CME

Ethical considerations for neurologists in the management of chronic pain

American Academy of Neurology Ethics, Law and Humanities Committee*

Unrelieved pain causes suffering, disability, and depression. Physicians, including neurologists, have an ethical duty to address pain and suffering. Neurologists should provide adequate evaluation and treatment to persons who have chronic pain, either personally or through timely referral.

Neurologists have a special responsibility to the patient who has pain, which derives from their expertise in the neurologic examination and the interpretation of confirmatory tests, and from the central role played by the nervous system in the perception and mediation of pain. Although pain is usually multifactorial in origin, accurate neurologic diagnosis may be the decisive factor in defining potentially remediable causes of pain. Neurologic follow-up is often critical in monitoring treatment. Neurologists are skillful and comfortable in providing sophisticated pharmacotherapy for many disorders, a mindset highly applicable to pain management.

Some neurologists avoid or undertreat the patient with chronic pain, citing a series of physician-related and institutional barriers, such as inadequate training or diagnostic capability, unfamiliarity with pain treatment methods and outcome measures, insufficient time, lack of multidisciplinary support, reimbursement barriers, or medicolegal concerns. Unrelieved pain, however, remains a problem for patients with chronic and acutely life-threatening illnesses, and effective pain management is an essential element of palliative care.

The American Academy of Neurology (AAN) has issued position statements endorsing palliative care as good medical practice for patients whose symptoms cannot be alleviated by arrest or cure of the underlying illness.^{1,2} In 1997, the Executive Board of the AAN endorsed an initiative to promote participation of neurologists in the diagnosis and treatment of pain.³ Appropriate pain assessment, management,

and patient education are now criteria for hospital accreditation in the United States.⁴

Numerous studies have identified barriers to effective pain management for patients with chronic pain. Long-term opioid therapy for cancer pain has gained acceptance. More controversial is the use of opioids for chronic nonmalignant pain (CNP) in disorders that include headache, neuropathy, “failed back” syndromes, fibromyalgia, and chronic regional pain syndromes. Opioid treatment of CNP raises concerns about efficacy, safety, dependence, patient misuse, and regulatory oversight. Nevertheless, there is consensus among pain specialists that opioid therapy is appropriate for selected patients with CNP and can provide sustained benefit to such patients. In light of that consensus, the AAN joins with other medical societies, including the American Academy of Pain Medicine and the American Pain Society, in supporting long-term use of opioid therapy in those patients with CNP for whom it is deemed appropriate.⁵

Currently, the individual neurologist’s decision to treat CNP must be based on personal training and experience; on an evolving medical literature in which evidence-based recommendations, the ideal standard, are not always available; and on authoritative opinion. Therefore, neurologists who treat CNP have several important ethical obligations to their patients and to society: 1) to become educated about chronic pain and competent in effective management approaches, both those that make use of drugs—including opioids—and those that do not; 2) to ensure that each patient with CNP undergoes adequate diagnostic evaluation for a remediable medical or psychiatric cause; 3) to consider the patient’s personal, medical, and social history, with attention to comorbid conditions and concurrent medications that may amplify the risks of a particular treatment; 4) to

*See the Appendix on page 2167 for a complete listing of the Members of the American Academy of Neurology Ethics, Law and Humanities Committee.

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consider alternative methods of analgesia; 5) to monitor both analgesic and side effects of drugs and the patient's cognitive and psychological state, and be alert to possible inappropriate use or diversion of drugs; 6) to keep adequate records of indications for treatment, prescriptions, and therapeutic outcomes at each visit, while strictly maintaining confidentiality; 7) to make timely referral to expert multidisciplinary programs or other forms of tertiary care for principal or concurrent treatment when indicated. To fulfill these duties, neurologists must understand the laws and regulations applicable to their practice location, including federal laws governing controlled substances and state laws regulating opioid prescribing practices, many of which have been revised to conform to the 1998 guidelines of the Federation of State Medical Boards.⁶

The AAN has an abiding concern for the well-being and optimal medical care of persons with neurologic disease, and persons with pain syndromes in whom neurologic signs and symptoms are relevant to their pain. Therefore, the AAN-member neurologist should maintain an interest in patients with CNP, making those patients aware of all acceptable treatment choices, including opioids when they may be appropriate. Neurologists should provide suitable treatment themselves or refer patients with CNP to qualified pain, headache, or other specialists. This approach respects ongoing disagreement among pain specialists and acknowledges a diversity of strategies ranging from long-term opioid treatment to cognitive-behavioral therapy designed to minimize the use of opioids. The AAN encourages neurologists to participate increasingly and effectively in the evaluation and treatment of pain, which requires a professional commitment to learning about pain. Educational opportunities include enhanced pain education during residency, pain fellowships leading to eligibility for American Board of Psychiatry and Neurology Special Qualifications in Pain Management, numerous multimedia continuing medical education programs, and a growing evidence-based pain literature.

Consistent with its commitment to evidence-based

neurology,⁷ the AAN encourages well-designed, controlled, basic, and clinical research. Such studies will clarify the efficacy and safety of regimens for various CNP syndromes, validate criteria for choosing patients who may be appropriate for long-term opioid or other therapy, and compare outcomes of differing medical and behavioral approaches to CNP. The AAN endorses high-quality basic and continuing education and clinical training about pain for medical students, residents, fellows, and practicing physicians. The AAN encourages every neurologist to support and participate in initiatives in their institutions to improve the assessment and treatment of pain, and advocates a balanced public drug policy on the use of controlled substances to treat patients with chronic pain and neurologic disease.

Appendix

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