## MAYO CLINIC POST

## Politics of Pain

**Posted by** [**@19lin**](https://connect.mayoclinic.org/member/94581aa00b913d464c6b224711faf510dce8c244f/)**, 7 hours ago**

I have chronic pain and have had since I lost my leg and injured my back in Vietnam in 1968. Now nearly 50 years later it has gotten worst with advanced age. In the last few years I started using strong pain medicine and now the powers that be want to shut it off unless your a cancer suffer. Even though many opioid users who follow their doctors advise do well and lead near normal lives. So I would like to open up discussion on the politics of pain if it is allowed?  
I just received a notice from the pain news network (Painnewsnetwork.org) that the CMS (Centers for Medicare and Medicaid Services) is about to close public comment for citizens on payment for opioid type medicine through Medicare and Medicaid. If their proposal is approved they will restrict payment for pain medicine (opioid) to a small amount that needs to be renewed every few days. The Comments close March 6th and any citizen or concerned person may submit their comments.  
For more detailed information please check the Pain News Network (painnewsnetwork.org) February 19, 2018 a post written by Richard Lawhern who provides a lot more information than I can.  
You can write direct to regulations.gov (www.regulation.gov) look for Docket ID: CMS-2017-0163 . In the search box at the top of the page fill in the docket ID which should take you to the page with two requests for comment. I believe the one calling for payment is most important but you can comment on both. IMPORTANT make comments by the end of March 5, 2018. Just tell them how this will effect you or your family, of course family and friends can comment also. In addition contact you elected officials on the federal level and state level. Their office address and phone number is in the phone book or you can Google them and send an email. I did an internship in a congressional office and I know that they give more weight to letters sent through the mail but all comments make an impact so phone, email or write to make an impact. The pain news network article provides a direct link to make comments.  
There are many sites that have formed to provide information about pain so if you wish to do something I recommend you get in contact with them to find out more information on opioid regulations.  
I realize that most people come to this site for support, but if you would like to do more to lobby for change to opioid regulation then maybe we can bring up information on this site also. One of the things that counselors and Social Workers do is advocate for people, so as a Social Worker I have done some of this. 19lin

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@wsh66, @19lin thank you both for the posts and website info provided. I too have been researching this very topic in an attempt to help with a family member. This is going to snowball and yet again, it happens over and over people who follow the rules and really need help and rely on prescriptions to make it through the day will be punished for those who are out there abusing the system. And for a senator to use a platform such as this for political gain makes me sick. In the last 3-4 months I have really had to become active in the care of my mom even more so with the dr. and pain management clinic she is being treated by. It's taken me a full month to put the pieces together as to why her treatment has changed so drastically. Around November, December 2017 he seriously began changing her medication, rather than treating her pain. She has been diagnosed with facial neuralgia and has suffered greatly due to a dental procedure gone wrong about 15 years ago. Sometime in 2016 she was assigned to a new pain clinic and I have a feeling her PCP was unable to assist in pain mgt. Things seemed as though we might have a turn around and someone might actually understand and put in some time to find a combination of meds to help ease the day to day pain. Then mid 2017 the attitude of the Dr. shifted - rather than mgt. of pain, the focus seemed to be reduction of medication, as I listened to my mom for months tell me each time she left the Dr. she felt he wasn't listening. By December 2017 the reduction of her medication was so apparent in her ability to function on a daily basis, I begged for help and began calling her PCP and her pain mgt. Dr. We have made several trips to the ER and now are on an every 7 to 14 dr. visit to the pain clinic because the reduction of medication has been too great and she is in a physical and emotional state like I have never seen before. After 2 trips to the ER she is now terrified to go to a hospital to seek help, it was a nightmare for her and for myself and my dad. So I started researching why the change in her care all of sudden.... Since the CARA bill was signed by President OBAMA in July 22, 2016 it took time for it to be implemented and put in place and for the public to actually see the effects. In addition to the funding that has been provided https://www.samhsa.gov provides grant funding for the "opiod crisis" by state and has other interesting information as well. It also came to my attention my state has received a huge grant dedicated to this very purpose and it outlines goals set forth by medical community within your state. I also read within the CARA bill opiod is defined as any drug with highly addictive tendencies and when you research further the answer to reduction of opiods is to replace with narcotics, go figure. Now the DEA is involved and telling Dr.s what they can and can't do with their patients and I realize this was in an attempt to rid the medical community of the those who write prescriptions to those who abuse them and are dealing them out on the streets. Yes I get it, with that being said it has scared Dr.'s and changed the mind set from being in the best interest of their patient to being reduction of medication and keeping my clinic off of DEA's radar. Now I ask who within the DEA has taken the medical doctors Hippocratic oath and/or where would we find the american medical associations code of ethics within the realm of the DEA and on the HILL? FDA should be slapped and pharmaceutical companies should have stricter testing and analyzing I personally have people within my immediate family who were saved in a drug trial at MD Anderson so I am all for new drugs etc...., what I am having a problem with is the polictics that has creeped its way into the dr's office and hospitals across America. If you look on the DEA's website at the most wanted in America I ask you to find a Dr. or patient with chronic pain condition listed with posession or intent to distribute, the majority are hispanic and the drugs listed are cocaine and marijuana, their is 1 Asian and the drug is heroin, there is 1 fellow from Louisiana and the drug is meth. All of which are not manufactured in a pharmaceutical lab well with the exception of marijuana which I personally would like to see legalized in all states, as the benefits would far out weigh the risks. Now I feel as though I am having to take time away from the care of my mom in order to research this new law and CRISIS that has been deemed as EPEDEMIC in order to get her somewhere else for treatment but where?

Below is the current version of the medical oath for dr.'s, I think a bill should be passed to reinforce the oath below.

American Medical Association Code of Ethics (post- 1980)

Preamble: The medical profession has long subscribed to a body of ethical statements developed primarily for the benefit of the patient. As a member of this profession, a physician must recognize responsibility not only to patients, but also to society, to other health professionals, and to self. The following Principles adopted by the [AMA] are not laws, but standards of conduct which define the essentials of honorable behavior for the physician. II. A physician shall deal honestly with patients and colleagues, and strive to expose those physicians deficient in character or competence, or who engage in fraud or deception.

III. A physician shall respect the law and also recognize a responsibility to seek changes in those requirements which are contrary to the best interests of the patient.

IV. A physician shall respect the rights of patients, of colleagues, and of other health professionals, and shall safeguard patient confidences within the constraints of the law.

V. A physician shall continue to study, apply and advance scientific knowledge, make relevant information available to patients, colleagues, and the public, obtain consultation, and use the talents of other health professionals when indicated.

VI. A physician shall, in the provision of appropriate patient care, except in emergencies, be free to choose whom to serve, with whom to associate, and the environment in which to provide medical services. VII. A physician shall recognize a responsibility to participate in activities contributing to an improved community.

I am left with the overwhelming fear of not being able to make a difference and sub par medical care for those who actually need it.