

## Ethics of Pain Management



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## Pain management: An ethical approach

### ANA's new position statement on pain management offers guidance

By Elizabeth Moore, MFA

When a federal law permanently expanded medication-assisted treatment (MAT) prescribing authority to NPs and PAs in October 2018 (with five-year limited authority to CNMs, CNSs, and CRNAs), the nursing community celebrated a gain—more tools to fight the opioid crisis. While this move will benefit patients suffering from opioid misuse, nurses face another side of the opioid crisis: helping patients alleviate pain.

Pain continues to be a significant public health problem, reports show, and one that nurses confront daily. Nurses have an ethical responsibility to relieve patients' pain and the suffering it causes, according to a new position statement grounded in the *Code of Ethics for Nurses with Interpretive Statements*.

"It's known that sometimes pain is undertreated because of the fear of addiction," said Marcia Bosek, DNSc, RN, associate professor in the department of nursing at the University of Vermont and co-author of the position statement. "There are nurses who may be reluctant to administer pain medication due to a bias against people taking opioids."



**Marcia Bosek**

To help nurses effectively address pain management concerns, the American Nurses Association (ANA) Board of Directors in February adopted the 2018 position statement, "The Ethical Responsibility to Manage Pain and the Suffering it Causes," authored by the ANA Center for Ethics and Human Rights Advisory Board. ANA's 2003 position statement on pain management was retired in 2010.

"The impetus for the new statement was recognition of the ethical challenges of pain management and the stigma associated with patients receiving pain treatment," said Liz Stokes, JD, MA, RN, director, ANA Center for Ethics and Human Rights.

#### Bias and moral disengagement

The statement provides guidance for nurses navigating the tension between the duty to manage pain and the duty to avoid harm. Careful discernment is required to limit the ripple effect of underprescribing when opioid use is indicated or overprescribing when nonopioid analgesics and/or nonpharmacologics may be equally effective, the statement asserts.

Possible bias is a challenge. A number of biases may accompany a nurse's impression of a patient's need for pain medication; the statement lists, among oth-



ers, culture, societal influences, economic circumstances, race, geographic location, sexual orientation, and gender expression.

Concerns about medication misuse also can alter a nurses' perception of a patient. For example, "When encountering a patient with hepatitis C and HIV, a nurse may assume that he or she has a substance use disorder and be inclined to under-treat the pain," said Constance Dahlin, MSN, ANP-BC, ACHPN, FPCN, FAAN, director of professional practice at the Hospice and Palliative Nurses Association, an ANA organizational affiliate.



**Constance Dahlin**

"If the patient has a substance use disorder, you must be more thoughtful about the medications and monitor them closely," said Dahlin, an ANA Massachusetts member. An addiction specialist or mental health specialist can help the nurse and patient come up with an appropriate pain management plan, Dahlin suggests.

Nurses can be susceptible to moral disengagement, which is the separation of personal and professional values from corresponding action. One mechanism in moral disengagement is displacement of responsibility, the statement notes.

"When we feel a conflict, it's possible for us to disregard the emotional aspects of a situation and fall back on 'I'm just following orders,'" said Bosek, an ANA Vermont member.

From an ethical standpoint, nurses must first identify their own biases and then acknowledge and set aside or bracket their biases so they can better understand the patient's experience, according to the position statement.

But nurses do have a responsibility to evaluate orders—to ensure patient safety. "Nurses, no matter

what their practice, have the obligation to be engaged with the patient assessment to consider and recommend appropriate treatment,” Dahlin said.

## Respect and education

The new pain management position statement affirms nurses’ ethical obligation to provide respectful, individualized care to all patients experiencing pain regardless of personal characteristics, values, or beliefs. “This kind of care starts with respecting your patient,” Stokes said.

Nurses can demonstrate that respect by giving personalized care. Dahlin explained that some organizations are abandoning pain-rating scales, and instead assessing patients by asking how much their function is impaired and how much time they are spending in bed because of pain. This kind of assessment allows the patient to better articulate pain levels and gives the nurse more insight into how the pain is affecting the patient’s life—and the ability to create a more effective treatment plan.

