**Ethical Challenges of Effective Pain Management in Patients with Severe Cancer Pain and Substance Use Disorder**

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The January 2021 Ethics for Lunch session discussed the case of a young African American man with severe cancer pain and active substance use disorder for whom effective pain management proved to be exceptionally challenging. The session provided an ethical framework for analyzing the risks and benefits of opioid use in patients with advanced cancer and substance use disorder and drew attention to issues of systemic inequity in the treatment of pain across populations. The panel highlighted the need for an individualized and interdisciplinary approach to pain management with careful consideration of each patient’s addiction history, support system, and prognosis in creating tailored treatment plans.

**Key Points:**

1.) Clinicians face competing ethical obligations when prescribing opioids. There are often reasons to prescribe opioids and withhold opioids at the same time.

2.) Opioid medications can act as powerful analgesics, especially in patients with severe, cancer-related pain as highlighted in this case. Drawing on the principle of beneficence, clinicians seek to promote good for their patients, which often includes adequate pain control. There are many cases in which prescribing opioids is ethically permissible.

3.) The principle of non-maleficence challenges clinicians to avoid harms. Opioid medications come with substantial risks that can result in patient harm. These risks include adverse effects (e.g. nausea, constipation, neurotoxic effects), addiction, overdose, and death caused by overdose. When patients have a history of substance use disorder, the risks of opioid misuse, overdose, and overdose related death are of more concern.

4.) From a justice perspective, there is evidence showing that patients are treated differently based on certain characteristics such as race and gender. For example, research suggests that African Americans are treated with pain medications less aggressively than white men. Systemic racism and implicit bias can affect opioid prescribing and equity in pain control.

5.) Ethical prescribing practices rely on a careful consideration of the benefits and harms of opioid use within the context of each patient’s special circumstances. When opioid medications are deemed appropriate, ethical obligations do not stop with the dispensing of medication. There must be careful plans in place for continued management and, when appropriate, de-escalation of opioid medications depending on the patient’s specific condition, prognosis and recovery.

6.) Treating patients with cancer-related pain and substance use disorder presents many challenges. An interdisciplinary approach to these patients is necessary to achieve success. These team members may include, but are not limited to, oncologists, palliative medicine specialists, addiction specialists, clinical pharmacists, mental health specialists, and chaplains.

7.) An understanding of the multifaceted dimensions of pain and suffering is needed to adequately treat pain in patients with substance use disorder. Patients must also be evaluated for signs of emotional and spiritual pain.

8.) Key to addressing issues of substance use disorder is a comprehensive evaluation of patient support systems. Substance use can bring “chaos” into a person’s life and patients are often left without adequate housing and psychosocial support as they navigate their addiction. Understanding support systems and identifying aspects of a patient’s life that bring “meaning” can help clinicians develop treatment plans with greater potential for success.

9.) Prognosis is a consideration for patients with cancer-related pain and substance use disorder. When patients are approaching the end of life (i.e., last six months of life), hospice can be considered as an extra layer of interdisciplinary support. Hospice services are familiar with treating patients with advanced disease and substance use disorder and can provide ongoing symptom management and support for patients and their families.

10.) While opioids can be effective in managing cancer pain, they are not the only means of effective pain management. Adjuvant medications such as acetaminophen, NSAIDs, SNRIs and anticonvulsant medications can be trialed to improve pain control and potentially decrease or stabilize opioid doses. Additionally, interventional pain procedures and radiation therapy can often provide targeted and prolonged relief in patients with certain types of cancer-related pain.

11.) It is difficult to address pain control in patients with substance use disorder without a careful review of their addiction history and prior treatments. It is important to consider patterns of behavior around opioids, but it is often nearly impossible to distinguish between behaviors related to drug reward and behaviors related to pain control.

12.) For patients at the end of life who experience uncontrolled pain with a known co-existing substance use disorder, risks and benefits must still be considered. However, as disease advances and length of life decreases, the benefits of opioid use often begin to outweigh the risks. Even as patients approach the end of life, non-physical forms of distress must still be considered and treated to avoid mere chemical coping.

**References**

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