PCAG
Palliative Care Association of Grenada

# PCAG
# Weekly Newsletter

Guo Wang

*April 17, 2023*

ΙΕΑ
IOTA EPSILON ALPHA
INTERNATIONAL HONOR MEDICAL SOCIETY
ST. GEORGE'S UNIVERSITY

# Barriers to Prescribing Opioids in Palliative Care

Palliative care is explicitly recognized by the World Health Organization (WHO) under the human right to health. It is the field in medicine that aims to improve the quality of life in patients with terminal illnesses. The challenges that end-of-life patients must face to achieve optimal quality of life are multidisciplinary, which includes physical, psychosocial, emotional, and spiritual components[1]. Pain is a major factor that negatively affects the ability to achieve optimal quality of life in patients with terminal illness. According to the WHO, 80% of patients with AIDS or cancer, and 67% of patients with cardiovascular disease or chronic obstructive pulmonary disease will experience moderate to severe pain[1]. Importantly, advanced cancer pain is usually debilitating enough to affect appetite and sleep. Pain management, therefore, is an important aspect of palliative care; the goal is to reduce the pain to a level where patients can perform functions to attain their acceptable definition of quality of life with minimal limitations.

The WHO advocates morphine as an essential medication to relieve cancer pain. Morphine and other forms of opioid medications have many advantages in achieving effective analgesia such as high potency, ease of titration, multiple routes of administration, and lack of dose ceiling effects. However, there are currently barriers to prescribing opioids. Based on a survey of physicians' perception of undermedication of cancer pain, the barriers can be factored into three main categories: physician, patient, and healthcare system[2].

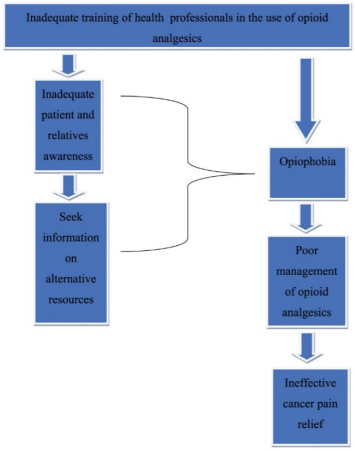


Figure 1: Physician-level factors contributing to opiophobia and lack of appropriate analgesia for patients

**Physician level:** Lack of training with pain management is the most prominent barrier in physicians. Starting from an inadequate assessment of pain to the fear of use dependence, the prescription of a strong opioid according to the WHO pain ladder will likely be delayed or non-existent[3].

**Patient level:** Patients' perception and cultural beliefs, and either patients themselves or their caregivers can have negative perceptions on opioid use. Like any other bioactive chemical, opioids as a drug do have adverse effects, and this may cause reluctance of patients to use opioids. A major social barrier to opioid use is the fear of addiction and stigmatization[2,3].

**Healthcare system level**: The availability and accessibility of opioids vary between countries. Low- and middle-income countries suffer from availability barriers, while Chinese physicians suffer from accessibility due to strict regulations on opioids use[3]. Some developing countries also suffer educational barriers due to the lack of inclusion of palliative care in the healthcare system.

There are interplays between the barriers, and opiophobia can result in undertreatment at both the physician and patient level. This is especially notable with patient experiences. Patients with advanced cancer indicate that they sometimes experience stigmatizing experiences, treated as drug-seeking, in healthcare settings outside of their oncologist[4]. Upon the patients' own internalized stigma of a fear of addiction, support from the healthcare team can be the last protective factor for accepting opioid treatments. Although opioids are a sensitive subject in medicine, it shouldn't be in palliative care. The multidisciplinary team including nurses, pharmacists, and social workers, may benefit from training when working with patients with terminal illnesses. Overall, promoting opioids may be difficult, but refraining from rejecting it should not be.

# References

1. World Health Organization. Palliative care. Palliative care (who.int)

2. Vahos, J., et al. Barriers of Access to Opioid Medicines within the Context of Palliative Care in Latin America: The Perception of Health Professionals. Journal of Palliative Medicine. 26, (2023).
3. Kwon, J.H. Overcoming Barriers in Cancer Pain Management. J Clin Oncol. 32, 1727-1733(2014).

4. Brooks, M. How Patients with Advanced Cancer Experience Opioid Stigma. Medscape Medical News. (2022).