BALANCING THE SCALES:
THE OPIOID EPIDEMIC AND THE ETHICS OF PAIN MANAGEMENT

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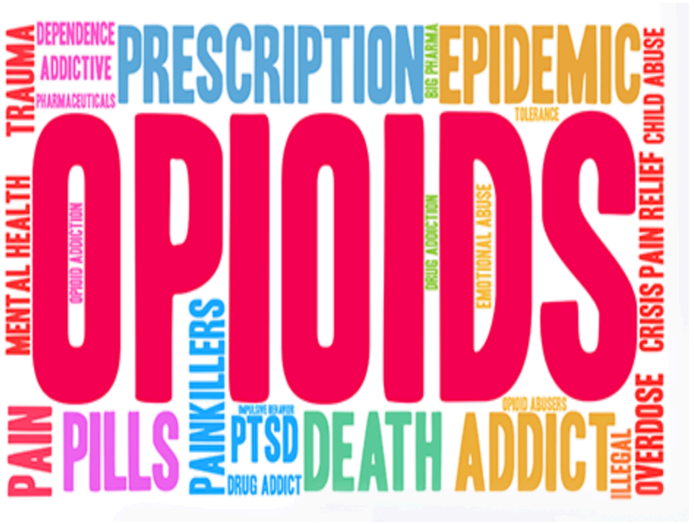
INTRODUCTION

The growing opioid epidemic in the United States has led to significant financial and societal impact for both healthcare providers and patients of all ages. Research shows that 12.5% of adolescents new to illegal substance abuse started with prescription opioids. News media has heightened public awareness of the issue, and opioid related deaths now surpass motor vehicle deaths. As a result, opioid use for pain management is undergoing scrutiny both by providers and patients. State governments have implemented legislation limiting prescriptive practice. Patients' fear of addiction has escalated usage of "non-opioid directives" notifying health care professionals that they are not to be prescribed opioid medications.

CASE REPORT

We treated a 15 y/o male, ejected in an MVA who sustained multiple long bone fractures, rib fractures, a pulmonary contusion, and a concussion. Through care, multiple surgical procedures, pain was treated with a dilaudid PCA, scheduled acetaminophen, and benzodiazepines as needed. His mother voiced her objection of opioids for pain management due to fear for potential future drug use and addiction. She demanded that all opioids and benzodiazepines be discontinued, leading to inadequate pain control. As a result, the patient was unable to tolerate dressing changes or perform physical and occupational therapy. The hospital bioethics team intervened, explaining that the medical team has an ethical obligation to provide medically appropriate care in the best interest of the patient, including pain medication, while balancing the parent's right to make an informed refusal of treatment.



(www.wbee.com/fighting-opioid-epidemic)

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Opioid, gabapentin, and benzodiazepines were resumed after much discussion regarding addiction, tolerance, and weaning. 45 days after injury the patient was discharged with gabapentin, diazepam, and oxycodone. Four months after injury, the patient's wounds were well healed. He remained on pregabalin for treatment of diffuse axonal brain injury, but suffered no complaints of pain.

DISCUSSION

Acute moderate to severe pain requires prompt and adequate treatment, often with opioids, to achieve pain reduction to acceptable levels, facilitating recovery from the underlying disorder. While the campaign against the opioid epidemic is necessary to decrease the association between prescribed opioids and their abuse or transition to illegal drug use, excessive concern for addiction and dependence often leads to undertreatment of acute pain. Failure to adequately treat acute pain often results in increased morbidity, mortality, and may lead to the development of chronic pain.

The increase in opioid misuse and overdose has influenced legislations regarding prescription medication and it will continue to affect how we management acute pain. Therefore, healthcare providers must recognize the need for appropriate opioid administration, especially in the acute pain setting, recognize risk factors for abuse, and educate patients and parents to mitigate these challenges. They must also remain knowledgable of the ethics surrounding inadequate pain management and the desire to meet patient or family request regarding judicious use of opioid in trauma and acute pain patients.