

Physician Culpability Relating to the Opioid Epidemic

Alexandra Alpert

Physician culpability is a factor within the opioid epidemic that must be addressed. The opioid epidemic has grown exponentially over the past 20 years, and if change and responsibility are not sought, there is no hope for improvement or a resolution. The Center for Disease Control and Prevention has stated that “an average of 130 Americans die every day from an opioid overdose (“Understanding the Epidemic”). An astounding 30 percent of these overdoses relate to prescriptions prescribed by physicians¹. With the advancement of the epidemic, the contributing factors of the crisis must be analyzed, and the sources of the problems must be discovered. One distinguished contributor to the opioid epidemic is the physicians. This position paper will examine the factor of doctor responsibility and analyze how the opioid epidemic could be reduced if doctors are to take the initiative.

The following topic may propose the question: why does the opioid crisis matter, and what is my responsibility within this topic? As someone whom the crisis has indirectly impacted, I would argue that every person can very quickly be affected by this epidemic. When I was 12 years old, my Uncle had very intense back surgery. After this surgery, he was given a prescription of opioids to help combat the pain. When the pain worsened and continued, he began to misuse his medication. This prescription led to a heroin addiction that almost cost him his life. My Uncle is not one to whom I would have ever expected this to happen, which provides the argument that this could indeed happen to anyone. After years of rehabilitation, he is clean of all substances. However, this is not the typical ending to the story of one who starts to misuse opioids. In fact, in just 2017, “ more than 47,000 Americans died as a result of an opioid overdose.” (“Opioid Overdose Crisis”). This story of my Uncle proves the severity of these highly addictive prescriptions, proving the opioid epidemic could genuinely impact anyone.

¹ “Prescription Opioid Overdose Death Maps.” *Centers for Disease Control and Prevention*, Centers for Disease Control and Prevention, 24 Mar. 2021,

In this essay, I will discuss the concept of physician responsibility within the opioid epidemic. I will first provide the history behind the opioid crisis itself. Meaning, I will focus on why the opioid epidemic has gotten so bad, more specifically in the United States. Then, I will consider what components are essential when discussing responsibility and why doctors are at the highest blame for the crisis. Throughout this argumentative paper, I will thoroughly explore and consider the other contributing factors, including patient responsibility, the FDA, and pharmacists. However, I will refute these arguments by showing statistical data as to why these are not substantial claims. This essay will primarily use claims that are heavily backed up with statistics. There is no appeal to one's emotions or sympathy on either side of this argument. Instead, I will focus heavily on the statistical data at hand. This essay will conclude by explaining the potential outcomes if prescription regulation is controlled more efficiently. This paper will provide not only possible outcomes but also potential preventive measures that can be taken in order to combat the opioid epidemic. By examining the preventative measures, I will prove how crucial the role of physicians is within the epidemic.

To understand where responsibility falls within the opioid crisis, one must first trace back to the roots of where the problem first began. "The groundwork for the crisis was laid in the 1980s when pain increasingly became recognized as a problem that required adequate treatment" ("Tracing the US Opioid.."). Before this point, almost all health care providers were reluctant to prescribe such strong medications. These medications were considered dangerous and were generally not sought out by the public². However, by the 1980s, people began to justify powerful and addictive opioids as a method to treat pain. This situation worsened when pharmaceutical companies gave their personal input. They "reassured the medical community that patients would

² Ayoo, Kennedy, et al. *Review Articles the Opioid Crisis in North America: Facts ...* 19 Mar. 2020,

not become addicted to opioid pain relievers." ("What is the Opioid.."). This statement spoke volumes to doctors and patients; it was the reassurance they needed to start normalizing the use of opioids. After this announcement, the opioid epidemic began to grow exponentially. Before this, the opioid epidemic did not have a name, which means that the problem was so minuscule that it lacked importance and attention. Because of the exponential growth within the epidemic, to provide clarity, the Center for Disease Control has broken the opioid crisis into three different waves. The first wave, essentially the pivotal moment that ignited the epidemic, was created by the misuse of opioid prescriptions. The CDC states the "first wave began with increased prescribing of opioids." If history is examined, the first wave of the opioid epidemic was orchestrated by overprescribing medications.

Now that the foundation that demonstrates what has caused the crisis is established, one must understand how big of an issue is at hand; the depth of the epidemic. The number of deaths in the United States from just opioids has reached a level that calls for a public health emergency. In 2018 "approximately 68,500 Americans lost their lives due to opioid overdoses involving prescription pain relievers." (Ayoo, Mikhaeil). This number is substantially higher than in any other country in the world. In a case study done by Journal Watch, they examined eight different countries and evaluated their post-operation prescriptions. They found that the "eight countries show overwhelming differences in prescribing patterns" (Parsons). They found that 91 percent of the United States' discharged patients were sent home with opioid prescriptions, and only 5 percent of people in other countries were sent home with the same pain reliever prescriptions.

