ANA Position Statement (Draft for Public Comment[O1])
The Ethical Responsibility to Manage Pain and Suffering

Thank you for the opportunity to comment on this draft. This is an important topic.

Purpose[LC2]:

The national debate on the appropriate use of opioids creates an environment which can constrain nurses from providing optimal relief of pain and suffering. This limitation exacerbates the longstanding problem of inadequate treatment of these symptoms. The purpose of this position statement is to provide ethical guidance to nurses who may feel constrained from fulfilling their ethical responsibility to provide optimal management of pain and suffering.

This paragraph could benefit from clarification and coherence as, in its current form, it can be a bit confusing.

The stated purpose begins by leading the reader to believe that the statement is going to address the appropriate use of opioids and the nurse's responsibility in that regard; totally appropriate. However, it quickly moves beyond that and opens to a different and broader concept, suffering. While related, pain and suffering are not the same concepts. See, for example, Eric Cassell, "The Relationship between Pain and Suffering," in *Advances in Pain Research and Therapy*, ed. C. Stratton Hill Jr. and William S. Fields (New York: Raven Press Ltd, 1989), 63.

Because of the massive amount that could be said about pain management alone, in order to do justice to the topic, we would suggest that this statement limit itself to pain and its management and leave suffering for another time.

The reader is further confused by the suggestion that *debate* about the appropriate use of opioids somehow creates an environment that hinders nurses from managing pain appropriately. It needs to be explained how it is that merely discussing the right and good way to do something would make it such that nurses could not do what is right and good.

Finally, although the purpose initially suggests that the concern is the *patient's* pain, the focus shifts to a concern for the *nurse* who is pained, so to speak, as a result of an environment said to be influenced by debate.

All this leaves the reader unsure as to what the statement is actually about.

Statement of ANA Position[O3]:

As recommended above, deleting all mention of suffering in this statement would help keep the focus on pain and the appropriate use of opioids in the management of pain.

The American Nurses Association (ANA) believes that:

- Nurses have an ethical responsibility to relieve[O4] pain and suffering.

Use of the word "relieve" can be problematic. It should be recognized that pain cannot always be completely relieved. To make *relief* of pain an ethical responsibility, can set up the nurse for failure or worse. A*lleviate* would be a more appropriate term. In this regard, it is important to determine the patient's expectations and to educate and counsel them with respect to how realistic their expectations may be, given the particular situation. To do this, the nurse must first conduct a comprehensive evaluation of the individual patient to determine the type of pain, its cause, and then formulate appropriate treatment options that address the cause and type of pain.

- Pain should be optimally managed.
- A multi-modal approach may be necessary to achieve relief.
- Nurses must advocate for policies that support all effective modalities[O5].

Changing this to read, "all modalities that are effective as well as ethically appropriate and morally permissible" would make the sentence more consistent with the ethos of nursing, which calls for only that which is ethically appropriate and morally permissible.

- Nurses must provide individualized nursing interventions.
- Nurse leadership is necessary for society to appropriately address the opioid abuse crisis.

Background/Discussion

Existing body of knowledge. The experience of pain may serve as a protective function. Individuals experience pain in a variety of ways. If the nursing profession agrees that pain is *"whatever the experiencing person says it is, existing whenever he says it does.*[O6]" (McCaffery &

While it is true that there are a variety of definitions of pain, it would improve the position statement to be more scientifically precise in the definition it uses beyond, "whatever the person says it is." For example, the International Association for the Study of Pain defines chronic pain as, "pain without apparent biologic value that has persisted beyond the normal tissue healing time (usually taken to be three months.)" (See Classification of chronic pain. Descriptions of chronic pain syndromes and definitions of pain terms. Prepared by the International Association for the Study of Pain, Subcommittee on Taxonomy. Pain Suppl 1986:3:S1)
Including a more precise definition does not negate the fact that, when it comes to pain intensity, it can only be determined by the patient's report. Thus, measures of pain intensity, for example, are not meant to compare one person's pain with another's. Pain measures are reliable and valid only to compare the intensity of a patient's pain at different times, which then allows the nurse to know whether the patient's pain is increasing or decreasing.

