Pain Management-An Ethical Dilemma?

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Actual Patient Scenario

First, to understand pain management as an ethical dilemma it is important to set the perspective of this paper from a situation that occurred recently with a patient throughout the course of their surgical and radio-oncological treatments.  The scenario is as follows: the female patient was admitted to the surgery center to undergo anesthesia for a very painful procedure ordered by the radiation oncologist for cervical cancer.  So as not to violate HIPPA the patient, physician name, or procedure will not be discussed.  What is important to know is that this patient has stage III cancer and stated she experiences severe pain daily and after these procedures it is almost unbearable to do simple activities such as toileting.  After the first surgical procedure the Radiation-Oncologist physician prescribed an opiate to be taken every 6 hours for 3 days.  This was not an as needed prescription, but a timed dose.  The patient burst into tears stating that accepting this prescription would violate the “pain management contract” with the primary Oncologist which would result the patient being fired from care.  The ethical dilemma lies in the managing acute pain for a patient that feels there is no choice but to refuse the needed medication and must suffer for fear of being “fired” by the primary oncologist.

Pain? An Ethical Dilemma for Nursing

The situation at hand, flies in the face of all things nursing, and places the professional in the middle of an ethical conundrum. Nurses have an ethical duty to tend to the needs of the patient but by doing so, but what if it is the patient who suffers long term repercussions which result in the loss of care?  To accept the medication or accept the agony of under-treated pain? Ethical principles are the gatekeepers for nurses to provide care with respect the patient's wishes (autonomy) and to assist in the development of a realistic plan of care to manage acute cancer related pain (benefice), without losing sight the harm that can occur because of overuse/misuse of opiates for pain management (nonmaleficence) (American Nurses Association [ANA], 2015).  Additionally, some concerns are raised as to whether patients being treated fairly without regard to spirituality, religion, gender, race, or socioeconomic status.

Effects of Under Treated Pain

“As a biopsychosocial and spiritual phenomenon, unrelieved pain affects all aspects of the individual's life and the consequences of unrelieved pain in people with advanced disease are ominous. ” (Paice & Coyne, 2017, para. 3). Pain is not effectively managed in cancer patients.  According to Shen et al., 2017 one third of patients in their study were under-treated which showed a direct link in decreased quality of life.  One disturbing finding in the study is that Taiwanese physicians seemed to ignore the complaints of pain from patients in lower socioeconomic populations (Shen et al., 2017).  Culture seems to attribute to the physician’s lack of proper medication management.  *Cultural Diversity in Health and Illness* by R.E. Spector acknowledges that cultural differences among Asian populations, that they are more inclined to be stoic and less verbal when it comes to pain (2016).

Secular Thoughts on Pain Management

From a secular point of view, opiate abuse poses an epidemic of sizable proportion.  The crisis is real, and the effects are seen daily in the emergency rooms across the country in the form of abuse and overdoses. Pharmacies are also affected, as some states now regulate the amount of opiates that can be filled at one time and  may include a free bottle of intranasal Narcan for acute overdose. “Pain contracts” are also being used by providers to mitigate legal risk and attempt to improve patient adherence to the medication regimen.  However, most of these contracts are written in language far beyond their compression (Tobin, Forte, & McGee, 2016).

Spiritual/Christian Concerns on Pain Management

Pain, in many cultures, is believed to be a manifestation of evil or a result of an offense against God (Spector, 2016).  Healthcare professionals need to take into account their patient’s current state of spirituality.  “Pain sufferers who were both religious and spiritual were more likely to have better psychological wellbeing and use positive strategies. Therefore, it would seem appropriate for an individuals’ spirituality and/or religion to be considered as part of the evaluation and management plan” (Dedeli & Kaptan, 2013, para. 9).  Therefore, a spiritual perspective there may be measures that can help to control or reduce episodic pain, which then could decrease the use of opiates.  Prayer, meditation, and religious counseling can often provide patients in pain opportunities to distract and channel that energy into positive experiences.  The risk of inadequately treated pain is that it may also have negative consequences, such as loss of hope, feelings of inadequacy and guilt (Dedeli & Kaptan, 2013).

Compare Christian and Secular Perspectives

Under-treated pain presents an ethical dilemma whether presented from a secular or Christian standpoint.  Add to that the current stigma of opiate use, no matter the ailment being treated.  Patient’s feel judged and are less likely to report changes in the nature or location of pain, potentially delaying diagnosis of new metastatic lesions.  Faith or no faith, the negative side effect of under-treated pain leads to fear of losing medical representation, depression, increased stress and social isolation (Tobin et al., 2016).

Conclusion

Recently, much attention has been paid to the opiate crisis and most of the current literature only speak of concerns related to those who suffer with chronic pain. Regulatory bodies, such as the Joint Commission and the Centers for Medicare Services, have instituted reform by mandating regulatory measurements in attempt to slow down the prescribing habits of all healthcare practitioners.  Somewhere in the shuffle the acute pain patients are being consumed in the vortex of assumed opiate addiction. A cancer patient should never have to refuse a prescription to treat a new medically induced pain during their treatment out of fear of losing access to their oncologist.  Nurses are then placed in an impossible position on how best to educate patients to their right to manage their pain, knowing the patient pays the price.  Thus, a new ethical dilemma is born, and the painful truth is, a patient can no longer be truthful about their pain.

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