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PAIN TREATMENT IN STATIONARY PALLIATIVE CARE UNITS

*Małgorzata Pucułek[1] *, Agnieszka Sikora-Wiórkowska[2], Krzysztof Wiórkowski[2], Michał Konopelko[3], Ryszard Maciejewski[1], Jakub Pawlikowski[4]*

[1] Chair of Human Anatomy, Medical University in Lublin

[2] Students Scientific Society of Chair of Human Anatomy, Medical University in Lublin, Poland

[3] Chair and Department of Hygiene, Medical University in Lublin

[4] Department of Ethics and Human Philosophy, Medical University in Lublin

* Corespondence author e-mail: malgorzata.puculek@gmail.com

S u m m a r y. At the end of life oncological patients develop many problems due to altered organ functioning, which often leads to progressive multiorgan failure, loss of physiological needs, phasing out social life and altered state of consciousness. Both the patient and their family suffer. Symptomatic treatment is therefore a very important issue in palliative medicine, especially in relation to oncological care. The symptoms become more severe with the disease advancement. Primary symptom reported by oncological patients is pain that occurs regardless of the tumor location. The aim of this study is to present methods of efficient pain treatment in cancer patients applied in different settings of palliative care, i.e. hospital and hospice. The paper reviews literature on palliative care, including the recommendations of the European Association for Palliative Care, WHO. The Code of Medical Ethics and legal regulations oblige health care providers to ensure patient dignified and peaceful conditions of dying. Nowadays it is possible as there are many options, and lack of knowledge or prejudice cannot be an obstacle in bringing relief to terminally ill patients. Currently, many of these symptoms can be successfully managed to reduce the suffering of patients who cannot be expected to be cured.

K e y w o r d s: palliative care, hospice, pain, pain treatment

Dying with dignity is not in causing death in an artificial way, preceded by a scheduled decision, but such activities so that the life in the last moments was free from suffering.

V. Ventafridda

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INTRODUCTION

The World Health Organization defines palliative care as an activity that improves the quality of life of patients facing the problems associated with a life-threatening illness and their families. This includes the prevention and combating suffering, providing early diagnosis, treatment of pain and managing other problems - physical, psychosocial and spiritual [1]. There are many problems that arise from abnormal functioning of organs and systems due to malignancy which develop during the process of dying. This leads to progressive multiorgan failure, phasing out social life, disordered consciousness, loss of physiological needs such as hunger, and suffering from mental problems. These problems affect not only the patient but also his/her family. Symptomatic treatment is therefore a very important issue of palliative medicine, especially in relation to oncological care and approach to patients. The symptoms of cancer increase significantly with disease advancement. Patients frequently develop pain regardless of tumor location. What is more, continuous fatigue may be the first symptom of cancer, although it is sometimes classified as irrelevant in the process of diagnosis and treatment. Management of pain repeatedly brings positive results if palliative care is exercised by a team of medical professionals focused on the control of pain and other symptoms [2].

AIM OF THE STUDY

The aim of this study is to present methods of efficient pain treatment provided for cancer patients depending on the type of palliative care setting, i.e. hospital and hospice. This article will compare ways of pain treatment and staff attitude toward patients in hospice and hospital care. Not only pharmacological pain control is discussed, but also communication with the patient and care about the quality of his/her life until the last moment.

MATERIAL AND METHODS

The study is based on the review of scientific articles on palliative care and symptomatic treatment in oncology, including the recommendations of the European Association for Palliative Care, the World Health Organization, the Code of Medical Ethics.

RESULTS

Definition of palliative care

Hospice movement was launched by Cicely Saunders who in 1967 opened St. Christopher's Hospice in London. In 1975 Balfour Mount stated that current terminology was misleading. When he wanted to open his own branch for patients in Montreal, it turned out that the word "hospice" is already used in another sense. Therefore he created a new term "palliative care" [3]. Palliative care requires respect, openness and sensitivity to the patient’s needs, depending on personal, cultural and religious values, and should be done in accordance with beliefs and practices, as well as the laws in the country. Palliative care recognizes quality of life. Death is a normal occurrence, but should not be accelerated or delayed. Care is determined to ensure the best possible quality of life until death [4]. The basic idea is to implement the methods of palliative care. This applies not only to pharmacological and non-pharmacological control of symptoms, but also the communication among the patient, family and other medical employees responsible for making decisions.

Moreover, the purpose of palliative care is to set the therapy consistent with the principles of this kind care. In the definition created by the World Health Organization the quality of medical procedures should be guaranteed to every patient to ensure the best results according to current state of medical knowledge at the lowest cost of treatment. Therefore, to ensure the quality of patient's care it is necessary to establish institutions which should apply recognized standards. The professional team of care providers should also continuously deepen medical knowledge and apply it in practice. Like the quality of life, dignity should be approached individually with regard to various needs and priorities of each patient.