Beebe, 1989, p.7), then nurses and other healthcare professionals have a moral obligation to respond to this patient need (IOMa, 2011; IPRCC, 2015). Thus, nurses are "ethically obligated to take action against the disparities associated with access to pain[O7] management" (ANA, 2016, p. 28).

While this sentence is a direct quote and, thus, cannot be changed, it is important to add that the nurse's ethical obligation is to take *ethically appropriate* action and to manage pain *appropriately.* Including these important qualifiers would lend consistency to the statement and ensure fidelity to the ethos of nursing.

"Effective pain control strategies emphasize shared decision-making, informed and thorough pain assessment, and integrated, multimodal, and interdisciplinary treatment approaches that balance effectiveness with concerns for safety" (IPRCC, 2015, p. 12).[O8]

This is a good statement to include.

A variety of strategies have been used to treat acute and/or chronic pain. These strategies include pharmacological as well as a variety of complementary therapies, such as meditation and acupuncture[O9].

To be more comprehensive and to demonstrate nursing's knowledge of a broad range of legitimate options and a wholistic understanding of the human person, it would help to include here such methods as, nonpharmacological, physical medicine, behavioral medicine, neuromodulation, interventional, surgical approaches, prayer, as well as complementary therapies.

Pain is "a significant public health problem in the United States" (Interagency Pain Research Coordinating Committee (IPRCC), 2015, p. 6-7) at great cost to society. To address longstanding barriers to effective pain management, nurses and other healthcare professionals should engage in research to identify strategies to (1) prevent and treat pain, (2) minimize disparities in accessing healthcare, (3) promote societal awareness regarding pain as a public health issue, and (4) identify effective educational strategies for nurses, healthcare professionals as well as the public.

Opioid abuse crisis[O10]**.** There is "a serious problem of diversion and abuse of opioid drugs,

It would be helpful to differentiate between opioid use disorder, which is what the opioid abuse crisis is about, and the appropriate use of opioids for the management of pain by including a definition. For example, opioid use disorder is a chronic, relapsing disease with both physical and psychiatric components. It is associated with economic hardship, social isolation, incarceration, increased rates of blood-borne infections such as HIV and viral hepatitis, adverse pregnancy outcomes, and increased mortality (The Medical Letter, June 5, 2017).

as well as questions about their usefulness long-term...when opioids are used as prescribed and appropriately monitored, they can be safe and effective, especially for acute, post-operative, and procedural pain, as well as for patients near the end of life who desire more pain relief"[O11] (IRPCC,

While this is a direct quote and cannot be changed, it must be made clear in this position statement that a patient's *desire* for more pain relief does not translate into a nurse's duty to relieve the patient's pain to the extent that they relieve the patient of their life. As stated earlier, with a proper assessment of the patient, an accurate understanding of the cause and type of pain, and an interdisciplinary approach, scientifically and morally appropriate modalities to alleviate pain are available and effective.

2015, p. 14). Careful discernment is required to limit the ripple effect of under-prescribing when opioid use is indeed indicated. Pharmacogenomics promises to be a useful tool to help to

determine the appropriate dosing plan for an individual's pain management (Yiannakopoulou, 2015).

Ethical considerations[O12]. The nurse "uses advocacy, education, and a supportive approach

An ethical consideration that should be included is the nurse's ethical obligation to be knowledgeable about the science of pain, the taxonomy for the classification of pain, types of pain, the pathogenesis of pain, mechanisms for persistent pain, and the need to individually tailor targeted therapy to alleviate pain. It is an ethical obligation to know what you are doing and why. Since the choice of appropriate therapy depends upon an accurate evaluation of the cause of pain, the nurse has an ethical responsibility to ensure an accurate evaluation. Because pain affects the entire person, the nurse is ethically obliged to include in the evaluation the impact that pain has on the patient physically, socially, emotionally and spiritually.
Furthermore, as previously mentioned, the nurse is ethically obligated to determine the patient's expectations of pain management and to educate and counsel patients with respect to how realistic their expectations and goals may be. An honest, evidence based discussion can reduce frustrations for both the patient and the nurse.

to honor the patient's right to self-determination, autonomy[O13], and dignity" (ANA, 2016, p. 24).

