

## "Can You Give Me an Opioid Refill Until I Find a New Doctor?"

SCOPE of Pain *Colleague to Colleague* Audio Short: #6

Welcome back to the SCOPE of Pain Audio Shorts Series. This is Dr. Daniel Alford, Professor of Medicine and Course Director for the Boston University School of Medicine SCOPE of Pain Program.

When discussing tapering your patient's opioid due to lack of benefit, functional decline and apparent harm (she fell asleep while smoking), she angrily states, "I thought you trusted me. I thought we had a good relationship," and then asks, "Can you give me enough until I find a new doctor?"

How will you address this patient's anger and request for another opioid prescription? The first step is to try to understand why she wants you to continue prescribing the opioid, despite your explanation for choosing to taper due to lack of benefit and apparent harm. I would say, "Tell me in your own words what you heard me say about why the taper is indicated."

If she says it's because I don't believe she has terrible pain, then she didn't hear my rationale for tapering. If she says it's because I don't think the pain medication is helping her and I think it's hurting her, then at least I know she understands my rationale.

At this point, you may need to agree to disagree on the next steps and clearly state,

"I cannot continue to prescribe a medication that's not helping you and may be hurting you." Then proceed with the tapering plan and offer alternative pain management options.

If you think she has developed an opioid use disorder or addiction, explain to her why you think this is the case. For instance, is her behavior concerning for a loss of control? For example, running out early, compulsive use, such as a preoccupation with the opioid, and/or continued opioid use despite harm because she's suffered negative consequences due to the opioid.

Ask her to reflect on your feedback on why you think she's developed an addiction, and then offer referral to specialty addiction treatment. Remember, patients may suffer from both chronic pain and addiction. Therefore, make sure to institute alternative pain management approaches during and after the opioid taper.

If she continues to argue for continued opioid treatment state, "I cannot responsibly continue prescribing opioids, as I feel it will cause you more harm than good." If you're a waived clinician with a DEA number that allows you to prescribe buprenorphine for the treatment of an opioid use disorder or addiction, you may choose to treat both her opioid use disorder and chronic pain with buprenorphine dosed three times per day.

How to talk to patients about lack of adequate benefit or evidence of apparent harm due to opioid therapy are discussed in more detail in the SCOPE of Pain program. You're not alone in facing these challenging issues.

Thanks for listening.

Be sure to check back often, as new Audio Shorts will be added throughout the year.

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