Multidisciplinary team – the key in palliative care

Care should be available without delay to all patients wherever and whenever they need it.

Palliative treatment, care and support can be provided at home, in nursing homes, retirement homes, hospitals, hospices and other health care institutions. Palliative care is understood as daily continuity of service beginning from less to more specialized procedures. Recent reports provide evidence of positive results of palliative care with particular emphasis on the control of pain and other symptoms if provided by a team of professionals [2]. The scope of care is varied and determined by patient's needs. Therefore, a basic specialist team should consist of a general practitioner and a specialized nurse at the least. In every kind of palliative care setting (home or institutional) care should be provided by a multidisciplinary teams consisting of doctors and nurses - specialists in palliative medicine, as well as psychologists, priests, social workers and trained volunteers [5]. Interdisciplinary team is a group of people from various disciplines who are able and ready to collaborate to achieve set goals. Interdisciplinary care is of key importance to the health care system. The first step in creating a team is to determine the fundamental rules including the principles of professionalism, defined aim and good coordination. Precise rules help to coordinate work and achieve far more better effects [6]. Interdisciplinary team is indispensable to improve and ensure patient's quality of life.

Types of pain

The most common symptom faced by cancer patients is pain. This is the first symptom of every third patient and affects up to 80% of patients with advanced stage of cancer. Cicely Saunders defined the concept of cancer pain as a multidimensional, total which includes physical, psychological, social and spiritual suffering [10]. Pathophysiologically, those types of pain can be divided into nociceptive (arising from the stimulation of pain receptors), neuropathic (caused by damage to various parts of the nervous system) and mixed. Pain is associated with the changes taking place in the body as a result of the tumor growth in the surrounding tissues (infiltration of the nerves, soft tissues, bones, internal organs) and the dysfunction caused by the growing tumor mass (swelling of the absorbent tissue associated with the spread to the lymph nodes, headache due to increased intracranial pressure because of the brain metastases, bowel obstruction caused by the closure of the lumen by the tumor).

There is also another kind of pain - breakthrough (flare-up) pain, which refers to transient deterioration of patients' condition suffering chronic pain despite proper treatment. That type of pain affects 40% to 80% cases. Initially, patient may experience increased pain, known as end-of-dose pain, when the dose of pain medication is too low or selected incorrectly. Breakthrough pain demonstrates the lack of effectiveness of treatment and deteriorates the quality of life.

Pharmacological methods of pain treatment

Nowadays, there are many well-known ways to treat pain ranging from pharmacological to invasive methods. Pharmacotherapy of cancer pain uses analgesic ladder drugs (non-opioid drugs, mild opioids and stronger opioids) and adjuvants (antidepressants, anxiolytics, steroids, bisphosphonates). During the workshops of the Alliance for a Fight against Pain (NGO) it was revealed that one of the barriers to effective pain treatment is fear of opioids. It seemed to be the result of ignorance of how to comply with the rules of their use. Up-to-date recommendations by well-known and recognized scientific societies, i.e. the European Association for Palliative Care (2012), the European Society for Medical Oncology (2012), the Polish Society of Palliative Medicine (2009) and recent research data provide basic rules of pain management in patients with cancer or other chronic progressive life-threatening diseases. These instructions are simplified compilation (collection) of recommendations concerning pharmacotherapy of pain to assist physicians who are not palliative care professionals. They have been created to support clinical decisions [7]. It is very important that the patient received medication promptly, even if they do not feel pain at the moment because only then the drug can produce pain-relieving effect. So, the suggestion to medicate when the pain has already appeared is wrong. Then an ill person suffers from pain because the level of drug in the body is low.

We can also deal with patients suffering piercing pain. It is a sudden and short-lived attack of much severe pain which overlaps with continuous pain. It usually occurs in the primary location of the tumor. This pain is often eliminated by administering an additional dose of

fast-acting analgesic drug. Doctors sometimes think that opiates are addictive because they are derived from the same source, i.e. heroin (opium). Medically prescribed opiates work differently and the dose neutralizes pain. The pain takes up chemical effect so the feeling of euphoria is very mild or even unnoticed. The easiest way to take medicine is usually by mouth (as a liquid, tablet or capsule), by injections (under the skin, into the muscle or vein) or in the form of transdermal patch placed on the skin [8].

Some patients can go with the same dose of medicine even in progressive disease. Others need an increased dose of pain-reducing drug. However, it is not the evidence of addiction but it results from the need to relive pain by taking a higher dose of the drug. It can be one of the reasons why many doctors in hospitals are afraid of using strong painkillers, and very often do not know how to dose them. Disturbing is the fact that doctors sometimes do not want to ask specialists like anesthesiologists or oncologists. Such a situation has no place in the hospice.