It is critical to include here that autonomy is not without limits. An essential part of respecting autonomy is respecting its limits, which is to say, recognizing that one must not act beyond our legitimate moral authority, such as requests for assisted suicide. As the Code of Ethics rightly states in provision 1.2, "When patient choices are risky or self-destructive, nurses have an obligation to address the behavior and to offer opportunities and resources to modify the behavior or to eradicate the risk."

Therefore, nurses have an ethical obligation to[O14] provide respectful, individualized care to all

A suggestion here is to include that nurses have an ethical obligation to promote human dignity, freedom, and human flourishing. This is a more accurate reflection of the profoundly important and weighty service that nurses provide.

patients experiencing pain regardless of the person's personal characteristics, values or beliefs[LC15].

A suggestion here is to include culture, ethnicity, institutional and health care industry constraints or how the person became ill.

> "Moral distress occurs in pain management nursing when nurses see patients with untreated or undertreated pain but are unable to provide adequate because of the patient's condition, in adequate treatment orders, or providers not believing the patient's report of pain. Pain management nurses must have the moral self-respect and courage to deal with these situations and seek professional help when needed" (ANA, 2016, p. 26[O16]).

Here the statement switches focus from the pain of the patient to the pain of the nurse and implies that it is the *nurse* who suffers when the pain of the patient is not relieved. It further suggests that nurses who are distressed about such things should seek professional help. To what kind of professional help is the ANA referring and why?

If the concern here is that nurses who feel sufficiently distressed would act unethically and relieve the patient's pain (and their own) by relieving the patient of his life, then, yes, we should be greatly concerned and such a nurse should not be allowed to practice! If the concern is that nurses need to gain better knowledge about pain and appropriate management strategies, the human person, the human condition, realistic expectations and goals in pain management, and the appropriate role of nursing so that they can ethically manage situations in which pain is not adequately controlled, then, yes, we should offer nurses help by educating and supporting them.

Constraints on meeting our moral obligation to relieve pain and suffering. There are many factors that make it difficult and sometimes impossible to help patients who are experiencing pain and suffering. Among these are biases, moral disengagement, environments not conducive to optimal practice, and economic limitations.

*Bias***.** Biases and prejudices held by nurses and other healthcare providers influence the nurse's approach to managing pain and suffering (P/S) with the patient. Prejudices and biases are preconceived and are not based on reason or actual experience. The range of biases includes gender expression, sexual orientation, culture, economic circumstances, geographic locality, hierarchy, age, value systems, religious or spiritual beliefs, lifestyle, and support systems[O17].

Bias and prejudice generally are understood to be judgments that are discriminatory and unfair because they are based on arbitrariness and subjectivity rather than on objective fact and sound reasoning. This statement itself is open to its own accusation of bias because it paints with a broad brush a wide range of categories with the label of bias without providing any supporting evidence.

In order to minimize their influence we must identify biases and intentionally set them aside[O18].

It is not clear what is meant here by "set aside." According to Macmillan Dictionary it means, "not to let a particular feeling, opinion, or belief influence you in order to achieve something more important." According to this statement, the ANA considers "value systems, religious and spiritual beliefs" to be "biases" that should be "set aside." As a result, this proposition leaves the ANA open to accusations of violations of human rights. According to Article 18 of the Universal Declaration of Human Rights, "Everyone has the right to freedom of thought, conscience and religion; this right includes freedom to change his religion or belief, and freedom, either alone or in community with others and in public or private, to manifest his religion or belief in teaching, practice, worship and observance."

