

Racial Differences in Pain Management for Patients Receiving Hospice Care

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OBJECTIVES: To investigate racial differences in implementation of 11 evidence-based cancer pain management strategies in a matched sample of patients in hospice.

SAMPLE & SETTING: 32 African American and 32 Caucasian American older adults (aged 65 years or older) with cancer pain receiving hospice care in the midwestern United States.

METHODS & VARIABLES: Matched cohort secondary data analysis of postintervention data in a cluster randomized controlled trial was used. Main outcomes are the summative and individual Cancer Pain Practice Index scores.

RESULTS: There were few statistically significant or clinically meaningful differences in implementation of individual best practices for pain management by race. Assessment of primary pain characteristics and management of opioid-induced constipation with a bowel regimen was significantly lower in African Americans than in Caucasian Americans.

IMPLICATIONS FOR NURSING: African American older adults receiving hospice care at the end of life received pain management that was, overall, comparable to matched Caucasian American older adults. Hospice and oncology nurses play a critical role in effective pain management and should continue to implement evidence-based guidelines for pain management into daily practice. Diffusing the hospice model and principles of pain and symptom management into other settings and specialty care areas may reduce widespread pain disparities.

KEYWORDS African American; Caucasian American; pain; racial disparities; evidence-based practice

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Pain and suffering are among the most feared consequences of cancer across the adult lifespan. Although advancements have been made in the treatment of cancer, management of common cancer-related issues, such as pain, at the end of life (EOL) remains challenging, particularly in older adults. Adding to this challenge is the likelihood that older adults concurrently experience other persistent pain conditions (Brunello et al., 2019). Despite efforts to improve care of older adults with cancer pain, implementation of evidence-based pain management practices remains variable and inconsistent (Herr et al., 2010; Shuman et al., 2018). This is problematic because studies show that pain is a major physical and emotional issue for older adults and, in particular, for African Americans living with advanced cancer (Valterand et al., 2019; Yeager et al., 2018) who are also more likely to experience disparities in cancer pain care (Anderson et al., 2002; Meghani et al., 2014). Existing knowledge of racial disparities in actual pain care practices at EOL in older adults is gravely underdeveloped. This focused retrospective secondary data analysis was conducted to identify differences in nurse-provided cancer pain management practices in a matched set of African American and Caucasian American older adults (aged 65 years or older) receiving hospice care.

Background

Cancer Pain in Older Adults

The incidence of cancer increases substantially with advancing age; 1 in 3 men aged 70 years or older and 1 in 4 women aged 70 years or older will develop some type of cancer (Siegel et al., 2019). For example, a study by Lau et al. (2016) of 2,825 individuals aged 65 or older receiving hospice care who were taking opioids during the last week of life found that 41% had cancer as their primary hospice diagnosis. In addition, many patients receiving hospice care report pain, as determined by Herr et al. (2010) in a study