The invasive methods of pain treatment

Invasive methods of pain treatment can only be applied in hospital. Those include neurodestructive procedures, e.g. thermal, mechanical and chemical, radiofrequency, intrathecal drug delivery, palliative radiation or radiotherapy, and surgical procedures including neuromodulation [10]. All invasive techniques are very effective; however, they may be associated with serious complications and should be performed only in specialized centers after all indications and contraindications have been considered.

Pain may also develop as a consequence or complication after various cancer-fighting treatments. The pain due to split tissue after surgery, nerve damage as a result of radiotherapy, tissue inflammation - all of them are possible side effects of various cancer treatments.

Medication support

Therefore, the administration of painkillers should not be the only option. First of all, the cause of pain should be evaluated and then efforts taken to implement a method to eliminate or reduce the cause of pain by, e.g. the reduction of tumor mass (incision or radiation). The experience of pain is stronger when the patient has sleep disorders associated not only with the perception of pain itself, but also with emerging depression, experiencing their illness, concerns about the future of family members. In situations like this the administration of antidepressants, hypnotics or sedatives can be very helpful. Reducing the intensity of pain sensation (through causal treatment, antidepressants, etc.) is extremely important because it creates the chances to control pain with medication appropriate in actual severity of pain. The research shows that it is advisable to focus on the development of the cancer patients' care in psychological and social aspects to improve their quality of life and, indirectly, to reduce the intensity of cancer pain [9].

DISCUSSION

The need for palliative care is great and will grow with ageing of the population and increase in incidence of chronic diseases. There is a growing tendency towards medicalization which means excessive focus on somatic manifestations and underestimation of patients' psychosocial and spiritual needs. Therefore, it is necessary to pay more attention to these neglected areas and to propose distinct forms of assistance in this matter [10]. No person can be treated as an object. Every individual, by the very fact of being a person, whether the fetus, terminally ill or moribund is the subject of care provided by medical staff, and not an object of care [11]. People highly value the avoidance of pain and suffering. However, the priority setting methods that guide decisions about health care focus practically on prolongation of life and increasing productivity. Clinical medicine is obsessed with extension of life and treatment of disease without paying attention to financial and emotional cost as well ignores the issues of human dignity and the quality of life. Multiple studies have demonstrated that the palliative care integrated with oncology is highly beneficial as measured by patient related outcomes. Unfortunately, there is a great concern about reimbursement of health care services and budget's limits expansion of the services [12].

The main principle of palliative care states the patient cannot die from four reasons: starvation, thirst, pain, and suffocation. But even these reasons at times do not matter, and there is a need to deal with the conflict between the principles of palliative medicine and continuation of treatment. For example, a medical procedure

does not produce expected results and the patient suffers more by being tormented to fight until the last moment of their life, which is inappropriate [13]. The institutions dealing with palliative care (stationary hospice, palliative medicine wards) should apply the principle of acceptance of the inevitability of death. There are non-aggressive medical treatments aimed at the extension of patient's life. The hospices do not have respirators, do not apply infusion of pressor amines like dopamine or epinephrine, and do not resuscitate. Hospice does not engage in the diagnosis and evaluation of disease progression. Treatment is typically symptomatic, and associated with relieving of somatic and psychological symptoms. Hospices do not provide blood transfusions because they simply have no facilities. In the case of anemia, patients who do not respond to pharmacological therapy can be sent to hospital to have blood products transfused [14].

Not all patients want to take advantage of hospice assistance. It is often associated with a bad connotation of the word 'hospice', wrongly called the house of dying. Some patients appreciate the commitment and trust the hospital staff who provide medical care. For these reasons the need to provide care for people suffering from cancer lies in the hands of the managing doctor. Patient's wellbeing relies in knowledge of palliative medicine and the creation of proper attitude towards the inevitability of death and dying [15]. The most important question still remains unanswered, when it is the right time to take on responsibility and say "Stop" [11].

CONCLUSIONS

1. Fear of pain is one of the most common symptoms among terminally ill patients, however, it is not the biggest concern for those who receive palliative care.
2. Modern pain management means that the patient can expect to remain pain-free throughout their illness, which has been absent is hospital recognition of pain control and palliative care as an essential part of health systems and a priority for investment in health.
3. Incorporation of pain management and palliative treatment into medical care is a quintessential example of a diagonal strategy that can strengthen health systems through positive effects on disciplines like surgery and social work.
4. Chronically ill patient suffering from an incurable disease should receive palliative care that offers improved performance taking advantage of modern technology and therapies. Modern "social life" often avoids such issues. Therefore dealing with the ill, provision of relief for sufferers, ensuring a good quality of life and proper care during dying is of utmost importance.
5. Basic assumptions of palliative care should be promoted among general physicians, hospital workers, as well among nurses and hospice staff. Palliative care should be an important part of medical education to help medical professionals provide palliative treatment.

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