To identify biases, nurses must reflect on their own experience or background relative to pain and suffering. This might include one's own pain, accompanying family or friends throughout a pain trajectory, personality, and values. Efforts to eliminate biases or ignore them is futile and may result in minimal success in achieving the goal of relief of pain and suffering. It is expected that nurses will recognize, acknowledge and set aside their biases [O19]so they can better

This is confusing and contradictory. If it is futile to ignore our biases, then how can nurses be expected to set them aside? I would suggest removing the section on bias, as it is counterproductive.

understand the patient's experience. Some reflective questions to explore biases may be useful[O20]:

Perhaps a more productive approach would be to suggest that nurses reflect on knowledge and experience. Using your example, "Do you worry about causing addiction in your patients?' To answer this question the nurse could reflect on questions like: What does science tell us about addiction? What does research tell us are the causes? What has been the nurse's experience with patients having addiction and what led to it? These are valid questions because addiction is a valid concern. Accurate answers would reduce distress and provide proper direction in the appropriate management of pain.

- Do you worry about causing addiction in your patients?
- Do you feel some people are more likely to 'game the system' to get meds?
- Are there situations when you feel anxious about discussing P/S management with colleagues or other members of the healthcare team?
- Ever feel guilty about too much or too little pain relief[O21]……?

This is an odd question. If the goal is to relieve pain, which is what this statement claims is the nurse's ethical obligation, then why would a nurse feel guilty when they have succeeded? The only reason a person might feel guilty is if the patient is harmed as a result of the nurse's action, say for example, the patient falls into a coma, or dies. If this position statement is suggesting that the nurse ought not feel guilty about this, that the nurse ought to "set aside" qualms about harming a patient or causing a patient's death, then this statement is not aligned with the Code of Ethics.

- Do you know that "pain is whatever the person who has it says it is" but really feel the patient sometimes isn't right?

The *Code of Ethics for Nurses with Interpretive Statements* (the '*Code*) (2015) provides guidance for nurses to address biases[O22]:

We would replace "to address biases" with "in the ethically appropriate management of pain."

1.3 "Respect[O23] is extended to all who require and receive nursing care in the promotion of

Yes, respect is extended to every person but, to be clear, just because a nurse may hold a point of view that differs from that of a patient this does not necessarily mean the nurse is disrespecting the patient.

health, prevention of illness and injury, restoration of health, alleviation of pain and suffering, or provision of supportive care."

1.2 "Nurses establish relationships of trust and provide nursing services according to need, setting aside any bias or prejudice[O24]. Factors such as culture, value systems, religious

Here again is the problematic reference to bias, prejudice, and to the expectation that nurses set them aside while previously stating that doing so would be impossible. Clearly, biases, correctly defined as judgments that are discriminatory and unfair because they are based on arbitrariness and subjectivity and not on objective fact and sound reason, have no place in nursing. However, the ANA has provided no definition to show what they mean. It would be helpful if a definition were included.

or spiritual beliefs, lifestyle, social support system, sexual orientation or gender expression, and primary language are to be considered when planning individual, family and population-centered care[025]. Such considerations must promote health and wellness,

Notice here that the Code does not list value systems, religious or spiritual beliefs as biases on the part of the nurse, as does this position statement, but rather as factors of the patient that should be considered in the care of the patient, which makes sense.

address problems, and respect patients' or clients' decisions. Respect for patient decisions does not require that the nurse agree with or support all patient choices. When patient choices are risky or self-destructive, nurses have an obligation to address the behavior and to offer opportunities and resources to modify the behavior or to eradicate the risk[026]."

So it should be clear that even if a patient requests something that is self-destructive, such as a lethal dose of drug, the nurse is obligated not to accommodate the patient's request but is obligated to explore the reason behind the request and to determine the ethically appropriate method in which the patient's pain can be managed.

Moral disengagement. In addition to reflecting and recognizing personal biases, nurses should be aware of moral disengagement. Moral disengagement is the interaction of personal and social influences that reinforces nurses' separation of their moral values and obligations from actions consistent with those values and obligations[027]. Bandura's work (2016, 2002) on moral

Here is another reason why the previous section that claims that a nurse's values are a type of bias and that nurses should set aside their values (i.e., separate their values from their actions, otherwise known as moral disengagement) is deeply problematic and actually contributes to the very distress the statement claims to wish to decrease among nurses.

disengagement illustrates several mechanisms that can impede the ethical and professional duty to relieve pain can include:

