American Nurses Association

8403 Colesville Road, Suite 500
Silver Spring, MD 20910
+1 (301) 628.5000
ana.org

American Nurses Association Position Statement
The Ethical Responsibility to Attend to Pain

Effective Date: August 2026
Status: Revised
Adopted by: ANA Board of Directors
Written by: ANA Ethics Advisory Board

Purpose

The purpose of this position statement is to provide ethical guidance and support to nurses in attending to persons experiencing pain across the lifespan, including nonverbal and developmentally vulnerable persons, through equitable, person- and family-centered, interprofessional, and multimodal care that is informed by evidence.

Statement of ANA Position

ANA believes:

- Nurses have an ethical responsibility to confront systemic and interpersonal barriers to effective pain management and provide equitable, culturally responsive, and individualized nursing interventions to attend to pain.
- Nurses have a duty to ensure that personal bias, social stigma, and prejudicial discrimination do not hinder any patient in receiving proper pain management.
- Integrative health brings together conventional and complementary methods, fostering a multimodal, coordinated approach that involves patients as active participants in their pain management.
- Nurses must use comprehensive strategies that integrate valid and reliable assessment tools and also consider individual factors including history, culture, clinical state, preferences, ability to communicate the experience of pain, and previous response to pain management therapies.
- An interprofessional, multimodal approach that includes opioids, non-opioids, and non-pharmacological approaches is in the best interests of persons experiencing pain.

- Pain management modalities should be informed by evidence-based best practice standards and guidelines, with active engagement to the extent possible from the person experiencing pain.
- Nurses must collaborate with other healthcare team members to advocate for policies and programs to promote access to all effective modalities for attending to pain.

Background

The science of pain¡ Pain serves as a protective physiologic function. Individuals experience pain in a variety of ways associated with actual or potential tissue or neurological damage. Pain is "[a]n unpleasant sensory and emotional experience associated with, or resembling that associated with, actual or potential tissue damage" (International Association for the Study of Pain [IASP], 2021). Pain is a subjective, personal experience; as such, a person's report of pain should be respected, and a person's inability to communicate does not negate the possibility that they are experiencing pain (IASP, 2021). This can be especially true for persons who are nonverbal, including neonatal, older adult, and neurodivergent populations.

The nursing profession endorses this broad understanding of pain. Nurses acknowledge the historic disproportionate emphasis on pain assessment and management, as evidenced by misplaced focus on a score for pain as the fifth vital sign (The Joint Commission, 2017), contributing to the notion that assessment is simple and pain can be eliminated. Embedding pain screening tools in the electronic health record provides only an initial assessment of pain cues and must account for the needs of specific populations (e.g., children or patients in an intensive care unit). Clinical judgment is required to differentiate this cursory screening from a comprehensive pain assessment that considers both verbal and other contextual signs of pain (e.g., biopsychosocial and spiritual factors).

Managing an individual's experience of pain must consider available resources, establish reasonable pain management goals, and promote shared decision-making. Managing expectations must include open discussion that freedom from pain may not be an attainable goal for some (Odling-Smee, 2023). Nurses and other healthcare professionals have a moral obligation to respond when persons experience pain (Institute of Medicine, 2011; Interagency Pain Research Coordinating Committee, 2017). Interprofessional collaboration with those experiencing pain is required for adequate, appropriate, and timely treatment when necessary. Thus, nurses have an ethical obligation to acknowledge and act with intention to combat disparities associated with pain management (ANA and American Society for Pain Management Nursing, 2016).

Access to pain management is a human right (Brennan, Lohman, and Gwyther, 2019). Pain management modalities should be informed by science. Successful treatment of pain is complicated by an incomplete understanding of the molecular and circuit-level mechanisms that contribute to acute pain and an overreliance on opioids to treat pain (Dasgupta et al., 2018). At the very least, nurses need to differentiate multimodal management strategies for nociceptive (inflammatory, typically acute), nociplastic (abnormal, typically chronic), neuropathic (typically chronic), acute or chronic, and mixed types of pain, and pain associated with cancer and end of life (IASP, 2021; Norris, 2025). Influenced by life experiences, age, sex, gender, and racial/ethnic and socioeconomic differences and compounded by inadequate insurance coverage, discriminatory policies, and lack of culturally responsive care, major inequities and disparities persist in the development, evolution, assessment, and management of pain (Gatchel et al., 2018; Guzikevits et al., 2024; Hirani et al., 2024; Qiao et al., 2024; Rambachan et al., 2024).

