



## **CMDA Ethics Statement**

### **Opioids and Treatment of Pain**

The goals of medicine are to restore health, prolong life, relieve pain, and ameliorate suffering. Among the medications available to relieve pain are opioids, which in the United States are controlled substances, that act on opioid receptors in the central and peripheral nervous system to produce a morphine-like analgesic effect. Opioids are addictive, and dose escalation or transition to potent illicit opioids such as heroin, or non-prescription fentanyl, can result in fatal overdose due to their suppression of respiration. Excessive prescribing of opioids with the intent to relieve or avoid undertreatment of pain, unlawful diversion of opioid prescriptions, direct-to-consumer marketing, and illicit recreational use for its euphoric or dissociative effects have contributed to a grave crisis of opioid abuse.<sup>1,2</sup>

#### **Definitions**

Pain is defined by the International Association for the Study of Pain as “an unpleasant sensory and emotional experience associated with actual or potential tissue damage or described in terms of such damage.”<sup>3</sup> Pain has a physical basis. Nociceptive pain occurs in response to ongoing tissue damage, whereas neuropathic pain is caused by disrupted neural pathways or altered neural thresholds for sensory perception.<sup>4</sup>

Suffering is a state of distress in response to pain, unpleasant bodily symptoms, anxiety, or anguish. Suffering is multifaceted and encompasses mental, emotional, social, existential, and spiritual components.<sup>5,6</sup> Suffering is unique to the individual and his or her particular response to a past, current, or anticipated future situation. Suffering magnifies the existential experience of pain.<sup>5,6</sup>

#### **Biblical**

1. Pain and suffering are unavoidable aspects of human life as a result of sin (Genesis 3:16-19; Romans 8:18-27).
2. Pain can have purpose in protecting from harm.<sup>4,5,7</sup>
3. Pain or suffering should not be desired or sought as an end in itself (the whole counsel of Scripture).
4. Suffering is a mystery; it has a spiritual dimension and, even when it seems otherwise meaningless, can provide an opportunity for intimacy with God (Job 42:5; Luke 22:39-46; Philippians 3:10, 4:11-13; 2 Corinthians 11:23-30; Hebrews 4:14-16).
5. Those who have suffered may thereby be equipped to comfort others (2 Corinthians 1:3-7, Galatians 6:2).

6. Suffering may be used by God to refine moral character (Isaiah 48:10, John 9:3, Romans 5:3-5). Reflection on suffering, in humility before God, may produce growth and maturity (James 1:2-4; 2 Corinthians 1:3-7, 4:8-9, 12:9).
7. God can use suffering to conform Christians to Christ's image (Romans 8:28-29).
8. In heaven, pain and suffering will be abolished (Revelation 21:1,4).

## Medical

1. Almost all pain can be mitigated, but not all pain and suffering can be relieved by medical intervention.<sup>8-13</sup>
2. Pain is sometimes a necessary condition of medical or surgical treatment in the pursuit of healing.<sup>10-11</sup>
3. Appropriate uses of opioids include analgesia during surgical procedures, short-term treatment of acute pain, treatment of cancer pain, and management of pain or dyspnea in the terminally ill.<sup>8-13</sup>
4. Opioids are rarely indicated for the treatment of chronic nonmalignant pain.<sup>8</sup>
5. Many effective options other than opioids are available for the treatment of specific types of pain.<sup>8-13</sup> These include, but are not limited to:
  - a. Healthy lifestyle, including restorative sleep, appropriate nutrition, and exercise
  - b. Control of chronic medical conditions
  - c. Nonsteroidal anti-inflammatory drugs (NSAIDs)
  - d. Acetaminophen
  - e. Lidocaine patches and other topical modalities
  - f. Voltage-dependent calcium channel  $\alpha_2\delta$  subunit inhibitors, for example, gabapentin or pregabalin
  - g. Tricyclic antidepressants, for example, amitriptyline, nortriptyline
  - h. Select SSRIs and SNRIs, for example, duloxetine
  - i. Anticonvulsants, for example, carbamazepine
  - j. Corticosteroids
  - k. Local injections, without or with radiology guidance, using local anesthetics or corticosteroids, biologics, and viscosupplementation
  - l. Nerve and spinal cord stimulators
  - m. Biofeedback
  - n. Acupuncture
  - o. Manual therapy
6. Ministering to the spirit by prayerful reflection and contemplating Scripture, individually and in the community of faith, are important components of healing and ameliorating suffering.<sup>14,15</sup> (Philippians 4:6,7; James 5:12-16)
7. Effective treatment of pain may involve a multimodal approach, which may include physical exercise, physical therapy, massage, medically appropriate osteopathic and chiropractic manipulation, and counseling to reframe one's thoughts so as not to focus excessively on symptoms.<sup>8-13</sup>
8. Caution and patient warning are strongly recommended when prescribing opioids for patients who consume alcohol or in combination with benzodiazepines or other sedative medications because of the danger of a combined suppressive effect on respiration.<sup>16,17</sup>
9. Prior to prescribing opioids for a given patient, screening for opioid dependence and addiction is recommended, including checking applicable prescription records or

