DYING IN PAIN: DELIRIUM AND CANCER PAIN IN THE FINAL WEEK OF LIFE

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INTRODUCTION / AIM

Adequate pain management is often an issue in older cancer patients nearing end of life, and terminal delirium can further complicate pain assessment. We examined healthcare workers’ (HCWs) chart notations about pain in patients with terminal delirium during their last 7 days of life.

METHODS

In a 1-year period, we extracted HCWS’ daily chart notations concerning pain in 44 older cancer patients with terminal delirium who were in an inpatient palliative care unit for the last 7 days before death. Proportions of patients judged in pain, not in pain, or for whom pain could not be judged were calculated for each day.

RESULTS

Almost all patients (93%) were judged to be in pain on at least 1 day. The majority (68%) had judged pain on ≥3 days, with 34% on ≥5 days. While proportions of patients judged in pain declined over each of the 7 days, proportions of patients for whom HCWs could not judge pain correspondingly increased, from 7% 7 days prior to death to 19% on the day before death and 62% on the day of death.

DISCUSSION / CONCLUSIONS

Older cancer patients with delirium have high pain prevalence in the last week of life. Terminal delirium and active dying make pain detection increasingly difficult, and persistent pain may go unrecognized at end of life. More research on pain assessment in these vulnerable patients, including the development of a validated, standardized pain tool, is needed.

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