

PAIN MEDICINE NEWS

Commentary

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Is Suicide a Consequence of the CDC Opioid Guideline?

By Lynn R. Webster, MD



The law of unintended consequences states that the actions of people, and especially of governments, always have effects that are unanticipated, as when legislation and regulation aimed at righting a problem go wrong in other ways (Unintended consequences. <http://tinyurl.com/?8p8g>).

(/aimages
/2016/PMN0816_00A_1287150.jpg) the guideline issued by the Centers for Disease Control and Prevention (CDC) discouraging the use of opioids in treating chronic pain, excluding cancer and end of life (*MMWR Recomm Rep* 2016;65:1-49).

The guideline was not intended to be mandatory; yet, as I predicted in a previous roundtable discussion, the stature of the CDC appears to have resulted in it being viewed by many as more than a guideline (“Draft CDC Opioid Guideline: Pain Medicine Experts Discuss,” *Pain Medicine News* January/February 2016). A growing number of reports suggest that the guideline is responsible for people with chronic pain throughout the country being tapered or withdrawn from opioids or dropped entirely from physicians’ practices, even if the patients have been on stable doses of opioids for years with attendant improved pain and quality of life (Chronic pain patients are suffering because of the US government’s ongoing

War on Drugs. Quartz. <http://qz.com/?694616>).

Pain News Network reports that dozens of patients have contacted the editor since March, when the guideline was made public, to say that their doctors have “fired” them on flimsy excuses, or that their doctors suddenly are weaning them off opioids or abruptly cutting them off from the medications (Are CDC Opioid Guidelines Causing More Suicides? Pain News Network May 27, 2016).

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Worse is that some patients are so despondent and in so much pain that they have given up and looked to suicide as a way out. As Pain News Network reports, nearly 43,000 Americans committed suicide in 2014, more than twice the number of deaths that have been linked to overdoses of opioid pain medications. Anecdotal reports that chronic pain contributes greatly must not be dismissed. I am certain this is not a consequence intended or anticipated by the CDC, but tragically it is playing out.

‘Everyone Has a Breaking Point’

The following are passages from a message I received from a person in pain, in response to one of my blogs. (They have been edited for clarity.)

“After this Easter, my life turned off a cliff and nosedived. My best friend in the world, who suffered with chronic pain, checked out because he was tired of living with pain, doctors and judgment. He was just tired of it all. So many people are disgusted with the CDC’s guidelines—as am I—as they cast far too wide of a net and caught a lot of innocent victims in it.”



This man, a veteran, goes on to write of his personal involvement and knowledge of the opioid crisis as a sufferer of chronic pain and father who lost a 21-year-old daughter to—as he puts it—“the OxyContin Express that roared through Florida.”

“Persons in power too often see the world in black and white. They forget there is a gray area where most of us live—reality.”

The Department of Veterans Affairs is adopting the guideline, which was written to be voluntary, “as law,” he writes, “ripping 12-year-compliant patients off meds.” He is one of those patients with many years of passed urine drug screens and prescription drug monitoring checks behind him.

“This is the kind of foolishness that pushed my pal to the point he felt backed in a corner, put a gun to his chest, and pulled the trigger. I knew this man 35 years. ... Everyone has a breaking point.”

This friend had shared his fears of having his treatment taken away.

“He asked me if I would forgive him if he took his own life. I told him I would. This has been a heavy burden to carry. But loving someone unconditionally comes with a heavy load.”

Now 58, the man who wrote this letter said he flinches now when he hears of anyone taking his or her life due to untreated pain. Further, he is steeling himself to deal with his own pain issues as changes to his medical treatment appear inevitable and also—as he puts it—impersonal.

“So now at 58 years old, here we go again. ... The way my medical conditions were being treated for the past 12 years was about to change. ... I’m no doctor, no pharmacist, no rocket scientist, but even I know you can’t do that to a human being without reprisal. So here I am picking up the pieces. I hope and pray others make it through the changes OK. I hope I make it OK.” Making it through is all he wants.

Innocent Victims

Undeniably, the country is experiencing a serious opioid crisis, which must be addressed. However, the steps to reverse the opioid crisis should not cause greater harm to the innocent and those hurting the most in our society. Our politicians and policymakers must be advised that their actions have unintended consequences. If the unintended consequences of the guideline cause greater harm than the intended positive consequences, then the only rational and compassionate path forward is to change the focus and direction. Perhaps it is time to recognize the needs of people in pain with an urgency equal to that for people with opioid addictions.

Lynn R. Webster, MD, is a past president of the American Academy of Pain Medicine and author of “The Painful Truth: What Chronic Pain Is Really Like and Why It Matters to Each of Us.” Visit www.thepainfultruthbook.com (<http://www.thepainfultruthbook.com>). He also is a member of the Pain Medicine News editorial advisory board. He lives in Salt Lake City.