Patients sometimes are uneasy about their pain management plan—either worried that the medication won’t relieve their pain or concerned they’ll develop an opioid misuse problem. Nurses can teach their patients how to use pain medication effectively and efficiently, and how and when to taper off, Bosek said.

Patient education plays a key role. Dahlin makes sure her patients understand when and why pain medication is needed. “When I’m writing a prescription, I tell the patient that I have done thoughtful dosage calculations to help them be more functional,” she said.

## Multimodal treatment and access

Nurses should be able to assess whether nonpharmacologic treatment is appropriate for a patient who is experiencing pain. Bosek recommends that nurses keep up with new modalities through continuing education, journals, and staff development opportunities.

Encouraging patients to try alternative health approaches may be difficult at first. “Be in covenant with your patient,” Bosek said. She suggests asking patients to try an alternate therapy and assuring them that if it doesn’t work, you’ll try something else.

One challenge to suggesting alternative health approaches is access. Dahlin explained that in rural areas, stigma is attached to being prescribed opioids—people are afraid they’ll become addicted. “Maybe long-term physical therapy, massage, or other therapies like yoga could be effective before prescribing opioids,” she said. But many rural areas don’t have these types of providers and insurance is unlikely to cover alternative care. This makes it more difficult to avoid opioids, if that is the goal of the nurse and patient, she said.



To better address problems like access to alternative care, the *Code* states that it is the nurses’ duty to advocate for improved parity in coverage for all effective pain relief modalities.

Nurses can advocate for alternative pain management approaches by speaking up at their organizations. “Nurses can do that through their professional governance, and they can bring it up to their nurse leaders by asking, ‘Do we have those resources available in our institution? Do we have access to holistic care? Are nurses involved in it?’” Bosek suggested. “Let them know you want to learn more.”

— Elizabeth Moore is a writer at ANA.

## ANA resources

Access the ANA Position Statement, The Ethical Responsibility to Manage Pain and the Suffering It Causes at [tinyurl.com/yasdxl2h](https://tinyurl.com/yasdxl2h)

Read the new *OJIN* Column on position statements at [tinyurl.com/y79s2wqj](https://tinyurl.com/y79s2wqj)

## ANA position statement

### ANA believes:

- Nurses have an ethical responsibility to relieve pain and the suffering it causes.
- Nurses should provide individualized nursing interventions.
- The nursing process should guide the nurse’s actions to improve pain management.
- Multimodal and interprofessional approaches are necessary to achieve pain relief.
- Pain management modalities should be informed by evidence.
- Nurses must advocate for policies to assure access to all effective modalities.
- Nurse leadership is necessary for society to appropriately address the opioid epidemic.

## Unconscious bias and the EHR

To: Ethics inbox

From: Concerned RN

Subject: Frequent flyers

I am a new RN working in an inner-city emergency department. Some of our patients are well known by the staff, who often describe them in conversations and in the electronic health record (EHR), as frequent flyers, substance abusers, or drug seekers. I live in this area and know some of the issues these patients face, and I think that the use of such terms is inappropriate.

pre-existing mental health problem or an intellectual/developmental disability, a phenomenon known as “diagnostic overshadowing.”

The EHR has the potential to improve healthcare quality, safety, and efficiency. Its use also has ethical implications, however, including possible erosion of the nurse-patient relationship. Provision 1.2 of the *Code of Ethics for Nurses with Interpretive Statements* ([nursingworld.org/coe-view-only](http://nursingworld.org/coe-view-only)) describes this relationship as “one of trust in which nursing services are provided according to need, setting aside any bias or prejudice.” This obligation is reiterated in two recent position statements: Nursing Advocacy for LGBTQ+ Populations and The Nurse’s Role in Addressing Discrimination.

