April 21, 2020

*In response to: “Ethics of Opioid Prescriber Regulations: Physicians, Patients, and Pain.”*

**Daniel B.C. Reid**  
Orthopaedic Surgeon  
Department of Orthopaedics, Warren Alpert Medical School of Brown University

**Other Contributors:**  
Kalpit N. Shah  
Orthopaedic Surgeon  
Department of Orthopaedics, Warren Alpert Medical School of Brown University  
Edward Akelman  
Orthopaedic Surgeon  
Department of Orthopaedics, Warren Alpert Medical School of Brown University  
Alan H. Daniels  
Orthopaedic Surgeon  
Department of Orthopaedics, Warren Alpert Medical School of Brown University

Dear Editor,

We read the recent article “Ethics of Opioid Prescriber Regulations: Physicians, Patients, and Pain.” by Lajam et al. with great interest. Given the rapid expansion of local, statewide, and national regulations, a thoughtful review of the practical and ethical implications of opioid-related policies was certainly needed. In particular, we commend the authors’ examination of the primary tenets of medical ethics; namely beneficence, nonmaleficence, autonomy, justice, and utilitarianism. The authors explore the ethical implications of opioid prescription limits, drug monitoring programs, mandatory prescriber education, expanded naloxone use, opioid disposal, and pain/satisfaction scores. While the authors’ generally present appropriately nuanced arguments for each type of regulation, their reasoning remains largely theoretical. As orthopedic providers in one of the first states to implement regulations mandating strict opioid prescribing limitations, we have substantial experience navigating such laws. We have published our experience on this topic (1–6) and would like to offer our thoughts on the matter.

We respectfully disagree with the authors’ conclusion that opioid prescribing limits are not ethically sound
and may have negative ethical implications. The authors state that because surgeons are bound by the moral duties of beneficence (a duty to do good) and nonmaleficence (a duty to do no harm), appropriate treatment of postoperative pain is necessary to assist in recovery from painful treatments and permit function for patients with chronic pain. While we certainly agree that appropriate perioperative pain control is in the best interest of patients, the authors provide no peer-reviewed evidence that unrestricted access to opioids in the postoperative period results in enhanced pain control, rehabilitation, or recovery. Furthermore, the authors fail to explore the ways in which physicians can appropriately control perioperative pain within the framework of modern opioid prescribing regulations. We will discuss the evidence-based literature which supports the beneficence, nonmaleficence, and utilitarianism of most opioid limiting legislation.

First of all, the majority of patients we treat, even following extensile procedures, experience pain which is adequately managed within the framework of existing opioid restricting laws (6, 7, 8). The orthopedic literature has generally failed to associate increased perioperative opioid use with better pain control or improved patient satisfaction (7, 9, 10, 11). Previous studies evaluating the effect of opioid limiting laws on spine surgery patients found no effect on 90-day postoperative emergency department visits, hospital readmissions, or reoperations, indirectly suggesting that postoperative pain control is not a major issue (4, 5). Such findings should not be surprising, given the known discrepancy between perioperative opioid use in the United States and European countries (12–15).

Second, while it is true that most opioid prescribing laws do not specifically exempt postoperative patients, most do provide legal exemptions under which surgical patients may reasonably fall. In our state, for example, any patients with a prior opioid prescription documented within 30 days falls withing the “chronic use” category for which no opioid restrictions apply. Thus, in conjunction with a robust prescription drug monitoring program and the ability to electronically prescribe opioid pain medications (with use of secure two factor authentication), surgeons can easily tailor postoperative prescribing starting at the first refill. When evaluating prescription patterns following implementation of a statewide opioid limiting law in Rhode Island, we found an absolute decrease in the mean number of opioid pills filled in the 30-day postoperative period, regardless of procedures, specialty, or number of refills required (1–6).

Finally, while the authors’ discussion of the ethical considerations of opioid limiting regulations focuses largely on theory, in the face of a national opioid crisis resulting in profound national morbidity and mortality, the ethical concept of utilitarianism (does an action benefits the majority of society?) must be strongly considered. Perhaps the best way to examine such an ethical imperative is to evaluate the impact of such regulations in the real world. To our knowledge, every major study that has examined the implementation of opioid limiting regulations (whether governmental or institutional) has noted
substantial reductions in opioid prescribing, regardless of specialty (1-6, 16-22). In an anonymous survey of surgeons from every orthopaedic subspecialty at our institution (unpublished, N=77), we found that 87.7% (64/73) of surgeons believed opioid limiting regulations are “ethically sound.” Likewise, while 58.5% (45/77) of surgeons stated that they were initially concerned about the possibility of poor postoperative pain control prior to implementation of aforementioned legislation, only 19.5% (15/77) of surgeons now (3 years post-implementation) describe postoperative pain control as a significant problem for their patients. Some 81.3% (61/75) of surgeons surveyed stated that opioid limiting legislation “helps patient care,” with only 18.7% (14/75) stating this it “hurts patient care.”

In conclusion, while a number of theoretical ethical concerns have been raised by the authors in this important and timely article, the majority of applicable real world studies to date have found opioid limiting regulations to be safe, effective, and individualizable for postoperative care. Orthopaedic surgeons can adequately maintain the ethical principles of beneficence, nonmaleficence, and utilitarianism while caring for their patients within a legal framework of opioid limiting legislation.

References


Conflict of Interest: None Declared