

Cancer Pain: A Concept Analysis

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Abstract: This paper reports on the concept analysis of cancer pain. Pain negatively affects cancer patients and their families. It serves a role in understanding and researching how cancer pain can be addressed to reduce the stress and to improve their quality of life, functional status, and comfort level.

Methods: The method used is the Walker and Avant (1995) concept analysis. An extensive literature review identified a need to investigate further the relationship between cancer pain and the quality of life this population faces and deals with at a high prominence. The goal of the literature review is to identify the antecedents, attributes, and consequences of cancer pain and how this is related to individual's quality of life, functional status, and comfort. Concept Analysis is looking to clarify the meaning of pain and to define attributes. This method is easy to master, provides clarity and extensive understanding of what cancer pain concept means. According to Walker and Avant (2005), the concept analysis follows the steps of selecting the concept, determine the aims/purpose of the concept analysis, identify the use, define the attributes, model identification of a model case, and summarizing the conclusion (Walker & Avant, 2005, p. 65).

Results: The attributes of a patient cancer with pain includes domineering force (improved/maintained), an unkind feeling of aching (improved/maintained), personal experience of fear (improved/maintained), patient self-efficacy (improved/maintained), patients comfort status (improved/maintained), and patient quality of life status (improved/sustained).

Keywords: cancer, pain, concept analysis, quality of life, functional status, comfort, nursing.

1. INTRODUCTION

1.1 Aims and purposes of the analyses:

The goal of the concept analysis is to understand the effects pain has on cancer patients, on their lives, and how managing the pain can improve the disease outcome. Pain is universal. In a cancer patient, pain is one of the most frequent symptoms that decrease their quality of life. Among cancer patients, it is well known that pain is one of the most distracting negative influences on physical and psychological health. Despite this, the concept of pain is very complex. Pain is an undesirable sensation of discomfort, an unpleasant human experience that decreases the quality of life in patients with cancer (National Institute of Health (NIH), 2016; Visser et al., 2013).

Cancer pain is acknowledged as a factor leading to decreased quality of life and increased depression. Both patients and their families are suffering from lack of pain management among this target population. Health Care Providers are responsible for implementing an efficient pain management plan taking in consideration patient preferences and beliefs. There is mandatory training for providers in pain management. This concept analysis aims to contribute to the understanding of the pain theory testing and development and positively influence the self-management within the cancer population (McEwen & Wills, 2007; Sullivan, 2009).

Pain is a result of activation of nociceptive neurons becoming activated by a noxious stimulus (anything that might be causing harm to the body). When those peripheral nerves are activated by direct stimulation and from a release of inflammatory neurotransmitters (substance P), they send signals back through the spinal cord, and into the brain. We don't feel pain until this message is perceived in our brains at certain sites (Wikipedia, 2016). So, when pain is working correctly, it is a protective response that our bodies have in place to tell us when we are injuring ourselves. But this response can become hyperactive in certain situations when a component becomes chronically activated, and the whole system becomes hypersensitive as a result (the brain perceives things that wouldn't normally); the threshold for pain

becomes lowered which is hyperalgesia. The drugs we use (analgesics and anesthetics) prevent pain in different parts of the pathway by blocking different receptors and decreasing the formation of various inflammatory products. Pain also has an emotional component as well, which can't be explaining very well in the literature. One theory is that when patients are calmer, they are better able to tolerate pain.

1.2 Significance of the concept to nursing:

One of the primary objectives in treating cancer patients is to relieve their pain. Nurses are a critical front line component in helping and easing pain along with treatment prescribed by clinicians. The ability of nurses to assess and control the pain depends on their education and knowledge. Unfortunately, with an increase in the number of cancer patients and a decreasing number of clinicians to manage it cause a discrepancy in the efficacy of treatments (Sullivan, 2009).

Nurses address and overcome the gap by being proactive and assess in time, effectively, and communicate the issue in time to health care providers so they can take the proper decision before the pain is not under control. Nurses are an essential part of pain management, and their responsibility is not only to assess and perform clinical practices in this process but to inform the patient and family that is their right to ask for adequate pain control if necessary. The ultimate target goal is decreasing the distress and increasing the quality of life for the cancer patient (American Pain Society (APS), 2016; NIH, 2016).

According to McEwen and Wills (2007), nurses who provide care to such target population are a central core and their achievement in patient's outcome and health care organizations includes the development of pain management treatment for chronic illness and cancer. Pain has been acknowledged as one of the most unbearable symptoms in cancer patients and it the most significant health challenges to be managed by nurses and providers. Nurses have the duty to influence and change the policy through theory development as to how pain can be addressed and treated (Nathan, 2009).

