



Accepting a Patient's Self-Report of Pain: When Doubts Arise

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What is Pain?

One definition states that “pain is whatever the experiencing person says it is, existing whenever he says it does”. The American Pain Society (APS) tells us that patients' self-report should be the primary source of pain assessment and that the health care provider (HCP) must accept the patient's report of pain, even if the HCP does not agree 100% with what the patient is saying.

By accepting all patients' reports of pain, it ensures that everyone who has pain receives an attentive response. When the patient's report of pain is not accepted, it becomes a barrier to adequate pain management.

Sources:

- Pallium Canada - <http://pallium.ca/>
- Pasero, C. & McCaffery, M. (2011). Pain assessment and pharmacological management. St. Louis, Mosby.

What Causes HCPs to Doubt Patient Self-Report of Pain?

- Lack of knowledge and skill set to effectively manage pain and lack of self-awareness of these gaps
- Misplaced fears of causing opioid addictions
- Misplaced concerns about disciplinary and legal reprimand for prescribing strong opioids
- Underestimating the extent of the pain and its interference with the patient's quality of life.
- Repeated exposure to patients experiencing pain may contribute to the development of an insensitivity to pain
- The nature of the HCP's clinical practice may contribute to their underestimation of the patient's pain. E.g., Those who perform acupuncture, venipuncture or bone marrow aspirations may become less sensitive to the pain they are inflicting.
- An atmosphere of suspicion may develop in some settings where patients are suspected to be faking pain to obtain opioids. The history of the patient also leads to an atmosphere of suspicion.

How to Advocate When a Patient's Self-Report is Not Accepted

- Be alert to the use of stigmatizing labels such as “drug-seeking”, “malingering”, and “addicted” and help staff avoid them.
- Remind HCPs that pain is a subjective experience that cannot be proven or disproven.
- Acknowledge that while everyone is entitled to personal opinion, it does not form the basis for professional practice.
- Use assessment tools such as Opioid Risk Assessment tool and Fraser Health Assessment Tool to document findings
- Ask “What makes it so difficult to believe that this person hurts?” or “What would this person have to do to convince you that they are in pain?”