



John Hickner, MD, MSc
Editor-in-Chief

The elements of pain care that the guidelines don't address

You are probably one of the million+ physicians who received a letter from the Surgeon General urging us to use opioids judiciously,¹ and you are likely familiar with the 2016 *CDC Guideline for Prescribing Opioids for Chronic Pain*.² (See *JFP's* "Opioids for chronic pain: The CDC's 12 recommendations," 2016;65:906-909.) Most of these recommendations are common-sense practices, such as reducing doses, using alternative medications and treatments, monitoring prescribing through state databases, conducting random drug tests, consulting pain and addiction specialists, and establishing clear treatment goals.

■ **But the guidelines only go so far.** They don't address the empathy, perseverance, and insight needed to stick with these patients and oversee their care. And they don't directly address the patients who are already taking opioids for chronic pain when

It's no wonder some of us just say "No" to caring for patients with chronic pain.

they arrive at our offices. Despite nearly 40 years of practicing family medicine, I can count on one hand the number of patients for whom I initiated opioid medication. Yet I have managed many patients with chronic pain who were already on hefty doses of narcotics when they became my patients. Rather than refuse to care for them, we

should seek to understand their story, continuously try other medications and therapies, repeatedly attempt to reduce dosages, and frequently check substance databases.

■ **Following the guidelines** is no guarantee that our prescribing practices won't be called into question. I have seen excellent family physicians censured by state licensing boards unjustifiably. One colleague was accused by a patient of "getting him addicted," only after the physician refused to continue prescribing narcotics. Based on this single complaint, the physician had his license temporarily revoked with no due process whatsoever. He got his license back after an appeals process that took several months, cost many dollars, and inflicted significant emotional trauma. No wonder some of us just say "No" to caring for patients with chronic pain.

■ **Perseverance and motivation.** I remind myself that good, well-intentioned, and careful primary care physicians are NOT the cause of this epidemic. I encourage you to stick with these patients (lest they turn to the streets to obtain heroin laced with fentanyl), and look for sources of motivation. You may be motivated, as I was, by a physician's story in *JAMA* about his 49-year-old younger sister, a vibrant, accomplished, caring woman whose chronic pain led to her death in a jail cell after she became combative in the ED.³ Had she been treated as a patient with a chronic illness, rather than a criminal with a character flaw, I suspect she would be alive today.

1. Turn the Tide: the Surgeon General's call to end the opioid crisis. Available at: <http://turnthetidex.org/#>. Accessed February 15, 2017.

2. Dowell D, Haegerich TM, Chou R. CDC guideline for prescribing opioids for chronic pain—United States, 2016. *MMWR Recomm Rep*. 2016;65:1-49. Available at: <https://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm>. Accessed February 15, 2017.

3. Weeks WB. Hailey. *JAMA*. 2016;316:1975-1976.

John Hickner
jfp.eic@gmail.com

EDITOR-IN-CHIEF

JOHN HICKNER, MD, MSc
University of Illinois at Chicago

ASSOCIATE EDITOR

RICHARD P. USATINE, MD
University of Texas Health Science Center
at San Antonio (Photo Rounds)

ASSISTANT EDITORS

DOUG CAMPOS-OUTCALT, MD, MPA
Mercy Care Plan, Phoenix

RICK GUTHMANN, MD, MPH
Advocate Illinois Masonic Family Medicine
Residency, Chicago

ROBERT B. KELLY, MD, MS
Fairview Hospital, a Cleveland Clinic hospital

GARY KELSBERG, MD, FAAFP
University of Washington, Renton

COREY LYON, DO
University of Colorado, Denver

KATE ROWLAND, MD, MS
Rush-Copley Medical Center, Chicago

E. CHRIS VINCENT, MD
University of Washington, Seattle

EDITORIAL BOARD

FREDERICK CHEN, MD, MPH
University of Washington, Seattle

JEFFREY T. KIRCHNER, DO, FAAFP, AAHIVS
Lancaster General Hospital, Lancaster, Pa

TRACY MAHVAN, PHARM D
University of Wyoming, Laramie

MICHAEL MENDOZA, MD, MPH, MS, FAAFP
University of Rochester, New York

FRED MISER, MD, MA
The Ohio State University, Columbus

KEVIN PETERSON, MD, MPH
University of Minnesota, St. Paul

MICHAEL RADDOK, MD
The MetroHealth System, Cleveland, Ohio

KATE ROWLAND, MD, MS
Rush-Copley Medical Center, Chicago

LINDA SPEER, MD
University of Toledo, Ohio

JEFFREY R. UNGER, MD, ABFP, FACE
Unger Primary Care Concierge Medical Group,
Rancho Cucamonga, Calif

DIRECT INQUIRIES TO:

Frontline Medical Communications
7 Century Drive, Suite 302
Parsippany, NJ 07054
Telephone: (973) 206-3434
Fax: (973) 206-9378