

Reply to Commentary on “A Nationwide Survey of Knowledge of and Compliance with Cancer Pain Management Guidelines by Korean Physicians”

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We appreciate the comments, and appropriate questions raised by Dr. Walsh K [1]. This study aimed to understand pain relief among patients with cancer more fully, with regard to medical staff members' knowledge and/or observation of cancer pain treatment. Because the lack of physicians' knowledge regarding cancer pain is a well-known major barrier to adequate pain control, a relevant question involves the issue of whether patients with cancer who have undergone care by physicians with a high level of knowledge of cancer pain management experience less severe pain.

Therefore, we performed an analysis using matched data regarding physicians' level of knowledge of cancer pain; all physicians were principle house staff members responsible for the patients' care and medical charts. Thus, we anticipated that the question of whether physicians' level of knowledge on the effect of pain reduction in certain patients would be answered.

The content validity of these two scales was determined on the basis of a literature review [2,3] and feedback from an expert panel. However, as you mentioned, a more valid instrument for a reliable distinction of physicians' knowledge level should be selected for a one-step-forward study.

We were concerned about potential attitude changes accompanying physicians' abrupt awareness of cancer pain after the survey, and we aimed to obtain information on their natural, unaffected clinical practice management protocols for cancer pain. Therefore, the severity of the pain felt by the patients undergoing care by these physicians was not prospectively evaluated.

A lack of knowledge about pain could be a major reason for inadequate pain documentation and misconceptions regarding pain. Breuer et al. [4] also suggested that limitations in oncologists' knowledge base regarding pain management may be contributing to a substantial unmet need in patients with cancer.

However, as you pointed out, knowledge is only one factor related to the adequacy of cancer pain management, which is in addition to multidisciplinary and multilevel approaches to pain control. Improvement in physicians' knowledge level regarding pain management could be a target for adequate pain control, analogous to the proven effect of a single molecular target agent (endothelial growth factor inhibitor) on non-small cell lung cancer within the complex tumor cell signal pathway.

A comprehensive effort to enhance medical education and expert knowledge, engage in structural problem solving, and strictly adhere to established guidelines should be translated into changes in practice, as you have suggested.

Conflicts of Interest

Conflict of interest relevant to this article was not reported.

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