

ASPMN Position Statement on Pain Management at the End of Life

The American Society for Pain Management Nursing (ASPMN) believes that it is an ethical obligation for pain management nurses to advocate and provide for effective pain relief and symptom management to alleviate suffering for the patient receiving end-of-life care.

Background:

With knowledge of pain management techniques and symptom control, the pain management nurse is well positioned to participate in the continuum of care for patients at the end of their lives (St. Marie, 2002). Effective pain and symptom management at the end of life increases quality of life and may prolong life rather than accelerate death.

Definition:

End-stage disease is often accompanied by severe pain and other unpleasant symptoms that cause undue suffering. Care at the end of life requires expertise in the broad scope of palliative care. “Palliative care is an approach which improves the quality of life of patients and their family caregivers facing the problems associated with life threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychological and spiritual” (World Health Organization, 2002). (www.int/cancer/palliative/definition/en)

Ethical Tenets:

- “The nurse who provides pain management uses personal and professional codes of ethics to guide pain management practice that is characterized by respect for human dignity” (ASPMN, 1996, page 62-67.).
- Beneficence is the ethical principle of “commitment to do good and avoid harm” (Thompson, 1996).
- Nurses individually and collectively have an obligation to provide comprehensive and compassionate end of life care, which includes the promotion of comfort and the relief of pain, and at times, forgoing life-sustaining treatments (American Nurses Association, 1998).
- “The duty to benefit through relief of pain is by itself adequate to support the use of increasing doses (of opioids) to alleviate pain, even if there might be life shortening and expected side effects” (Cain & Hannes, 1994, p. 161).
- There is an ethical obligation to provide relief that is based on the pain report and mutually-agreed upon goals as defined by the patients in collaboration with the healthcare team (Agency for Health Care Policy and Research, 1992; 1994).

Recommendations:

ASPMN supports strategies in the American Pain Society (1998) position statement on end of life care that include the following:

- education in pain management for healthcare providers, legislators, and the public
- accountability of professionals to support the patient’s wishes and goals
- respect of patient’s values and preferences for end-of-life care
- visibility of pain within the healthcare environment reflected in quality management plans
- access to advanced technology for pain and symptom relief, when indicated
- research in pain/symptom management
- appropriate methods to decrease legal, legislative, and healthcare reimbursement obstacles

ASPMN endorses the concept of improved access for pain management services and other reliable treatment modalities that will benefit patients with end stage disease.

Summary:

Nurses should advocate for healthcare environments that foster humane and dignified care. ASPMN promotes ethical and effective pain and symptom management as an integral part of palliative care.

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