

## How would opioid prescription guidelines read if pain patients wrote them?

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### Abstract

A CDC Guideline for prescribing opioids in chronic pain was published in March 2016. It has become clear that this Guideline is generating horrendously negative results for both chronic pain patients and their doctors. Many doctors are choosing to leave pain management rather than face possible prosecution by State or Drug Enforcement Agency authorities for over-prescription of pain relieving opioids. Tens (if not hundreds) of thousands of patients are being summarily discharged without referral and sometimes without management of opioid withdrawal. There are increasing reports of patient suicides. Many professionals in medicine have published sharply critical reviews of the problems of the CDC Guideline. Also of deep concern are proposals by the US Centers for Medicare and Medicaid to make the Guideline a mandatory standard for insurance reimbursement. Many believe that the Guideline was deeply influenced by an anti-opioid bias on the part of key writers on the CDC Working Group which authored it. Even more damaging have been revelations that medical evidence assembled in support of the work was manipulated to discredit opioid reliability and over-magnify risks. As one group of medical professionals phrased the issues, the CDC Guidelines are “neat, plausible, and generally wrong.” Inarguably, so also is most of the dominant public narrative on opioids and chronic pain. As remarked in a widely viewed TED talk on U-Tube, “Most of What You Think You Know About Addiction is Wrong.” It is now clear that CDC Guidelines must soon be withdrawn for a major rewrite. This is the only ethically and morally sound way forward. The public narrative has become mired in an avalanche of hype, conflicting claims and financially self-interested posturing on the part of addiction treatment specialists, insurance company partisans and pharmaceutical company marketers. Especially important in any rewriting process must be the inclusion of stakeholder voices that were largely unheard in the first writing of the Guidelines. Chronic pain patients themselves should be among this list, as should board certified pain management specialists active in community practice outside hospitals. It is thus appropriate to ask what pain patients might write if they were tasked to revise prescription guidelines themselves. The following is not a “standard” of medical practice. The present state of validated medical evidence is inadequate to produce such a standard with reliability. This summary of principles is instead, a good faith effort to capture both the state of medical evidence and the experience of many thousands of patients who support each other online and in social media -- too often in the absence of support from medical professionals and government policy communities.

### Biography

Richard A Lawhern is a non-physician writer, research analyst, patient advocate, and website moderator for chronic pain patients, families, and physicians. His wife and daughter are chronic pain patients. His 20 years of experience has produced articles and critical commentaries at the US Trigeminal Neuralgia Association, Ben’s Friends online communities for patients with rare disorders, US National Institutes for Neurologic Disorder and Stroke, Wikipedia, WebMD, Mad in America, Pain News Network, National Pain Report, the American Council on Science and Health, the Global Summit for Diagnostic Alternatives of the Society for Humanistic Psychology, Psychiatric News and Psychology Today. This article has benefited from review and input by a correspondence group of 25 chronic pain patients and medical professionals qualified in pain management. However, responsibility for content remains solely that of the author.

### Publications

1. Richard A Lawhern, What are the options for treating pain? (2019) Pharmacy Times
2. Richard A Lawhern, Point paper for national centers for accident prevention and control, board of scientific counselors - December 2019 meeting

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