

Improving the system for managing cancer pain

People living with metastatic cancer experience a high burden of symptoms, which have a significant impact on their quality of life. Untreated symptoms and the associated distress, as we read with sadness in Watts' letter,¹ have a significant and long-lasting impact on the dying and their family and friends. There are effective evidence-based strategies for managing pain and other symptoms in people with cancer, yet evidence shows that Watts' experience is not an isolated one.^{2,3} Watts' call to prevent this from happening to others in the future is a timely one and one we echo.

Watts suggests that a management plan be formed following detection of discomfort. There are Australian guidelines on the Cancer Council Australia wiki to assist in the formulation of such plans. The key elements are screening for pain, comprehensive assessment of pain, regular analgesia, breakthrough analgesia, prevention of adverse effects of opioids (constipation and nausea) and patient education.⁴

These guidelines have been developed following a robust process of systematic reviews, surveys of current practice and consultation with relevant stakeholders.^{5,6}

Watts also highlights the risks associated with transitions of care, waiting in one facility for a bed in another. Thoroughly documented pain management plans would be one step to reducing the risk of uncontrolled pain. People need to be confident they can have access to good pain relief in primary care or any other healthcare setting, and the guidelines mentioned above are available to all health professionals. Health professional education is essential to reduce the barriers to pain management.

The implementation of the guideline with the strategies outlined above is currently the subject of a National Breast Cancer Foundation-funded randomised controlled trial across 14 sites (ACTRN12615000064505).

Let no one else be diminished by inadequate treatment of the discomfort of the dying.

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