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*(note: The first 3 paragraphs are reprinted with the permission of the American Society of Law, Medicine & Ethics) D.E. Joranson and A.M. Gilson, "Improving Pain Management Through Policy Making and Education for Medical Regulators" [Journal of Law, Medicine & Ethics](#), 24 (1996): 344-347*

## **Improving Pain Management Through Policy Making and Education for Medical Regulators**

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Physician concern about regulatory scrutiny as a barrier to appropriate prescribing for pain management has been identified and studied.<sup>(1)</sup> A 1991 Pain Research Group survey demonstrated a need to provide updated information about opioids and pain management to state medical board members.<sup>(2)</sup> Indeed, a national survey even showed a need to provide more education about pain management to oncology physicians.<sup>(3)</sup> Two approaches for responding to these concerns have been undertaken in several states by the state medical boards and the pain management community: (1) the development and adoption of administrative policies designed to bring disciplinary standards in line with clinical practice; and (2) the creation of education programs for state medical board members and staffs. Each can have a substantial impact on removing real and perceived regulatory barriers to effective pain relief.

### **Guidelines**

State medical boards have a duty to protect the public from improper prescribing, but they also have an interest in promoting public health. Although the use of opioid analgesics to manage chronic noncancer pain is being reassessed clinically and

scientifically,<sup>(4)</sup> some state medical boards have already recognized and responded to the need to clarify their policies regarding prescribing for pain.<sup>(5)</sup> Policy making and clarification by the boards themselves, especially when produced through collaboration with the pain management community, can significantly contribute to harmonizing clinical practice and regulatory policy.

In some instances, boards have adopted guidelines on the use of controlled substances in pain management to address inappropriate uses of opioids and unprofessional prescriptive practices. More recently, however, some boards have begun using guidelines to address physicians' fear of board investigation or discipline for prescribing opioids for chronic noncancer pain. Indeed, respondents to the 1991 national survey of U.S. medical board members supported a call for medical boards to clarify their policies. Most members who were surveyed said, at that time, they would discourage a physician from prescribing opioids for a patient with chronic noncancer pain, and approximately one-third said they would investigate the practice as a potential violation of law.<sup>(6)</sup>