Therefore, there is hope that enhanced understanding about cancer pain within the public policy arena will contribute to the development of future multidisciplinary research. The nurses' efforts and collaboration within the public policy progression create a positive response, and further safe guidelines were developed to improve cancer pain management. There are many methods from medication to physical therapy, aqua therapy, pet therapy, and acupuncture used to treat pain (Day, 2004).

According to the National Institutes of Health (2016), cancer treatment, diagnostics tests, and laboratory tests cause pain. Treatment and, or a combination of factors cancer implicates like radiation, chemotherapy, surgical removal of tumors that are essential in the management of cancer but they can cause many undesirable side effects like pain. There are many other supportive therapies and diagnostics causing pain as well. Although there are guidelines developed for practitioners to be followed pain cannot be relieved completely, and there is a continuous struggle for patient to live with such burden (Rae et al., 2012).

The American Pain Society (APS) is an organization that promotes pain research and develops pain management guidelines to be used by healthcare professionals (APS, 2016). The significance of cancer pain to nursing is strong related to the quality of patient care. Pain control is well known to improve the quality of care and ability to live a normal life and function appropriately. Nurses and health care providers work together along with the patient and their families to assess and control the pain experienced during their journey (Day, 2004; NIH, 2016).

2. THE CONCEPT OF CANCER PAIN DEFINITION

2.1 Definition of cancer pain concept and nursing use:

Pain is a defining familiarity experienced by most cancer casualties. At the time of diagnosis, a third of the patients already undergo pain while it impacts two-thirds of the persons with cancer at advanced experience pain. Pain is, therefore, a painful undertaking that almost all people who unluckily get infected by this higher tier killer disease undergo (Lohre et al., 2016, p. 27). The treatment of this menace remains quite a clinical challenge as the diagnosis of pain varies from individual to individual. Of all the symptoms, pain is quite a substantive evidence to elucidate the presence of cancer traces. Healthcare practitioners may at times discredit the intensity of pain if they are not well educated or thoroughly informed (Kronke, et. al., 2013).

Pain relief involves the undertakings that are carried out by a care professional to deliver a victim from eventualities of grief. Every person involved both the care professional and patient yawns for the amplitude and intensity to reduce to a

manageable level and have a self-efficacy that is to imply that they have confidence that they come out of the menace successfully (Luckett et al., 2013).

2.2 Pain concept definition and student definition of concept:

In his article Davis (1992) defines the pain as what a person experiences that can be a chronic, acute, malignant or nonmalignant pain. Moreover, pain is a suffering, distress due to injury. It is a sensation of distress in a particular body part, and mental or emotional torment/suffering. Pain is not only physical can be emotional, mental defined as a sadness caused by a mental problem, or emotional distress. Pain can be caused by a person/situation that causes distress and makes you feel angry or annoyed (Dictionary, 2016).

The definition of pain according to Merriam Webster (2016) is to cause physical/mental suffering, to give/feel physical and mental suffering. The results of the perception can be conscious or unconscious, and the response can be physical or emotional. Pain means an unpleasant feeling due to a physical suffering accompanying by a disorder (disease/injury) (Merriam Webster, 2016).

According to Medical Dictionary (2016), pain is the unpleasant feeling transmitted from the brain by sensory neurons after the discomfort signals/ injury to the body. The awareness of pain is more than a sensation because it includes the perception and interpretation of the subjective feeling of pain. Perception gives the location, nature, and intensity of the pain. These are qualities nurses and providers use to describe the pain and where it comes from in order to determine the cause (Medical Dictionary, 2016).

From my contextual view, I believe pain is an emotive involvement that is an unpleasant emotional, physical, and psychological state associated with a disease/injury. Cancer pain can affect several aspects of a person's livelihood ranging from mental health, relationships, and social interests to emotional stability. Arising from the pain can have the routes from a trauma/injury, but also arise from psychological reasons such depression.

Sometimes there are triggers of the pain that are not recognized causing the pain to be untreated for years. The cancer pain concept needs to be greatly understood or else the patient may be subjected to unnecessary suffering, quality of life deteriorations or may fatally lead to early death. Cancer pain is unsolicited and should be addressed with all fashion of mechanisms possible.