Patient-centered communication, rather than computer-focused data entry, is imperative to understanding patient needs and is the cornerstone of the nurse-patient relationship. The EHR may obstruct our ability to understand and share the patient’s needs and lived experience as it fragments data interconnections and limits space for narrative notes.

Your concern with understanding the patient in the context of their lives is reflected in Interpretive Statements 8.2 and 9.3 of the *Code of Ethics*, which obligate nurses to address the social determinants of health (SDH). Described as the conditions in which people are born, live, work, and age, SDH are influenced by the distribution of money, power, and resources. The onset and progression of illnesses ranging from arthritis to cardiovascular disease have been linked to SDH such as poverty and limited access to healthcare.

In these circumstances, nurses should speak up and encourage colleagues to use nondiscriminatory language. To promote patient-centered care and reduce healthcare disparities, nurses can work together within their organizations and institutions and with ethicists and informaticists to advocate for use of non-stigmatizing language and inclusion of relevant SDH and SO/GI data in the EHR.

— Response by Catherine Robichaux, PhD, RN, Alumna CCRN, member of the ANA Ethics and Human Rights Advisory Board.

### Additional resources

Goddu AP, O’Conor KJ, Lanzkron S, et al. Do words matter? Stigmatizing language and the transmission of bias in the medical record. *J Gen Intern Med.* 2018;33(5):685-91.

Joint Commission. Implicit bias in healthcare. *Quick Safety.* 2016;23. [jointcommission.org/assets/1/23/Quick\\_Safety\\_Issue\\_23\\_Apr\\_2016.pdf](http://jointcommission.org/assets/1/23/Quick_Safety_Issue_23_Apr_2016.pdf)

Lakeman R. The myth of the well-known client. *Issues Ment Health Nurs.* 2018;May 22:1-3. [Epub ahead of print].



From: ANA Center for Ethics and Human Rights

Your colleagues may be unaware that these descriptors reflect an implicit bias that can be reinforced and transmitted to others through spoken language and inclusion in the EHR. The Joint Commission defines implicit or subconscious bias as “the attitudes or stereotypes that affect our understanding, actions, and decisions in an unconscious manner.” These biases can result in disparate differential treatment of patients because of age, race, sexual orientation/gender identity (SO/GI), previous history, or other factors.

In a recent study by Goddu and colleagues, patients described in the EHR as “substance abusers” rather than “having a substance use disorder” were more likely to be seen as personally culpable and not amenable to treatment by providers reading the stigmatizing language. Even a seemingly innocuous term such as “well known” may preclude further understanding of the patient’s current situation with information cut and pasted from previous assessments, Lakeman reports. The assumption that a patient is a “frequent flyer,” depicted in one EHR system as an airplane icon, may result in withholding or delaying needed tests or procedures. A patient’s physical symptoms or complaints may be misattributed to a

### ANA-PAC congratulates newest nurse in Congress, other candidates

Following the November 6 election results, the American Nurses Association Political Action Committee (ANA-PAC) congratulated registered nurse Lauren Underwood for her electoral victory as the next member of Congress representing the Illinois 14th congressional district. Underwood will join registered nurses Rep. Karen Bass (D-CA) and Eddie Bernice Johnson (D-TX) serving in the 116th Congress to provide critical perspective and shape healthcare policy that protects patients and ensures nurses are equipped to provide accessible, comprehensive care for all.



Lauren Underwood

Overall, 92% of ANA-PAC-endorsed candidates were victorious on Election Day. Read more in the ANA news release at [tinyurl.com/ybfa9vpm](http://tinyurl.com/ybfa9vpm).

Stay up to date by reading ANA Capitol Beat at [anacapitolbeat.org](http://anacapitolbeat.org).

### Federal legislation extends nurses' MAT prescribing authority

President Donald Trump signed into law the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act (H.R. 6) on October 24. The American Nurses Association (ANA) is pleased that SUPPORT underscores nurses' critical role in solving the opioid crisis by enabling nurse practitioners and physician assistants to prescribe buprenorphine permanently with a medication-assisted treatment (MAT) waiver. This MAT prescribing authority is extended for 5 years to the other advanced practice registered nurse specialties: certified nurse-midwives, clinical nurse specialists, and certified registered nurse anesthetists. SUPPORT also will deploy more health experts by providing student loan relief of up to \$250,000 to individuals who pursue substance use disorder treatment professions in underserved areas.

