ANA Position Statement (Draft for Public Comment)
The Ethical Responsibility to Manage Pain and Suffering

Purpose:

The national debate on the appropriate use of opioids creates an environment which can constrain nurses from providing optimal relief of pain and suffering. This limitation exacerbates the longstanding problem of inadequate treatment of these symptoms. The purpose of this position statement is to provide ethical guidance to nurses who may feel constrained from fulfilling their ethical responsibility to provide optimal management of pain and suffering.

Statement of ANA Position:

The American Nurses Association (ANA) believes that:

- Nurses have an ethical responsibility to relieve pain and suffering.
- Pain should be optimally managed.
- A multi-modal approach may be necessary to achieve relief.
- Nurses must advocate for policies that support all effective modalities.
- Nurses must provide individualized nursing interventions.
- Nurse leadership is necessary for society to appropriately address the opioid abuse crisis.

Background/Discussion

Existing body of knowledge. The experience of pain may serve as a protective function. Individuals experience pain in a variety of ways. If the nursing profession agrees that pain is *"whatever the experiencing person says it is, existing whenever he says it does."* (McCaffery & Beebe, 1989, p.7), then nurses and other healthcare professionals have a moral obligation to respond to this patient need (IOMa, 2011; IPRCC, 2015). Thus, nurses are "ethically obligated to take action against the disparities associated with access to pain management" (ANA, 2016, p. 28).

"Effective pain control strategies emphasize shared decision-making, informed and thorough pain assessment, and integrated, multimodal, and interdisciplinary treatment approaches that balance effectiveness with concerns for safety" (IPRCC, 2015, p. 12). A variety of strategies have been used to treat acute and/or chronic pain. These strategies include

pharmacological as well as a variety of complementary therapies, such as meditation and acupuncture.

Pain is "a significant public health problem in the United States" (Interagency Pain Research Coordinating Committee (IPRCC), 2015, p. 6-7) at great cost to society. To address longstanding barriers to effective pain management, nurses and other healthcare professionals should engage in research to identify strategies to (1) prevent and treat pain, (2) minimize disparities in accessing healthcare, (3) promote societal awareness regarding pain as a public health issue, and (4) identify effective educational strategies for nurses, healthcare professionals as well as the public.

Opioid abuse crisis. There is "a serious problem of diversion and abuse of opioid drugs, as well as questions about their usefulness long-term...when opioids are used as prescribed and appropriately monitored, they can be safe and effective, especially for acute, post-operative, and procedural pain, as well as for patients near the end of life who desire more pain relief" (IRPCC, 2015, p. 14). Careful discernment is required to limit the ripple effect of under-prescribing when opioid use is indeed indicated. Pharmacogenomics promises to be a useful tool to help to determine the appropriate dosing plan for an individual's pain management (Yiannakopoulou, 2015).

Ethical considerations. The nurse "uses advocacy, education, and a supportive approach to honor the patient's right to self-determination, autonomy, and dignity" (ANA, 2016, p. 24). Therefore, nurses have an ethical obligation to provide respectful, individualized care to all patients experiencing pain regardless of the person's personal characteristics, values or beliefs.

> "Moral distress occurs in pain management nursing when nurses see patients with untreated or undertreated pain but are unable to provide adequate relief. This may occur because of the patient's condition, in adequate treatment orders, or providers not believing the patient's report of pain. Pain management nurses must have the moral self-respect and courage to deal with these situations and seek professional help when needed" (ANA, 2016, p. 26).

Constraints on meeting our moral obligation to relieve pain and suffering. There are many factors that make it difficult and sometimes impossible to help patients who are experiencing pain and suffering. Among these are biases, moral disengagement, environments not conducive to optimal practice, and economic limitations.

*Bias***.** Biases and prejudices held by nurses and other healthcare providers influence the nurse's approach to managing pain and suffering (P/S) with the patient. Prejudices and biases are preconceived and are not based on reason or actual experience. The range of biases includes gender expression, sexual orientation, culture, economic circumstances, geographic locality, hierarchy, age, value systems, religious or spiritual beliefs, lifestyle, and support systems. In order to minimize their influence we must identify biases and intentionally set them aside.

To identify biases, nurses must reflect on their own experience or background relative to pain and suffering. This might include one's own pain, accompanying family or friends throughout a pain trajectory, personality, and values. Efforts to eliminate biases or ignore them is futile and may result in minimal success in achieving the goal of relief of pain and suffering. It is expected that nurses will recognize, acknowledge and set aside their biases so they can better understand the patient's experience. Some reflective questions to explore biases may be useful:

- Do you worry about causing addiction in your patients?
- Do you feel some people are more likely to 'game the system' to get meds?
- Are there situations when you feel anxious about discussing P/S management with colleagues or other members of the healthcare team?
- Ever feel guilty about too much or too little pain relief……?
- Do you know that "pain is whatever the person who has it says it is" but really feel the patient sometimes isn't right?

