

GUEST EDITORIAL

The Challenge of Unrelieved Pain in the 21st Century

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The management of unrelieved pain continues to be a challenge in the 21st century. Evidence from pain research is not always effectively and consistently applied in practice. New ways of examining issues and strategies to meet this challenge need to be explored with regard to people with pain across the lifespan, special pain issues, and different types of pain. We need to consider whether we are including all pertinent aspects when we strive to understand and manage pain. In the Discourse published in this issue of the Journal, Sioban Nelson makes the point that effective pain management requires skilled and knowledgeable practitioners and includes the scientific, technological, and interpersonal domains. This pain-focused issue of *CJNR* is particularly exciting for those interested in improving pain management, because it addresses ways of effecting improvements in several especially challenging areas and provides a range of perspectives that makes us think and reappraise our approach. The various contributors report on many innovative clinical and theoretical approaches to pain issues in the 21st century.

Pain issues across the lifespan are addressed, from those that affect neonates to those that concern older people in long-term care. At one end of the spectrum, the pain management of older people in long-term care is often far from ideal. Kaasalainen, DiCenso, Donald, and Staples examine the role of the nurse practitioner in optimizing pain management within an interdisciplinary model in long-term care. These authors highlight the importance of effective collaboration and mutual trust within the team. Working collaboratively in an environment of respect is clearly an essential element in improving pain management in long-term care, reminding us why both knowledge and relationship-building are so central to effective pain practices in nursing.

Valid pain assessment is the cornerstone of good pain management. Getting this right in extremely premature infants of low birth weight, who are severely ill or at risk for neurological impairment, is a real challenge. The innovative study by Stevens, Franck, Gibbins, McGrath, Dupuis, and Yamada looks at the assessment of acute pain in these most

vulnerable neonates. Recognizing that existing pain measures have been validated in the healthiest neonates in the neonatal intensive care unit and in older populations, the authors investigate their appropriateness for use with vulnerable infant populations in the NICU. Stevens et al. question whether the acute pain response in vulnerable neonates is similar to that in the other populations with whom the measures were developed. This issue is fundamental to valid pain assessment with this vulnerable group.

Effective pain management requires an understanding of what the pain represents for the person who is experiencing it. The importance of the meaning of pain to the person involved is addressed from a different perspective in the study by McGillion, Watt-Watson, LeFort, and Stevens. These authors demonstrate how perceptions of the meaning of angina pain as burdensome and debilitating could be shifted by psychoeducation to perceptions of angina as a pain problem requiring ongoing self-management in order to retain life goals and functioning. This reframing of the meaning of pain has great potential. Its impact on other outcomes is an area for future work.

How we judge pain is crucial to pain management, and so too are the factors we take into account when seeking to understand a person's pain. Most student essays on pain will tell you that pain is a biopsychosocial experience. One aspect of pain management that has received little attention is the impact of spirituality and/or religion on the pain experience. The study by Anita M. Unruh demonstrates that a consideration of spirituality is generally not part of the therapeutic context. Unruh argues that religious and spiritual beliefs affect the way in which the meanings of pain and its management are constructed. She points out that patients want their health-care providers to acknowledge and respect the possible effects of these beliefs on health needs. Unruh makes a strong case for the inclusion of a spiritual perspective in the management of pain, to enable the provision of more sensitive, appropriate, and person-centred pain management.

Health professionals are routinely exposed to pain in others, and it is essential that the processes by which they evaluate that pain be understood. The review by Prkachin, Solomon, and Ross addresses the issue of underestimation of pain by health-care providers and discusses the gatekeeper role that they play in determining who receives pain treatments and how these treatments are administered. The authors look at how health professionals judge the pain of others and present a conceptual model of the decoding process involved. Evaluations of the amount of suffering endured are critical in determining the final treatment decision. Prkachin et al.'s framework is a unique attempt to summarize current research and to give direction for future work in this area.

This issue of *CJNR* shows clearly that ground-breaking pain research is being undertaken — research that addresses issues of key importance in improving people’s experience of pain. Working together across the professions, thinking about how we assess and judge pain, and the impact of people’s constructions of pain are common themes that are bound to foster serious reflection as we strive to deepen our understanding of pain and its management in the 21st century. Understanding the science, as well as being “caring,” is essential to the provision of sensitive and appropriate care to people who are in pain.

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