Empowering and authorizing nurses to practice to the full extent of their clinical training and education eliminates unnecessary roadblocks that impede access to lifesaving treatment, especially in communities devastated by drug overdose and addiction and in rural areas where patients rely on nurses for quality care.

ANA recognizes the urgency to solve the opioid crisis and to save the lives of those impacted by it. ANA has provided several resources to this end, including an outline of nurses' role in addressing the crisis, an issue brief, and resources on pain management.

### POLICY

### ANA participates in HHS Roundtable

ANA Enterprise CEO Loressa Cole, DNP, MBA, RN, NEA-BC, FACHE, and ANA Director of Nursing Practice and Work Environment Seun Ross, DNP, MSN, CRNP-F, NP-C, NEA-BC, attended a Health and Human Services (HHS) roundtable on non-physician providers Nov. 8. Present at the event were HHS Secretary Alex Azar; Assistant Secretary for Health ADM Brett Giroir, MD; Deputy Surgeon General RADM Sylvia Trent-Adams, PhD, RN, FAAN; and nursing colleagues from the American Academy of Nurse Practitioners and the American Association of Colleges of Nursing, as well as other clinician associations.



Pictured, from left: ADM Brett Giroir, Seun Ross, Loressa Cole, RADM Sylvia Trent-Adams

During the meeting, Azar expressed his desire to grant all clinicians full practice authority. Cole addressed the group and conveyed the enormous impact APRNs have in primary care, an area that has a critical shortage of providers. Ross highlighted the need for reimbursement parity and eliminating practice barriers to allow APRNs to fully impact the U.S. healthcare system. At the meeting's conclusion, Azar pledged to support the work to ensure every nurse has the ability to practice at the top of their license.

## ANCC recognizes nursing excellence

The following awards were given at the 2018 ANCC National Magnet Conference® in Denver in October.

### 2018 HRH Princess Muna al Hussein Award Professor Sheila D. Tlou

The American Nurses Credentialing Center (ANCC) presented Professor Sheila D. Tlou, PhD, RN, FAAN, with the prestigious HRH Princess Muna al Hussein Award for her more than 30 years of impassioned advocacy for nursing and healthcare across the globe.



Sheila Tlou

“Dr. Tlou’s rich background as educator, executive leader, researcher, and advocate for nursing and vulnerable patients has advanced international standards of excellence in the nursing profession and the healthcare field,” said ANCC President Patricia Reid Ponte, DNSc, RN, NEA-BC, FAAN.

Dr. Tlou is best known for her pioneering work leading the AIDS response in Africa. She is a former Member of Parliament and Minister of Health in Botswana, where she developed a comprehensive HIV prevention, treatment, care, and support program that remains the model to this day.

Professor Tlou currently chairs the Global HIV Prevention Coalition, an international consortium working to set a common agenda for HIV prevention. In addition, she co-chairs the Nursing Now Global Campaign to raise the status of nursing and empower nurses to tackle today’s most pressing health challenges.

### 2018 Margretta Madden Styles President’s Award Dr. Michael L. Evans

ANCC presented the prestigious Margretta Madden Styles President’s Award to Michael L. Evans, PhD, RN, NEA-BC, FAAN. The award recognizes his outstanding service as ANCC president, board member, and board director, ANCC World.



Michael Evans

“Dr. Evans presided over the growth of ANCC from a national credentialing organization to a global force that exemplifies nursing excellence,” said ANCC President Patricia Reid Ponte, DNSc, RN, NEA-BC, FAAN. “Through his vision and leadership, the breadth, depth, and value of ANCC’s programs have advanced global credentialing for nurses around the world. It is a distinct privilege and pleasure to honor him with this well-deserved award.”

