PRIORITIZING THE PHYSICIAN APPROACH TO PAIN MANAGEMENT

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"How severe is your pain on a scale from 1 to 10?"

This standardized pain scale has been at the forefront of guiding health care professionals in understanding which patients "deserve" drugs compared to others. The United States is plagued by a chronic pain issue with more than 25 million Americans suffering from an affliction that appears to have no relief in sight. With an increase in chronic pain, the clinical use of opioids has quadrupled since 1999. As gatekeepers of the legal opioid supply, physicians seem to be the prime target in combating the rise in drug use over the past few decades. This heavy prescribing manner of pain medication has characterized the epidemic known as the opioid crisis.

The opioid crisis has been at the head of many issues that are looked to be regulated by both governmental and public health officials. This national emergency has caused individuals to take a step back to understand how this matter has become so widespread in the United States. According to an article by scholar Nathan P. Coussens, in 2016, the opioid crisis claimed the lives of 42,000 individuals in the U.S. In 2019, opioids were involved in 49,860 overdose-related deaths (70% of all drug overdose deaths). These numbers describe the magnitude of the opioid crisis, but this issue reaches across many sectors of society. Prescribed opioid-related deaths have the potential to cause a loss of productivity, intergenerational trauma, and a strain on community resources that leave individuals asking what more could have been done.

Pain control is at the center of the opioid epidemic as millions of individuals in the U.S. look for options to combat their symptoms. As stated by academic Mark A. Lumley, pain is more than a symptom or a sensation. It has the ability to manifest into emotional, cognitive and psychosocial factors. This is specifically why the diagnosing and treatment of pain is so difficult—because of its subjectivity.

Under-training regarding distribution and prescribing of opioids leads to a limited understanding of how to prevent drug abuse. To combat this issue, the most important group of individuals that must be addressed are physicians. It is necessary that physicians are trained in how to properly assess a patient's need for opioids of any amount.

It was found that prescribing patterns are smaller for physicians who had received specific training in the use of opioids after medical school. This is in regards to the shifting attitudes that physicians have when they are able to become more knowledgeable on the long-term effects that opioids may have on a patient. This shifting attitude focuses on whether the benefits of opioids will outweigh the potential negatives which should be determined on a case-by-case basis. In agreement with scholar Molly Schnell, pain training in physicians can involve evidence-based pain management training. The goal of this training is to assist physicians in their understanding of assessing pain, chronic pain patients and providing evidence-based care. This involves looking towards physical rehabilitation, pain psychology, pharmacotherapy and procedural interventions for pain management. The implementation of these tactics may have been lacking in previous decades due to differences in specialties that prioritize pain training and shifting attitudes on the benefits of evidence-based care.

Treatment and diagnosing involve a variety of factors in order for physicians to fully address the needs of their patients. Pain needs to be fully characterized in terms of its site, pattern, intensity and pathophysiology. When observing prior medical history, it is also vital to look to present or past disabilities, mental health disorders or substance abuse disorders. In addition, past treatments must be observed closely. Examining all components makes it certain that a patient is not just being examined at one point in time but rather there is a comprehensive perspective on their case. In addition, when looking at all these contributing factors together, it is important to include the patient in the discussion to ensure that they understand their own treatment plan and certain expectations or challenges that may arise for themselves.

In 2018, the University of Missouri School of Medicine introduced a program known as Opioid Use Disorder Show-Me ECHO (Extension for Community Healthcare Outcomes). This strategy allowed specialists to train physicians to identify and treat chronic pain conditions through video conferencing. The implementation of this program can be labeled as a success as it has allowed clinicians to be more supported in terms of ensuring their medical education continues. The long-term goal of Show-Me ECHO is to expand treatment facilities for opioid use disorders and by providing physicians the updated training and expertise in addiction, they will have greater confidence to offer this treatment. This plan is one of many examples that productively further their mission to educate health care professionals.

The four main vital signs health care providers are taught to look at are body temperature, blood pressure, pulse and breathing rate. The 21st-century dilemma of chronic symptom management has pushed the introduction of pain as a fifth vital sign. There is extreme value in being able to prioritize pain and understanding how it can manifest to be a symptom that consumes an individual's life. Physicians are one of the main providers that are able to see this through by promoting a biopsychosocial orientation to pain that emphasizes both short-term and long-term alleviations for patients. Yet, education does not halt when a medical student becomes a practicing physician. Rather, it is pertinent for training to be periodic in order to promote self-assurance for each physician- a self-assurance that fosters personalized and compassionate care for each chronic pain patient.