



**Hospice and Palliative Nurses Association
and American Society for Pain Management Nursing
Position Statement:
Pain Management at the End of Life**

Background

Pain management is essential from the time of diagnosis of a serious illness and throughout the disease trajectory. Unfortunately, the prevalence of pain in those with serious illness remains unacceptably high. In most cases, pain experienced by people with advanced disease can be prevented or relieved through optimal care, yet studies reveal that patients continue to experience uncontrolled pain in the final weeks, days, and hours of their lives.

Barriers to adequate pain relief include those associated with patients, families, healthcare providers, and institutions or healthcare systems.

- Patients and families describe experiencing stigma when acquiring and using pain medications.¹
- Nurses report fear of hastening death, causing addiction, or facing legal or licensing consequences; they also report inadequate knowledge and education regarding pain management for people at the end of life.²
- Prescribers can be limited by institutional and regulatory policies, and they report fear and pressure to prescribe less.
- Institutional barriers include inadequate staffing, leading to time constraints and challenges in communication across teams.
- Restrictive scope-of-practice laws in some states limit the services advanced practice providers can deliver, including prescribing opioids.
- Insurers have placed obstacles such as limited formularies, burdensome prior authorizations, and frequent denials in payment.
- Supplies of opioids are often compromised by shortages, and many retail pharmacies decline to carry or dispense these medications.³⁻⁸
- Actions designed to address the public health epidemic of opioid misuse and overdose deaths have also contributed to institutional barriers.

As a result of these barriers, the provision of opioids has decreased for people with serious illness and advanced disease, supporting fears that pain management at the end of life is declining.⁹

It is the position of the Hospice and Palliative Nurses Association (HPNA) and the American Society for Pain Management Nursing (ASPMN) that:

- All nurses and other healthcare professionals must advocate for effective, efficient, and safe pain and symptom management to alleviate suffering at the end of life.



- Pain and symptom management must be provided regardless of the patient's age, disease, race, sexual orientation, gender identity, history of substance use disorder, socioeconomic status, payor coverage, or site of care.¹⁰⁻¹³
- Nurses have the ethical responsibility to use evidence-based, effective therapies while advocating for humane and dignified care on behalf of patients and their loved ones.
- Pain assessment at the end of life must be thorough, ongoing, and evidence-based, as some patients with advanced disease cannot verbalize their discomfort.
- Opioids remain an essential component of excellent pain control during the end of life.^{7, 14-15}

To overcome existing obstacles and achieve humane, dignified pain care at the end of life, the following are recommended:

Clinical Care

- Evidence-based education for healthcare providers that leads to improved pain management for patients at the end of life
- Awareness of the essential role of comprehensive and ongoing pain and symptom assessment and management in all patients, particularly patients who are non-verbal during the dying process
- Recognition of the need for different routes of medication administration during the dying process
- Accountability of all healthcare professionals to support the patient's and family's wishes and goals
- Emphasis on effective, efficient, safe, and multimodal pain management plans and outcomes that are derived from a comprehensive assessment that includes awareness of and monitoring for substance use disorder
- Availability of an educated work force in adequate numbers to provide safe and effective pain and symptom management at the end of life

Education and ethics

- Understanding that pain management is a core healthcare value and a human right
- Recognizing that all pain is worthy of treatment
- Educating the public regarding barriers to pain management at the end of life, the harmful effects of pain, and the importance of appropriate and safe pain management
- Understanding that the national response to the opioid crisis does not negate the ethical responsibility to relieve pain and suffering

Access to care

- Access to the pharmacologic and nonpharmacologic treatments that are most effective for each patient, including the urgent need for available supplies of appropriate opioids as essential to end-of-life care



- Access to early care integration with interdisciplinary palliative care teams, and referral to hospice when appropriate
- Access to pain management specialists, palliative care specialists, and substance use disorder specialists for pain and symptom relief, when indicated
- Advocacy to address legal, legislative, regulatory, and healthcare reimbursement obstacles to effective pain relief

Research

- Continuing research in pain and symptom management in serious illness, particularly during the end of life

Summary

Assisting in the relief of pain is fundamental, particularly as patients face the end of life. Compassionate, effective, evidence-based pain care for the dying improves quality of life for patients and may reduce distress and complicated bereavement in loved ones witnessing death. However, efforts designed to mitigate the consequences of the opioid epidemic have seriously compromised pain care at the end of life. This has created an urgent need to focus on the barriers to relief and solutions necessary to provide safe and effective pain and symptom management in this population. Elucidation of barriers to effective pain control in advanced disease allows targeted interventions, including those related to clinical care, education, accessibility, and research. As nurses, we must continuously advocate for humane and dignified care, promoting ethical, effective pain and symptom management at the end of life for all.

