

The Washington Post

Pain and the Opioid Crisis

December 4, 2019

James D. Hudson wrote that doctors must disabuse themselves of the desire to provide their patients a pain-free existence and that patients need to learn to accept and live with pain. He recalled the rule he learned as a third-year medical student on a general surgery rotation to withhold pain medication until after the consulting surgeon examined the patient with an acute abdomen, using the location and character of the pain to make a diagnosis. Dr. Hudson might have had a general surgery rotation, but I am a general surgeon. In 35 years, that diagnostic rule has not changed. But Dr. Hudson did not say once surgeons complete the exam, we treat the patient's pain. A major part of our mission is to relieve human suffering.

Now, with the return of opiophobia reminiscent of the mid-20th century, doctors are pressured by law enforcement and regulators to curtail the treatment of pain. It has reached the point at which pain patients are organizing in protest and the Centers for Disease Control and Prevention announced that its 2016 guidelines for prescribing pain medications were misinterpreted and misapplied. While Dr. Hudson and others address the overdose crisis by telling patients to concede that "life isn't 'pain free,'" nobody wants to address the giant elephant in the room: The overwhelming majority of opioid-related deaths are from heroin and illicit fentanyl, obtained by nonmedical users in the dangerous black market made possible by drug prohibition.

Jeffrey A. Singer, Washington