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Editorial

Analgesic prescriptions: time for painful choices

"Pain can kill..."[1]

The practice of analgesia, like many facets of medicine, remains as much an art as a science. Even today, patients needlessly suffer pain. According to 2008 WHO figures, an astounding 80 percent of the people on the planet have inadequate access to treatments for pain. Cultural, societal and religious attitudes to pain (and the tolerance of it)—as well as the common perception that pain is a normal part of aging—contribute to acceptance of suffering. As well, from the point of view of the caregiver, control of pain is frequently relegated to a matter of secondary importance within the scope of the patient's medical illness.

Available painkillers come with impressive side-effects. Unsurprisingly, clinicians gravitate towards conservative treatment options. In actual fact, when properly used, morphine and other opioid analgesics can be very safe; yet, the possibilities of addiction and overdose, and the fear of complications prevent physicians from utilizing these agents to full effect. Particularly in the ICU, where decisions continually involve trade-offs between drugs and their side effects, physicians are inclined to under-treat pain[2]; on the other hand, pain itself is capable of producing surges in catecholamine levels—with consequent cardiopulmonary dysfunction, hyperglycemia and myocardial ischemia—as well as post-operative infections, extended hospital stays and readmissions[3].

Despite the availability of a multiplicity of analgesic agents* for the treatment of chronic pain, analgesia-failure is rampant, not least because most drug trials are poorly predictive of a drug's performance in the ground realities of complex clinical scenarios. Few commonly used analgesics have a high quality evidence of effectiveness, while those with unequivocally strong evidence are too-sparingly prescribed[4].

The right to a pain-free life is an important human right. Over 50 years ago, the world community adopted an international resolution to alleviate pain. Narcotic drugs were recognized as a cornerstone for pain management. International law now makes it obligatory for countries to provide adequate medications for pain management. "At a minimum, states must ensure availability of morphine, the mainstay medication for the treatment of moderate to severe pain, because it is considered an essential medicine that should be available to all persons who need it and is cheap and widely available", reads a Human Rights Watch document[5].

Stringent legislation now restricts the prescription of narcotics in most nations. In low-income countries, severe constraints on narcotic prescription can defeat the greater objective of pain control. Governments have a responsibility to ensure that morphine is not diverted for recreational use, while ensuring an effective drug distribution system that that provides access to opioids for medical use. According to INCB, diversion of opioid medications for illicit use is relatively rare[6].

In India, where a tablet of morphine costs less than one American cent, a disturbing trend has been its gradual disappearance from the markets[7]. Far too few practising clinicians are aware of the Governmental policy of offering free morphine to terminally ill cancer patients through regional cancer centres. In this scenario, patients have been compelled to turn to the much more expensive opioids such as fentanyl skin patches, driving up treatment-costs manifold in a country where a sizeable chunk of the population still languishes below the poverty line.

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*This issue contains an original article that deal with analgesia.