

EMBRACING OUR DYING

California
Catholic Bishops'
Project



Theological,
Medical, Legal,
Bioethical,
Political & Pastoral
Perspectives

Prepared by the California Catholic Conference

Pain Management and End-of-Life Care

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Note: Cancer Care: 50-60% who die of cancer have significant pain; 90% direct effect→60% bone metastasis

I. Culture of Pain Management

Hospice

Terminal care
90-95%
Commitment
Family=unit of Rx
Patients values affirmed
Treatment by the clock
Pro-life: Rehab Model
Flexible job descriptions
Patient seeks meaning

No Code
50% die at home

Hospital

Curative
0-5%
Technology
Family=alien intruders
Patient learns to beg or suffer in silence
Demerol 25 mg IM q 6 prn
Death is the only way out
Silos, hierarchies and autocrats
Staff seeks meaning (pejorative labels):
Crock, Gomer, 107-2 (metonymy), The Gallbladder (synechdoche)
Death=failure
Full Court Press

II. ECOG study (Cleeland NEJM 3/94)

- 1308 CA patients at 54 outpatient sites
- 67% pain causing decreased function in 36%
- 597 “completely evaluated”
- 42% adequate treatment

III. Predictors of poor control:

- Minority (3x), old, female, benign pain, MD/Patient disagreement
- 15-38% of MD’s would not prescribe strong opiates regardless of indication

IV. Medico-legal Issues:

- **Clark and Sees. *Joul. of Symptom and Pain Management 1993***
- **1/3 of MDs unwilling to prescribe opioids**
56% of California MDs either don’t have or don’t use triplicates
- **Harrison Act (1914) Taxation under Treasury Dept**
Ended Maintenance treatment
- **Comprehensive Drug Abuse Act (1970)**
Five schedules of drugs per “abuse potential”
- **Federal definition of addiction**
 - a) “Habitual use that endangers public morals, health, safety and welfare.

- b) Use to the loss of self-control.
- c) Use of “Narcotics.” Physicians must prescribe in “good faith” for a defined “pathology” for a defined period of time.
- **California Intractable Pain Act (SB 1802)**
 - Chronic, incurable pain, verified by second opinion
 - Treatment of Addicts with opiates (Sect. 2241, H&S Code)
 - May prescribe opiates “in emergency treatment in the presence of incurable disease.”

V. Barriers to Pain Control:

- **Regulatory:**
 - Triplicate Rx Hassles
 - War on Drugs
 - Oversight/Quotas
 - MBC—25% disagree with the use of opiates for CA pain
- **Attitude:**
 - Suffering is redemptive
 - Avoid “strong” drugs until the end
 - Fear of Addiction
 - Culture of care (hospice vs. hospital)
- **Understanding the Medical Illness of Addiction:**
 - Triad—antisocial behavior plus compulsive drug-seeking plus abstinence syndrome
 - Very low risk of addiction in medical illnesses:**

Boston Collaborative Study	4/11,892
Burn Center	0/10,000
Headache (Medina)	3/2,369
Cancer (MSKCC)	2/1,000
- **Refined Understanding of Addiction:**
 - Tolerance, dependence, withdrawal and anti-social behavior
 - Complex primary illness with genetic/familial risks.
 - Onset in adolescents and young adults that results in dangerous behavior despite consequences
 - Two sub-types:**
 - a. Self-medication for symptoms of early mental illness
 - b. Recreational use that gets out of control
 - Pseudo-addiction:**
 - Drug-seeking behavior due to under-treatment of pain
- **Ignorance:**
 - “The relief of pain awaits no scientific breakthrough.” (B. Ferrell)
 - “Prescribing Demerol is prima facie evidence of incompetence in pain management” (B. Ferrell)
 - Morphine is “God’s own medicine (GOM).” (Osler)
- **Wrong Drugs:**
 - Demerol: The Perfectly Wrong Drug
 - Short acting, irritating, toxic metabolites
 - Stadol/Talwin: Mixed agonist/antagonist
 - Darvon: Aspirin with lethal side-effects
- **Wrong dose/schedule:**
 - “PRN” orders
 - “The Magic of Needles”

VI. Pain Management

Quality of pain:

Acute→Recurrent Acute→Chronic
 Localized/generalized

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Cognitive:

Perception Threshold
Intensity Tolerance Tachyphylaxis

VII. Pain Modulation System

Endogenous opioids Affected by emotional state Chronic pain unverifiable
Pain vs. Suffering Spiritual Psycho-social Existential

VIII. Clinical Approach

Detailed investigation with each episode Family/Social History (explore expectations)
Attributes of pain Physical Examination Diagnostic Studies

IX. Treatment

Local Modalities: Radiation Surgery Orthopedics Anesthesia
Systemic: Drugless Specific Rx NSAID's Other Rx

X. Opiates

“God’s own Medicine” (Osler)
Treat by the clock
Anticipate side-effects:
Nausea, constipation, sedation, itch, confusion, paradox
Monitor results closely:
Objectify the subjective (pain scales)
Diurnal variation
Constant blood levels
Break-through medication
Cross-over to other opiates

XI. Route of Administration

IV Trans-dermal
Sub-lingual Oral
Rectal Delivery systems: PCA

XII. Pain Crisis

IV medication
Start high and work down
Sleepy for 48 hrs (warn family)
Special Problems:
High dosage requirements Sudden Decompensation in stable patient
Constipation Self-withdrawal Psycho-social

XIII. Adjunctive Medications

Steroids “Dr. Greene’s Tonic” Anti-depressants Anti-convulsants
Anxiolytics (not IM) Phenothiazines Pamidronate

XIV. Rex’s Rules of Caring for the Dying

1. Touch the patient (talk with comatose patients)
2. Treat pain no matter what.
3. Do Not Resuscitate!
4. If in doubt, send the patient home.

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