Social and structural determinants of health must be interrogated and interventions individualized. Current approaches for treating pain are multimodal and include pharmacological as well as a variety of homeopathic and integrative health interventions, such as meditation, acupuncture, dietary supplements, yoga, and exercise. Emerging technologies, like virtual reality, show promise in attending to pain (Viderman et al., 2023). The *Code of Ethics for Nurses* (*Code*) calls on nurses to maintain competence in their practice as an individual obligation (Interpretive Statements 4.1 and 5.4), which requires continuing education in pain management.

Biases. Nurses' biases and prejudices influence their approach to collaboratively managing pain with patients. Use of appropriate, updated terminology to manage pain and opioid use disorder (OUD) decreases stigma. There is no denying that disparities in pain management, access to treatment, and outcomes exist (Hirani et al., 2024; Karris and Danilovich, 2022) in all settings where people receive healthcare. Implicit biases contribute to these disparities, particularly among those managing chronic pain, persons of color, and women (Guy et al., 2025; Guzikevits et al., 2024; Morales and Young, 2021). Access to specific multimodal therapies varies. For example, despite extensive studies that non-pharmacologic therapies such as massage, virtual reality, and physical therapy are helpful for pain management (Slitzky et al., 2024), these services are inconsistently covered by health insurance. This limits access to people who can pay out of pocket (American Academy of Pain Medicine, 2014; Dasagupta et al. 2018; Guy et al., 2025).

Ethical considerations..On an individual level, all nurses have an ethical obligation to provide respectful, individualized care to all patients experiencing pain regardless of the patient's personal characteristics, health history, values, or beliefs. This care involves

balancing the individual's evolving experience of pain with larger social issues, including the opioid crisis, required Prescription Drug Monitoring Program databases, stigma and bias associated with pain and substance or opioid use disorders, disparities in the treatment of pain, and evidence-based multimodal pain management strategies.

Nurses must also address barriers to effective pain management, which include bias, lack of knowledge, fear of contributing to a patient's substance use disorder, and misplaced fear that providing prescribed pain medication for dying patients will hasten death (Willmott et al., 2020). There is state, national, and international support for a patient's right to pain relief. Clinicians carry special obligations to their patients to ensure pain is managed within the standard of care. When a patient nears the end of life, the obligation to ensure pain and anxiety are successfully treated is heightened as the patient is overwhelmed by their disease. At the end of life, outside rare exceptions, only the patient can decline interventions for pain relief. Fulfilling ethical obligations may require nurses to engage in confronting institutional and policy-level barriers to adequate pain management.

The *Code* provides guidance for nurses to address biases:

1.1 "Nurses ought to recognize racism and other forms of bigotry, prejudicial bias, and discrimination… as harmful assaults that negatively impact care and violate the human dignity of an individual."

1.2 "Nurses establish relationships of trust and provide nursing services according to need. Nurses engage in self-reflection to identify and mitigate bias or prejudice that interferes with or harms the nurse-patient relationship. The nurse recognizes that biases can exist both explicitly and unconsciously. Attributes such as the patient's culture, value systems, religious beliefs, spiritual beliefs, lifestyle, social support system, preferred language, and sexual identity, are to be considered when planning individual, family, and population-centered care."

6.2 "Nurses must engage in self-reflection to recognize biases that may cause harm to colleagues and the nursing profession."

History and Previous Position Statements

In the *Code*, 2.3 states: "Nursing therapeutic relationships seek to navigate illness and injury to promote, protect and restore health, and/or to alleviate pain and suffering" (2025, p. 7). 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). Other nursing organizations and/or national commissions have position statements supporting the need for a concerted effort to promote pain management. Despite this progress and decades of awareness, inconsistencies in practice remain.

