

This letter from the CSPCP was published in CMAJ in November 2019.

APPEAL TO PHYSICIANS – OPIOIDS HAVE THEIR PLACE

Let's avoid an unintended tragedy!

A well-known tragedy has occurred with respect to opioids - the crisis of overdose deaths from opioids that were obtained from various legitimate and illegitimate sources. This has necessitated urgent government and public action.

A second, preventable tragedy is beginning to occur as an unintended consequence of the first. The stigma around opioid use has become so strong that patients, families, and health care practitioners are afraid to receive or prescribe them, leaving patients to suffer unnecessarily.

We are referring specifically to palliative care, a context where opioids are sometimes the most appropriate choice for pain and dyspnea management. This is clearly outlined in our August 2016 [Position Statement on Access to Opioids for Patients Requiring Palliative Care](#).

The 2017 Canadian Guideline for Opioids for Chronic Non-Cancer Pain made recommendations for opioid prescribing in the chronic non-cancer pain population based on a systematic review of the literature specific to that population. The guideline clearly states that exceptions are appropriate under some circumstances, including palliative care and cancer pain^{14,15}.

Unfortunately, many physicians have misunderstood the guideline to apply to all patients, including those appropriately receiving a palliative approach to care. Many physicians have expressed reluctance to prescribe opioids for such patients, even those approaching the end of their lives. Some physicians have stopped ordering opioids altogether. Unaddressed and unnecessary suffering is the result.

The Canadian Society of Palliative Care Physicians believes that patients with palliative needs who require appropriately prescribed opioids to manage symptoms should not have opioids withheld in an attempt to adhere to guidelines that are meant for a different patient population, or due to fear of regulatory oversight.

We encourage practitioners to assess the risk of misuse and diversion in patients receiving a palliative approach to care and to prescribe opioids (and appropriate adjuvant analgesics) in whatever doses are needed to control symptoms, within accepted principles of palliative care, utilizing appropriate monitoring and safe prescribing strategies depending on individual patient risk factors.

Rationale

Careful assessment, safe prescribing and utilization of well-established palliative care pain management principles need to be maintained. These factors uphold the unique worth of individuals and their right to relief from pain and suffering.

Until recently, opioids were among the most commonly prescribed drugs by physicians who are caring for patients with palliative care needs and those at or near end of life. There is clear evidence that they are effective for management of pain and shortness of breath¹⁻³. Traditionally, palliative care providers have had to overcome resistance to the use of opioids by patients, caregivers and prescribers because of “opiophobia”, driven by the fear of causing addiction or overdose⁴⁻⁶.

There is significant disparity in the availability of opioids for medical use around the world. Specifically, 92% of the world’s supply is consumed by the 17% of the world’s population residing in Canada, the United States of America, Western Europe and Australia. The use of prescription opioids for all types of pain syndromes in these countries has steadily increased in the last two decades, with a parallel increase in the prevalence of opioid misuse and related deaths⁷. In 2016, Canada and USA declared public health crises related to the epidemic of overdose deaths from prescription, diverted and illicit opioids. National strategies have been and are being developed to tackle this pressing issue. They are looking at changes intended to prevent, treat and reduce harms associated with opioid misuse, and to try to reduce the illicit opioid supply^{8,9,10}.

Though these action plans aim to be comprehensive, they have unwittingly impacted an important community of patients, caregivers and health care professionals. Patients who are appropriate for a palliative approach to care have had their quality of life negatively affected by guidelines and regulations developed to curb opioid misuse in a different context, i.e. management of acute pain, and chronic pain from conditions which are not life-threatening^{11,12}.

For example, the Province of Ontario announced in July 2016 that it would no longer publicly fund high strength long acting opioids that exceed the equivalence of 200mg of morphine a day¹². This decision was fortunately revised after the CSPCP and partners advocated for these opioid formulations to continue to be funded for palliative purposes if prescribed or approved by physicians registered with the palliative care facilitated access program¹³. This however unfairly prevents some family doctors and other specialists from providing appropriate palliative care to their patients.

We do recognize that patients receiving palliative care are not totally without risk for opioid misuse disorder, and sufficient safety measures are needed¹⁵⁻²⁰. Further, the population of patients receiving a palliative approach to care is expanding; palliative care was originally focused on end of life care for advanced cancer patients. Today, palliative care is increasingly integrated into cancer care earlier in their illness trajectory^{19,20}. As well, we care for patients with other life-threatening illnesses for which opioids are needed for pain, shortness of breath and cough²¹⁻²⁴. Such patients (cancer and non-cancer) may be appropriately on opioids for a considerable length of time, as they are not yet close to the expected end of their lives. The resulting overlap and confusion

between palliative care and chronic non-cancer pain and symptom management requires urgent attention to better integrate symptom control without unintentionally causing another tragedy.

The Canadian Society of Palliative Care Physicians is collaborating with other groups to develop prescribing guidelines and training programs for providers of palliative care for patients in high risk groups. Until such guidelines are published, we urge all health care practitioners to proceed with reason, care and compassion in treating their patients.

The Canadian Society of Palliative Care Physicians believes that opioids should not be withheld from patients who need them because of fear of regulatory oversight or in an attempt to adhere to guidelines that are meant for a different patient population.

We encourage practitioners to assess the risk of misuse and diversion in patients receiving a palliative approach to care and to prescribe opioids (and appropriate adjuvant analgesics) in whatever doses are needed, within accepted principles of palliative care, utilizing appropriate monitoring and safe prescribing strategies depending on individual patient risk factors.

Approved by the CSPCP Board of Directors
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Who we are:

The Canadian Society of Palliative Care Physicians (CSPCP) was formed with the vision of promoting the highest quality of palliative and end-of-life care by physicians in Canada. The Society strives to improve the quality of life of Canadians and their families who are living with a life-threatening illness, by advancing the field of palliative medicine and representing our discipline at local, provincial, and national levels. Members include medical practitioners with an interest or specialized practice in palliative medicine.