3. LITERATURE SYNTHESIS

Several scholars through some literal writings identified pain as an unpleasant, distressful, domineering and unwanted. Pain is further seen to have an excellent correlation with distressful thoughts and anxiety that hamper the normal routines of an individual's lifestyle. It's a requisite for nurses to become acquainted with the current tactics to manage hurt as a result of cancer and prove an operational control mechanism to the pain (Lohre et al., 2016).

The management of cancer is a relatively tasking endeavor and an in-depth understanding with varies divisions of the disease relating to this, which includes all the kinds of pain produced and the etiologies of the cancer disease. The causes of pain due to cancer are many and varied, for instance, examination and procedures, cancer itself, chemotherapy processes, surgery operations, radiation or basically due to the comorbidity of cancer itself (Deandrea et al., 2014, p. 62).

One pivotal pain experienced by cancer casualties is the breakthrough pain which includes occasional discomforts about an activity, event or a particular action that causes mobility. This kind of pain needs to be evaluated and subjected to treatment as part of the cancer pain management strategy. The breakthrough can be spontaneous and therefore, it's relevant for nurses or the appropriate professionals to realize such as quickly as possible and render appropriate measures to relieve the pain (Eccleston et al., 2013; Rae et al., 2012, p. 68).

There is great relevance for nurses or oncologist to undergo periodic cancer management training to gain appropriate awareness skills and provide the necessary submission to patients. Nurses are special advocates for patients and got to have the necessary awareness and treatment knowledge of the various aspects and mannerisms of the pain as a result of cancer. That enables them to have an adequate language to communicate efficiently to the cancer casualties, the caregivers, the pharmacists and the physicians (Luckett et al., 2013, p. 235).

Training and education on cancer pain related issues will provide an environment of increased coordination, increased effective communication, better understanding with patients, nurses, and other healthcare practitioners. It should be noted by the special team of nursing specialists that the pain can affect several aspects of a person's livelihood ranging from

psychological health, relationships, and social interests to emotional stability. The pain concept of by cancer needs to be greatly understood or else the patient may be subjected to unnecessary suffering, quality of life deteriorations or may fatally lead to early death (Caraceni et al., 2012, p. 65)

3.1 Defining attributes of Cancer Pain:

Identification of the essential characteristics when defining a fundamental concept such as cancer-related pain is critical. It helps in expounding the concept and having a wider perspective of the idea at hand. Some of the essential attributes and general characteristics of pain are diverse and differ from victim to victim. The pain founded classifications are grounded on some aspects that can assist in the diagnosis and the subsequent therapies. The classification is by pain intensity, chronicity, patient attributes, temporal indications and pathophysiology (Visser et al., 2014).

There is a questionnaire used as a tool called "The Short-Form McGill Pain Questionnaire-2 (SF-MPQ-2)." It is a valid and reliable tool for the assessment of cancer pain. This questionnaire is used in both chronic and acute pain evaluation by nurses and providers with non-malignant or nonmalignant pain (Gautier, 2014). The attributes of a cancer patient with pain includes domineering force (improved/maintained), an unkind feeling of aching (improved/maintained), a personal experience of fear (improved/sustained), patient self-efficacy (improved/maintained), patients comfort status (improved/maintained), and patient quality of life status (improved/sustained).

A domineering unkind feeling refers to situations where the cancer patient finds themselves in a scenario of avoidance. For instance, the unkind feeling seems to dominate the thoughts due to a reaction from the family members or the friends. Such reactions generated mixed emotions and feelings of the patient (Visser et al., 2014, p. 520).

Personally, I think the domineering force can come from the environment where the patient is found. Such feelings can be triggered by the doctors, nurses and family members. The domineering personal experience defines the endless circles of pain that revolves around a personality that has cancer. The pain seems to dominate the whole body and shivers every tissue of the affected being. The domineering quality of life defines the state in which the quality of the affected person continues to deteriorate. The body is degrading away, and this brings down the normal lifestyle, and the quality of life reduces.

The personal experience and endless in nature of achiness is defined as "to have or suffer a continuous, dull pain, feel great sympathy, pity, or the like, and to feel eager, yearn, long pain" (Dictionary, 2016). I believe that the concept of achiness means to suffer a continuous mental pain that can be physical and psychological. Ache pain means to hurt and feel an unpleasant feeling of unconsciousness of physical, mental, and emotional distress. It has a personal awareness of painful touch, and it is the person that can explain what they fill about the same. The pain is translated into almost every part of the being.

