



American Society for Pain Management Nursing



Pain Relief: The Essence of Humanity

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Where Have We Been?

◆ 25 years ago:

- What was the most common opioid analgesic?
- What was the typical dose?
- What was the usual route of administration?
- What was the usual frequency of delivery?
- Who decided whether the patient was in pain?








Advances in Pain Control









A Few Steps Back?














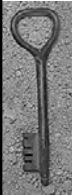







Systems Change

- ◆ Education
 - PRN programs
 - Role modeling programs
 - EPEC
 - ELNEC
 - EPERC



Systems Change


- ◆ Practice Guidelines
 - AHCPR, AHRQ, APS
- ◆ Position Statements
- ◆ Consensus Statements
- ◆ Reports
 - IOM
- ◆ Standards
 - JCAHO



Systems Change

- ◆ Pain intensity
- ◆ Impact of pain on function
- ◆ Patient and family satisfaction
- ◆ Documentation of pain assessment
- ◆ Range of options available
- ◆ Effectiveness of options
- ◆ Prevalence of side effects/complications
- ◆ Quality of care at transition points


American Pain Society Committee on QA Standards, 1991



Systems Change

- ◆ Outcomes
 - Pain is prevented and controlled to a degree that facilitates function and quality of life
 - Patients are adequately informed and knowledgeable about pain management

Gordon DB, et al. Pain Management Nursing 2002;3:116-130



Systems Change


- ◆ Process
 - Intensity documented with rating scale
 - Intensity documented at frequent intervals
 - Treated by route other than IM
 - Multimodal approach
 - Treated with regularly administered analgesics

Gordon DB, et al. Pain Management Nursing 2002;3:116-130




Regularly Administered Analgesics

- ◆ Recommended as standard
 - Canadian Pain Society, 1998
 - ASA Task Force on Acute Pain Management, 2004
 - APS Cancer Pain Clinical Practice Guidelines, 2005




Regularly Administered Analgesics

- ◆ Little data exists to support
 - Pillai Riddell & Craig, *J Pain*, 2003
 - Found little evidence to support time contingent schedules for postoperative analgesia
 - Sutters et al, *Pain*, 2004
 - RCT of children undergoing tonsillectomy demonstrated no difference



Regularly Administered Analgesics

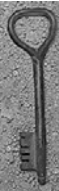
- ◆ All studies conducted in postoperative setting
- ◆ Methodological flaws
 - Compare opioids vs. NSAIDs
 - Compare routes
 - Omit pain intensity as outcome measure



Regularly Administered Analgesics

- ◆ Quality improvement project
- ◆ Two inpatient medical units
- ◆ Two group parallel design
- ◆ Experimental unit
 - “ATC, patient may refuse”
- ◆ Control unit
 - usual care
- ◆ Patients interviewed
- ◆ Charts reviewed

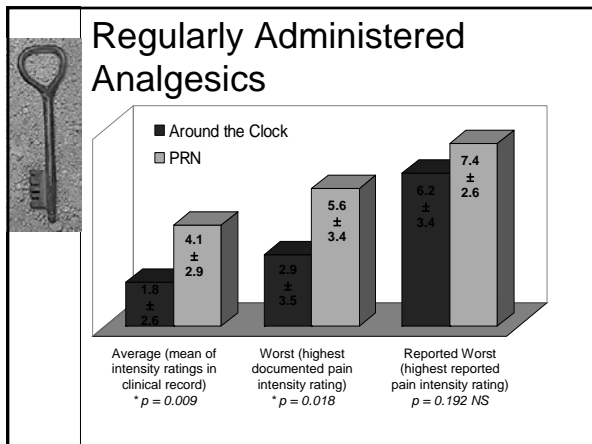
Paice et al. Journal of Pain, 2005




Regularly Administered Analgesics

FINDINGS: Demographics


| | Experimental: ATC n = 50 | Control: PRN n = 55 | |
|-----------|-----------------------------|------------------------|----|
| Age | 55.5 ± 16 | 52.3 ± 20 | NS |
| Gender | | | NS |
| Male | 17 (34%) | 25 (45%) | |
| Female | 33 (66%) | 30 (55%) | |
| Ethnicity | | | NS |
| White | 28 (56%) | 31 (55%) | |
| Black | 14 (28%) | 18 (33%) | |
| Hispanic | 2 (4%) | 2 (4%) | |
| Asian | 0 | 1 (2%) | |
| Other | 6 (12%) | 3 (6%) | |