References

1. Bulls HW, Chu E, Goodin BR, et al. Framework for opioid stigma in cancer pain. *Pain*. 2022;163(2):e182-9. doi: 10.1097/j.pain.0000000000002343
2. Gerber K, Willmott L, White B, et al. Barriers to adequate pain and symptom relief at the end of life: a qualitative study capturing nurses' perspectives. *Collegian*. 2022;29:1-8. doi: 10.1016/j.collegn.2021.02.008
3. Bao Y, Zhang H, Hartung DM, et al. Medicare Part D coverage restrictions and patient cost-sharing for opioids commonly used for cancer pain, 2015-2021. *JCO Oncology Practice*. 2022;18(10):e1574-86. doi: 10.1200/OP.21.00867
4. Borders JR, Letvak S, Amirehsani KA, et al. Opioid epidemic and prescribing in hospice and palliative care: a review of the literature. *International Journal of Palliative Nursing*. 2021;27(5):255-61. doi: 10.12968/ijpn.2021.27.5.255
5. Brown JH, Torres HP, Maddi RD, et al. Cancer patients' perceived difficulties filling opioid prescriptions after receiving outpatient supportive care. *Journal of Pain and Symptom Management*. 2020;60(5):915-22. doi: 10.1016/j.jpainsymman.2020.06.015
6. Heung Y, Clark M, Tschanz J, et al. Opioid prescription denials by community pharmacies for cancer-related pain: a case series. *Journal of Pain and Symptom Management*. 2023;66(3):E431-5. doi: 10.1016/j.jpainsymman.2023.06.027

7. Swarm RA, Paice JA, Anghelescu DL, et al. Adult cancer pain, version 3.2019, NCCN Clinical Practice Guidelines in Oncology. *Journal of the National Comprehensive Cancer Network*. 2019;17(8):977-1007. doi: 10.6004/jnccn.2019.0038
8. Zhang H, Paice J, Portenoy R, et al. Prescription opioids dispensed to patients with cancer with bone metastasis: 2011-2017. *Oncologist*. 2021;26(10):e1890-2. doi: 10.1002/onco.13898
9. Enzinger AC, Ghosh K, Keating NL, et al. US trends in opioid access among patients with poor prognosis cancer near the end-of-life. *Journal of Clinical Oncology*. 2021;JCO2100476. doi: 10.1200/JCO.21.00476
10. Dalal S & Bruera E. Pain management for patients with advanced cancer in the opioid epidemic era. *American Society for Clinical Oncology Educational Book*. 2019;39:24-35. doi: 10.1200/EDBK_100020
11. Fitzgerald Jones K, Khodyakov D, Arnold R, et al. Consensus-based guidance on opioid management in individuals with advanced cancer-related pain and opioid misuse or use disorder. *JAMA Oncology*. 2022;8(8):1107-14. doi: 10.1001/jamaoncol.2022.2191
12. Hagarty AM, Bush SH, Talarico R, et al. Severe pain at the end of life: a population-level observational study. *BMC Palliative Care*. 2020;19(1):60. doi: 10.1186/s12904-020-00569-2
13. Lowry S. When management of cancer-related pain is complicated by coexisting opioid use disorder: a case review. *Journal of Hospice and Palliative Nursing*. 2022;24(2):112-8. doi: 10.1097/NJH.0000000000000828
14. Duran-Crane A, Laserna A, Lopez-Olivo MA, et al. Clinical practice guidelines and consensus statements about pain management in critically ill end-of-life patients: a systematic review. *Critical Care Medicine*. 2019;47(11):1619-26. doi: 10.1097/CCM.00000000000003975
15. Paice JA, Bohlke K, Barton D, et al. Use of opioids for adults with pain from cancer or cancer treatment: ASCO guideline. *Journal of Clinical Oncology*. 2023;41(4):914-30. doi: 10.1200/JCO.22.02198

HPNA thanks the following individuals for their contributions to this statement: Patrick Coyne, MSN, ACHPN, ACNS-BC, FAAN, FPCN; Sarah Lowry, DNP, ACNP-BC, AOCNP, ACHPN; Carol Mulvenon, MSN, APRN, ACHPN; Judith A. Paice, PhD, RN, ACHPN, FAAN; and Betty Ferrell, PhD, RN, MA, CHPN, FAAN, FPCN.

This statement reflects the best available evidence at the time of writing or revisions.

Approved by the HPNA Board of Directors January 2024

Approved by the ASPMN Board of Directors October 2023

Copyright © 2023 by the Hospice and Palliative Nurses Association

To obtain copies of this statement, please visit www.hpna.org.