DOI:10.5055/jom.2016.0316

SIMPLE SOLUTION FOR A COMPLEX PROBLEM: REWRITING THE SCRIPT

We read with great interest the article by Daniel Saal "Rewriting the Script," recently published in *JAMA*.[1] The author opined, "Unlike other substance use disorders, prescription opioid misuse intimately involves medical practitioners…". However, we would like to point out that, although it may seem that opioid prescribers may be responsible for causing opioid misuse, it may actually be related to the fact that the patient needed a prescription in order to legally utilize an opioid medication. It is factual that opioid overdoses cause 16,000 deaths yearly. However, deaths related to smoking exceeds more than 480,000 annually, including an estimated 41,000 deaths resulting from secondhand smoke exposure.[2] Further, deaths related to alcohol consumption exceed 88,000 annually.[3] Smoking and alcohol are both as addictive as opioids, yet both have ZERO therapeutic value. Do we have any controlled measures in our society limiting their uses besides age limitation? Unfortunately, at present there are none! One would, therefore, see the same association with smoking or alcohol consumption if their dispensing required a license.

In 2011, the prestigious Institute of Medicine (IOM) released a landmark report on chronic pain.[4] The IOM report estimates there are more than 100 million Americans suffer from chronic pain, and acknowledges that pain has already become a public health problem. It states that pain is pervasive, costly, and largely undertreated; hence, it calls for a cultural transformation in the country in the delivery of pain care, in conducting pain research, and in providing pain education to fill the gaps of inadequate pain care to millions of Americans suffering from chronic pain.[4] Although the IOM report has been widely quoted in numerous medical journals, news reports, some groups or individuals have also challenged the accuracy of this number. In 2014, Victor Dzau (the newly appointed President of IOM) and Philip Pizzo (former Dean of Stanford University Medical School), published a second report in *JAMA*,[5] titled "Relieving Pain in America Insights From an Institute of Medicine Committee." Once again, the updated report restates that there are more than 100 million Americans suffering chronic pain, ie, the number of 100 million is valid and conservative, as it does not include soldiers, prisoners, children, and long-term care residents.[5]

One cannot forget that chronic pain patients are at increased risk for other psychological comorbidities, such as depression and anxiety.[6,7] And this population is also at high risk and suicide ideation and attempt.[8,9] Thus, appropriate and compassionate pain care, along with concomitant mental health services, should be provided based on individual patient's need.

In an article, entitled "The Doctor's Dilemma: opiate analgesics and chronic pain,"[10] Fields commented on that many physicians continue to prescribe opioid analgesics for chronic nonmalignant pain, despite the lack of convincing data for long term efficacy, because they believe it is unconscionable to withhold adequate treatment from any patient complaining of severe pain, whatever the cause. Marcia Angell, former Editor-in-Chief of *NEJM* said, "Few things a doctor does are more important than relieving pain. . . pain is soul destroying. No patient should have to endure intense pain unnecessarily. The quality of mercy is essential to the practice of medicine; here, of all places, it should not be strained."

In a recent Editorial in *JAMA Pediatrics*, Harvard physicians Drs. Fleegler and Schechter[11] opined, "These are challenging times for clinicians who care for children and adults in pain. The general philosophy regarding the level of attention that should be paid to pain, as well as its treatment, has changed dramatically during the past 30 years, swinging wildly between extremes, and remains a moving target". Fleegler and Schechter also stated, "Currently, most articles in the lay and even professional press highlight the problems associated with these drugs as opposed to the significant benefits that may accrue from their appropriate use. As a result, at this time, we run the genuine risk of returning to a state of opiophobia and denying individuals in severe pain the mercy of access to these incredibly valuable drugs."[11]

Lastly, the medical need of so many people in chronic pain overwhelms much of our healthcare system. One of the major reasons for inappropriate opioid prescribing is the lack of training in pain medicine or addiction medicine.[12] US medical students receive a median 7 hours of pain education and Canadian medical students receive a median of 13 hours, in contrast to the median 75 hours

received by veterinarian school students in the US.[13] The lack of addiction medicine training in medical schools results in many future doctors being unprepared to utilize opioid medications effectively, not to mention effectively managing and monitoring the signs addiction in their patients.[12]

Unfortunately, although most patients who are prescribed opioids have benefited from a reduction of pain, it has become clear that these agents were not as benign as had been assumed and that addiction, diversion, opioid hyperalgesia, and other adverse effects were legitimate concerns which could not be swept under the rug.[11] And unquestionably, society has also been harmed by opioid abuse leading to abuse and to death. Unless we can objectively define the problems, without ignoring the enormous disease burden of chronic pain on millions of suffers, it will be unlikely that we have a chance of truly solving and effectively coming up with solutions.

ACKNOWLEDGMENTS

External funding: None. Conflict of interest: None.

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