POSITION STATEMENT

The Ethical Responsibility to Manage Pain and the Suffering It Causes

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Written by: ANA Center for Ethics and Human Rights
Adopted by: ANA Board of Directors

Purpose

The purpose of this position statement is to provide ethical guidance and support to nurses as they fulfill their responsibility to provide optimal care to persons experiencing pain. The national debate on the appropriate use of opioids highlights the complexities of providing optimal management of pain and the suffering it causes. While effective in treating acute pain and some types of persistent pain, opioids carry significant risks. This causes a tension between a nurse's duty to manage pain and the duty to avoid harm.

While there are many important topics related to pain management, this document will not attempt to address many of the specific terms, including suffering and the definitions and management of drug tolerance, dependence, or addiction. Additionally, the term "complementary health approaches" (CHA) is used throughout even though we recognize that the term "integrative therapy" or "complementary alternative medicine" may also be used (National Center for Complementary and Integrative Health, 2016). Further information may be found in the reference section.

Statement of ANA Position

American Nurses Association (ANA) believes:

- Nurses have an ethical responsibility to relieve pain and the suffering it causes
- Nurses should provide individualized nursing interventions
- The nursing process should guide the nurse's actions to improve pain management
- Multimodal and interprofessional approaches are necessary to achieve pain relief
- Pain management modalities should be informed by evidence
- Nurses must advocate for policies to assure access to all effective modalities
- Nurse leadership is necessary for society to appropriately address the opioid epidemic

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Background/Supporting Material

Existing body of knowledge

Pain may serve as a protective physiologic function. Individuals experience pain in a variety of ways. The International Association for the Study of Pain (1994) defines pain as "an unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage" (para. 4).

The nursing profession agrees pain is "whatever the experiencing person says it is, existing whenever he says it does" (McCaffery, as cited in Bernhofer, 2011, para. 2). Nurses and other healthcare professionals have a moral obligation to respond to this patient need (Institute of Medicine, 2011; Interagency Pain Research Coordinating Committee (IPRCC), 2016). 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, 2016, p. 12). A variety of approaches have been used to treat acute and/or chronic pain. Current approaches include pharmacological and a variety of complementary health approaches, such as meditation, acupuncture, dietary supplements, yoga, and exercise.

Pain is "a significant public health problem" in the United States that creates a financial burden on society (IPRCC, 2016, p. 9). To address long-standing barriers to effective pain management, nurses and other healthcare professionals should engage in research to identify modalities and strategies to (a) prevent, assess, and treat pain, (b) minimize disparities in accessing healthcare, (c) promote societal awareness regarding pain as a public health issue, (d) identify effective educational strategies for nurses, healthcare professionals, and the public (e) explore cultural meanings of pain and (f) consequences of undertreating pain.

Nurses may encounter opioid misuse in any role or practice setting. There is "a serious problem of diversion and abuse of opioid drugs, as well as questions about their usefulness long-term" (IPRCC, 2016, p. 16). "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" (IPRCC, 2016, p. 16).

Careful discernment is required to limit the ripple effect of under-prescribing when opioid use is indicated or over-prescribing when non-opioid analgesics and/or non-pharmacologicals may be equally effective. Pharmacogenomics, the study of how genes affect drug metabolism in individuals, promises to be a useful tool to help determine the appropriate dosing plan for an individual's pain management (Montgomery et al., 2017).

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). All 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, inadequate treatment orders, or providers not believing the patient's report of

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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 nurses' moral obligation to relieve pain and the suffering it causes

Many factors make it difficult and sometimes impossible to help patients who are experiencing pain. Among these are moral disengagement, knowledge deficits, biases, environments not conducive to optimal practice, and economic limitations.

Moral disengagement

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

- blaming and dehumanizing patients for health problems like substance use disorder, e.g., opioid addiction;
- displacement of responsibility, in which nurses relinquish their responsibility for their actions by citing their duty to implement treatment orders. In so doing, they displace their own autonomy, authority, and accountability 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; and
- disregard or distortion of consequences of incompetent pain management, which 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 dehumanizing disregard for patients' unrelieved pain and suffering. The ANA *Code of Ethics for Nurses with Interpretive Statements* (*Code*, 2015) emphasizes nurses' obligations to actively promote work settings and policies that support and reinforce ethical practice environments.

Knowledge deficits

Pain management modalities should be informed by evidence. Lack of knowledge and understanding of best practices for assessing and optimally managing pain constrains the nurse's ability to minimize pain and the suffering it causes. The *Code* calls on nurses to maintain competence in their practice as an individual obligation (Interpretive Statement 5.5). The settings in which nurses practice should provide continuing education to help nurses achieve and maintain their competence in pain management. If lacking, nurses should request that their employers provide such continuing education.

Nurses should participate in these activities and independently pursue education, read peer-reviewed literature, and review advances in pain research. When reading, the nurse should consider clinical physiology; disparities; pain mechanisms; risk factors and causes; surveillance and human traits; tools and instruments; and use of services, treatments, and interventions as they impact pain management.

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Biases

Nurses' biases and prejudices influence their approach to collaboratively managing pain with patients. Prejudices and biases are preconceived and not based on reason or fact. The range of biases regarding patients includes but is not limited to gender expression, sexual orientation, disability, culture, societal influences, economic circumstances, race, geographic locality, hierarchy, age, values, religious or spiritual beliefs, lifestyle, and social support. In order to minimize these influences, nurses must identify biases and intentionally set the biases aside.