- blaming and dehumanizing patients for health problems like substance use disorder (SUD), e.g., opioid addiction;
- displacement of responsibility, in which nurses say they are just following orders. In so doing, they relinquish their authority for primary palliative care and abdicate their duty to advocate for the use of evidence-based, non-pharmaceutical, pain reduction interventions;
- diffusion of responsibility so that nurses, prescribers, dispensers, risk managers, etc., are not held accountable because "where everyone is responsible, no one really feels responsible" and the division of labor clouds accountability;

- disregard or distortion of consequences of incompetent pain management can be rationalized because a greater harm from addiction is prevented; this reasoning often overlooks the distinction between tolerance, dependence and addiction and can mute the differences among pain experiences and causes[O28].

A problem with the understanding of moral distress and moral disengagement, as described in this statement, is that it assumes that the values and beliefs that nurses hold are negative and inconsistent with the foundational principles of nursing, when that is not necessarily true. So, when nurses are told that they must set aside their values and beliefs, they may actually be setting aside the very right and good principles proper to nursing. Told often enough to set aside their values and beliefs, nurses become acculturated to a system of negativity and irresponsibility, as Bandura describes, and they find they must rationalize their actions in an attempt to maintain their moral integrity. This is what people do when they are morally disengaged.

Moral disengagement is a systems dilemma. Preventing this separation of personal and professional values from corresponding action requires environments with safeguards that uphold clinical competence and professional compassion while renouncing cruel, dehumanizing disregard for patients' unrelieved pain and suffering. The *Code* emphasizes nurses' obligation to actively promote work settings and policies that support and reinforce ethical practice environments.

Ethical practice environments. The need for ethical practice environments is woven throughout the *Code*. Creating such environments starts with [O29]how nurses interact with each

Creating an ethical practice environment actually starts in nursing school, because it is there that nurses begin to learn what it means to be a nurse. Faculty must be proper role models and cultivate an environment of respect for self and others, but especially for the patient. Properly grounded, such nurses will cultivate ethical environments in whatever area of practice they find themselves. They will be virtuous nurses, the kind of nurse who does the good and right thing, even when no one may be looking and even when the good and right thing may be unpopular.

other. According to Provision 2.4, "Nurse–patient and nurse–colleague relationships have as their foundation the promotion, protection, and restoration of health and the alleviation of pain and suffering." Beyond this we must step up as leaders, especially in society's efforts to alleviate the many problems surrounding opioid use. Provision 1.3 states, "Nurses are leaders who actively participate in ensuring the responsible and appropriate use of interventions in order to optimize the health and well-being of those in their care." This includes acting to minimize unwarranted, unwanted, or unnecessary medical treatment and patient suffering. [O30]

This is an odd statement inserted here that does not flow from the rest of the paragraph and does not seem to fit. It should be deleted.

Provision 6 states, "The nurse, through individual and collective effort, establishes, maintains, and improves the ethical environment of the work setting and conditions of employment that are conducive to safe, quality health care". This includes good management of pain[031]. This sentence also seems out of place.

Characteristics of a good environment are familiar to all but are often hard to achieve. In Provision 6.1 and 6.2 we find, "Nurses must create, maintain, and contribute to morally good environments that enable nurses to be virtuous. Such a moral milieu fosters mutual caring, communication, dignity, generosity, kindness, moral equality, prudence, respect, and transparency." and "nurses … create a culture of excellence and maintain practice environments that support nurses and others in the fulfillment of their ethical obligations."

To minimize moral disengagement, Provision 6.3 again addresses this, "The workplace must be a morally good environment to ensure ongoing safe, quality patient care and professional satisfaction for nurses and to minimize and address moral distress, strain, and dissonance[032]".

In this section on environment, the focus clearly has shifted away from patients and the ethically appropriate management of their pain and moved toward nurses and the management of their pain. This is odd because, according to the Provision 2., "The nurse's primary commitment is to the patient..."

