At its July 2005 meeting, the House of Delegates of the American Osteopathic Association (AOA) approved two new policy statements and amended another that are especially relevant to the editorial goals of the four supplements devoted to pain management that JAOA—The Journal of the American Osteopathic Association published this year.

Intractable and Chronic Nonmalignant Pain

In July, the AOA House of Delegates revised the AOA’s position on intractable pain, first adopted in 1997 (see box on pages S29–S30). This revision reiterates the AOA’s position that osteopathic physicians have a “duty and responsibility to treat patients suffering from intractable pain and/or chronic non-malignant pain.” The resolution notes that such pain “may be associated with a long-term incurable or intractable medical condition or disease.” Those are the types of conditions covered in Part 3 of JAOA’s 2005 pain management series (available at http://www.jaoa.org/content/vol105/suppl_4/).

In addition, the position statement instructs the AOA to advocate, and promote to students, residents, fellows and practicing physicians educational resources regarding addictive disorders, diversion awareness and monitoring, and appropriate referral resources, as well as prevention and treatment of pain disorders—a mission that the JAOA’s 2005 series of supplements on pain management is helping to serve. Part 2 in this series, for example, features an article on medical education in substance abuse (available at http://www.jaoa.org/cgi/reprint/105/3_suppl/6S).

The JAOA’s four-part series also emphasizes the differences between addiction, substance abuse, chemical dependency, and tolerance. The AOA’s revised policy statement recognizes these distinctions by including “patients with chemical dependency and/or substance abuse history” among those to whom a “physician may prescribe or administer controlled substances in the course of the treatment for a diagnosed condition causing intractable and/or chronic non-malignant pain.” This revised policy also recognizes the need for physicians to be hypervigilant in screening these patients for the presence of both drugs of abuse and treatment medication.

The policy statement emphasizes that no physician adhering to appropriate prescribing should be subject to disci-

American Osteopathic Association Adopts Policies on Treatment of Patients in Pain: An Overview

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The following policy statement was adopted by the American Osteopathic Association’s House of Delegates in 1997 and revised in 2002 and 2005.

WHEREAS, osteopathic physicians have a duty and a responsibility to treat patients suffering from intractable and/or chronic non-malignant pain; now, therefore, be it

RESOLVED, that the American Osteopathic Association (AOA) supports the enactment of legislation concerning the administration of controlled substances to persons experiencing intractable and/or chronic non-malignant pain substantially conforming to the attached definitions and requirements; and, be it further

RESOLVED, that the American Osteopathic Association advocate and promote to students, residents, fellows and practicing physicians educational resources regarding addictive disorders, diversion awareness and monitoring and appropriate referral resources, as well as the prevention and treatment of pain disorders.

Definitions:

A. Intractable and/or chronic non-malignant pain means a pain state in which the cause of the pain cannot be removed or otherwise definitively treated and which in the generally accepted course of medical practice, no relief or cure of the cause of the pain is possible or none has been found after reasonable efforts including, but not limited to, evaluation by the attending physician and one or more physicians specializing in the treatment of the area, system, or organ of the body perceived as the source of the pain. Chronic non-malignant pain may be associated with a long-term incurable or intractable medical condition or disease.

Requirement:

A. Notwithstanding any other provision of law, a physician may prescribe or administer controlled substances to a person in the course of the physician’s treatment of the person for a diagnosed chronic non-malignant pain.

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Intractable (continued from previous page)

condition causing intractable and/or chronic non-malignant pain. This includes patients with chemical dependency and/or substance abuse history if chronic non-malignant pain exists and controlled substance management is indicated. Physician hypervigilance in screening for drugs of abuse, as well as the presence of the treatment medication in these patients is necessary.

B. No physician shall be subject to disciplinary action (by the state medical board) for appropriately prescribing or administering controlled substances in the course of treatment of a person for intractable pain and/or chronic non-malignant pain.

C. No physician shall be subject to criminal prosecution (by state or federal agencies) for appropriately prescribing or administering medically necessary controlled substances in the course of treatment of a person for intractable pain and/or chronic non-malignant pain.

D. This section shall not authorize a physician to prescribe or administer controlled substances to a person the physician knows to be using drugs or substances for non-therapeutic purposes.

E. This section does not affect the power (of the state medical board) to deny, revoke, or suspend the license of any physician who fails to keep accurate records of purchases and disposal of controlled substances, writes false or fictitious prescriptions for controlled substances, or prescribes, administers, or dispenses in violation of state controlled substances act.

