

A responsible way to treat patients, pain

By Lynn Webster

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The Centers for Disease Control and Prevention [recently reported](#) that deaths due to prescription medications increased for the 11th year in a row. In 2010, more than 16,000 deaths were associated with prescription medications.

As tragic as this is for families of a lost one, it would be a cruel consequence if an overreaction to these legitimate concerns makes it more difficult for blameless patients to obtain relief from excruciating pain - or stymies efforts to develop more comprehensive treatments for pain.

Pain itself can be medically harmful, interfering in the body's healing process. Anyone who has watched a loved one cry in agony, or has experienced such torture himself or herself, knows that pain also can be crippling, preventing even routine activities. In some cases, pain becomes so unbearable that patients commit suicide.

At the American Academy of Pain Medicine, our primary goal is to ensure that patients receive safe and proper treatment for pain. To prevent harm from all treatments and maximize outcomes, the academy believes this is best achieved through advances in five related areas.

- The AAPM supports increased scientific research in the effect of opioids and the development of more effective non-opioid pain medication. Given the millions of Americans who suffer, we spend a tiny fraction of research dollars on the development of safer and better treatments.

Critics of the current system of pain management should stand with us in calling on government agencies such as the National Institutes of Health, as well as foundations, universities and concerned individuals, to help fund and pursue such discoveries. But, until research and scientific advancement produce safer, more effective and non-addictive alternatives, opioids are the most potent and versatile pain medicine available.

- It has been implied that organizations that receive funding from pharmaceutical companies to support pain education and research cannot be impartial arbitrators on the treatment of pain. However, in the absence of other funding sources, this approach is the only means to support these critical public health missions. This is true for many medical specialties that do not attract funding from foundations or the general public.

However, at AAPM, we draw a clear line. We do not permit any outside organization to interfere in our scientific process. No company or funder can provide any input or otherwise influence the education and training that we provide physicians, patients and the public.

- Increased education is critical to the understanding and treatment of pain. Physicians must be aware of best practices. Patients must understand the proper and safe use of all medications.

- The public, legislators and regulators must be able to separate myths from facts. We support the Institute of Medicine's call to raise awareness about treating chronic pain, and we provide programs and materials to educate physicians on treatment.
- Today's highly charged discussions about the use of pain medications could result in depriving patients in chronic pain - including the elderly and veterans - from treatment they need. While the visceral reaction to tragic cases of overdose and addiction is understandable, we do a disservice to health care when we stigmatize the use of opioids in all cases, which discourages patients from seeking help and physicians from prescribing the proper treatment for pain.

Many members of society have a role to play in ensuring the proper treatment of pain. Physicians must work to identify patients at higher risk of developing an addiction or other aberrant behaviors. Law enforcement should pursue health professionals who intentionally mis-prescribe and patients who "doctor shop" to traffic drugs. But we should not conflate such dishonesty and criminal behavior with the legitimate use of pain medication.

The anti-opioid climate already has resulted in the denial of medication to suffering patients. In many cases, doctors acknowledge a reluctance to prescribe opioids, even when they know a patient is in intense pain, simply because they do not want to be perceived as irresponsible or risk sanctions. And patients sometimes forgo asking for help because they do not wish to be perceived as a drug abuser or because they have come to accept a prevailing view that looks dimly on anyone with a vial of "narcotics" in the medicine cabinet.

But in the overwhelming majority of cases, pain medication is prescribed cautiously and responsibly and doses are taken precisely as instructed. These doctors and their blameless patients should not be made to feel as if they are engaging in illicit behavior as they seek to treat what one patient called "hell on Earth": unceasing, agonizing pain.

Lynn Webster is president-elect of the American Academy of Pain Medicine, based in Glenview, Ill. He was the subject of a Feb. 20 Journal Sentinel Watchdog Report, part of the ["Side Effects"](#) series.

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