The personal experience of fear of the pain is defined as a persistent, irrational feeling that ultimately causes anxiety in chronic cancer patients (Wikipedia, 2016). I believe that the fear of pain is unwanted and is perceived as a suffering behavior. It based on the repetitive feeling of grief and a sense that this vicious cycle is not ending. It is experienced mainly in cancer pain patients as the treatments are limited and many times what worked before is not effective anymore.

The attribute of pain self-efficacy is described as "the extent or strength of one's belief in one's own ability to complete tasks and reach goals" (Wikipedia, 2016). I believe that each patient has the capacity to manage the suffering successfully using an adequate individualized pain management plan. Self-efficacy is dependable of the cancer patient belief and his determination to overcome the distress. I believe that there is a strong connection between self-efficacy and action-power. The power of mind and soul is a tool that cancer patients can use to control and manipulate their mind off of pain. If an individual who suffers pain tries to shape their mind, they successfully can forget about the pain. Mainly this is possible using daily activities and life going on as normal as possible and practicing a control their self-esteem during the suffering.

Patients' comfort status during the pain is an attribute that can be defined as "a state of physical ease and freedom from pain or constraint" (Merriam-Webster, 2016). In my point of view the comfort can be defined as pleasant feeling of being relaxed without pain. It is an emotional and mental expression of freedom of pain. The patients feel pain-free and comfortable and easily can participate in daily activities and enjoy life. Additionally, the families do not view the patient as a burden on them due to the fact the patient can take care of himself.

The patient quality of life status is defined as "the perceived quality of an individual's daily life, that is, an assessment of their well-being or lack thereof. This includes all emotional, social, and physical aspects of the individual's life" (Wikipedia, 2016). I believe that quality of life status in a cancer patient is connected to the actual individualized patients'

situation. It is consistent with external and internal physical ability to live a good quality life. This means that cancer patient being free of pain is able to take care of his personal hygiene, sleep, drink, eat and perform any of daily activities without undue distress.

3.2 Antecedents of cancer pain:

Getting to understand the antecedents of a particular disease is critical to helping the healthcare professional understand the unique features of every patient present health status. The previous circumstances can be identified as either developmental or genetic (Parris, 2000). The most prevalent genetic or congenital factor is the gender of a particular being (Nathan, 2009; Parris, 2000). The cancer pain attributes can be observed by a third party without saying a word, for instance silence, general withdrawal from a person's social interactions, and impairment in thinking, alterations in the attention spans, irritability, and morning. Other observable characteristics include holding the area that contains the pain, guarding the affected area, grimacing, and strained facial indications (Caraceni et al., 2012; Parris, 2000).

In addition to this, every time pain strikes, there are physiological processes that change in an individual that are concrete and easily observed. That includes and not limited to diaphoresis, vomiting, general body weaknesses, syncope, alterations in the muscle tones, and reduced or increased respiration rates. Other section of the victims' experience restless sleep, and moreover, experience modifications in the cardiac frequency and the pressure of the blood (Smith et al., 2015, p. 75).

For instance, men and women are known to be affected by different types of cancer thus leading to the variations of the kinds of pain experienced by each. Certain cancer categories are linked with pain associated with increase body image and behavioral distress. That includes breast cancer which categorically affects the breasts of women. The greatly ranked or common developmental issue is age (Kroenke et al., 2013, p. 770). Cancer pain is unsolicited and should be addressed with all fashion of mechanisms possible. That further, explains the variation and intensity of that affect the aging and those experienced by children. Congenital factors are many a time inherited and thus, part of the genetic composition of people in a distinct lineage (Eccleston et al., 2013, p. 65).

3.3 Consequences of cancer pain:

Pain is marked as uniquely, terrible consequences of cancer and seen as hurting, and unfortunate misery. Anyone who has ever been a cancer victim would not wish any other person to undergo such painful experience. The availability of pain, nevertheless efforts placed to treat it presents a continual source of frustration for cancer patients, the healthcare personalities and their families in general. Not only are the consequences of cancer physical, but also emotional and mental (Smith et al., 2015, p. 75).

Physical distress, struggles in relationships, nervousness, panic, and insecurity are all connected with pain as a result of cancer. That impact is grave and can occasionally deprive a person of their happiness and comfort if not addressed promptly. Also, the victims most of the times have a sense of loneliness, depression and a constant sensation of resentment (Gauthier et al., 2014).

The degree of exchanges between family affiliates decreases or increase. Also, the members of the family develop in them a feeling of helplessness and eventually frustration when they notice they have little or nothing to the pain casualty. Nurses need to come in handy to help handle, and the unique consequences experienced by different patients and create an effective treatment plan for patients having cancer disease (Gauthier et al., 2014, p. 765).