The *Code of Ethics for Nurses with Interpretive Statements* (the '*Code*) (2015) provides guidance for nurses to address biases:

> 1.3 "Respect is extended to all who require and receive nursing care in the promotion of health, prevention of illness and injury, restoration of health, alleviation of pain and suffering, or provision of supportive care."
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> 1.2 "Nurses establish relationships of trust and provide nursing services according to need, setting aside any bias or prejudice. Factors such as culture, value systems, religious or spiritual beliefs, lifestyle, social support system, sexual orientation or gender

expression, and primary language are to be considered when planning individual, family and population-centered care. Such considerations must promote health and wellness, address problems, and respect patients' or clients' decisions. Respect for patient decisions does not require that the nurse agree with or support all patient choices. When patient choices are risky or self-destructive, nurses have an obligation to address the behavior and to offer opportunities and resources to modify the behavior or to eradicate the risk."

Moral disengagement. In addition to reflecting and recognizing personal biases, nurses should be aware of moral disengagement. Moral disengagement is the interaction of personal and social influences that reinforces nurses' separation of their moral values and obligations from actions consistent with those values and obligations. Bandura's work (2016, 2002) on moral disengagement illustrates several mechanisms that can impede the ethical and professional duty to relieve pain can include:

- blaming and dehumanizing patients for health problems like substance use disorder (SUD), e.g., opioid addiction;
- displacement of responsibility, in which nurses say they are just following orders. In so doing, they relinquish their authority for primary palliative care and abdicate their duty to advocate for the use of evidence-based, non-pharmaceutical, pain reduction interventions;
- diffusion of responsibility so that nurses, prescribers, dispensers, risk managers, etc., are not held accountable because "where everyone is responsible, no one really feels responsible" and the division of labor clouds accountability;
- disregard or distortion of consequences of incompetent pain management can be rationalized because a greater harm from addiction is prevented; this reasoning often overlooks the distinction between tolerance, dependence and addiction and can mute the differences among pain experiences and causes.

Moral disengagement is a systems dilemma. Preventing this separation of personal and professional values from corresponding action requires environments with safeguards that uphold clinical competence and professional compassion while renouncing cruel, dehumanizing disregard for patients' unrelieved pain and suffering. The *Code* emphasizes nurses' obligation to actively promote work settings and policies that support and reinforce ethical practice environments.

Ethical practice environments. The need for ethical practice environments is woven throughout the *Code.* Creating such environments starts with how nurses interact with each other. According to Provision 2.4, "Nurse–patient and nurse–colleague relationships have as their foundation the promotion, protection, and restoration of health and the alleviation of pain and suffering." Beyond this we must step up as leaders, especially in society's efforts to alleviate the many problems surrounding opioid use. Provision 1.3 states, "Nurses are leaders who actively participate in ensuring the responsible and appropriate use of interventions in order to optimize the health and well-being of those in their care." This includes acting to minimize unwarranted, unwanted, or unnecessary medical treatment and patient suffering.

Provision 6 states, "The nurse, through individual and collective effort, establishes, maintains, and improves the ethical environment of the work setting and conditions of employment that are conducive to safe, quality health care". This includes good management of pain. Characteristics of a good environment are familiar to all but are often hard to achieve. In Provision 6.1 and 6.2 we find, "Nurses must create, maintain, and contribute to morally good environments that enable nurses to be virtuous. Such a moral milieu fosters mutual caring, communication, dignity, generosity, kindness, moral equality, prudence, respect, and transparency." and "nurses … create a culture of excellence and maintain practice environments that support nurses and others in the fulfillment of their ethical obligations."

To minimize moral disengagement, Provision 6.3 again addresses this, "The workplace must be a morally good environment to ensure ongoing safe, quality patient care and professional satisfaction for nurses and to minimize and address moral distress, strain, and dissonance".

Provision 5.4 offers guidance for when practices exist that constrain efforts to relieve pain. "Compromises that preserve integrity can be difficult to achieve but are more likely to be accomplished where there is an open forum for moral discourse and a safe environment of mutual respect. When the integrity of nurses is compromised by patterns of institutional behavior or professional practice, thereby eroding the ethical environment and resulting in moral distress,

nurses have an obligation to express their concern or conscientious objection individually or collectively to the appropriate authority or committee".

