

Narcotic Utilization for End-of-Life



Effective management of pain and suffering at the end-of-life is the standard of care. However, the underutilization of pain relievers and other palliative therapies for those suffering from cancer and advanced non-cancer illnesses has been described as a “public health crisis”.¹ This crisis is heightened by the fact that effective treatments are readily available but not consistently utilized. Major barriers to effective pain relief for those at the end-of-life include poor pain assessments and inadequate utilization of narcotic analgesics. Regardless of whether this underutilization is due to the fear of addiction, fear of hastening death, drug tolerance, or side effects, the reality is that unrelieved pain can be incapacitating and unnecessarily degrade the patient’s quality of life and negatively effect the family’s experience.

The Data:

- 25-30% of patients with terminal cancer suffer severe pain and 40-50% suffer moderate to severe pain.²
- The SUPPORT study demonstrated that greater than 1/2 of hospitalized patients at end-of-life suffer from serious pain in their final days.³
- A 1993 study reports that 51% of NC physicians feel that tolerance to opioids is a significant problem and limits their ability to control pain, while 19% feel that poor pain control is inevitable in those with advanced cancer.⁴
- Experts agree that 95% of cancer pain can be effectively treated with the combination of the right drug at the right dose at the right time.^{5, 10}
- The average amount of time spent on pain management education in American medical school is 1 hour, and only 4 hours for nurses.^{6, 14}
- Studies suggest that neither sedation nor individual variation in physician prescribing habits in terminally ill patients was associated with hastening death.⁷
- For many patients, opioid analgesics, when used as recommended, are the most effective manner in which to treat their pain, and often the only treatment option that provides significant relief.⁵

Legal Issues:

- According to the NC Medical Board (NCMB), the inappropriate treatment of pain includes nontreatment, undertreatment, overtreatment, and the continued use of ineffective treatments.
- The NCMB states that prescribing of controlled substances must comply with all state and federal law, and those guidelines for treatments include: complete patient evaluation, establishment of a treatment plan/contract, informed consent, periodic review, and consultation with specialists as appropriate.
- The NCMB will consider prescribing, ordering, dispensing, or administering controlled substances for pain to be for a legitimate medical purpose if based on sound clinical judgment.⁸
- Preventing narcotic abuse is an important societal goal, but by law, it should not hinder patients’ ability to receive the care and treatment that they need.⁹
- It is the position of the North Carolina Boards of Medicine, Nursing, and Pharmacy that patients and their families should be assured of competent, comprehensive palliative care at the end of their lives. Physicians, nurses and pharmacists should be knowledgeable regarding effective and compassionate pain relief, and patients and their families should be assured such relief will be provided.¹⁰
- Those providing pain assessments and treatments, both physicians and nurses, must practice according to their scope of practice, mindful that licensing boards hold the licensee accountable for providing safe, effective care.¹⁰

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Recommendations:

- Initiate and maintain open communication and collaboration between the healthcare team, patient, and family are essential in achieving adequate pain management at end-of-life.
- Understand and utilize published guidelines and recommendations for specific pharmacologic treatment and strategies are available from The American Pain Society, The American Academy of Hospice and Palliative Medicine, and The American Geriatrics Society.^{11,12,13}
- Prescribe appropriate treatments; narcotics should be tailored to meet individual needs while also considering side effect management and patient cost.
- Understand and implement the “ABC’s of Pain Management”:¹
 - Ask about and Assess pain regularly
 - Believe the patient and family in their reports of pain and relievers
 - Choose pain control options appropriate for each patient, family, and setting
 - Deliver interventions logically, timely, and in a coordinated fashion
 - Empower patients and families, and Enable them to control their course as able
- Recognize that fears and misconceptions are often on the patient’s and family’s mind when narcotic therapy is initiated. Ensure appropriate education and support.
- Consult Hospice, Palliative Medicine, or other pain specialists for management of pain in complicated scenarios.

References:

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