By reflecting on their own experiences or background regarding pain and the suffering it causes, nurses can minimize the influence of biases by first identifying these biases. This might include the nurse's own experiences with pain, personality, values, or accompanying family or friends throughout a pain trajectory. Efforts to eliminate biases or ignore them are futile and may reduce success in achieving the goal of relief of pain and the suffering it causes. Instead, nurses should recognize, acknowledge, and set aside or bracket their biases so they can better understand the patient's experience.

Nurses can use the following questions, among others, to reflect on their own experience, background, or biases. To what extent:

- Do I worry about causing addiction in my patients?
- Do I feel some people are more likely to *game the system* to obtain medications?
- Do I feel anxious about discussing pain management with colleagues or other members of the healthcare team?
- Do I ever feel guilty about too much or too little pain relief?
- Do I recognize that *pain is whatever the person who has it says it is* but really feel the patient sometimes is not right?
- Do I impose my own experience with addiction, opioid misuse, and drug-seeking behaviors?
- Do I resist the idea that some patients may require more aggressive pain management than prescribed? For example, patients undergoing minor procedures, children or adolescents, Emergency Department patients, patients with substance use disorder who undergo surgery, etc.

The *Code* 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."
>
> 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."

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Environments not conducive to optimal practice

The need for ethical practice environments is articulated in many interpretive statements (IS) throughout the *Code.* Creating such environments starts with how nurses interact with each other. According to IS 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, nurses must step up as leaders, especially in society's efforts to alleviate the many problems surrounding opioid use. IS 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 minimizing 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" (ANA, 2015, p. 23). This includes effective pain management. Characteristics of an ethical environment are familiar to all but are often hard to achieve. Patient satisfaction surveys may guide but not drive clinically appropriate decisions.

> 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 (ANA, 2015, pp. 23-24).

Tools to foster ethical environments in which optimal pain management can be achieved include but are not limited to collective efforts, quality improvement projects, shared governance, institutional ethics committee consults, Team STEPPS™, and Magnet Recognition® designation.

IS 6.3 addresses moral disengagement by articulating the nurse's obligation to assure that "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" (ANA, 2015, p. 25).

> IS 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 (ANA, 2015, p. 21).

In Provision 8, IS 8.2 and 8.3 look beyond the immediate environment for ways to promote ethical practice environments that facilitate excellent care of patients with pain. IS 8.2 says, "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" (ANA, 2015, p. 32). IS 8.3 points out that "[n]urses 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" (ANA, 2015, p. 32). Nurses in every role and every setting influence the policies that shape and control pain management practices whether as individuals or with a collective voice. Finally, IS 9.1 emphasizes that 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" (ANA, 2015, p. 35).

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Economic limitations

Despite the conservative $560-$635 billion/year estimated cost of pain in the United States (2010 dollars), or perhaps because of the high cost, the Institute of Medicine (IOM) (2011) and the American Academy of Pain Medicine's (AAPM) (2014) statement indicates that insurers insufficiently cover many effective treatment methods, such as extended physical or occupational therapy, for achieving effective pain relief.

Drug marketing and lobbying by the pharmaceutical industry led 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 consistently reimbursed (AAPM, 2014). Overemphasis on pharmaceutical interventions, like opioids, has led to an imbalanced approach to pain management, too often excluding effective holistic CHA. When coupled with the current pressure to reduce the prescribed number, duration, or dosages of opioids, the prior underuse of CHA leaves too many clinicians under-equipped to replace ineffective opioids with effective non-pharmaceutical approaches. People suffering from persistent pain often use CHA; but because CHA is often inadequately covered by insurance, out-of-pocket costs can make it unattainable or unsuccessful for many people (IOM, 2011). The *Code* outlines nurses' duty to advocate for improved parity in coverage for all effective pain relief modalities. For example, there has been nurse-authored legislation in Minnesota proposing mandatory insurance coverage for acupuncture (Revisor, 2017).

History and Previous Position Statements

Historically, the ANA (2003) had a position statement on *Pain Management and Control of Distressing Symptoms in Dying Patients*, which was retired and archived in 2010.

In the *Code,* IS 2.4 stipulates that "nurse–patient and nurse–colleague relationships have as their foundation the promotion, protection, and restoration of health and the alleviation of pain and suffering" (ANA, 2015, p. 7). Other nursing organizations and/or national commissions have position statements supporting the need for a concerted effort to promote pain management.

- ANA's *Pain Management Nursing: Scope and Standards* (2016) concludes that all nurses are 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 IOM (2011) 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 (2016) expert working groups produced interrelated sets of objectives and suggested action plans in the following six areas: "population research, prevention and care, disparities, service delivery and reimbursement, professional education and training, and public awareness 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, ongoing reassessment with the patient of the efficacy of pain

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relief interventions, interprofessional collaboration, and awareness of professional standards for the assessment and management of different types of pain.

- 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.

- Nurses have an ethical obligation to assess and address the factors in themselves and their practice environments that constrain their ability and willingness to relieve pain and the suffering it causes.

- Nurses may experience moral distress when external constraints keep them from optimally managing their patients' pain. Nurses need to preserve their professional and personal integrity by developing the moral courage and resilience necessary to reduce moral distress when managing pain.

- Nurse researchers should further explore the correlations between opioid use and addiction as well as strategies for promoting optimal pain management.

- Education on current best comprehensive pain management practices must be provided for patients, nurses, and the interprofessional teams who address pain and the suffering it causes. The time for such education must be built into systems of treatment and care.

- Nurses need to collaborate with those who provide and/or promote accessible, affordable, and effective treatment resources for all persons who suffer from substance use disorder.

- Nurses have an obligation to participate in the development and evaluation of relevant policies and legislation impacting pain management.

Summary

Nurses have an ethical responsibility to relieve pain and the suffering it causes. 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 in order to meet the desired ends articulated in this position.

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