Provisions 8.2 and 8.3 look beyond the immediate environment: "Nurses must lead collaborative partnerships to develop effective public health legislation, policies, projects, and programs that promote and restore health, prevent illness, and alleviate suffering." and "Nurses collaborate with others to change unjust structures and processes that affect both individuals and communities. Structural, social, and institutional inequalities and disparities exacerbate the incidence and burden of illness, trauma, suffering, and premature death." Finally in Provision 9, nursing communicates "to the public the values that nursing considers central to the promotion or restoration of health, the prevention of illness and injury, and the alleviation of pain and suffering."

Financial issues. Despite the conservative $560-$635 billion/year estimated cost of pain in the United States (2010 dollars), or perhaps *because* of the high cost, respected authorities like the Institute of Medicine (2011) and the American Academy of Pain Medicine's (AAPM) 2014 statement indicate that insurers refuse to cover many necessary methods of achieving effective pain relief.

Drug marketing and lobbying by the pharmaceutical industry lead to a high emphasis on pharmaceutical modalities and lack of price regulation (Mulvihill et al, 2016). Effective interdisciplinary approaches, e.g., cognitive-behavioral therapy, are not reimbursed (AAPM, 2014). Overemphasis on pharmaceutical interventions like opioids has led to an imbalanced approach to pain management, too often excluding effective holistic complementary and alternative medicine (CAM). When coupled with the current pressure to reduce opioids, the prior underuse of CAM leaves too many clinicians under-equipped to replace ineffective opioids with effective non-pharmaceutical approaches. People suffering from chronic pain often use (CAM), but because these are often inadequately covered by insurance, out of pocket costs can make them unattainable or unsuccessful for many people (IOM, 2011). Nurses have a duty outlined in the COE to advocate for policies to improve parity in coverage for all effective pain relief

interventions. For example, nurse-authored legislation in Minnesota would mandate insurance coverage for acupuncture (Revisor, 2017).

History/previous position statements

In 2010, ANA retired its position statement on Pain Management and Control of Distressing Symptoms in Dying Patients (2003).

In the *Code*, Provision 2.4 stipulates "nurse-patient and nurse-colleague relationships have as their foundation the promotion, protection, and restoration of health and the alleviation of pain and suffering." Other nursing organizations and/or national commissions have position statements supporting the need for a concerted effort to promote pain management.

- The *Pain management nursing: Scope and standards* (American Nurses Association, 2016) concludes that all nurses are considered to be pain management nurses. Additionally, "the mission of pain management nursing is to advance and promote optimal nursing care for people affected by pain by promoting best nursing practice. This is accomplished through education, advocacy, standards, and research" (p.2).
- The Institute of Medicine (2011a) concluded that "pain is a major driver for visits to physicians and other healthcare providers, a major reason for taking medications, a major cause of disability, and a key factor in quality of life and productivity. Given the burden of pain in human lives, dollars, and social consequences, relieving pain should be a national priority" (p. 4).
- The Interagency Pain Research Coordinating Committee (2015) "expert working groups produced interrelated sets of objectives and suggested action plans in the six areas summarized below: population research, prevention and care, disparities, service delivery and reimbursement, professional education and training, and public education and communication" (p.3).

Recommendations

- Nurses have an ethical responsibility to provide clinically excellent care to address a patient's pain. Clinically excellent pain management considers clinical indications, mutual identification of goals for pain management, inter-professional collaboration, and

awareness of professional standards for the assessment and management of different types of pain.

- Nurses have an ethical obligation to assess and address the factors and biases in themselves and their practice environments that constrain their ability and willingness to relieve their patients' pain and suffering.
- Nurses may experience moral distress when they cannot provide the optimal relief of pain and suffering that they know patients require. Nurses need to preserve their professional and personal integrity by developing the moral courage and resilience necessary to reduce moral distress.
- Nursing research is required to further explore the correlations between opioid use and addiction as well as strategies for promoting optimal pain management.
- Nurses must collaborate with those who promote accessible, affordable and effective treatment resources for all persons who suffer from substance use disorder.
- Nurses should ensure that each patient experiencing pain has an individualized pain management plan with appropriate monitoring to avoid under-treatment, over-treatment, or addiction.

Summary

Nurses have an ethical responsibility to relieve pain and suffering. The national response to the opioid crisis poses constraints for nurses in every role and practice setting. Recognizing biases, preventing moral disengagement, creating ethical practice environments and addressing financial inequities are tactics for minimizing constraints and approaching better relief of pain and suffering. In concert with other organizations and associations, nursing will collaborate to provide excellent patient care through research, policy and education. Guidance from the Code supports these and many other activities to meet the desired ends articulated in this position.

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