

Progress in pain management: Where are we?

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INTRODUCTION

With the death of Dr. Elisabeth Kübler-Ross on August 24, 2004, the field of pain management lost one of its most important proponents. Her initial desire and professional actions over 30 years ago to advance the care of dying patients have spilled over into discussions of how we take care of patients presenting with pain, especially those who are terminal. However, the loss of this outstanding colleague does not signify reduced attention to pain management issues. In fact, many clear indications of continuing and expanded concern exist in this area.

Over the past few years, legislative actions at state and federal levels were taken because of current recognition that both acute and chronic pain remain undertreated, and that improvement in the delivery of proper analgesia—especially opioids—is necessary. A few examples are as follows.

“DECADE OF PAIN CONTROL AND RESEARCH” BILL

Recognizing that pain management does not have a major voice at the federal level and has a low level of support for research, education, and treatment, the 106th US Congress passed H.R. 3244—the “Decade of Pain Control and Research” bill (Title VI, Sec. 1603)—which President Clinton signed into law. It took effect on January 1, 2001.¹ It was hoped that this legislative accomplishment would increase attention on pain in both the public and private sectors and would lead to greater progress in research, education, and clinical management. Major credit for this federal statement was given to the Pain Care Coalition, a national coalition advocating responsible pain care policies at the federal level formed in 1998 by the American Academy of Pain Medicine, American Headache Society, and American Pain Society.

FSMB MODEL POLICY

In May of 2004, the Federation of State Medical Boards (FSMB) House of Delegates adopted its *Model Policy for the Use of Controlled Substances for the Treatment of Pain*, which was developed to “provide state medical boards with an updated template regarding appropriate management of pain in compliance with applicable state and federal laws

and regulations.”² Of significance is that this approach also considers *inadequate* treatment of pain to be below the standard of medical practice. Although this FSMB policy was not designed to advocate rigid policies for physicians, concern was expressed therein that inadequate pain management can result from the following:

- lack of knowledge of medical standards, current research, and clinical guidelines for appropriate pain treatment;
- the perception that prescribing adequate amounts of controlled substances will result in unnecessary scrutiny by regulatory authorities;
- misunderstanding of addiction and dependence; and
- lack of understanding of regulatory policies and processes.

Therefore, the FSMB model policy was developed to foster consistency in “promotion of adequate pain management and education of the medical community about treating pain within the bounds of professional practice and without fear of regulatory scrutiny.” It includes the following points:

- state medical boards view pain management as important and integral to the practice of medicine;
- opioid analgesics may be necessary for the relief of pain;
- prescribing opioids for other than legitimate medical purposes poses a threat to the individual and society;
- physicians have a responsibility to minimize the potential for the abuse and diversion of controlled substances; and
- physicians will not be sanctioned solely for prescribing opioid analgesics for legitimate medical purposes.

CALIFORNIA LEGISLATION

With major involvement of the California Medical Association, new state legislation was created to assist physicians in their efforts to properly manage pain and to lessen the fear of being investigated by legal authorities following an unwarranted arrest. It ensures that a medical review takes place before any charges of unlawful prescribing are filed. As of January 1, 2006, medical and law enforcement organizations are to develop interagency protocols designed to ensure that patients receive adequate analgesia under existing law.³ After approving this bill without opposition, the California Legislature sent it to Governor Arnold Schwarzenegger on August 20, 2004.

One of the most devastating potential outcomes of undertreating pain is that, for some patients, the situation becomes a *suicidogen*,⁴ which subsequently leads to the emergence of *Kevorkianism*.⁴ It is hoped that recent actions undertaken at federal and state levels will lessen these possibilities.

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