

FEATURE ARTICLE

Difficult Cases in Pain Management: Use of Methadone in a Multifactorial Approach

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Cancer pain management is a crucial aspect of patients' quality of life. During the course of the disease, patients with cancer may develop difficult pain management problems that do not respond to interventions that use the basic principles of pain management. Ongoing assessment, multiple approaches, and excellent communication among all care management team members are critical. Pain management goals must be continually evaluated, reestablished if necessary, and negotiated by patients and the team. Difficult pain management cases demand the involvement of all team members, especially patients, to assist in determining acceptable approaches. Nurses must recognize the challenge, advocate for better management, and provide ongoing assessment. Ultimately, pain management outcomes are determined by nursing advocacy. Through nurse leadership, suffering is minimized and quality of life is improved for this patient population.

For too many patients with cancer, pain requires as much effort to effectively control as it takes to manage the disease. MacDonald (2003) defined a difficult patient as one who does not assume the role expected by the healthcare provider, differs from the caregiver in beliefs and values, and causes the caregiver to experience self-doubt. Patients labeled as having "difficult pain management syndromes," that is, the outcomes of management are not those expected by providers, have many of MacDonald's proposed characteristics. They represent a wide spectrum of pathologies and psychological issues. The complexity of their pain management requires ongoing expert assessments, participation by practitioners from multiple disciplines, and consistent use of nonpharmacologic interventions. Goal setting must be done in the context of understanding who a patient is and the meaning of pain in his or her personal experience. Difficult pain management cases require up-front multidisciplinary communication, consistent care providers, and a team committed to using all possible tools appropriate and available to patients. Key concepts of care, based on the authors' experience, are

- Recognition that pain is a multifaceted experience involving not only a tissue damage response but also a suffering and existential component
- Ongoing assessment and reassessment of the different etiologies of a patient's pain and the effectiveness of interventions
- Consistent use of analgesic principles and nondrug approaches
- Emphasis on the patient's—not the healthcare team's—goals
- Skilled patient-healthcare provider communication.

Difficult cases may begin with seemingly uncomplicated pathologic conditions such as breast cancer with bone metastasis. Complex psychological issues may override the pathologic component of the diagnosis and hinder pain management. Assessing

At a Glance

- ◆ Difficult cases in pain management demand use of a broad spectrum of team members from appropriate disciplines. If these disciplines are not available in a particular clinical setting, a referral elsewhere may be necessary.
- ◆ Patient education must be done in the context of who the patient is.
- ◆ Goal setting by the patient, not the team, is critical. The team educates the patient with information as to what is believed to be medically possible.

the meaning of the pain experience to a patient is one of the most critical parts of formulating a plan of care. The assessment requires the establishment of trust in care providers. This requires a commitment of time because trust must be earned.

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