Regularly Administered Analgesics

| Schedule | Opioid Dose Ordered mg | Opioid Dose Given mg | Percentage Given/ Ordered |
|----------|------------------------|----------------------|---------------------------|
| ATC | 85.0 mg | 61.6 mg | 70.8 % |
| PRN | 184.8 mg | 64.5 mg | 38.0 % |
| | <i>p = 0.06</i> | <i>p = 0.64</i> | <i>p = 0.001</i> |




Regularly Administered Analgesics

| ADVERSE EFFECTS | | |
|------------------|--------------|--------|
| Schedule | Constipation | Nausea |
| Around the clock | 1 | |
| PRN | | 2 |




Regularly Administered Analgesics

- ◆ Patient perceptions
 - “It was better than having to ask and know how often I could take the medicines”
 - “I appreciate this because I don’t always want to burden the nurses by asking”
 - “I like it because if I don’t need the medicine, I can refuse”
 - “It takes the pressure off the patient, so I don’t look like a junkie looking for a fix?”




Regularly Administered Analgesics

- ◆ Why is PRN less effective?
 - Misunderstanding regarding who should initiate – patient or nurse
 - Patient fears, misperceptions, beliefs
 - Time constraints
 - Lack of standardization
 - Institutional culture




Systems Change



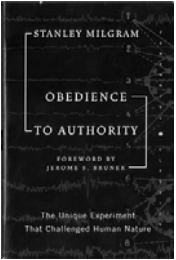
- ◆ Changing institutional culture
 - What is the milieu regarding pain and its management?
 - Does the institution support good pain control?
 - Are staff free to report errors and inappropriate practices?
 - Are individuals held accountable when pain management is inadequate?

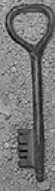


Accountability for Pain Control

- ◆ “You have an order for pain medications, but don’t take them unless you really need them.”
- ◆ “Don’t bother with the local, it won’t hurt if you do it quickly.”
- ◆ “Don’t give him any pain medication – he’s being a whiner and he doesn’t look as if he has pain to me.”
- ◆ “These pills are addictive. I don’t carry them in my pharmacy.”

| | |
|---|--|
|  | <h2>Accountability for Pain Control</h2> <ul style="list-style-type: none">◆ How and why do good clinicians disregard their own compassion towards others to become indifferent to the pain of patients? |
|---|--|

| | |
|--|--|
|  |   <p>Yale University 1961-1962</p> |
|--|--|

| | |
|---|--|
|  | <h2>Stanley Milgram</h2> <ul style="list-style-type: none">◆ August 15, 1933 – December 20, 1984◆ BS – Political science◆ PhD – Initially rejected Harvard, 1960◆ Social psychologist◆ “Six Degrees of Separation” |
|---|--|



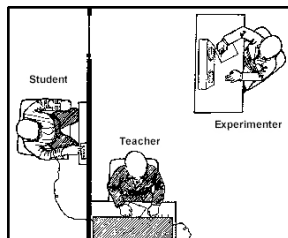
Milgram's Obedience Study

- ◆ Interest in conformity studies
- ◆ Hannah Arendt's controversial report on the trial of Adolf Eichman in Jerusalem *Eichman in Jerusalem, The Banality Of Evil*:
 - Contested the prosecutions view of Eichman as a sadist
 - Instead describing him as a dull, unimaginative, conforming and stereotypical bureaucrat