Public health impact. An estimated 20.9% of adults in the U.S. experience chronic pain, with 6.9% of those experiencing high-impact chronic pain (Rikard et al., 2023; Morales and Young, 2021). Opioids and chronic pain are inextricably linked. A misunderstanding about the substance-reinforcing properties of opioids coupled with increased opioid prescribing and overprescribing (Gatchel et al., 2018), lack of insurance coverage for non-pharmacologic approaches (Dasgupta et al., 2018; Guy et al., 2025), policy influences of pharmaceutical companies (Mulvhill et al., 2016), and an emphasis on pain as the fifth vital sign (The Joint Commission, 2017) have contributed significantly to increases in the occurrence of OUD, leading to an epidemic of opioid overdoses and deaths (Choe et al., 2023). Although deaths associated with prescription opioids have declined, these medications remain a risk factor for accidental deaths (Estrellado, 2025).

In addition to other related activities, nurses must participate in public health initiatives and actions to increase the availability of persons trained to administer naloxone (Narcan); capitalize on the newly extended rule that allows telehealth consultations, expedited treatment, nonphysician providers to prescribe medication to manage OUD, and increased access to evidence-based, person-centered practices (Department of Health and Human Services Substance Abuse and Mental Health Services Administration, 2024); and increase the dissemination algorithms dedicated to streamlining opioid-associated emergency care (American Heart Association, 2020).

Recommendations

- Nurses have an ethical responsibility to provide clinically excellent care to attend to 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 relief interventions, interprofessional collaboration, and awareness of professional standards for the assessment and management of different types of pain.
- Nurses should explore patient and surrogate concerns about an individualized plan to manage pain addressing inequities, confronting stigma, and navigating culturally relevant adjustments while executing their duty to attend to their patient's pain.
- Nurses should escalate concerns when a patient is experiencing pain that is not alleviated with the available prescribed modalities. The management of pain is nuanced and requires a multimodal, interprofessional, and always patient-centered approach.

- Nurses should ensure that each patient experiencing pain has an individualized pain management plan with appropriate monitoring to avoid undertreatment or overtreatment and catch signs of substance use disorder.
- Nurses have an ethical obligation to assess and address factors in themselves and their practice environments, such as using stigmatizing labels to refer to patients, that constrain their ability and willingness to address pain.
- Nurse researchers should identify modalities and strategies to (1) prevent, assess, and attend to pain; (2) minimize disparities in accessing healthcare; (3) promote societal awareness regarding pain as a public health issue; (4) identify effective educational strategies for nurses, student nurses, other healthcare professionals, and the public; (5) explore the cultural meaning of pain; and (6) examine the consequences of undertreating pain.
- Nurses have a responsibility to maintain competence in their practice relative to assessing pain and current best assessment tools and strategies. Updated and comprehensive pain management practices must be provided for patients, nurses, and the interprofessional teams that address pain.
- Nurses have an obligation to participate in the development and evaluation of relevant policies and legislation impacting pain management.
- Comprehensive pain management policies must explicitly include pediatric populations and address disparities that begin with the pediatric population, resulting in long-standing challenges once these patients become adults.
- Nurses have a responsibility to advocate for specific pain prevention and treatment protocols, resources including adequate staffing, institutional accountability for work-related chronic pain, and protections for those who advocate.

Summary

Nurses have an ethical responsibility to attend to patients' pain, collaborating to create and implement individualized patient-centered treatment plans. Nurses in every role and practice setting encounter barriers to addressing patients' pain. Tactics for minimizing constraints and promoting better pain management include recognizing biases both within oneself and in others, confronting structural inequities and other barriers, acknowledging financial inequities, and fostering ethical practice environments. 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.

Pain Management Resources for Professionals

- NIH Pain Consortium
  https://www.painconsortium.nih.gov/resource-library/pain-assessment-resources-professionals
- Oregon Pain Management Commission Continuing Education
  https://www.oregon.gov/oha/HPA/dsi-pmc/Pages/module.aspx

References

American Nurses Association (ANA). (2025). *Code of ethics for nurses*. Silver Spring, MD: Author.