Explanatory Statement: Recent court decisions in multiple states have criminalized civil malpractice litigation. This has resulted in subsequent incarceration and/or other imposed criminal sentencing. Therefore, the previously adopted AOA language supporting appropriate, medically necessary pain management [needed] to be revisited. Furthermore, the term intractable pain is ambiguous as to the source. A policy on hospice related pain exists and is supportive of palliative care, including opiate and/or controlled substance management for terminally ill patients. This defines intractable pain in the terminally ill, but further clarification is necessary for chronic non-malignant pain. Chronic non-malignant pain might also necessitate opiate and/or controlled substance management for patients when other interventions have been inadequate. Opiate and/or controlled substance management in treating chronic non-malignant pain patients in those with substance abuse disease issues is now supported as a standard of care by the medical literature. Such patients require physician hypervigilance as part of this standard of care.

Editor’s Note: Readers can find this policy statement on DO-Online (www.do-online.org) by clicking on the link titled “About the AOA” on the home page, followed by the link titled ‘Position Papers” under the subheading “Ethics and Politics.” All position papers are listed alphabetically. The direct link to the position papers is http://www.do-online.osteotech.org/index.cfm?PageID=aoa_position.

End-of-Life Care

Another new AOA policy brings this supplement series full circle on end-of-life care. Part 1 of this series featured the AOA’s position statement against the use of placebos in treating patients for pain at the end of life⁴ (available at http://www.jaoa.org/cgi/reprint/105/3_suppl_2S). Now, Part 4 of this series features the AOA’s new policy statement on end-of-life care (see page S23-S24).

plinary action by state medical licensing boards or criminal prosecution by federal or state government agencies for administering controlled substances to treat patients for intractable chronic non-malignant pain. According to Cato Institute Policy Analysis No. 545 (available at http://www.cato.org/pubs/pas/pa545.pdf), such is not always the case (see the commentary on this policy analysis by Frederick J. Goldstein, PhD, beginning on page S2).

Long-Acting Opioid and Opiate Medication

Also in July, the House of Delegates adopted a policy on long-acting opioid/opiate medication (see box on page S31). The policy recognizes the rights of all patients to have access to intervention and treatment modalities that are medically appropriate to achieve safe and effective control of acute and chronic pain.

The policy further states that “it is in the best interest of all patients not to confine, or seek to regulate Opioid/Opiate medications by limiting their use to a small number of selected specialties of medicine.” The policy contends that such “exclusionary strategies will limit access for patients with medical indications for therapy, complicate delivery of care, and add to pain and suffering of patients in all areas of our country.”

Part 2 in the JAOA’s supplement series on pain management addresses such barriers to pain control for moderate to severe pain as physicians are reluctant to use opioid to treat patients. The complete supplement is available at http://www.jaoa.org/content/vol105/6_suppl_3/.
Long-Acting Opioid/Opiate Medication

The following policy statement was adopted by the American Osteopathic Association's House of Delegates in 2005.

It is a right of all patients to have access to medically appropriate intervention and/or treatment of acute and chronic pain. It is the right of all physicians to provide medically appropriate intervention and treatment modalities that will achieve safe and effective pain control for all their patients.

As patient advocates and physicians, we believe that it is in the best interest of all patients not to confine, or seek to regulate Opioid/Opiate medications by limiting their use to a small number of selected specialties of medicine. This would also extend to modalities now developed, or yet to be developed, such as long-acting Opioid/Opiate preparations. These exclusionary strategies will limit access for patients with medical indications for therapy, complicate delivery of care, and add to pain and suffering of patients in all areas of our country.

References

Editor's Note
Readers can find the policy statements on DO-Online (www.do-online.org) by clicking on the link titled “About the AOA” on the homepage, followed by the link titled ‘Position Papers’ under the subheading “Ethics and Politics.” All position papers are listed alphabetically. The direct link is http://www.do-online.osteotech.org/index.cfm?PageID=aoa_position.

Like the statement against the use of placebos, the new statement was drafted by the AOA End-of-Life Care Committee.

The new position paper encompasses issues related to informing patients and their families when there is no hope of cure, assuring them of providing comfort through hospice and palliative treatment, and engaging patients in discussions and decision making regarding advance planning for end-of-life care.