Obedience

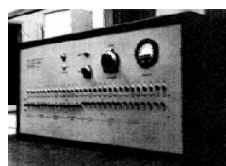
- ◆ Recruited 40 subjects to participate in a "learning experiment"



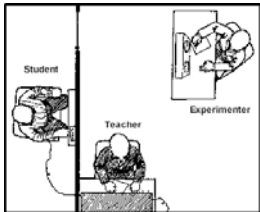


Obedience

- ◆ There were 30 switches on the shock device, labeled "slight shock", "danger", "severe shock" and "xxx" – from 15 to 450 volts



Obedience

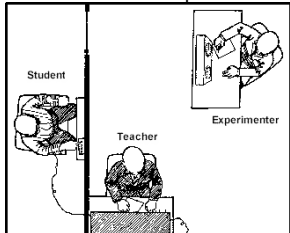


- ◆ The subject read off a list of word pairs, then delivered an increasingly intense shock when the learner got a word incorrect.
- ◆ As shocks increased, learners cried out and pounded on the wall as the shock was increased.

Obedience

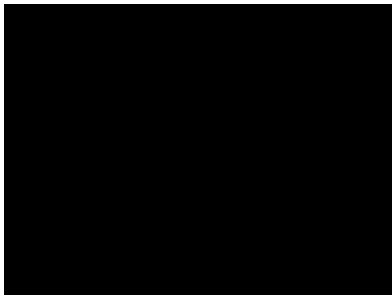
“You must continue the experiment”


“Stop! I have a heart condition”





Subject: Delivered increasing shock, despite distress, nervous laughter

Obedience




 Questioning Obedience





 Obedience

- ◆ 65% of subjects administered up to the maximum 450 volts
- ◆ No one stopped before 300 volts
- ◆ Most reported distress, but continued
- ◆ Men = women, but women > stress
- ◆ Replicated in Netherlands in female nurses with similar results

 “The essence of obedience is that a person comes to view himself as the instrument for carrying out another person’s wishes, and he therefore no longer regards himself responsible for his actions”

Stanley Milgram, 1965

| | |
|---|--|
|  | <p>“As I write, highly civilized human beings flying overhead are trying to kill me. They do not feel any enmity towards me as an individual, nor I against them. They are only “doing their duty”. Most of them are, I have no doubt, law abiding men who would never dream of committing murder.”</p> <p>George Orwell</p> |
|---|--|

| | |
|--|--|
|  | <p>“I am only doing what the doctor (or nurse or pharmacist) said – it’s not my fault”</p> |
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| | |
|---|--|
|  | <p>Controversy</p> <ul style="list-style-type: none">◆ Deception◆ Risk |
|---|--|



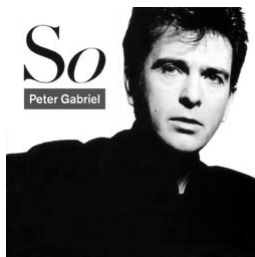
Systems Change

- ◆ Changing institutional culture
 - Empower individuals
 - Focus groups
 - Communication and conflict training
 - Ethics consults
 - Internet based reporting of errors
 - Panels - patient experience




“When an individual wishes to stand in opposition to authority, he does best to find support for his position from others in his group. The mutual support provided for each other is the strongest bulwark, we have against the excesses of authority.”

Stanley Milgram, 1974




“We Do What We Are Told –
Milgram’s 37” 1986




“The worst sin toward our fellow creatures is not to hate them, but to be indifferent to them; that is the essence of inhumanity”

George Bernard Shaw
The Devil's Disciple, Act II, 1901



Motivating Those Around Us

- ◆ Encourage and celebrate those who take the extra effort to provide good pain control, despite adversity
- ◆ Empower all clinicians to do the right thing
- ◆ Serve as a role model – demonstrate humane, knowledgeable pain care
- ◆ Support one another



Never doubt that a small group of thoughtful, committed citizens can change the world. Indeed, it is the only thing that ever has.

Margaret Mead
