



AUSTRALIAN AND NEW ZEALAND COLLEGE OF ANAESTHETISTS

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FACULTY OF PAIN MEDICINE

STATEMENT ON PATIENTS' RIGHTS TO PAIN MANAGEMENT AND ASSOCIATED RESPONSIBILITIES

1. INTRODUCTION

Since the time of Hippocrates, the treatment of pain has been an important priority of the physician. As knowledge of disease processes has advanced, the emphasis in medicine moved to diagnosis and treatment of the underlying causes of pain. However there has been a renewed focus on the management of pain itself, arising out of the complex nature of the experience of pain, humanitarian aspects, and better methods and tools for symptom control. Enhanced pain management has been associated with improved outcomes after surgery and trauma, more successful rehabilitation in patients with persistent pain and potentially improved survival of patients with cancer pain. Standards and practice guidelines have been developed for the management of all forms of pain [1-3]. Effective pain management requires assessment of physical, psychological, social and environmental factors in each patient, to facilitate strategies to improve physical, mental and emotional functioning, and to improve quality of life as rapidly and completely as possible given each individual's circumstances.

ANZCA recognises that unrelieved pain can have severe adverse physical and psychological effects on patients, with emotional, social and spiritual consequences causing suffering in patients, their families and those close to them [2]. *At times severe pain can be difficult to treat and management must be subject to the availability in each health care setting of appropriate, safe and effective methods.*

2. RIGHTS

ANZCA recognises that patients with pain, whether it is acute pain, pain related to cancer or persistent non-cancer pain, have the following rights:

2.1. To have their complaint of pain respected and taken seriously, recognising that pain is a personal experience and that individuals vary greatly in their responses to painful predicaments [1].

2.2. To be cared for in a timely manner by health professionals who have training and experience in assessment and management of pain, and who maintain such competencies

through professional development consistent with their discipline. Where such competencies are unavailable, patients should have access to appropriate referral.

2.3 To participate actively, or have their families, carers or guardians participate, in education regarding pain and in the development of realistic goals for their pain management plan.

2.4. To expect that their “pain history”, current assessment and management plan and responses to therapies will be recorded regularly and in a way that promotes optimal and ongoing pain relief.

2.5. To have access to best practice care, including appropriate assessment and effective pain management strategies, and access to suitably qualified interdisciplinary pain management teams or individuals who should be able to address physical and psychological aspects of management. These must be supported by appropriate policies and procedures.

2.6. To be informed of the evidence for the efficacy of a pain treatment, of the likelihood and duration of a successful outcome of an intervention, of other possible consequences and of alternative treatments.

2.7. To have appropriate planning for pain management after discharge from immediate care.

3. RESPONSIBILITIES

In addition, ANZCA recognises that patients or their carers and families have responsibilities that include:

3.1 To engage openly with their health care providers

3.2 To become informed about pain and its management

3.3 To participate actively in their own care and in decisions about their care

3.4 To consider best-practice advice

3.5 To advocate for better pain management.

4. FOOTNOTES

4.1 Use of the words “rights” and “appropriate”

A “right to pain relief” does not imply that all pain can or will be treated successfully, that all patients will be free from pain, or that any analgesic treatment will necessarily be provided on demand, including the prescription of opioids [3-4]. “That right requires that the professional response be reasonable and proportionate to the level and character of the pain experience and that the assessment and management of a patient’s pain be appropriate to that patient” [3].

4.2 International Association for the Study of Pain (IASP) Definition of Pain

“An unpleasant sensory and emotional experience, associated with actual or potential tissue damage, or described in terms of such damage” [1].

4.3 Particular patient groups

The rights outlined above apply to all patients, including neonates, preverbal children and patients with cognitive impairment, whether due to developmental delay, dementia or other causes. These patients have a right to age-appropriate, development-appropriate and other suitable pain assessment tools and management [5]. In such cases, a parent, carer or other guardian must be recognised as the agent for the rights and responsibilities of the patient.

References

1. IASP Task Force on Taxonomy (Eds Merskey H and Bogduk N) *Classification of Chronic Pain*. 2nd Edition. IASP Press, Seattle, 1994. Available: http://www.iasp-pain.org/AM/Template.cfm?Section=Pain_Definitions&Template=/CM/HTMLDisplay.cfm&ContentID=1728
2. ANZCA and FPM (Eds Macintyre PE, Scott DA, Schug SA, Visser EJ and Walker SM) *Acute Pain Management: Scientific Evidence*. 3rd edition. ANZCA and FPM, Melbourne, 2010. Available: <http://www.anzca.edu.au/resources/books-and-publications/Acute%20pain%20management%20-%20scientific%20evidence%20-%20third%20edition.pdf>
3. Brennan F, Cousins MJ. Pain relief as a human right. *IASP Pain Clinical Updates*, XII (5), 1-4, September 2004. Available: <http://www.iasp-pain.org/AM/AMTemplate.cfm?Section=Home&CONTENTID=7636&TEMPLATE=/CM/ContentDisplay.cfm>
4. Rich BA. Ethics of opioid analgesia for chronic non-malignant pain. *IASP Pain Clinical Updates*, XV (9), 1-4 December 2007. Available: <http://www.iasp-pain.org/AM/Template.cfm?Section=Home&CONTENTID=7624&TEMPLATE=/CM/ContentDisplay.cfm>
5. Australian Pain Society. *Pain in Residential Aged Care Facilities: Management Strategies*, 2005. Available: <http://www.apsoc.org.au/news.php?scode=9e2c2n>

RELATED DOCUMENTS

Particular note should be taken of the following College and Faculty Documents:

PS3 Guidelines for the Management of Major Regional Analgesia

PS20 Recommendations on the Responsibilities of the Anaesthetist in the Post-Anaesthesia Period

PS38 Statement Relating to Relief of Pain and Suffering and End of Life Decisions

PS41 Guidelines on Acute Pain Management

PM2 Guidelines for Units Offering Training in Multidisciplinary Pain Medicine

The following document of the College of Intensive Care Medicine of Australia and New Zealand is also relevant:

IC-9 Statement on the Ethical Practice of Intensive Care Medicine, available at www.cicm.org.au

COLLEGE PROFESSIONAL DOCUMENTS

College Professional Documents are progressively being coded as follows:

TE Training and Educational

EX Examinations

PS Professional Standards

T Technical

POLICY – defined as ‘a course of action adopted and pursued by the College’. These are matters coming within the authority and control of the College.

RECOMMENDATIONS – defined as ‘advisable courses of action’.

GUIDELINES – defined as ‘a document offering advice’. These may be clinical (in which case they will eventually be evidence-based), or non-clinical.

STATEMENTS – defined as ‘a communication setting out information’.

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