

Myths and Truths About Pain

MYTHS	TRUTHS
<i>Infants and children do not feel pain. This means they do not need as much medicine to stop their pain.</i>	All children, no matter what their age, feel pain. All children in pain should be properly treated. A child's age and weight are important information for doctors to know. It helps them to decide the correct amount of medicine that should be given to help the child.
<i>Children do not remember being in pain.</i>	Many studies have shown that even infants have a memory of being in pain.
<i>Children and adults will tell you when they are in pain.</i>	Many children and adults will not tell doctors or others that they are in pain because: They are afraid of what will happen to them; they do not understand why they have pain; they do not know what the medicine might do to them; they feel they need to be "brave" and not complain about their pain; or they feel it has redemptive/spiritual value.
<i>You must see signs of pain in the person to know the person is in pain and how much pain.</i>	What people say about their pain is the best way to know how much and what kind of pain they have. Some people with severe acute pain and many people with chronic (constant) pain may not show any signs of pain.
<i>The use of strong medications or prescription pain pills for pain relief can lead to addiction.</i>	It is extremely rare for a person to become addicted to strong medications or prescription pain pills when they are used for pain relief.
<i>Strong pain medicines are not good and/or cannot be handled by elderly persons.</i>	Medications for pain should not be based on age but on the person's medical condition and the person's ability to handle uncomfortable side effects. The first doses of strong medications or prescription pain pills should be adjusted downward for elderly persons.
<i>You can learn how bad the pain is by how active the person is.</i>	Some people may be able to be active when they are in pain; other people may not be able to move about.

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<i>If the person has had lots of pain in life, he/she is able to stand pain longer than someone who has not had much pain in life.</i>	Finding out what kind of pain the person has had in the past is very important. This information will help doctors, nurses and others who care for the person to know what the person needs to take care of the pain he/she has now. It will also let them know how the person thinks about pain.
<i>A person's mood (happy, sad, blue, worried) has no effect on pain.</i>	The ideas a person has about pain can play an important part in how that person handles pain. Worry, concern, fear and sadness do not cause pain but they can increase the feeling of pain and make it harder to handle the pain.
<i>Narcotics should be given in small amounts to dying people because the medicines could bring death sooner.</i>	At the end of life, the goal is to make the person comfortable and to keep him/her comfortable. Good pain care is more likely to lengthen life than shorten life. Talking with specialists in Palliative Care, Anesthesia Pain Service, the Chaplain's Office, Child Life Program, Ethics Consultation Service, etc. may be helpful in difficult cases.
<i>The ways, customs and religious beliefs of families are not important in management of pain.</i>	Customs and beliefs of individuals and their families can have a great impact on how pain is judged and how that pain will be controlled. Doctors, nurses and others need to include these customs and beliefs when deciding how a person's pain is treated.