canadian Pain Society, 2002.
4. *Pain Management*. Ian Anderson Continuing Education Program in End-of-Life Care. Module 2. University of Toronto, 2000.

Link to resource:
<http://www.cme.utoronto.ca/endoflife/Modules/PAIN%20MANAGEMENT%20MODULE.pdf>
(Link confirmed 05.27.08.)

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Legal Liability

U.S. perspective on legal liability of undertreatment of pain

It is well recognized that physician's fear of regulatory scrutiny (DEA, state medical boards), is a major contributor to the problem of undertreatment of pain. A recent landmark lawsuit should be a wake-up call for all physicians that this type of practice poses its own legal liability. An 85-year-old California man with metastatic lung carcinoma spent the final week of his life in severe pain. Three years after his death his children sued his doctor alleging that the physician had failed to prescribe drugs powerful enough to relieve their father's suffering. This was one of the first U.S. cases in which a doctor has gone on trial for allegedly undertreating a patient's pain. By a 9 to 3 vote the jury decided that the physician's lack of attention to pain constituted elder abuse, awarding the family \$1.5 million (the amount was reduced to \$250,000). To win, lawyers convinced the jury that undertreatment of pain was "reckless negligence." Until recently, lawyers would have considered such a suit un-winnable.

Link to End of Life Palliative Education Resource Centre Fast Fact & Concept #63: The legal liability of undertreatment of pain: <http://www.mywhatever.com/cifwriter/library/eperc/fastfact/ff63.html>
(Link confirmed 05.27.08.)

Legal Liability: Additional Resources & References

Listed in reverse order of publication (i.e., the most recent is listed first)

1. 'Ineffective treatment of pain for the elderly,' an annotated bibliography of sources pertaining to the emergence of liability for ineffective treatment of pain.' (May, 2006). (University of Kansas)

Link: <http://www.law.ku.edu/library/elrp/warren.pdf> (Link confirmed 05.27.08.)

2. 'Pain management and provider liability: No more excuses.' *Journal of Law, Medicine & Ethics* 2001;29:28-5 (American Society of Law, Medicine & Ethics)

Link: http://www.aslme.org/research/mayday/29.1_pdf/furrow.pdf (Link confirmed 05.27.08.)

3. 'Criminal act or palliative care? Prosecutions involving the care of the dying.' *Journal of Law, Medicine & Ethics* 1998;26(4):308-331. (American Society of Law, Medicine & Ethics)

Link: <http://www.aslme.org/research/mayday/26.4/26.4a.php> (Link confirmed 05.27.08.)

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.

'Death of pain: pain, suffering and ethics.' From the proceedings of the 7th World Congress of Pain, 1994.

Related Clinical Issues

Morphine: A comfort measure for the dying or pain control for the living?

Cancer patients are suffering unnecessarily because they wrongly believe that morphine and other opioids are only used as "comfort for the dying" and as a "last resort" rather than seeing them as legitimate pain killers that can improve their quality of life. In a study published in *Annals of Oncology* (online edition) experts in palliative care also say "the belief that opioids hasten death is widely held" amongst patients and this "has a significant impact on pain management, as patients felt that an offer of opioids signified imminent death".¹ Previous studies have estimated that between 40-70% of cancer patients may not have their pain properly controlled with the right medication for a variety of reasons.

1. C. M. Reid¹ CM, Gooberman-Hill R, Hanks GW. '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.' *Annals of Oncology* published online on 10 December 2007.

Link to abstract of online journal article:

<http://annonc.oxfordjournals.org/cgi/content/abstract/mdm462v1?maxtoshow=&HITS=10&hits=10&RESULTFORMAT=1&andorexactitle=and&andorexactitleabs=and&andorexactfulltext=and&searchid=1&FIRSTIND EX=0&sortspec=relevance&resourcetype=HWCIT>

(Link confirmed 05.27.08.)

Link to online news report: <http://www.sciencedaily.com/releases/2007/12/071210212155.htm>

(Link confirmed 05.27.08.)

Undertreated pain festers in our anti-opiate culture

In the groundbreaking film *Barbarian Invasions* by Quebec filmmaker Denys Arcand the problem of undertreated pain hits home when the dying hero is forced to resort to heroin scrounged from the drug dens of Montreal to reduce the agony of late stage terminal cancer. The movie makes clear that the standard treatment offered in Canada is far from adequate to control pain in severe cases.

Just how accurate was the *Barbarian Invasions*? Dr Michael Dworkin, Director of the Pain Clinic at the Jewish General Hospital in Montreal, thinks the film "may have overstated the problem, but that pain undertreatment in this country is still rampant." He observes that, "in most cases, end-of-life pain is still poorly addressed, with only about 10% of Canadian patients receiving comprehensive palliative care." He adds, "Those that are properly treated by a team that aims at medical, psychological, social and spiritual concerns, are usually being treated in large healthcare centres in urban areas where pain clinics or palliation units have been established." Dr Dworkin deplores the lack of emphasis on chronic pain in medical education. "Canadian medical schools generally grant a grand total of two hours of lecture time to chronic pain," he notes.¹

1. *National Review of Medicine* 2004;1(15). Published 30 August 2004

Link to online commentary:

http://www.nationalreviewofmedicine.com/issue/2004_08_30/feature05_15.html

(Link confirmed 02.21.08.)

Related Clinical Issues: Additional References & Resources

Listed in reverse order of publication (i.e., the most recent first)

1. 'Morphine kills the pain, not the patient.' Sykes, NP. *The Lancet* 2007; 369 (9570):1325-1326 pg. 1325, 2 pgs
2. 'Lethal opioids or dangerous prescribers?' (Commentary) *Palliative Medicine* 2007;21:77-80
3. 'Opium: How business interests hurt the future of pain management.' *The Medical Post*, 23 January 2007.

In the final article in the series, the author discusses how global politics affected the domestic agenda.

4. 'Opium: Demonizing addiction.' Gallagher, R. *The Medical Post*, 9 January 2007

The series continues with the emergence of addiction amid great societal changes at the end of the 19th century.

5. 'Under the influence: Opium's fall from grace.' Gallagher, R. *The Medical Post*, 5 December 2006

In a three-part series in, Dr. 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.