Letter to editor

Re: Limits on first-time opioid prescriptions from the hospice and palliative care point of view

Dear Editor,

Opioid abuse is truly a national crisis, and one that the hospice community is dedicated to helping prevent and treat. In fact, as a key part of this nation’s grief counseling safety net, hospices are acutely aware of the toll that this epidemic takes on families and communities. However, as policymakers address this challenge, it is imperative that careful consideration be given to the unique needs of patients and families experiencing serious illness and at the end of life, so that we do not unintentionally impair the ability of hospice and palliative care providers to appropriately manage their patients’ pain.

Opioids play a key role in alleviating pain and suffering for those with advanced illness and at the end of life. Patients admitted to hospice care frequently require intensive medication management of both chronic conditions and symptoms associated with end-stage disease such as pain, shortness of breath, nausea, delirium, and depression.[[1]](#footnote-1) In 2007, the International Association of Hospice and Palliative Care (IAHPC) identified opioid and non-opioid analgesics to be “essential medicines for palliative care.”[[2]](#footnote-2)

As you know, many states are tackling the opioid overdose epidemic with stringent prescribing and disposal laws.

I am very concerned about the patients with a serious advanced illness who are under hospice care or are seen by palliative care provider. They may be on long-term low or high dose opioids for pain or other symptoms. Requiring them to have scripts filled on a [weekly] basis would be a significant hardship for both the patient and the provider. [Putting a cap on the oral morphine equivalents] in some situations would be contrary to the principles of palliative care practice, would limit the ability of providers to effectively manage symptoms in palliative care patients, and would cause significant suffering.[[3]](#footnote-3)

Palliative care providers have special training and expertise in pain management and symptom control, and specialize in helping patients and their families cope with the many burdens of a serious illness, from the side-effects of a medical treatment, to caregiver stress, to issues associated with grief and loss which can begin at a patient’s diagnosis, to fears about the future.

Palliative care and hospice might be an appropriate setting for many patients with significant pain. However, there is currently limited awareness about palliative care, and hospice referral is often delayed until the final weeks of life. I believe that increased provider training would improve awareness about these important care models, and offer meaningful alternatives for physicians who are unsure how to best manage their patients’ pain and symptoms.

In closing, I would like to reiterate that our nation’s hospice and palliative care providers can be an important part of the care continuum for people with serious pain, including those with serious illness and facing the end of life, and should be looked at as a resource for these populations.

Thank you for your articles on this important issue.

Sincerely,

1. Sera, Leah, Mary Lynn McPherson, and Holly M. Holmes. “Commonly Prescribed Medications in a Population of Hospice Patients.” The American journal of hospice & palliative care 31.2 (2014): 126–131. PMC. Web. 8 Feb. 2018. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3830696/ [↑](#footnote-ref-1)
2. IAHPC List of Essential Medicines for Palliative Care, https://hospicecare.com/uploads/2011/8/iahpc-essential-meds-en.pdf. [↑](#footnote-ref-2)
3. NHPCO Comments on 2019 Draft Call Letter, p. 6. [↑](#footnote-ref-3)