3.4 Using the concept in a model case:

A case narration is told by a once cancer patient and its associated pain victim. D.S., 55 years of age, begins her story with lots of and anger, frustration and in utter shock. At 40 years old, he was diagnosed with malignant melanoma brain cancer and Hodgins disease. D.S. states how he led a healthy and active lifestyle for a good number of years, and his diagnosis came as a shock and highly unexpected.

In February 2000, D.S. said: "I started feeling fatigued, dizziness, headache, experiencing shivers and a short of breath and this prompted me to visit the emergency rooms for cross-examinations. The MRI results showed brain cancer was seated in the body for a long time and medications were rendered to stop it and also treat the dizziness, headache, confusion, depression, and pain.

He had several surgeries radiation and chemotherapy over one year period. He was at some point in time on 20 medications that damaged his stomach, damaged his heart, and decreased his bone density. As a result, after 6 months of treatment he suffered and survived a heart attack. It was not until December 2000 when he was waking up with less

nausea, headache, body aches and dizziness. His cancer journey was devastating news for him as he was alone with not help at home. Only one brother could help him sometimes when he was not working.

Mainly, he was by himself. It is a sad story but the outcome was positive due to his character and his self-care attitude regarding his disease. He believed in the power of changing the disease around by being positive and keeps a normal life. He never let down his soul and always believed he can beat the disease with let it go attitude. He always said “if I die at least I know I tried.”

After one year of struggle, he decided to quit treatments and to just relax and wait for the verdict. He lived his life normal, while he was not afraid of death. After this decision an amazing change happened that has no explanation for him or his doctors. Instead dying he became stronger and stronger, gained weight, and at the end of that year when he went to see his doctor, for pneumonia, he was cancer free. Doctors have no explanation for what happened, but D.S. expressed his faith and confidence and lack of fear as being the cause of the miracle. He said being comfortable in your own body make a difference in your outcome.

The self-care he provided himself and the power he has against the disease give him hopes that he can live a normal life. Although he is in treatments, his pain is not entirely managed. He still has side effects and daily pain treated with pain medications. "There are some days better, but almost every day I experienced increased unpleasant distress, pain, fear of what will happen tomorrow," he said. Against all this, self-care and the need to go on and not to get in the depression state made him successful in his journey.

“I couldn’t stay in bed when I was in pain as I needed to do things in the house. I needed to go on. It has been a hard passage for me. I was at first, downhearted and destitute and it flabbergasted me. My brother and I used all our investments in the treatment. This disease prognosis alone crushed my spirit a period of time but with faith and prayers and assistance from the members of my family and friends kept me sailing through and everlasting grateful for every one of them”, D.S said. Within a long number of months, he had made life altering resolutions. Currently, he is working every day since then on regaining his positive energy and coming back to his usual without thinking he is in pain. “I worked on employing a better lifestyle to manage the illnesses through adopting better lifestyles.”

Several theories relating to nursing could apply to the diagnosis and treatment of the persons suffering from cancer. Of such theories that can apply is the Dorothea Orem’s Self-care deficit nursing theory. The said theory describes the idea of a nurse as a trained and sufficient capability to assist patients to deal with actual and any perceived self-care discrepancies. Pain is defined in this context as a self-care deficit, and the patients are not in a position to do any care required to relieve them from suffering (Alligood, 2014).

Part of the Orem’s theory views nursing as an art in which the nursing professional provides specialized assistance to persons with disabilities to enable them to meet their self-care needs. The underlying foundation of this theory person or humans often engage in communication and some interchanges between themselves and the environment to enable them function and live well. The Orem’s theory supplements frameworks worldwide self-care for instance, the advocacy of normality of persons with particular consideration to meeting the objectives of patients, including cancer pain victims, to return to the normal way of living (Alligood, 2014).

4. CONCLUSION

The concept of pain is quite a simple idea but yet complex and many a time, a difficult phenomenon to ponder. It’s very essential to be in a position to understand and possess the capability to identify pain, specifically in the nursing arena. Being in a position to identify pain gives a turnaround for the patients care and can drastically alters the management plan Pain is not a portion of a healthy lifestyle for most persons. Patients, families and nurses work as a team in the process of cancer pain management. The nurse along with providers should toil around the clock to ensure the patient comes back to normalcy. Also, patients should frequently be assessed to identify when they are feeling pain and make necessary amendments to address the menace.

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