Provision 5.4 offers guidance for when practices exist that constrain efforts to relieve pain.[033]

The implication here is that some practices *unfairly* constrain nurses and, thus, cause nurses distress. It would help to include examples of such practices. However, it should be made clear that not all practices that constrain are unfair. For example, laws on who can prescribe and what they can prescribe, could be considered constraining, as could medical standards based on research that delineate indication, appropriate dose, frequency etc.. Yet, these laws and standards, which, by definition, set boundaries, are meant to protect patients from harm, and thus, are necessary. This is consistent with Provision 2 and the nurse's primary commitment being the patient, and Provision 3 that the nurse promotes, advocates for and strives to protect the health of the patient.

The position statement would benefit from a more in-depth and nuanced discussion of constraints.

"Compromises that preserve integrity can be difficult to achieve but are more likely to be accomplished where there is an open forum for moral discourse and a safe environment of mutual respect. When the integrity of nurses is compromised by patterns of institutional behavior or professional practice, thereby eroding the ethical environment and resulting in moral distress, nurses have an obligation to express their concern or conscientious objection individually or collectively to the appropriate authority or committee".

Provisions 8.2 and 8.3 look beyond the immediate environment: "Nurses must lead collaborative partnerships to develop effective public health legislation, policies, projects, and programs that promote and restore health, prevent illness, and alleviate suffering." and "Nurses collaborate with others to change unjust structures and processes that affect both individuals and communities. Structural, social, and institutional inequalities and disparities exacerbate the incidence and burden of illness, trauma, suffering, and premature death." Finally in Provision 9, nursing communicates "to the public the values that nursing considers central to the promotion or restoration of health, the prevention of illness and injury, and the alleviation of pain and suffering[034]."

It would help if the statement were more specific in how it means to apply these provisions to the ethically appropriate management of patient's pain. For example, the public should be assured of nursing's commitment to the prohibition of nurse participation in assisted suicide, euthanasia and any other form of killing.

Financial issues. Despite the conservative $560-$635 billion/year estimated cost of pain in the United States (2010 dollars), or perhaps *because* of the high cost, respected authorities like the Institute of Medicine (2011) and the American Academy of Pain Medicine's (AAPM) 2014 statement indicate that insurers refuse to cover many necessary methods of achieving effective pain relief.[035]

The statement should make clear that it supports only evidenced based, ethically appropriate and morally permissible methods of effective pain relief. That would not include lethal doses of drugs used for assisted suicide or euthanasia. It would, however, include, for example, the appropriate use of opioids for cancer and noncancer pain, as well as nonpharmacological approaches such as cognitive behavioral therapy, acupuncture, chiropractic manipulation, thermal applications, electrical neuromodulation such as TENS, etc. (See UpToDate.com for more evidenced based reports on pain evaluation and management.)

Drug marketing and lobbying by the pharmaceutical industry lead to a high emphasis on pharmaceutical modalities and lack of price regulation (Mulvihill et al, 2016). Effective interdisciplinary approaches, e.g., cognitive-behavioral therapy, are not reimbursed (AAPM, 2014). Overemphasis on pharmaceutical interventions like opioids has led to an imbalanced approach to pain management, too often excluding effective holistic complementary and alternative medicine (CAM). When coupled with the current pressure to reduce opioids, the prior underuse of CAM leaves too many clinicians under-equipped to replace ineffective opioids with effective non-pharmaceutical approaches. People suffering from chronic pain often use (CAM),

but because these are often inadequately covered by insurance, out of pocket costs can make them unattainable or unsuccessful for many people (IOM, 2011). Nurses have a duty outlined in the COE to advocate for policies to improve parity in coverage for all effective pain relief interventions. For example, nurse-authored legislation in Minnesota would mandate insurance coverage for acupuncture (Revisor, 2017[O36]).

This paragraph demonstrates the statement's support of a broad range of evidence based therapies, which would be consistent with the Code of Ethics and the duty to advocate for the health, safety, and rights of patients (Provision 2).

History/previous position statements

In 2010, ANA retired its position statement on Pain Management and Control of Distressing Symptoms in Dying Patients (2003).

In the *Code,* Provision 2.4 stipulates "nurse-patient and nurse-colleague relationships have as their foundation the promotion, protection, and restoration of health and the alleviation of pain and suffering." Other nursing organizations and/or national commissions have position statements supporting the need for a concerted effort to promote pain management.

