Opioids

Chapter 11

The Forgotten Text

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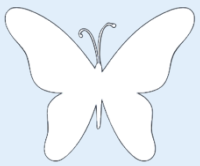

A short Chapter title, yet it says and means a lot. The Berman Institute hosts a seminar series throughout the year about Ethics. Early during my first MBE year, there was one about Opioids. I was intrigued, what was wrong with Opioids? Sure, they were mu-receptor agonist, strong pain meds, for pain like 8-10 (whatever that means), highly sought by patients (i.e. drug seeking behavior), but an ethical dilemma with them? YES!!!!! \(ˣOˣ)/ Even my short opioid description shouts Ethical Emergency Disaster!

After the seminar, I realized there were serious ethical problems surrounding Opioids (◉_◉) . However, I realized a worse problem (; ￣_￣)…I had no idea how to prescribe them ¯\(°_o)/¯. Ironically, little is taught at Medical Schools about pain and opioids around the USA. My school was no exception to the rule and I barely recall an hour or so of lecture during second (*was it third year*)? ┐(´•_•`)┌ . My take home message was something around the lines like: "*Pain is very very bad, Opioids are very very bad also, don't use them unless the pain is very very strong….and beware of the symptoms that plague opioids- the <u>Drug Seeking Behavior</u> [dun dun dun]" (◉_◉).* I guess the curriculum back then swung towards Opioid prohibition. This phenomenon has been discussed in the scientific literature and recently was addressed by the AMA, regarding the importance to train their physicians amidst the opioid epidemic[29]. It is challenging to approach pain, because it is subjective, and something tasked to be alleviated and/or eradicated (ง°ل͜°)ง. Pain leads to suffering…the issue is not whether or not we should

address pain ┐(.‘_‘.)┌, the issue is how to address something that you cannot objectively quantify ┐(´•_•`)┌.

Luckily, that was not my last exposure to Opioids ¯_ꗃ•‿•ꗃ_/¯. It is very hard not to talk about them when your program director is an expert in the topic (XD). Later, during the Summer of my first MBE year, the book *In Pain* was released. The book is about a philosopher and ethicist by training who had a dreadful experience with opioids after having a motor vehicle accident that almost cost him his foot[3]. The book is an interesting mixture between a patient's narrative, but at the same time, a scholarly work about the opioid epidemic (~˘▾˘)~.

Practically, I had a conversation with the whole book. Dr. Rieder compares his interaction with the young physician (who took the time to know more about his patient) vs. the attending. The question that bumped into my head was: "Why?" ┐(´•_•`)┌ Was it because the attending had a different personality than the young physician? ⊙.⊙Or was the attending once like the young physician? (@_@). The book also had an in-depth discussion about the pain experience, making it a unique patient's perspective. I won't spoil my mentor's book (¬‿¬), but as a medical student, it gave me insight that I would have gathered maybe in 30 years, … maybe never (>_<). First, I would need to be exposed, then have the same patient, and then have the ability to know my patient's story from starting point to ending point…this is virtually

impossible (⊙__⊙'). That is why narrative medicine is important in the physician formation (ᵘ.ᵘ).

The main points that I could take from the book were: [1] We are in an opioid epidemic (⌣́_⌣), [2] physicians are contributors to the opioid epidemic (∫_⌣̀)/, [3] responses toward epidemic are pendulum dependent (which mean that people are over-prescribed or under-prescribed, both equally evil (✖ ∩ ✖)), and lastly [4], there are currently abandoned patients suffering(⌣́¦_⌣́¦)….Oh! I forgot the fifth one, we are currently clueless in how to navigate addiction, dependence, and tolerance as one voice¯_ʊ_ʊ_/¯.

The question is what is my (and physicians-in-training) role amidst the opioid epidemic \(ˣOˣ)/. The former CDC director Thomas Frieden noticed that "if the prescription overdose epidemic is doctor-driven […] then it can be reversed in part by doctor's action"[3]. Physicians encounter a serious dilemma within the opioid epidemic: the duty to relieve suffering, but also to comply with their oath to avoid harm[3]. (⊙⊙)(⊙_⊙)(⊙⊙)However, there is little consensus ヽ(ʊ_ʊ)ノ in the methods of teaching medical ethics[11]. Lucey and Souba recognized that educational strategies that aid in mindfulness, structured reflection, help physicians to respond to ethical and professionalism challenges[4]. They also recognized that it is easier to mold the learning behavior in the controlled environment offered by medical schools, rather than change the behavior of a million independent physicians[30]. (¬‿¬)

How could we address this? ¬ (´ ·_·`) ┌ Currently, US medical schools offer less than 0.3% hours of pain management training to medical students[31]. Nonetheless, due to the exponential increase of new information, such as genetics, gathered during the last decades, the medical curriculum has increased its content (⊙ _ ⊙). The timespan (4 years of training) remains the same ╭ ಥ_ಥ ╮. Consequently, we could expect that the time devoted for each topic decreases each time a new issue is addressed ┐ (. ‘ _ ‘.) ┌. Therefore, it is necessary to implement effective methods that accomplish the goal for the future professionals.

The complexity of the opioid's epidemic calls for medical students to be trained in the traditional branches of medicine such as physiology, pharmacology and pathophysiology ヾ(⌐■_■)ノ ♪; but also, in the ***ethics*** (♥‿♥) of the opioid's crisis. Multiple authors recognize the importance of medical education regarding opioid prescription and how this could help mitigate the mortality and morbidity toll in the United States.

Narrative has been used as a tool in ethics education (◕‿◕✿), such as *The Use of Force* by William Carlos Williams and *Brute* by Richard Selzer. Unlike *The Use of Force* and *Brute; In Pain* is written from a patient's perspective, who at the same time, is a philosopher and bioethicist. Dr. Rieder's book is described as a "gripping personal account […] but also a groundbreaking exploration of the opioid epidemic"[3].

Pharmacodynamics and pharmacokinetics of opioids can be memorized by heart (▀̿Ĺ̯▀̿), but , compassion, empathy, and critical analysis most likely are achieved by experience (͡° ͜ʖ ͡° ͜ʖ ͡°)ʖ ͡°) ͡°).

Narrative allows trainees to have an experience, although not perfect, through the eyes of another person (ò.ó). The advantage is that Narrative allows the student to recognize ethical dilemmas, errors that could be applied in real cases. Requesting a medical student to read a 250-page book (×_×#) would be surreal (and evil) (⁻˛⁻). However, selected text provides the necessary narration to stir a critical analysis regarding the ethical dilemma and challenges that medical professional should consider when faced with the opioid crisis….

As of now, I am working on an Op-Ed which hopefully will be out there very soon \(OoO)/. The topic is more about the need to add Ethical Opioid Prescription proposed by Dr. Rieder. My second project is about a specific patient population that had been affected by physician prescription and a possible method to tackle the problem. In other words, I have a lot to do in the first half of year 2020 and before graduation in May ヽ(^o^)ノ. The take home message from this chapter is that we as professionals need more awareness of the consequences of our actions (*˛*). In my case, as a caterpillar \(⁻o⁻)/ , to learn and think what else can be done to [1] mitigate the

opioid epidemic (ง'̀-'́)ง and [2] avoid other similar 'epidemish' damage ᗧ(ò_ó˘)Ɔby being more perceptive of the domino effect after the clinical encounter≧⊙_⊙≦.

References

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