databases. Education about opioid prescribing is a component of medical licensure in many states.<sup>8,18</sup> Additionally, ongoing monitoring of the patient's access and use of opioids is helpful to promote patient safety.

10. As a general rule, with limited exceptions, the first line of treatment of pain should not be opioids.<sup>8-13</sup>
11. Proper and adequate control of pain is desirable as an important component of medical care.
12. Opioids cause constipation, urinary retention, impairment of judgment, and may cause delirium or increase a patient's sensitivity to pain (opioid-induced hyperalgesia)<sup>8,10,11,19</sup>
13. Opioids should not be stopped abruptly for patients with long term use, but rather tapered.<sup>8</sup>
14. The bureaucratization of pain management can lead to excessive or inadequate prescription of analgesics (for example, unintended consequences from viewing pain as the "fifth vital sign").<sup>20-23</sup>

### **Ethical**

1. Healthcare professionals are obligated to respond to their patients' pain and suffering by actively listening, by applying their knowledge and expertise in an effort to relieve pain and suffering, and by providing compassionate care.<sup>5,8,11</sup> They are to provide education for the patient and family or other caregivers.
2. Prescribers should be knowledgeable about the medications they prescribe.
3. Healthcare professionals have the responsibility to learn about current methods of pain management, to develop treatment plans that utilize the range of multiple available diagnostic and therapeutic services to treat the underlying cause, and to refer when the patient's condition is beyond their expertise (for example interventional radiology, pain services, palliative care, appropriate surgical specialists, etc.).<sup>8-13</sup>
4. Healthcare professionals should be sensitive to the shame or guilt that some patients on chronic opioids may experience and avoid adding to it.<sup>8,13</sup>
5. It is ethical, permissible, and recommended to inquire if the suffering patient has a personal faith or belongs to a faith community, as it may be advisable to recommend that the patient access appropriate resources.<sup>14,15</sup>
6. Not all patients are able to find meaning in their pain and suffering or have the spiritual or community resources to grapple with their circumstances.<sup>14,15</sup> The Christian physician should be willing to encourage such patients to explore options that may provide meaning and purpose.

### **Conclusion**

- CMDA recognizes that treatment of pain and suffering is a critical component of medical therapy. Opioids are but one small part of the multimodal treatment of pain.
- Christian healthcare professionals who know the unique hope Christ offers to suffering humanity, should be alert to signs that a patient's request for opioid medication for pain may signify or be a part of a deeper need.
- Christian healthcare professionals should work to relieve pain and suffering for their patients using a multimodal approach, which may include encouraging their patients to seek support from a suitable faith community.

See also:

CMDA Statement on Pain Management

CMDA Statement on Double Effect

CMDA Statement on Suffering

CMDA Statement on Professionalism

## References

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*Unanimously approved by the House of Representatives  
April 21, 2020  
Bristol, Tennessee (and virtual locations)*