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Short Communication Article

Advances on the Frontline of the Opioid Epidemic: Origins and Future Directions

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INTRODUCTION

The opioid crisis has ravaged the United States over the past two decades, leading to increased rates of abuse, overdose, and death[1]. Over 130 people lose their lives each day from opiate related causes[2]. Similarly, Canada faces an ever-growing opioid epidemic, claiming more daily lives than motor vehicle collisions[3]. Authorities in Europe have also raised concerns of a similar narcotic-fueled epidemic sweeping the continent [4-6]. European nations on the whole have fared better, albeit with few exceptions[7].

To understand the current state of affairs, one must review the cascade of interwoven events that spawned this crisis. Through historical study, one can appreciate the problem at hand and furthermore work to prevent similar catastrophes in the future. A prime initial event was the heightened focus on routine pain assessment, driven by the American Pain Society[8]. In 1996, the term "pain as the fifth vital sign" was coined[9]. This prompted a national shift in the conversation around pain and its importance as an outcome measure. Along with the adoption of the Visual Analog Scale, which prompted patients multiple times per day to rate their pain from 0-10, hospital performance metrics also changed. Increased focus was placed on pain management, as a surrogate marker for patient satisfaction[10]. In fact, pain management became the sole clinical component of hospital value-based purchasing.

Societal attitudes naturally evolved in kind. Patients and patient advocacy groups too adopted the mindset that pain was to be avoided and adequate care involved elimination of pain. This growing tide gained further momentum with governmental emphasis and eventual mandates on patient satisfaction surveys[11]. These surveys, such as the governmental Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) and private sector Press Ganey, became the de facto metrics by which hospitals were assessed[10, 11]. High performance yielded better reimbursements and subsidies. Poor performance yielded poor monetary returns. Financial incentives across the healthcare landscape of the United States became locked with patient satisfaction. As one may surmise from the growing focus on pain management since the mid-1990s, an integral factor in achieving high performance on patient satisfaction surveys was believed to be pain control[11]. Naturally, providers began prescribing more and more pain medication in the hope of achieving improved patient satisfaction. The number of opioid prescriptions more than quadrupled since 1999(2). Patients themselves began seeking physicians that would provide the pain medications they desired, in a well-known phenomenon called "doctor shopping"[12]. What began as a seemingly well-intentioned desire for better pain management had merged with changing societal attitudes, disproportionate metrics for hospitals, and government mandates. This milieu spiraled into the debacle that has been dubbed the opioid epidemic.

METHODOLOGY

Our study demonstrated that the previously held belief, that increased opioid medication would ameliorate a patient's pain and lead to improved satisfaction scores, did not hold true. There was no significant association between the amounts of opioid prescriptions and patient satisfaction. This prevailed for both the inpatient and outpatient setting. On the contrary, patient satisfaction was very strongly correlated with a patient's perception that the physician, nursing staff, and rest of the care team had done everything they could to alleviate their pain. The data is interesting for two reasons. First, it shows that the shear amounts of opiate prescriptions were not a significant factor in improving a physician or hospital's patient satisfaction. In fact, multiple other studies have shown that higher opioid doses are actually detrimental to overall outcome and recovery [13-15]. Second, patients are satisfied when their physicians and hospital team tend to them, do not ignore them, and endeavor to ameliorate their suffering. The highest patient satisfaction scores were obtained when patients believed they were listened to, attended to, and cared for. The number or dosage of narcotics was not the prime factor.

Society continues progressing on this front, with multiple high profile court cases and congressional hearings working to combat the opioid epidemic. Punitive lawsuits have named

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pharmaceutical and distribution giants such as Johnson & Johnson, McKesson, Purdue Pharma, Cardinal Health, and AmerisourceBergen, resulting in multi-billion-dollar settlements and damages[16]. Additionally, many states have enacted prescription drug monitoring programs to increase awareness of patients' opioid usage and potential for abuse and doctor shopping. Legislation has further been proposed to hold drug makers accountable for dubious marketing campaigns featuring opioid products.

CONCLUSION

This is not the end of the epidemic, and is not nearly enough towards the path of national recovery. But it is an important start. As physicians, it behooves us all to be acutely aware of the origins of such a devastating crisis in our lifetimes. The ravages of the opioid epidemic have touched every life in some way. Only through knowledge of history can one appreciate the complex creation of this problem, and remain cautious of similar future societal, governmental, and vocational movements that may prove dangerous despite innocent intentions.

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