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Title: Pain as a Vital Sign and the Opioid Epidemic

Introduced by: Gunjan Malhotra, MD, for the Wayne County Delegation

Original Author: Gunjan Malhotra, MD, Jamie Clark, Kaitlyn Dobesh, and Shannon Paquette

Referred to: Reference Committee A

House Action: **AMEND**

Whereas, public opinion and a speech in 1996 by James Campbell, MD, of the American Pain Society (APS) is cited as the precipitant for pain being considered the "fifth vital sign" in addition to body temperature, blood pressure, heart rate, and respiratory rate¹, and

Whereas, the Joint Commission established standards for pain assessment and treatment in 2001, as an answer to the identified problem of undertreatment of pain¹, and

Whereas, opiates were classically reserved for post-surgical pain and cancer patients and concern for undertreatment of pain was expressed for these individuals², and

Whereas, the concern was broadly applied to include patients with chronic non-cancer and non-surgical pain without the presence of long-term, randomized controlled trials³, and

Whereas, in the majority of cases, pain is a symptom of underlying pathology and not a disease itself; further identification and treatment of the underlying cause should be the focus of care rather than pursuing the treatment of pain without regard to source, and

Whereas, our country has seen an increase in emergency department visits, addiction, and unintentional overdoses and death as a result of considering pain a vital sign^{4,5,6}, and

Whereas, there has been increased pressure on the part of physicians to prescribe opiates and on health care providers to address and document pain since it is considered the "fifth vital sign"⁷, and

Whereas, this pressure in addition to patient satisfaction surveys that include a focus on relieving a patient's pain create an environment that contributes to over prescribing opioid analgesics⁷, and

Whereas, emphasis in patient satisfaction surveys should rather revolve around addressing the true pathology or condition that is eliciting pain in patients, and

Whereas, there is now a culture of unrealistic expectations regarding relief of pain and the belief that any and all pain is bad; therefore be it

RESOLVED: That MSMS recommend that "pain as the fifth vital sign" be removed from the clinical practice environment and patient satisfaction surveys and assessments regarding pain as it pertains to quality and payment metrics; and be it further

RESOLVED: That MSMS adopt as policy and advocate the position that "pain as the fifth vital sign" be eliminated from professional standards and usage; and be it further

54 RESOLVED: That MSMS support and emphasize multidisciplinary/multimodality physician-led
55 care, insurance coverage for non-pharmacologic approaches to addressing pain, and evidence-based
56 methods for addressing acute and chronic pain.
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59 WAYS AND MEANS COMMITTEE FISCAL NOTE: NONE

Relevant MSMS Policy:

Pain Management and Hospice Education

MSMS recommends and promotes effective education in pain management and/or hospice care for physicians and medical students. (Res69-93A)

¹ Mularski RA, White-Chu F, Overbay D, Miller L, Asch SM, Ganzini L. Measuring Pain as the 5th Vital Sign Does Not Improve Quality of Pain Management. *Journal of General Internal Medicine*. 2006;21(6):607-612. doi:10.1111/j.1525-1497.2006.00415.x.

² Fields, H. The Doctor's Dilemma: opiate analgesics and chronic pain. *Neuron*. 2011 Feb 24; 69(4): 591–594. 10.1016/j.neuron.2011.02.001.

³ Gupta S, Atcheson R. Opioid and chronic non-cancer pain. *Journal of Anaesthesiology, Clinical Pharmacology*. 2013;29(1):6-12. doi:10.4103/0970-9185.105784.

⁴ Behavioral Health Coordinating Committee Prescription Drug Abuse Subcommittee. Addressing Prescription Drug Abuse in the United States: Current Activities and Future Opportunities. U.S. Department of Health and Human Services. https://www.cdc.gov/drugoverdose/pdf/hhs_prescription_drug_abuse_report_09.2013.pdf. Accessed February 23, 2017.

⁵ CDC Guideline for Prescribing Opioids for Chronic Pain. Centers for Disease Control and Prevention.

<https://www.cdc.gov/drugoverdose/prescribing/guideline.html>. Updated January 6, 2017. Accessed February 23, 2017.

⁶ Johns Hopkins Bloomberg School of Public Health. The Prescription Opioid Epidemic: An Evidence Based Approach.

<http://www.jhsph.edu/research/centers-and-institutes/center-for-drug-safety-and-effectiveness/opioid-epidemic-town-hall-2015/2015-prescription-opioid-epidemic-report.pdf>. 2015. Accessed February 23, 2016.

⁷ Morone NE, Weiner DK. PAIN AS THE 5TH VITAL SIGN: EXPOSING THE VITAL NEED FOR PAIN EDUCATION. *Clinical therapeutics*. 2013;35(11):1728-1732. doi:10.1016/j.clinthera.2013.10.001.