



Cancer pain assessment and management in adults: survey of current practice: summary of responses to an online survey 2011-2012

527 respondents participated from a wide range of disciplines including registered nurses (31%), palliative care physicians (17%), oncologists (14%), general practitioners (7%), general physicians (3%), geriatricians (1%), and haematologists (1%). Those respondents who identified as “other” (26%) included psychologists, psychiatrists, pharmacists, physiotherapists, radiation therapists, dieticians, occupational therapists, clinical trial co-ordinators, social workers, an aboriginal health worker, a dental special needs coordinator, and a podiatrist.

All states and territories were represented, with the majority of respondents working in NSW (35%) and VIC (24%). Public Hospital (31%) and Public Practice (29%) were the most common sectors, with less than half (23%) working in an outreach clinic.

Current practice in assessment and management of cancer pain:

Evidence-based practices were found to be widely implemented in workplaces, the most common being the use of bowel regimens in cancer patients receiving opioids (89%), scheduled pain medication for severe pain (88%), and the use of breakthrough opioids in cancer patients receiving long-acting opioids (88%). The least implemented evidence-based practice was commonly identified as the use of a validated pain scale to assess cancer pain.

Commonly perceived barriers to implementing evidence-based practices included the lack of coordination across multiple providers (81%), challenges posed by comorbidities (77%), impact of distance on ability to access pain-related services for patients (73%), and difficulty accessing interventional pain services (72%).

To improve and address these barriers, the majority of respondents identified that more training and access to information on pain assessment and management was needed. Over half of the respondents identified that an increase in dedicated clinician time and more patient and caregiver information would also improve assessment and management.

Involvement of specialist pain and specialist palliative care services in cancer pain assessment and management:

While less than half of respondents (39%) indicated that most or all of their patients would benefit from referral to a specialist pain service, 70% of respondents identified that most or all of their patients with cancer pain would benefit from referral to a specialist palliative care service. 69% of respondents then went on to identify that access to specialist palliative care services in their area health service is of acceptable speed and ease, while less than half of respondents (40%) identified that access to specialist pain services is of acceptable speed and ease.

Perceptions of guidelines for assessing and managing cancer pain:

Respondents were especially supportive of new Australian guidelines for non-pharmacological (91%) and pharmacological (89%) management, as well as for assessment. Respondents were also strongly



supportive of an implementation strategy to inform use of existing guidelines in and across different service settings (90%).

Guideline components identified as most useful were advice on best practice for specific cases of cancer pain (e.g. nociceptive), guidance on assessing patient-identified priorities, and inclusion of patient 'action plans' to aid self-management. The inclusion of key performance indicators was identified as the least useful component.

46% of respondents reported that guidelines were routinely used in their workplace, most commonly *The (Australian) Palliative Care Expert Group (2010): Therapeutic guidelines - Palliative Care. Version 3* (62%). The most common perceptions about guideline use were that one or more guidelines were working well (90%), that the use of pain guideline(s) at their primary workplace influence(s) patient outcomes (84%), and that there are adequate resources at their primary workplace to provide care according to one or more pain guideline(s) (81%).

Respondents left a variety of insightful comments that will be used alongside the above data to inform development of an Australian clinical pathway for adult cancer pain.

For more information or to get involved in reviewing drafts of the pathway, please contact Dr Tim Lockett at 02 9514 4861 or t.lockett@unsw.edu.au