Opioids, pain, and personality

The story of a substitute physician

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One looks back with appreciation to the brilliant teachers, but with gratitude to those who touched our human feelings. The curriculum is so much necessary raw material, but warmth is the vital element for the growing plant and for the soul of the child.

Carl Jung

Do you remember the feeling of walking through your classroom door in grade school and seeing a substitute teacher? Some felt excitement, others dread, but the communal response could probably best be described as nervous anticipation. After several months with any homeroom teacher we all knew what to expect during the day and, best of all, our teacher knew us. My teacher knew that I still confused *b* and *d*; she knew I had a tendency to interrupt and talk out of turn; and she knew that I was trying really hard to please her. Substitute teachers are unfamiliar and anxiety-provoking.

I wonder if this is similar to the way a patient using opioids to manage chronic pain feels when I—a newly licensed physician who recently joined the practice—walk through the door. *This doctor doesn't know me; we don't have any rapport. What can actually be accomplished during this appointment?* Sometimes the pain can be dealt with easily: If the patient is well managed with low-dose opioids, the substitute physician need only look in the chart and renew the previous month's prescription—no change in the lesson plan. But seldom do things go so easily.

Chronic conditions are rarely static, and perhaps this month the patient has come to discuss an increase of his medication, which might already exceed the 200-mg/d "watchful dose" of morphine or equivalent.[1] Perhaps he has relapsing-remitting pain from an old injury that has been well treated with opioids in the past, but for which opioids were last prescribed years ago. Perhaps he has spent the past 10 years finding a family physician who is comfortable prescribing opioids. *What if this new family doctor isn't?*

Primary care physicians face multiple barriers to successfully treating chronic pain with opioids, many of which are made more difficult when a newly licensed physician is charged with continuing the care of complex patients. Wenghofer et al[2] describe the concerns Ontario physicians have about the potential of opioid prescriptions to contribute to addiction and overdose in their patients (**page 324**). Mailis-Gagnon et al[3] discuss the medical and social complexity of patients requiring opioids for their chronic noncancer pain (**page e97**). Primary care physicians can often feel isolated by the rest of the medical community when trying to manage the complexity of these patients and can struggle with the referral process and wait times for pain clinics (**page e106**).[1] This can force any physician to make a decision regarding opioids that leaves him or her feeling uncomfortable.

A substitute physician has the added complication of trying to reconcile two sometimes mutually exclusive questions: "What would Dr [insert senior physician's name here] do?" and "What am I comfortable with?" The rates at which individual family physicians prescribe opioids vary widely, as demonstrated by Dhalla et al (**page e92**).[4] In a study of Ontario family physicians, this group found male sex, older age, and number of years in practice were associated with higher volumes of opioid prescribing. When separated into quintiles, those who prescribed opioids to the greatest proportion of eligible patients did so at a rate 55 times that of their peers in the lowest quintile. As the number of opioid-related deaths in North America rises,[5,6] the call for more stringent guidelines for their prescription becomes stronger. Until acceptable guidelines are adopted, a young, newly licensed female physician might have a drastically different opioid prescribing pattern than that of the retiring physician she is replacing.

In all of my uncertainty, I will try to remember that feeling of stumbling into a classroom first thing in the morning to find an unfamiliar face. Not only do my newly charged patients have to cope with the everyday grief and frustration of chronic pain, but also the anxiety of getting to know the substitute. Although I still find it difficult to navigate the prescribing of opioids, I hope that being able to empathize with my patients will allow us to sit on the same side of the desk when we talk about their prescriptions.

Competing interests
None declared

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