Educational lecture 8: Screening for pain in cancer patients and the roles of oncologists

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The newly revised 2014 Set of “Standards for Designated Cancer Care Hospitals” mandated the screening of all cancer patients for their physical and psychological suffering systematically in both outpatient and inpatient settings as well as rapid response to the suffering detected. It is a step forward as a cancer control policy, but because the pain associated with cancer changes by time depending on factors such as disease progression and treatment, it must be evaluated repeatedly. Simply complying with the Standard by measuring once, say on admission or at the initial visit, will not help patients. It is necessary to continuously monitor how the pain was treated and improved or worsened, and whether any new pain develops after admission.

In the United States, campaigns to regard pain as the “fifth vital sign” have been in action since 2001. They made the patient pain intensity be recorded on a numeric scale along with the body temperature on the same daily vital sign charts. However, the US experiences indicated that the simple screening for pain is not enough. One study reported that physicians took action to pain of moderate or greater intensity in only one-sixth of the time. Numerical evaluation of pain intensity captures only one aspect of pain. What matters more to patients with pain, thus is more important to their clinicians, is the degree of impairment of patients in their daily lives due to pain.

Our study group set as the goal of pain treatment the elimination of “things one is unable to do or has trouble doing because of pain”. We systematically presented the attending physicians the degree of impairment of patient lifestyle due to pain rather than numbers, and physicians became more engaged in the prescribing or increasing the dose of opioids. In the present lecture, we will discuss physicians attitude for pain management, additionally, how to create the culture to be responsive to the pain of cancer patients in your institutions.