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## EASING THE PAIN: AN ARGUMENT FOR PRESCRIBING OPIATES IN CONTINUITY CLINIC

Lindsay Wilde, MD

Continuity clinic can be painful. The patients are often non-adherent, the no-show rate is high, and the paper-electronic records hybrid system is less than ideal. Added to that is the stress of caring for patients with a variety of medical issues and the burden of being expected to prescribe opiates for them. Given all of the difficulties associated with opiate prescribing, including the potential for abuse, limited continuity with providers, and poor overall adherence to medical advice, it has been proposed that these medications should no longer be prescribed at our resident clinic, and many residents support this plan. However, implementing a blanket moratorium on opiate prescribing would violate several of the fundamental principles of our medical training.

According to U.S. Food and Drug Administration data, approximately one hundred million new opiate prescriptions were written in the year 2009. Of these prescriptions, general internists were responsible for writing about fifteen percent of them, including both immediate and extended release formulations.<sup>1</sup> So, if opiate use is so fraught with problems, why are physicians prescribing so many of them? This is likely because they are some of our most effective medicines and many of our patients need immediate relief from acute pain.

There is a wealth of evidence that has shown opiates to be effective in the management of acute pain. Eliminating opiate prescribing in our continuity clinic would limit our ability to provide comprehensive treatment to those patients with acute pain needs. Similarly, it would deprive patients of adequate pain control in the acute setting. In the spirit of practicing evidence-based medicine, as well as upholding the core value of beneficence, it is our responsibility to prescribe opiates to those patients for whom the benefits outweigh the potential risks.

The ability to prescribe the full range of medications for pain management is also a necessity for the residency program. Residency training is designed to broaden the knowledge and experience of new physicians. This includes an education in appropriate pain management strategies. In fact, the Accreditation Council for Graduate Medical Education lists education in the use of common medications, including pain

medications, as a requirement for the accreditation of all internal medicine residency programs.<sup>2</sup> While didactic sessions are useful and necessary in fulfilling this requirement, there is no substitute for first-hand clinical experience. Learning to partner with patients in the clinic in order to manage their pain and seeing their response to different therapies is an integral part of our preparation for future practice. Regardless of our career path, we will all be caring for patients who are in pain, and it is imperative to know how to care for them. Continuity clinic is one place where we must gain this knowledge.

It is without question that our current method of prescribing opiates in clinic is imperfect. However, simply suspending the practice would deprive us of a valuable quality improvement opportunity. Reviewing the pain management literature, creating an educational curriculum, developing a prescribing policy, and implementing evidence-based monitoring practices would not only serve as an important educational exercise, but it would also help to alleviate many of the stressors that we face in continuity clinic on a daily basis.

As residents, it is imperative that we remain dedicated to expanding our medical knowledge and implementing evidence-based practices in order to provide our patients with the highest level of medical care. Learning to uphold these fundamental principles during our training will help to ensure that we continue to do so for the duration of our medical careers. Therefore, we should rethink the way we prescribe opiates in clinic and, instead of prohibiting the practice altogether, commit ourselves to improving what we do, both for the sake of our education and for our patients.

### References

1. Outpatient Prescription Opioid Utilization in the U.S., Years 2000-2009. SDI: Vector One: National, 2010. (Accessed December 18, 2012, at [www.fda.gov/downloads/.../Drugs/.../UCM220950.pdf](http://www.fda.gov/downloads/.../Drugs/.../UCM220950.pdf).)
2. ACGME Program Requirements for Graduate Medical Education in Internal Medicine. Accreditation Council for Graduate Medical Education, 2011. (Accessed December 18, 2012, at <http://www.acgme.org/acgme/web/tabid/134/ProgramandInstitutionalGuidelines/MedicalAccreditation/InternalMedicine.aspx>.)