

Confronting a crisis: An open letter to America's physicians on the opioid epidemic

By Steven J. Stack, MD, Emergency physician and the 170th president of the American Medical Association

The medical profession must play a lead role in reversing the opioid epidemic that, far too often, has started from a prescription pad.

For the past 20 years, public policies—well-intended but now known to be flawed—compelled doctors to treat pain more aggressively for the comfort of our patients. But today's crisis plainly tells us we must be much more cautious with how we prescribe opioids.

At present, nearly 2 million Americans—people across the economic spectrum, in small towns and big cities—suffer from an opioid use disorder. As a result, tens of thousands of Americans are dying every year and more still will die because of a tragic resurgence in the use of heroin.

As a profession that places patient well-being as our highest priority, we must accept responsibility to re-examine prescribing practices. We must begin by preventing our patients from becoming addicted to opioids in the first place. We must work with federal and private health insurers to enable access to multi-disciplinary treatment programs for patients with pain and expand access for medication-assisted treatment for those with opioid use disorders. We must do these things with compassion and attention to the needs of our patients despite conflicting public policies that continue to assert unreasonable expectations for pain control.

As a practicing emergency physician and AMA president, I call on all physicians to take the following steps—immediately—to reverse the nation's opioid overdose and death epidemic:

- **Avoid** initiating opioids for new patients with chronic non-cancer pain unless the expected benefits are anticipated to outweigh the risks. Non-pharmacologic therapy and non-opioid pharmacologic therapy are preferred.
- **Limit** the amount of opioids prescribed for post-operative care and acutely-injured patients. Physicians should prescribe the lowest effective dose for the shortest possible duration for pain severe enough to require opioids, being careful not to prescribe merely for the possible convenience of prescriber or patient. Physician professional judgment and discretion is important in this determination.
- **Register for and use** your state prescription drug monitoring program (PDMP) to assist in the care of patients when considering the use of any controlled substances.
- **Reduce** stigma to enable effective and compassionate care.
- **Work** compassionately to reduce opioid exposure in patients who are already on chronic opioid therapy when risks exceed benefits.
- **Identify and assist** patients with opioid use disorder in obtaining evidence-based treatment.
- **Co-prescribe** naloxone to patients who are at risk for overdose.

As physicians, we are on the front lines of an opioid epidemic that is crippling communities across the country. We must accept and embrace our professional responsibility to treat our patients' pain without worsening the current crisis. These are actions we must take as physicians individually and collectively to do our part to end this epidemic.

Together we can make a difference.