Dalmida, S. G., Amerson, R., Foster, J., McWhinney-Dehaney, L., Magowe, M., Nicholas, P. K., Pehrson, K., & Leffers, J. (2016). Volunteer service and service learning: Opportunities, partnerships, and United Nations Millennium Development Goals. *Journal of Nursing Scholarship*, *48*(5), 517–526. https://doi.org/10.1111/jnu.12226

Dijkstra-Silva, S., Schaltegger, S., & Beske-Janssen, P. (2022). Understanding positive contributions to sustainability. A systematic review. *Journal of Environmental Management, 320,* 115802. https://doi.org/10.1016/j.jenvman.2022.115802

Hawkins, J. E., Chiu, P., Mumba, M. N., Gray, S. E., & Hawkins, R. J. (2025). Original research: Nurses' perceptions of the role of nursing organizations in promoting engagement with the Sustainable Development Goals: A global study. *The American Journal of Nursing*, *125*(2), 22–29. https://doi.org/10.1097/AJN.0000000000000004

International Council of Nurses. (2021). *The ICN code of ethics for nurses*. Author.

Lal, M. M. (November 2024). Nursing and volunteerism: The vital link. *The Journal of Nursing Administration, 54*(11), 581–582. https://journals.lww.com/jonajournal/fulltext/2024/11000/nursing_and_volunteerism__the_vital_link.1.aspx

Lasker, J. N., Aldrink, M., Balasubramaniam, R., Caldron, P., Compton, B., Evert, J., Loh, L. C., Prasad, S., & Siegel, S. (2018). Guidelines for responsible short-term global health activities: Developing common principles. *Globalization and Health, 14*(1), 18. https://doi.org/10.1186/s12992-018-0330-4

Maricar, M. (February 16, 2024). What is sustainable volunteering? Volunteer Forever. https://www.volunteerforever.com/article_post/what-is-sustainable-volunteering/

Penney, D. (2020). Ethical considerations for short-term global health projects. *Journal of Midwifery & Women's Health, 65*(6), 767–776. https://doi.org/10.1111/jmwh.13162

Ruggerio, C. A. (2021). Sustainability and sustainable development: A review of principles and definitions. *The Science of the Total Environment*, *786*, 147481. https://doi.org/10.1016/j.scitotenv.2021.147481

Salahshurian, E., & Moore, T. A. (2024). Cultural humility in nursing: A concept analysis. *Journal of Continuing Education in Nursing*, *55*(12), 596–603. https://doi.org/10.3928/00220124-20240927-03

Bibliography

American Academy of Pain Medicine (AAPM). (2014). Minimum insurance benefits for patients with chronic pain: A position statement from the American Academy of Pain Medicine. Retrieved from https://painmed.org/minimum-insurance-benefits-for-patients-with-chronic-pain/#:~:text=Legislation%20designed%20to%20seek%20parity%20for%20chronic%20pain,disabling%20pain%20and%20have%20failed%20more%20conservative%20therapy.

American Nurses Association (ANA). (2017). Pain management. Retrieved from http://www.nursingworld.org/MainMenuCategories/WorkplaceSafety/Healthy-Work-Environment/Opioid-Epidemic/Pain-Management.html

Bernhofer, E. (October 25, 2011). Ethics and pain management in hospitalized patients. *OJIN: The Online Journal of Issues in Nursing*, *17(1)*. https://doi.org/10.3912/OJIN.Vol17No01EthCol01

Institute of Medicine. (2011). The future of nursing: Leading change, advancing health. Retrieved from http://iom.nationalacademies.org/reports/2010/the-future-of-nursing-leading-change-advancing-health.aspx

Interagency Pain Research Coordinating Committee. (2019). 2019 Pain Research Advances. Retrieved from 2019 Pain Research Advances | IPRCC (ninds.nih.gov)

Jannetto, P. J., & Bratanow, N. C. (2010). Pharmacogenomic considerations in the opioid management of pain. *Genome Medicine*, *2*(9):66. https://doi.org/10.1186/gm187

White, J., Bandura, A., & Bero, L.A. (2009). Moral disengagement in the corporate world. *Accountability in Research, 16:* 41–74. https://doi.org/10.1080/08989620802689847