

Total Pain in Palliative Care: A Multidimensional Paradigm of Suffering

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TOTAL PAIN

 Physical – Fluctuating symptoms & functional status

 Psychological – anxiety, depression, frustration

 Social – thinking of work/school, caregivers, social isolation

 Spiritual – hopefulness, meaning of suffering, experience in uncertainty

BACKGROUND

Pain among palliative patients is not solely physical—it encompasses a Complex Interplay of Psychological, Spiritual, Social, and Emotional Suffering, collectively known as Total Pain.

Cicely's concept of Total Pain (1967) emphasizes that effective pain management must address its multidimensional nature—encompassing not only physical symptoms but also Social, Psychological, and Spiritual Components.

The holistic experience as part of the Total Pain—such as Spiritual Distress, Emotional Suffering & Social Role loss exacerbates the burden on patients and families.

Limited Resources, Lack of Awareness, and Insufficient Patient and Caregiver Education further compound this Suffering.

OBJECTIVE

This study aimed to review the existing literature to Identify the Domains Around Total Pain & Identify Strategies for Managing Total Pain among cancer patients and to highlight the importance of addressing its multidimensional aspects.

METHODS

An extensive integrative literature review through historical review was conducted using published studies from the past 10 years. Databases including PubMed, Ovid, ScienceDirect, and Mosby Nursing were searched. A self-administered tool and Excel were used to systematically analyze and interpret the findings.

RESULTS

- Barata et al. (2016), Costa et al. (2017), and Xu, Ou, Xie, Cheng, & Chen (2019) highlights that Managing Pain Is Complex than Treating it with Medication, due to a multidimensional experience, patients many continue to report high levels of pain—this Often Relates to Psychological Conditions (Silva, Araújo, Cardoso, & Cardoso, 2015).
- Emotions and Psychological Well-being are closely tied to Pain Relief, while Depression and Anxiety tend to be Negatively Correlated with Acceptance of Pain (Xu et al., 2019).
- An interdisciplinary team, focused on addressing all dimensions of “Total Pain,” can significantly relieve pain. Relief can be achieved through Analgesic Therapy, Non-pharmacological Treatments, or Sometimes without Analgesics Altogether (Hartwig et al., 2014; Perez et al., 2016; Phenwan, 2018; Silva et al., 2018).
- In Pediatric context, strategies including Play, Open Dialogue, Empathy, Affectionate Relationships, And Teamwork in caring for both the child and family have proven helpful in Managing and Reducing Cancer-related Pain.

IMPLICATIONS FOR PRACTICE



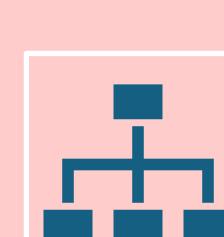
At SKMCH&RC



Specialist palliative care team collaborates with MDTs.



Regular nursing education/seminars on symptom management and end-of-life care.



Structured end-of-life care pathways (e.g., pain assessments every 4 hours).



Ethics framework ensures patient options and choices are respected.

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