POSITION STATEMENT
ACCESS TO OPIOIDS FOR PATIENTS REQUIRING PALLIATIVE CARE
(August 8, 2016)

Who We Are:

The Canadian Society of Palliative Care Physicians (CSPCP) was formed with the vision of promoting the highest quality of palliative and end-of-life care by physicians in Canada. The Society strives to improve the quality of life of Canadians and their families who are living with a life-threatening illness, by advancing the field of palliative medicine and representing our discipline at local, provincial, and national levels. Members include medical practitioners with an interest or specialized practice in palliative medicine.

Background and Rationale:

Offices of the Chief Coroner across Canada have been reporting on overdose deaths secondary to opioids for a number of years. The British Columbia Coroners Service, for example, released a report in May 2013 based on data up to 2010 (http://www2.gov.bc.ca/assets/gov/public-safety-and-emergency-services/death-investigation/public-safety-bulletins/2013-may-opiate-deaths.pdf) stating that "Many possible factors have been put forward as possible contributors to this trend, including the increased overall use of narcotics and the prescription of multiple types of drugs in individuals with chronic pain." In Ontario, Opioid Working Groups within the Office of the Chief Coroner have been formed (http://www.mcscs.jus.gov.on.ca/sites/default/ files/content/mcscs/docs/ec161620.pdf). Inquests from 2011 into opioid deaths looked at the ramifications of overprescribing in chronic pain.

The data collected and presented by the Offices of the Chief Coroner therefore appear in large part to be driven by overdoses of non-prescribed (illicit) opioids and based on opioids prescribed for chronic pain, as opposed to those prescribed for pain or dyspnea in palliative care. In an effort to curb opioid prescribing, policy developers in government may inadvertently extrapolate Coroner data to restrict access to needed opioids in the right doses for patients requiring palliative care.

The CSPCP acknowledges the important work that has been done in harm reduction in opioid prescribing, to ensure the right drug is prescribed for the right diagnosis, at the right dose and duration, such as the work of Dr. Kieran Moore (http://omr.dgtlpub.com/2015/2015-10-31/home.php). According to the World Health Organization, for cancer pain, "There are no standard doses for opioid drugs. The 'right' dose is the dose that relieves the patient's pain. The range for oral morphine, for example, is from as little as 5 mg to more than 1000 mg every four hours." (http://apps.who.int/iris/bitstream/10665/37896/1/9241544821.pdf). Because of the current culture of fear around opioids in society, prescribers may avoid the appropriate use of opioids in palliative care, contrary to best available evidence. In a similar vein, patients requiring palliative care may have unwarranted fear around the prescriptions related to perceived worry of addiction.

The CSPCP is therefore issuing this position statement to ensure that our patients requiring palliative care have access to the appropriate doses of opioids that they need, when they need them.

Positions:

1. We believe in the safe, appropriate, and timely access to opioids for the management of pain and symptoms in those with life-limiting illnesses, in the appropriate doses as are required by each patient, without any specific maximum dose.
2. We believe that opioid prescribing is legitimate to alleviate suffering from both pain and dyspnea in patients requiring palliative care suffering from both cancer and non-cancer illnesses (such as, but not limited to, congestive heart failure, chronic obstructive pulmonary disease, and end-stage renal disease).
3. We advocate for increased governmental funding for education for physicians in appropriate prescribing, screening for potential misuse, and recognition and reporting of medication errors.

Additional References:

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