

Where is the Patient in the Discussion of the Opioid Epidemic?

The opioid epidemic has been declared loud and clear in the media over the past several years. Doctors have been demonized, and patients have been stereotyped. The statistics are alarming. However, I have yet to see anything published that focuses on the patient who lives with chronic pain. There is very little understanding for these individuals.

Let me be more specific. Society reacts empathetically towards the person who has pain related to cancer or a severe medical condition, such as a burn. But what about the patient with less tangible pain? We assume that these individuals are drug seekers that haven't taken care of themselves, so they are must be responsible for their pain. Many people think, "If they would just exercise correctly or lose weight, they wouldn't be in the shape they are in, right?"

I have listened carefully to the criticism of the medical community as well as our governing bodies. I have spent time digesting and processing the statistics and recommendations that have been proposed over the past several years. I have done this carefully and thoughtfully, as have my colleagues and patients. Insurance companies have turned their backs on this group of patients by declining coverage for medications and many basic forms of treatment. The doctors who treat these patients come under increasing scrutiny as well and risk being labeled as "pill pushers".

I would like to provide a perspective from someone who is in the trenches with these patients on a daily basis. I am a physician who has practiced pain management for the past 10 years. My goal in writing this article is to shed light on the opioid epidemic, from a pain management physician's perspective, and to put a face on the patient who has chronic pain that is unrelated to cancer, also known as non-cancer pain (NCP).

Let's review some of the staggering statistics of the chronic pain epidemic in America. Chronic pain affects nearly 1 in 3 Americans. More Americans suffer from chronic pain than diabetes, heart disease, and cancer combined! More people will die while on a controlled substance than those that will die from a car wreck in 2017. Some of these patients are addicted and have never seen a physician or had a legitimate prescription filled. Sadly, some will commit suicide because they have given up and their coping mechanisms have been exhausted.

I would like to focus on the patients that come to a clinic like mine. These are the patients that have tried to do everything in their power to have their pain problem cured. They have seen their primary care physician or a provider in the emergency department or urgent care. They have been to the chiropractor or visited the physical therapist. They have had a myriad of procedures or perhaps even spine surgery in hopes to avoid having to rely on medication to cope with their pain.

They are the hardworking laborer who had an injury on the job or the housewife who had a car wreck. They are the professional in the medical or legal field who knows the stigma of such patients and never dreamed they would be a "pain patient." They had a friend in college or a family member that got "hooked on pain pills," and there is no way they are going to be "that person".

Proactive patients do their homework and consult anyone who will listen for a good specialist. With eager expectation, the patient begins a personal journey of healing. In many instances, something close to healing can be achieved, and the patient can cope with whatever residual pain is left. The physician

and patient are realistic about the outcome and understand that complete healing is not possible. These patients resume life the best they can. They pursue their personal life and career with reasonable expectation of soldiering on with adaptations that are practical and acceptable.

But what about the patient who is in agony despite seeing the right doctors, or having the recommended procedures or surgeries? There must be something wrong with such a person. They must have secondary gain of some sort. They must prefer to make only 60% of their previous income as a disabled workman's compensation patient. They must prefer to take numerous medications every day and have very restricted lifestyles. Because a spinal injection or a surgical procedure is the price to pay to continue to get their narcotic prescription, they do what they must do...right?

In my experience with patients and colleagues across the country, the patient who suffers from chronic, noncancer pain has tried to do everything in their power to find relief. Medication is usually a last resort. It is fraught with the risk of addiction, side-effects, and accidental overdose. These patients have tried to do anything they can to lessen their medication and improve their quality of life. They are fearful to go to the emergency department, seek out a new physician, or discuss their real medical problems with anyone for fear they will be seen as a "drug seeker." They struggle with self-worth because they are no longer a "productive member of society." They would readily abandon habit forming medication for any other treatment that would give them similar relief.

There is the crux of the problem! The medical community doesn't offer them healthier alternatives. If we had the cure, they wouldn't be in our offices. If we had safer, non-addictive medication, they would be on it. Doctors wouldn't prescribe anything that could "do harm." But until the day comes, they must rely on the only option they are offered and can afford. Unfortunately, opioid based medication is prescribed reluctantly and as a last resort by their treating physician as the only measure that provides relief from suffering and improves quality of life. The patient will continue to cope, hope, and believe that the future holds something more for them so they can live the life they believed they were born to live.

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