

**Pain Management at the  
End of Life:  
A Physician's Self-Study  
Packet**

**A Collaborative Project of:**  
Maine Hospice Council  
Maine Pain Initiative  
University of Southern Maine, Muskie School of Public Service

**Approved for:**  
Category 1 CME credits by  
Maine Medical Education Trust and AMA  
Category 2-B Enduring Materials by  
Maine Osteopathic Association and AOA

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American Medical Association

- *"The Education in Palliative and End-of-life Care Curriculum " (EPEC) 2003*
- MPI update 2006

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Maine Board of Licensure in Medicine

- *"...effective pain management as part of quality medical practice for all patients..."*
- *"...professional standards..."*

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**Pain Assessment - PSSP**

Pain scales = documentation/progress

Examples:

- ZAP
- Borne Faces
- On-line

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**Pain Assessment - PSSP**

**“THINK MECHANISM”**

Pain pathophysiology

- Nociceptive pain
- Neuropathic pain

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**Pain Pharmacology - PSSP**

- WHO 3-step model
- Acetaminophen
- NSAIDS
- Opioids
- Addiction
- Adjuvant meds
- “Not recommended” meds

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## Opioid Pharmacology - PSSP

### Immediate-release dosing

- q 4hrs + prn rescue dose
- control @ 24 hrs ?
- uncontrolled @ 24 hrs:
  - increase routine dose 25% – 100%
  - increase = 24 hr rescue dose
  - avoid unnecessary delay

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## Opioid Pharmacology - PSSP

### Extended-release dosing

- q 8-24 hrs
- control @ 2-4 days?
- methadone – variable half-life (titrate)

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## Opioid Pharmacology - PSSP

### Breakthrough (rescue) dosing

- immediate-release
- 5%-15% of 24 hr dose
- q 1 hr po
- q 30 min SC/IM
- q 10 – 15 min IV

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## Opioid Pharmacology - PSSP

### Addiction

- psychological dependence/compulsive
- vs tolerance
- vs physical dependence
- vs "pseudoaddiction"

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## Pain Pharmacology - PSSP

### Adjuvant meds

Examples:

- gabapentin for neuropathic pain
- carbamazine for neuropathic pain
- others...

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## Pain Pharmacology - PSSP

### "Not recommended" meds

- meperidine (normeperidine metabolite)
- propoxyphene
- mixed opioid agonist/antagonist
  - pentazocine
  - butorphenol
  - nalbuphine

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## Analgesic Dosing- PSSP

*" . . . no maximum dose of a pure agonist opioid..."*

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## Adverse Effects - PSSP

### Opiates = constipation

- little or no tolerance
- diet +/-
- psyllium +/- (needs fluids)
- stimulant/softener - start
- osmotic agent – add
- "anticipatory management"

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## Adverse Effects - PSSP

### Opiates:

- sedation
- delirium
- respiratory depression

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## Adverse Effects - PSSP

*" . . . can be part of the expected end-of-life process. Consider goals of treatment..."*

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## Pain Management – Nonpharmacologic

- TENS
- Acupuncture
- Massage
- Yoga
- Behavior therapy
  - pain journal (?)
  - "cognitive therapy"
- "It's not all about opiates"

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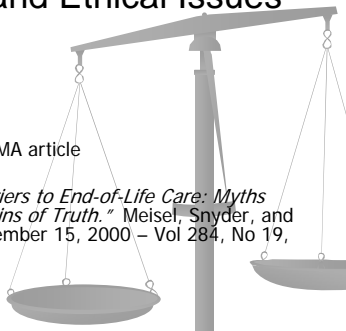
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## Legal and Ethical Issues

- "Seven Myths" JAMA article
- "Seven Legal Barriers to End-of-Life Care: Myths, Realities, and Grains of Truth." Meisel, Snyder, and Quill. JAMA, November 15, 2000 – Vol 284, No 19, 2495-2501



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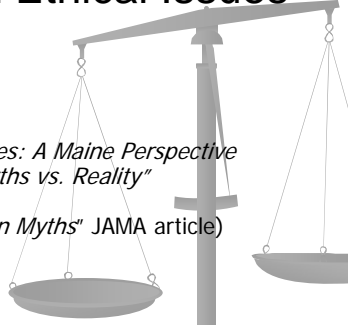
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## Legal and Ethical Issues

*"Legal Issues: A Maine Perspective  
Myths vs. Reality"*

(re: "Seven Myths" JAMA article)



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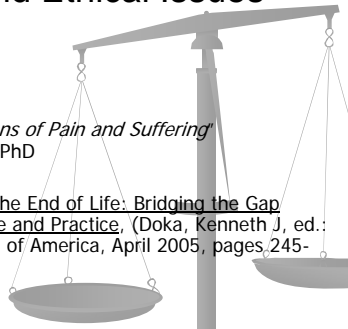
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## Legal and Ethical Issues

*"The Ethical Dimensions of Pain and Suffering"*  
Benjamin Rich, JD, PhD

Pain Management at the End of Life: Bridging the Gap  
Between Knowledge and Practice, (Doka, Kenneth J, ed.:  
Hospice Foundation of America, April 2005, pages 245-  
260)



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Advanced Directives (AD)

and

Do Not Resuscitate (DNR)

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## AD / DNR

- Advanced Directive (AD)
  - Hospital, nursing home, private home, etc.
  - Witness, but no physician order
  - "DNR" is separate document with physician order
- Do Not Resuscitate (DNR)
  - EMS response to 911
  - Physician "order" (2 options)
    - "Comfort Care" = ORANGE
    - "Diploma"
  - On Line Medical Control (OLMC) - option

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## Advanced Directives

### SUBSTITUTES:

- Durable Health Care Power of Attorney (POA)
- Guardian
- Agent
- Surrogate

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## Advanced Directives

- "Artificial" nutrition and hydration = treatment
  - IV fluids
  - feeding tubes
- Apply, withhold, or withdraw:
  - instructions in Advanced Directive
  - OR
  - POA, agent, guardian, or surrogate

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## Advanced Directives

Maine:

- Written or oral
- No specific "form" required
- Transferable between states

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## Advanced Directives – Maine (currently under review)

- Physician order/signature required?
- What is "informed consent"?
- What is DNR?
  - DNI/DNH
- What is "default" in cardiac arrest?
  - cardiac arrest = death?
  - cardiac arrest = CPR?
  - "expectant" vs "treatable acute syndrome"

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Myth:

If a physician prescribes or administers high doses of medication to relieve pain or other discomfort in a terminally ill patient, resulting in death, he/she will be criminally prosecuted.

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### “Doctrine of Double Effect”

- Documentation of intention
- “Professional Standards”
- vs PAS and euthanasia

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### Myth:

When a terminally ill patient's suffering is overwhelming despite palliative care, and he/she requests a hastened death, there are no legally permissible options to ease suffering.

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### “Palliative Sedation”

- “Terminal Sedation”
- “Total Sedation”
- Policy and Process (!)
- vs PAS and euthanasia

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Written Test - PSSP

Continuing Medical Education  
for physicians

- Three Category 1 CME – MMET/AMA
- Three Category 2B CME - AOA

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Download or request your CME copy  
at:

[www.MaineHospiceCouncil.org](http://www.MaineHospiceCouncil.org)

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