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Pain and suffering: Same or not?

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Palliative care is defined as an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual. (WHO 2002)

This entails that clinical staff managing a patient should be able to identify and manage their physical symptoms as well as non-physical issues. There is a great need to understand train Palliative care staff in identifying and supporting both components. Cecily Saunders had defined 'Total pain' as suffering that encompasses all of a person's physical, psychological, social, spiritual, and practical struggles.

Suffering occurs when an impending destruction of the person is perceived; it continues until the threat of disintegration has passed or until the integrity of the person can be restored in some other manner.' To appreciate the suffering of others requires a full understanding of the personal narrative of the individual (Cassell 1991). Whereas it is important to manage physical pain, limited prognosis and physical symptoms together give rise to suffering, loss of meaning, spiritual

questions and family helplessness. Medical management of death can often conceal the realisation of suffering. Patients do not tend to talk about it as they encounter more clinical questions than meaningful supportive discussions. Suffering can also stem from overzealous medical treatment and avoided conversations.

Clinicians often withdraw from those who suffer because of being unsure about further course of action, personal anxieties, fear of facing their own mortality and lack of own coping mechanisms. In an economic model, it can have impact on long term well-being as it leads to unanswered questions, unnecessary hospitalisations, difficult pre and post bereavement situation for families and unresolved questions for caring clinical team.

Conclusion: Suffering is a multidimensional experience related to physical, financial, social, psychological, emotional, spiritual, and existential anxieties. While training clinical staff in physical management of Palliative care patients, it is imperative that they are educated in recognising, researching and treating suffering of patients and their families (Breitbart 2007).

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