



Global Year Against Cancer Pain

OCTOBER 2008 – OCTOBER 2009

Barriers to Cancer Pain Treatment

A wide range of pain management therapies are available, and evidence shows that 85–90% of cancer pain can be controlled by using the guidelines of the World Health Organization. Nevertheless, only 50% pain control is achieved in cancer patients [11]. Barriers that interfere with adequate pain management have been broadly classified as problems related to health care professionals, to patients, and to the health care system.

Problems Related to Health Care Professionals

Poor assessment of pain and inadequate knowledge on the part of clinicians have been identified as major barriers to cancer pain treatment [2]. Physicians and nurses make decisions that play a major role in cancer pain management, and improvements in their assessment of their patients' pain may result in adequate analgesic prescription and better pain management [4].

Anxiety about regulation of controlled substances, concerns about the side effects of analgesics, and fear of patients becoming addicted or tolerant to analgesics have also been identified. A need for improved training in cancer pain management at all levels of professional education is therefore indicated. If physicians and nurses were to request pain assessment scores as often as they requested vital signs, they would be able to give pain management the attention it deserves.

Problems Related to Patients

Patients may not complain of pain because they want to be a "good" patient, or they are reluctant to distract the physician from treating the primary disease. They may think of pain as an inevitable part of having cancer, or they may not want to recognize that their disease is progressing [6]. Many patients also fear that early pain control will preclude pain control later in the disease because of concerns (which their physicians often share) that they will become tolerant to pain medications [7]. Patients are often reluctant to take pain medication, and some fear addiction or being perceived as an addict (this fear may be more pronounced in minority patients) [1]. Worries about unmanageable side effects can result in poor adherence to the prescribed analgesic regimen [9].

Problems Related to the Health Care System

A strict regulatory environment that closely monitors physicians' prescribing practices further contributes to undertreatment of cancer pain. Restrictive regulation of controlled substances and problems of availability of treatment may constitute barriers to patient care. A survey of Wisconsin physicians found that, due to concerns about regulatory scrutiny, most respondents reduce the drug dose or the quantity of pills prescribed, limit the number of refills, or choose a drug in a lower schedule [10]. Low priority is given to cancer pain treatment in the health system and in the training curriculum of health professionals. Major medical and nursing textbooks devote only a few pages to current pain and symptom control guidelines [3]. Health policy issues related to pain, including cost, access to care, regulatory perspectives, and ethical and legal issues, have likewise been neglected [5].

Although the World Health Organization has had an immense impact in changing policies on cancer pain relief, still today, in many parts of the world, even simple analgesics are not available for cancer pain, let alone morphine [12–14]. The most appropriate treatment may not be reimbursed or may be too costly for patients and their families in many countries. The available evidence suggests that lack of coverage and uneven reimbursement policies for health care—including prescription drugs, medical equipment, and professional services—inhibit access to acute and cancer pain management for millions of people, in particular the poor, elderly, and minorities [8].

It is essential to identify the severity of barriers to effective cancer pain management in every country and determine the priorities for eliminating them in order to improve cancer pain management for all in need.

References

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