Date: March 5, 2018

To Whom It May Concern:

My name is Karen M. Kirschner, M.D. I am a board certified hospice and palliative medicine as well as family medicine physician. I am writing to share my concerns with the 2019 proposed opioid limitation of 90 MME per day. I did see hospice patients and cancer patients are excluded from this; which I agree, hospice and cancer patients should not be included in this limitation. However, I do have concerns with the limitation amongst palliative patients. Part of my job as a palliative medicine physician is to be an advocate for my patients and their families, which is what I am doing now. With the ever expending palliative medicine field, reaching those patients who are end stage COPD, heart disease, liver disease, etc, but who are not yet ready for hospice; they need addition medical support. Opioids are often included in that additional medical support. By restricting palliative medicine physicians to prescribing 90 MME of morphine a day when appropriate, it limits our patients’ quality of life. I understand the opioid epidemic is a major problem and should be addressed. Removing hospice and palliative patients from this restriction would allow for a solution while providing palliative patients with the best quality of life available during this very difficult time. Also, gabapentin/pregabablin and well as benzodiazepines are used congruently with opioids in hospice and palliative patients. With certain disease processes and their treatments, comes certain side effects. For example, if a patient who has undergone chemo and radiation therapies for a cancer which is now considered to be in remission, develops heart failure (either from the chemotherapy or another cause) or any other myriad of concerns, they may require opioids, benzodiazepines, and/or gabapentin to improve their quality of life. I have learned that medicine is not black and white; it’s a lot of gray. What may work for one patient may not work for another, and restricting the limited tools we have to help improve their lives does a disservice to the ones we vowed to help and serve, our patients. Thank you so much for taking the time to hear my concerns. My hope is that you will consider this when deciding on this topic. Thank you again.

Sincerely,

Karen M. Kirschner MD

Attending Physician Palliative Medicine

Co-Medical Director Franciscan VNS Hospice

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