

## Book Reviews

### **Cancer Pain Relief and Palliative Care in Children WHO Publication, Geneva 1998**

Contact local WHO agent, or WHO, Distribution and Sales, 1211 Geneva 27, Switzerland. Price: \$16.20 Order No: 1150459. ISBN: 9241545127.

This 76-page book is a companion volume to the well-known WHO publication "Cancer Pain Relief, with a Guide to Opioid Availability," which has been an important book worldwide in setting the standard for the relief of cancer pain. In general, it is recognized that 80% of patients with advanced cancer will suffer pain, and in 60% the pain will be sufficiently severe to require strong analgesics of the opioid type. (The term opioid analgesic is now preferred to the term narcotics, in order to distinguish the medical use of opioids from the unfortunate connotations implied by the term narcotics and its association with misuse, and illegal and antisocial behavior.) But while considerable progress has been made in the treatment of cancer pain in adults in many countries of the world, cancer pain in children is often an unacknowledged problem. It is particularly relevant to Saudi Arabia with its large population of children and where there are approximately 800 new cases of children's cancer a year. The majority of these children present with advanced cancer, and their symptoms, including pain, will resolve with anti-cancer treatment. However, by presenting with such advanced disease, cure rates are less than the 60%-70% achieved in Western countries, and if treatment fails and their disease progresses, the majority of these children will suffer pain. The general topic of pediatric pain was relatively ignored until recent times, when clinical surveys documented that children received inadequate analgesia to control pain, whether the pain is due to cancer, post-surgical, or diagnostic and therapeutic procedures. Similarly, there is no evidence that children with a terminal illness such as cancer experience significantly less pain than adults, although they may have difficulty expressing their pain and distress.

Chronic cancer pain has several distressing features: 1) It gets progressively worse; 2) it has no meaning; 3) it creates a feeling of hopelessness; 4) it dominates the patient's life; and 5) it can destroy a patient's will to live.

One must also remember that pain is precisely what the patient says it is, and hurts as much as they say it hurts. It is best to avoid any preconceived ideas of how much pain patients will or should have, and use this as a justification to undertreat the patient's pain.

This little book should be essential for pediatric oncologists, and would be very useful for pediatricians who every so often have to deal with chronic intractable pain. It has clearly set out sections on pain assessment, particularly in infants and toddlers who may only show their pain by how they look and act. It points out that in older children, pain may be denied because of the fear that any more treatment will bring further pain. It has a section on non-drug pain relief therapy, covering supportive, cognitive (therapy to influence the child's thoughts), behavioral and physical therapies and how to involve the family in these.

The pharmacological treatment of pain follows the WHO "3-step analgesic ladder" for adults, and tries to overcome the instinctive reluctance by most doctors to use morphine, which is particularly marked among doctors in Saudi Arabia. The association of morphine with euthanasia is not only unfortunate, it is untrue. The correct use of opioid analgesics never shortens life and can often prolong it by relieving pain and distress, and producing a level of comfort that the patient can live with. The pharmacology of children is different from adults, but children over the age of six months have a reasonable margin of safety with opioids, although they should be used cautiously in infants under the age of six months and only under close observation.

Co-adjuvant drugs have an important place in reducing pain levels along with opioids and can decrease the amount of opioid analgesic required. The book lists the large range of these adjuvants with specific indications for each.

There is a clear section on opioid dependence and tolerance, and how this is often confused with the problem of addiction, which is simply not a problem in children with cancer who receive opioids for pain control.

Of considerable interest is the section on procedure-related pain. The pain of diagnostic and therapeutic procedures can be worse than that of the disease itself, and yet it is surprising how often doctors will inflict a painful procedure on a child that they would never consider inflicting on an adult. This is unacceptable, and every pediatrician must be familiar with ways of minimizing or preventing procedure-related pain, and have a protocol for this.

A further section covers the ethical issues involved in pain control. This is of particular importance in Saudi Arabia, where many doctors simply avoid the ethical issues involved with using strong analgesics by not treating the patient's pain, apparently accepting that it is inevitable. Even worse, many hospitals have a totally inadequate supply of analgesics available, particularly for outpatients. Demerol appears to be the only strong analgesic available in most hospitals in Saudi Arabia, and has long been regarded as entirely unsuitable for chronic cancer pain.

What are the aims of a good health service? The American President's Commission for the Study of Ethical Problems in Medicine provided the following definition: "To provide treatment that will restore patients to as near normal or usual a quality of life as is possible under the circumstances." The patient's perception of this is that the health service will: 1) restore them to good health; 2) improve their ability to function; and 3) relieve their suffering (particularly if the first two are not possible).

The relief of suffering is an important aim for any health service, and pain causes the worst suffering of all. It is no longer acceptable to leave patients with uncontrolled pain when the knowledge of how to relieve such pain is

now widely available. It is sad that it has taken so long to concentrate on the problem of pain in children, after the strenuous efforts that have been made to improve the lot of pain in adults. Children should be our first priority. This book should be required reading for all doctors who deal with children.

Alan Gray, MD  
*Section of Palliative Care Medicine*  
*Department of Oncology, MBC 64*  
*King Faisal Specialist Hospital & Research Center*  
*P O Box 3354*  
*Riyadh 11211*