## **Stop Attacking Chronic Pain Patients**

## May 04, 2016

By Jaymie Reed, Guest Columnist

Last week I had one of the most horrifying experiences ever. I was called and told to be in my new pain doctor's office within 4 hours for a pill count.

You see, my own body is attacking itself, eating away the covering from the peripheral nerves in my arms and legs. I have Chronic Inflammatory Demyelinating Polyneuropathy (CIDP) and it is very painful. I need opioid pain medication to treat that pain.

It was humiliating to sit in the doctor's office waiting for my pills to be counted and my urine screened for the second time since I became a patient there. I felt my blood pressure rising and asked the nurse what it was. I was told it was 193/108.

Shakily, I asked, "What did I do wrong? Why did I have to come in here?"

The answer: "The DEA is breathing down our necks, so we have to do this!"

To myself I was thinking, "Why do I have to trade my dignity for healthcare so I don't have to live in pain? Why are they making me feel worse and adding to my stress?"

What ensued that day has prompted me to try and turn up the volume for chronic pain patients and what they have to deal with every month. Having to choose between pain, dignity or quality of life, such as being able to cook a meal, go to your child's school event, or even making it to work, is a choice that none of us ever dreamed we'd have to make.

## JAYMIE REED

The DEA, CDC, Congress and the lobbyists' war against opioids has intimidated most all medical professionals to the point that many are choosing to avoid treating their patient's pain because of the scrutiny they face. Just the additional record keeping the DEA requires for opioid prescribing makes it unprofitable, so some doctors simply jump ship and refer patients to the pill counting and urine screening protocol of a pain management specialist. The next stop after that is often an addiction recovery center.

Your own doctor should be the one person you can count on, but when we ask why and get the stock DEA answer, you feel lost. There has to be a better way because the war on opioids only adds an insurmountable amount of stress and worsens our pain levels, not to mention the added financial cost.

As the days go by, watching the war against opioids get nearly as much media coverage as Donald Trump, it's become increasingly clear someone has an agenda. One possibility might be the lobbyists' interests, which are often focused on increased funding for addiction treatment.

Will sending chronic pain patients to addiction centers be a solution or will it be responsible for a rise in the death toll? Any doctor will tell you a person in REAL pain won't be helped by 30 days of counseling. But, we are told the government requires it, all because of the witch hunt a few congressmen and lobbyists have created.

According to the CDC, the top 10 leading causes of death in the United States are

1. Heart disease: 614,348

2. Cancer: 591,699

3. Chronic lower respiratory diseases: 147,101

Accidents: 136,053
Stroke: 133,103

6. Alzheimer's disease: 93,541

7. Diabetes: 76,488

Influenza and pneumonia: 55,227
Nephritis (kidney disease): 48,146

10. Suicide: 42,773.

So the 18,893 overdose deaths in 2014 related to opioid pain medication don't even make the top ten leading causes of death. Neither does the 10,574 overdose deaths related to heroin and other illegal drugs. Those numbers are concerning, but the real picture isn't being painted.

Why do the mainstream media keep saying that opioids are a leading cause of death? Why are chronic pain patients made to feel like having an opioid prescription is equal to owning an assault rifle? No one in the media asks to hear from actual pain patients. And no one wants to know that thousands of chronically ill people like me are being treated like criminals by their own doctors.

The life of a chronic pain patient today is dreadfully frightening. Try visiting a pain management clinic and see if you could live your life that way. Searching the streets for drugs or finding a burial plot has never been a thought for me, but for some of us in pain they become an option when the only alternative is being treated like a prisoner in a recovery center.

When the pain sets in with little or no medication, then the streets (if you can get there) or that burial plot start looking pretty good. The news media needs to hear our voices and help end the attack on pain patients.

Is anyone listening?

Jaymie Reed lives in Texas.

Pain News Network invites other readers to share their stories with us.

Send them to: <a href="mailto:editor@PainNewsNetwork.org">editor@PainNewsNetwork.org</a>.

The information in this column should not be considered as professional medical advice, diagnosis or treatment. It is for informational purposes only and represent the author's opinions alone. It does not inherently express or reflect the views, opinions and/or positions of Pain News Network.