



# HOSPICE INSIGHTS

Volume 96: Myths and Misconceptions About Pain Control

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Pain is the most common reason people seek medical attention. Nine (9) percent of Americans suffer chronic pain. 40% of individuals with moderate to severe pain do not get adequate pain relief. The Robert Wood Johnson Foundation has research showing the incidence of uncontrolled pain is from 74-95% in the very ill and dying patient. A 1990 study showed that 71% of all residents in skilled nursing facilities experience pain. 40% of cancer patients have under-treated pain. 25% of cancer patients in skilled nursing facilities receive no treatment for pain. A 1995 study of 4003 residents with cancer in 1492 nursing homes showed that 16% received an over-the-counter painkiller, 32% were supplied with weak opioids such as codeine, and 26% received morphine. In the same study, 26% of those in pain every day were given nothing to alleviate it.<sup>1</sup>

This data is frightening. Why is pain management so bad? Why are people suffering needlessly?

It is not always the fault of professionals. Many times the fault lies with the patient because they do not ask for or get help for their pain because of their common misperceptions regarding pain control.

Here are ten (10) common reasons patients do not seek pain relief:

- **Many patients are afraid of becoming addicted to pain medications.** The truth is if opioid medications are used to control pain the patient will become physically dependent on the opioid medication, but not addicted. Addiction is a dependence to satisfy physical, emotional, and psychological needs rather than for medical reasons, i.e. pain control. Drug addiction in people with cancer or other end-of-life diseases rarely becomes an issue.
- **Some patients believe they will not be able to handle the side effects of pain medications.** The most common side effects are confusion, constipation, drowsiness, nausea and vomiting. Most of these side effects will subside within the first 72 hours of taking the medication (constipation usually needs ongoing treatment while the patient is taking opioid medications). There are very effective medications that will control the side effects.

<sup>1</sup> JAMA, July-August 1998

- **Pain is a consequence of cancer and other terminal illnesses.** Most pain can be controlled with the vast array of medications available today. It is a rare occurrence that we cannot control pain.
- **“I should be able to tolerate the pain”.** Some patients believe taking pain medications is a sign of weakness. This is often a result of ones religious, moral, cultural, or family beliefs. Realistically, pain can cause physical and psychological weakness. Providing effective pain management can actually increase a patient’s strength and ability to live life more fully.
- **“My doctor won’t understand my pain”.** Some people think their report of pain will not be believed. *“Pain is whatever the experiencing person says it is, existing whenever s/he says it does.” Margo McCaffrey.* No one in pain should go without effective treatment. If the patient’s doctor will not treat the pain effectively they should be referred to another health care provider.
- **“If I complain, I am not being a good patient”.** Many feel they will be a burden to family and friends if they complain about anything. This leads to undue suffering on the part of the patient. As a patient it is important to state you have pain and to what degree so the healthcare professionals can treat it accordingly.
- **“Pain means my condition is declining.”** The truth is pain can occur any time during the course of an illness. It may also occur in patients who are stable or are not necessarily dying.
- **“If my doctor focuses on pain control they will not treat the underlying cause”.** If a doctor does not address the pain factor a patient may reject treatment for the underlying cause. Pain control is a necessary part of treating a disease.
- **Many patients believe they cannot afford pain medication.** There are many pain medications that are not costly. Morphine, a favorite pain medication for hospice programs, is one of the oldest drugs on the market and very reasonable, cost wise. It also has no ceiling regarding dosage and can be titrated to whatever level is necessary to control a patient’s pain. Most private insurance plans and HMO’s have prescription benefits and in the near future Medicare will have a prescription benefit making the use of pain medications more affordable for patients.
- **Some patients believe they take too many medications already, and adding pain medication on a regular basis is just “too much”.** Also, some patients forget to take medications and the return of pain is not the best method to use to remember to take pain medications. Daily medication boxes are a good way to administer medications if an individual has several medications to take on a daily basis (also good if they only have one medication to take, coupled with a poor memory).

References:

American Cancer Society News Center. Myths and misconceptions about pain control, 12/10/1998.  
 JAMA, July-August 1998

**Mission Statement**

*Hospice of the Twin Cities’ mission is to enhance the quality of the lives of our patients and their families y providing respectful care based on maintaining dignity, alleviating physical, psychosocial, and spiritual suffering, advocating for fundamental rights, and affirming the sacred value of life.*