



## ***The Truth About Pain***

*Information you need to know when caring for a loved one with advanced illness*

- Pain is not a necessary part of living with a life threatening illness or dying and not all advanced illnesses cause significant pain.
- Pain control is very important, because having chronic pain is exhausting and interferes with your quality of life – eating, sleeping, laughing, being with loved ones, etc.
- Hospice palliative care physicians know how to control pain and discomfort and enhance your quality of life – helping you to devote your energy not to fighting pain, but to spending time with loved ones.
- Some of the best medicines for pain are opioids – codeine, morphine, hydromorphone, etc.
- Opioids are not just for people near the end. They provide good pain control throughout the illness and come in many forms (tablets, capsules, suppositories, injections).
- Some people are afraid of opioid addiction. When used to control pain as a result of advanced illness, addiction is not a concern. People living with advanced illness that take opioids for pain control become more like themselves – they get back into life. People who take opioids for reasons other than pain control to advanced illness become less like themselves – they withdraw/escape from life.
- Opioids can cause nausea and constipation, but these side effects can be controlled with other medications. If you are taking opioids, you should also be taking medications for constipation, such as a stool softener and a bowel stimulant.
- Opioids can also cause confusion or sedation, particularly in the first 24-48 hours. This is often a dosage issue. Your physician will adjust the dosage so that you are both comfortable and as alert as possible.
- Opioids rarely cause significant respiratory depression when prescribed in appropriate doses.
- Pain is best controlled when your medication has reached a steady state in your body. Take your medication regularly. If your pain “gets worse” or breaks through your regular control, your physician can prescribe short-acting “break-through medicine” to help control your pain.
- Don’t save your pain medication for “when you really need it”. Don’t worry about your body getting used to it. Opioids do not work this way. You can use the same dose of pain medicine for a long time and it will control your pain. There is no upper limit for many of these pain medications. If it works, use it.

*Hospice is a community healthcare charity.*

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- Everyone is different. It may take some time to find the correct dose that controls your pain while leaving you as alert as possible.
- Keep a pain diary. Rank your pain on a scale of 0 to 10, with zero being no pain and 10 being the worst pain you could imagine.
- Portable pain pumps (CAD pumps) are used to provide a regular amount of pain medicine subcutaneously (under your skin) each hour. These pumps have a button you can push for an extra dose for breakthrough pain.
- Pain patches can be used to release a regular amount of pain medicine through your skin.
- Some pain, such as bone pain, can be controlled with radiation, which shrinks cancerous growth and eases pain.
- A nerve block, similar to the freezing done by the dentist, sometimes can be used to control stubborn pain.
- Palliative care specialists can control 95-95% of pain related to advanced illness. For those 5-10% of patients whose pain is difficult to control, options, intentions and possible outcomes are fully discussed with the patient and family. Together, we agree to medication that will ease suffering, without the intention of doing harm.
- There are many options to control pain. You should be consulted and part of the team that makes decisions about your pain control.
- The goal of hospice palliative care when supporting people who are dying is to ease suffering. It is unethical to allow people to suffer. Our goal is always to comfort during the journey. The support of a hospice palliative care team can deliver that for patients and families.

*This information has been reviewed and approved by Dr. Chris O'Brien, Hospice Medical Director and Medical Director of the Palliative Care Unit at the Saint John Regional Hospital.*

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