

Discourse

When Caring Is Not Enough: Understanding the Science of Pain

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Effective pain management requires skilled and knowledgeable practitioners. Is the traditional preoccupation of nursing with “care” implicitly undervaluing “science” and interfering with our ability to successfully manage pain issues?

Much has been written on the cultural and social significance of pain, on the differing responses to pain dictated by social mores, on the association between pain and purification rites, and on the moral value of pain and suffering — pain in childbirth and pain in death (Cassell, 1991). Scientific changes and practice shifts in areas of high cultural and social significance (such as childbirth, death, and pain) tend to be accompanied by a re-evaluation of moral issues. Moral constraints on anything that appears to interfere with the “natural” (however painful) order of events are not only of ancient historical relevance. As recently as the post-war period, controversy over developments in anesthesia and opioid analgesia made it necessary for Pope Pius XII to formally approve the administration of pain relief. According to a papal decree on the matter:

The patient, desirous of avoiding or relieving pain, may, without any disquietude of conscience, use the means discovered by science which in themselves are not immoral.

(Pius XII, cited in Jaros, 1991, p. 8)

Sixty years on, a papal clearance to receive analgesia may seem odd. Nonetheless, the very existence of this position statement reveals widespread “disquietude” at cultural shifts in relation to pain and illustrates that questions of morality and pain relief have been closely linked down through the ages.

Nursing has its own cultural history with respect to pain. It is a history that bears heavily on both the science of pain and the application of that science in everyday practice. As one of the quintessential areas of nursing care, nursing has long been associated with comfort and support for the sick and suffering. For patients in early hospitals, religious nurses

provided comfort through whatever means were at hand. The spiritual support, along with the comforting rhythm of religious rituals, helped the sufferer to endure. Highly esteemed in this Christian context were stoicism and the offering up of pain and suffering for one's sins or for the sins of the world.

One does not have to search far in the multitude of contemporary nursing narratives to see that nurses still view comfort for the patient in pain as one of their key purposes and, in truth, satisfactions — see, for example, Canfield, Hansen, Mitchell-Autio, and Thieman's 2001 *Chicken Soup for the Nurse's Soul* or Briskin and Boller's 2006 *Daily Miracles: Stories and Practices of Humanity and Excellence in Health Care*. Yet while nurses declare their importance to the patient with respect to pain, we have ample evidence of the fact that patients in pain remain poorly managed. Why so?

In a recent book, *The Complexities of Care: Nursing Reconsidered* (Nelson & Gordon, 2006), Suzanne Gordon, an American journalist and health commentator, and I, along with our contributors, consider this and other apparent paradoxes in contemporary nursing discourse and practice.

Our argument comes down to two clear issues. The first concerns the way in which nursing is represented, and in fact represents itself, in moral terms — what Gordon and I coin the “virtue script.” The second rests with the observation that nursing appears to be increasingly uncomfortable with the scientific and biomedical domain in which it is practised. Through a phenomenon that Gordon terms “the new Cartesianism,” nursing's overarching “human science” framework paradoxically serves to downplay and undervalue the scientific and technical knowledge of nurses as “medical” and thus of secondary importance to the human and relational skills that the nurse brings to the patient encounter.

As Gordon and I argue, the problem with the ministering angel image of nurses is that it is an image for another time, when it served particular ends. Yet today, no less than in the 19th century, nurses cling to the virtue script, with an emphasis on their virtues rather than on the knowledge and concrete contributions of their work, and eschew claims to biomedical and scientific expertise as secondary or “medical.” And while nurses are often comforted by the fact that the public feels it owes them a debt of gratitude, it is clear that the same public does not think of nurses as particularly knowledgeable or as highly skilled. Hence the issue of the low professional status of nurses has remained very much alive despite the countless strategies that over the decades were thought to have addressed it (university-based education, baccalaureate entry to practice, graduate education, research-based knowledge, and so forth).

If we apply the virtue script to pain care, we find the widespread idea that the patient is best served by a kind and attentive nurse, one who

helps the patient to voice his or her feelings, supports families, and puts energy and sensitivity into determining the meaning of the illness and the pain for the patient. This is the tenet of patient-centred care. Of course all of these principles are central to good practice, but what concerns me is what is missing from this model of excellent nursing. Where is the science? Gordon argues that in its efforts to differentiate itself from medicine, and to adhere to the traditional value attached to nursing as moral work, nursing has become increasingly uncomfortable with the scientific “half” of holistic care. Biomedical knowledge is frequently dismissed as “merely” medical and ranked a distant second in importance to interpersonal skills.

With respect to pain management, this can lead to caring and resourceful nurses believing they are providing excellent patient-centred care, with patients and their families reinforcing this view in gratitude for the nurses’ support yet in ignorance of the rapidly evolving science of pain, which could make the caring nurse a key contributor not only to poorly managed pain but also to its sequelae, including chronic pain. Effective pain management by nurses is more than “caring” and carrying out procedures ordered by others. Furthermore, when nurses do not articulate a biomedical understanding of pain assessment and management approaches, they risk being perceived as less than full members of the interprofessional team that is so important to collaborative pain management.

In many respects, the field of pain provides a paradigm case for several of the arguments presented in *The Complexities of Care*. A false dichotomy between nursing and medicalized knowledge undervalues the science that nurses need to possess and to practise; a lack of focus on science in the discourse on nursing means that the public is unaware that the nurse needs to be more than a nice person and is led to believe that all clinical decisions of consequence are made by medical members of the care team. Most concerning of all, nurses may believe they are doing a great job, in ignorance of the science and the consequences of poorly managed pain.

Gordon and I argue that proper uptake of the science of pain calls for nursing educators, administrators, and researchers to reclaim the scientific, medical, and technical knowledge of skilled nursing, without apology, unconcerned that it might be viewed as a sign of an “uncaring” nurse or a “wannabe” doctor. The revolution in pain management will not occur unless nurses feel comfortable talking with colleagues, patients, and peers about the scientific and technical realm in which they practise, as well as talking more effectively about the human, interpersonal domain. We do not have to choose between these domains but we do

have to reject the false polarity so often set up by curricula, professional, and even scientific discourse.

Pain management is a science, and one in which nurses are key. The virtue script may have served nurses and their patients well in the past, but in the field of pain, as in so many other domains of care, we need to move beyond angels and practise as knowledgeable scientific and compassionate professionals.

References

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