Dr. Evans is dean, professor, and holds the University Medical Center Endowed Chair for Excellence in Nursing at the Texas Tech University Health Sciences Center School of Nursing.

### 2018 National Magnet Nurse of The Year® Award

This award recognizes the outstanding contributions of clinical nurses to innovation, consultation, leadership, and professional risk-taking. Awards are presented in each of the five Magnet® Model components: Transformational Leadership; Structural Empowerment; Exemplary Professional Practice; New Knowledge, Innovations, and Improvements; and Empirical Outcomes.



From left: Jobic Ray Butao, Yuki Asakura, Sandy Quigley, Lindsay Norris, and Elizabeth Batcher were named Magnet Nurse of The Year® Award winners.

This year’s recipients are:

- Transformational Leadership: Elizabeth Batcher, BSN, RN, CEN
- Structural Empowerment: Lindsay Norris, BSN, RN
- Exemplary Professional Practice: Yuki Asakura, PhD, RN, ACHPN, OCN, ACNS-BC
- New Knowledge, Innovations, and Improvements: Sandy Quigley, MSN, RN, CPNP-PC, CWOCN
- Empirical Outcomes: Jobic Ray Butao, BSN, RN, CCRN.

### 2018 ANCC Magnet Prize® Christiana Care Health System

Christiana Care Health System in Wilmington, DE, is the recipient of the 2018 ANCC Magnet Prize®, sponsored by Cerner, a global leader in healthcare technology.

The prize honors innovative nursing programs and practices in ANCC Magnet®-recognized organizations. Cerner supports these programs and practices by sponsoring the \$50,000 purse attached to the prize. The money will help Christiana Care further develop its winning proposal.

Christiana Care received the ANCC Magnet Prize for its use of virtual reality (VR) technology to improve the patient experience in the chemotherapy suite.

“ANCC is proud to recognize Christiana Care for its novel use of technology to create a more positive experience for patients and families,” said Jeff Doucette, DNP, RN, NEA-BC, CENP, LNHA, FAAN, FACHE, vice president, Magnet Recognition Program® and Pathway to Excellence®. “This nurse-led innovation highlights the vision inherent in Magnet organizations to find unique solutions that break the mold of standard nursing practice.”

Read more about the award recipients at [nursing-world.org/news/news-releases/](http://nursing-world.org/news/news-releases/).



Christiana Care Health System was awarded the 2018 ANCC Magnet Prize®.

## ANA News

### President Cipriano presented with Health Care Leader Award

On November 3, the American Academy of Nursing (the Academy) honored ANA President Pamela F. Cipriano, PhD, RN, NEA-BC, FAAN, with its Health Care Leader Award. In a letter announcing the award, Academy President Karen S. Cox, PhD, RN, FAAN, expressed admiration for Cipriano’s tremendous leadership and recognized her as “an advocate for nursing and for improving the health and healthcare in our nation and around the world.”

The Health Care Leader Award has been given by the Academy only twice before, in 2008 and 2016, to Governor Janet Napolitano and Dr. Mary Wakefield.

The award was presented to Cipriano during the Academy’s 2018 Transforming Health, Driving Policy Conference in Washington, DC.



At a national press conference in June 2017, Pamela Cipriano emphasizes the importance of essential healthcare benefits.

### Nurses leading fight against opioid crisis at national level

Three ANA Enterprise nurse leaders have been asked to participate in national efforts to combat the opioid crisis.

Two were named to working groups of the Action Collaborative on Countering the U.S. Opioid Epidemic. To improve coordination and accelerate the pace of change, the National Academy of Medicine has partnered with the Aspen Institute and more than 50 other organizations to form the Action Collaborative on Countering the U.S. Opioid Epidemic.

American Nurses Credentialing Center Senior Vice President Kathy Chappell, PhD, RN, FNAP, FAAN, serves as a member of the collaborative steering committee; co-leads the education and training working group; and is a participant on the research, data, and metrics working group. Additionally, ANA Assistant Director of Policy and Advocacy, Kelly Cochran,

MS, RN, is a participant on the prevention, treatment, and recovery working group.