- The *Pain management nursing: Scope and standards* (American Nurses Association, 2016) concludes that all nurses are considered to be pain management nurses. Additionally, "the mission of pain management nursing is to advance and promote optimal nursing care for people affected by pain by promoting best nursing practice. This is accomplished through education, advocacy, standards, and research" (p.2).
- The Institute of Medicine (2011a) concluded that "pain is a major driver for visits to physicians and other healthcare providers, a major reason for taking medications, a major cause of disability, and a key factor in quality of life and productivity. Given the burden of pain in human lives, dollars, and social consequences, relieving pain should be a national priority" (p. 4).
- The Interagency Pain Research Coordinating Committee (2015) "expert working groups produced interrelated sets of objectives and suggested action plans in the six areas summarized below: population research, prevention and care, disparities, service delivery and reimbursement, professional education and training, and public education and communication" (p.3).

Recommendations

- Nurses have an ethical responsibility to provide clinically excellent care to address a patient's pain. Clinically excellent pain management considers clinical indications, mutual identification of goals for pain management, inter-professional collaboration, and awareness of professional standards for the assessment and management of different types of pain[O37].

To be clinically excellent the care must also be ethically appropriate. The science of pain management has grown considerably and research has shown that pain can be managed well. Again, the statement should make clear that nursing supports only evidenced based, ethically appropriate and morally permissible methods of effective pain relief. That would not include lethal doses of drugs for assisted suicide or euthanasia, even if requested by the patient and even if allowed by law. To do so would not only violate the integrity of the nurse and of the nursing profession, but also assault the dignity of the patient. Autonomy has limits and those limits must be respected. This is known to us in the depths of our heart, a law inscribed by our Creator - You must not kill. The dignity and integrity of the patient and of the nurse lie in observing this law.

- Nurses have an ethical obligation to assess and address the factors and biases in themselves and their practice environments that constrain their ability and willingness to relieve their patients' pain and suffering[O38].

Again, other than insurance not covering CAM, where is the evidence that practice environments are unfairly constraining nurses from alleviating pain in ways that are ethically appropriate, morally permissible, and evidenced based?

And again, where is the evidence to support the contention that nurses hold judgments that are discriminatory, unfair, based on arbitrariness and subjectivity, which is what bias is, rather than judgments based on objective fact and sound reason?

- Nurses may experience moral distress when they cannot provide the optimal relief of pain and suffering that they know patients require. Nurses need to preserve their professional and personal integrity by developing the moral courage and resilience necessary to reduce moral distress[O39].

Care must be taken not to equate moral resilience with a setting aside of one's deeply held value systems, religious and spiritual beliefs that the ANA mistakenly includes above as biases. To do so is to insist that nurses must ignore their consciences and act contrary to them, something the ANA admits is impossible to do without experiencing the very problem the ANA says it wishes to reduce - violation of professional and personal moral integrity and, thus, moral distress. Research shows that nurses cope with moral distress through moral disengagement.

- Nursing research is required to further explore the correlations between opioid use and addiction as well as strategies for promoting optimal pain management.[O40]

Agreed, nursing should engage in rigorous research, particularly on the various nonpharmacological approaches to pain management to further support the argument that insurance should cover it.

- Nurses must collaborate with those who promote accessible, affordable and effective treatment resources for all persons who suffer from substance use disorder.
- Nurses should ensure that each patient experiencing pain has an individualized pain management plan with appropriate monitoring to avoid under-treatment, over-treatment, or addiction.

Summary

Nurses have an ethical responsibility to relieve pain and suffering. The national response to the opioid crisis poses constraints for nurses in every role and practice setting. Recognizing biases, preventing moral disengagement, creating ethical practice environments and addressing financial inequities are tactics for minimizing constraints and approaching better relief of pain and suffering. In concert with other organizations and associations, nursing will collaborate to provide excellent patient care through research, policy and education. Guidance from the Code supports these and many other activities to meet the desired ends articulated in this position[041].

Thank you for the opportunity to offer comments on this draft of a new position statement. We hope our comments are helpful in composing future revisions.

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