ANA Director of Nursing Practice and Work Environment Seun Ross, DNP, MSN, CRNP-F, NP-C, NEA-BC, has been appointed to the National Academies of Sciences, Engineering, and Medicine’s (the National Academies) Committee on Medication-Assisted Treatment for Opioid Use Disorder.

The National Academies will conduct a consensus study on medication-assisted treatment for opioid use disorder, sponsored by the National Institute on Drug Abuse and the Substance Abuse and Mental Health Services Administration. (Watch for a continuing nursing education article on medication-assisted treatment in the January issue of *American Nurse Today*.)

### Congratulations to the 2018 Nursing Research Grant recipients

This year, 26 American Nurses Foundation grants, totaling \$260,000, are being awarded to nurse researchers across the country. The grants are provided by external funding associations and corporations, and by endowment funds targeted to support nurse-led research.

The research projects focus on a variety of nursing science topics, including cardiovascular risk assessment for late adolescents, the health effects of walking with a companion, workforce and leadership development of minority nurses in public health environments, and transitions in care for older nursing home residents with dementia.

The Foundation completed its 2018 annual research grant process in August. The review committee was led by Chair Gordon L. Gillespie, PhD, DNP, RN, CEN, CNE, CPEN, PHCNS-BC, FAAN, FAEN, associate professor, deputy director of occupational health nursing



program, interim associate dean for research and translation, at the University of Cincinnati and Vice-Chair Joan Insalaco Warren, PhD, RN-BC, NEA-BC, FAAN, associate professor, University of Maryland, and project director, MD Nurse Residency Collaborative.

For the past 63 years, generous supporters have made it possible to award more than \$5 million to 1,100 nurse researchers through the American Nurses Foundation's Nursing Research Grant program.

The Foundation proudly welcomes all of the scholars to its flagship Nursing Research Grants program. Visit [givetonursing.org/nursingresearchgrant](http://givetonursing.org/nursingresearchgrant) to learn more about them.

## Foundation News

### Jeannine Rivet National Leadership Fund established

The American Nurses Foundation and the United Health Foundation, a not-for-profit, private foundation dedicated to improving health and healthcare, announced in November the establishment of the Jeannine Rivet National Leadership Fund.

The newly created fund honors the contributions of trailblazer Jeannine Rivet, MPH, RN, FAAN, retired executive vice president of UnitedHealth Group, to healthcare and business. Annual fellowship grant awards are available to nurses to foster and integrate nursing health knowledge, leadership development, and expertise in community and business leadership.

The Jeannine Rivet National Leadership Fund will provide an annual \$10,000 fellowship for 10 years to encourage more nurses to follow in Rivet's footsteps as leaders in healthcare. The first fellowship will be awarded in Spring 2019.

"We are grateful to the United Health Foundation for recognizing not only Jeannine's vast contributions as a nurse, business expert, and human being, but acknowledging the importance of supporting future nurse leaders," said Kate Judge, executive director of the American Nurses Foundation.



Jeannine Rivet

Rivet has been a pivotal player in challenging the healthcare industry to enhance the health and well-being of communities through information, collaboration, and advancement of optimal care delivery. *Fortune* magazine named her one of the 50 most powerful women in American business for 3 consecutive years. Rivet was central in creating the UnitedHealth Group Center for Nursing Advancement and its External Nursing Advisory Board to retain and hire nurses in expanding roles that address and solve pressing healthcare issues.

The American Nurses Foundation is a founding member of the Nurses on Boards Coalition, a national initiative committed to enabling the appointment of 10,000 nurses to boards of directors of corporate and non-profit health-related organizations by 2020. The Jeannine Rivet National Leadership Fund underscores this commitment to help increase nurses' contributions to healthcare and the organizations and communities in which they lead and serve.

#### Give to nursing

To learn more about the American Nurses Foundation and consider a donation, visit [givetonursing.org](http://givetonursing.org).