The British Medical Association has published several journals confirming how over-prescribing is a significant contributor to the crisis. They argue that "surgeons in particular, must change their behaviour" ("Overprescribing is a major.."). This argument is established on

the basis that doctors are not doing anything wrong by prescribing opioids. Rather, they should be more cautious about the quantity of medication going home with a patient³. When a patient has a minor procedure and is given 30-60 opioids, it can be predicted that this could cause misuse, which would quickly form a dependency. “They often prescribe “30 or 60 pills when 5 or 20 would have been adequate.” (Hirsch). Over-prescribing pain medication after surgeries is a widespread and prevalent mistake for doctors. The US National Library of Medicine (PMC) states that one out of every 16 patients prescribed opioids began to misuse them, forming a dependency.⁴ This furthers the argument that physicians are enabling the epidemic to continue. “More than 60% of the total drug overdose deaths in the US in 2015 involved an opioid, and at least half of these deaths were attributed to prescription opioids.” (“Opioid prescribing Guidelines..”). Meaning that theoretically, drug overdoses could be split in half if prescriptions were regulated more effectively. This highly informative data begs the question and furthers the argument that physicians' contribution towards the crisis is seemingly transparent, almost blatantly obvious.

It would be foolish to argue that doctors are not adequately educated. Doctors go through countless years of school for the sole purpose of helping patients. One should assume that a doctor would never try to form or fuel a patient's addiction. Because doctors do not intend to advance the epidemic, the following question remains unanswered: why are physicians overprescribing opioids so heavily? The AMA Journal of Ethics proposes that medical schools increase education about the epidemic. Stating that “ Medical schools have proven to be

³ Neuman, Mark D, et al. “Inappropriate Opioid Prescription after Surgery.” *Lancet (London, England)*, U.S. National Library of Medicine, 13 Apr. 2019, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6556783/>.

⁴ Overton, Heidi N, et al. “ Opioid-Prescribing Guidelines for Common Surgical Procedures: An Expert Panel Consensus.” *Journal of the American College of Surgeons*, U.S. National Library of Medicine, 14 Aug. 2018, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6353661/>.

ineffective in addressing the opioid epidemic. It is therefore imperative that measures be taken in order to properly equip future physicians to appropriately prescribe opioids.” (Pushkin, Singh). Doctors are taught so much about a patient's health, but, unfortunately, aftercare and prescriptions are often neglected. A case study by the Journal of Ethics, analyzed 55 different medical schools and determined what topics are learned about most. In terms of ethics, “19 key concepts were determined to be important,” and only six of these concepts were mastered by the doctors. Judiciously writing opioid prescriptions was not one of the mastered topics. This follows the ultimate argument that doctor regulation and education about opioids must continue.

It can be troubling to try and understand why doctors are prescribing these medications so heavily. A journal published by Harvard claims that opioid manufacturing companies can pay doctors to prescribe more prescriptions. The more prescriptions they dispense, the more money they make. The Harvard study states that “ in 2014 and 2015, opioid manufacturers paid hundreds of doctors sums in the six figures”. (“Harvard Medical School”). This fact is clearly a generalization of doctors but can clarify why some doctors might be behaving this way. This study also proves that some physicians might intentionally advance the epidemic because it selfishly benefits them.

In order to conclude the argument that doctors are heavily responsible for the opioid crisis, it is crucial first to understand what other components must be considered when analyzing the epidemic. The factors at hand are patients, pharmacists, and the FDA’s participation. The arguably most important factor is patients. Some would argue that patients ultimately have the choice of whether or not they will misuse the prescription given to them. However, these opioids alter the brain chemistry of the users. Once the brain self control diminishes and scientists have no way to predict which patients will be impacted the most.

Another possible counterargument to this claim is that if patients are never given these strong prescriptions, the addiction can never occur. Another valid argument to refute this claim is that doctors are much more aware of the effects of these medications. Not every single person who is going through intense pain is aware of how powerful and addictive opioids are. If patients are not given the proper education and dosage, it is unreasonable to blame them. In a case study done by Oxford Education, they analyzed patient knowledge about opioids over the course of a year. One conclusion they could quickly determine was the lack of education and misconceptions the public had regarding opioids. Oxford found that 19.5% of the people questioned, firmly believed that opioids were not addictive⁵. This fact can be troubling when brought into perspective. If 100 people were given the same highly addictive and dangerous opioid, it can be assumed that around 19 of them would be completely unaware and frankly oblivious to the danger of opioids. This validates the argument that it is unfair to blame patients considering 20% of patients lack considerable knowledge about the prescriptions themselves.

Another critical factor that must be considered when analyzing the opioid epidemic is pharmacists; pharmacists have a unique role within the epidemic. One could argue that their role in the crisis is even more relevant than doctors and patients. One reason for this is that pharmacists supervise all the transactions taking place. Not only this, but they are also consciously aware of the strength and addictiveness of these pills. Because pharmacists can oversee everything so clearly, it is easy to pinpoint blame. However, extreme measures have been implemented to ensure pharmaceutical companies operate correctly. Pharmacists are accountable for analyzing the patient's data - for instance, making sure they are not switching

⁵ Conrardy, Michael, et al. "Emergency Department Patient Perspectives on the Risk of Addiction to Prescription Opioids." *OUP Academic*, Oxford University Press, 13 Jan. 2016, <https://academic.oup.com/painmedicine/article/17/1/114/1752606>.

doctors too often. They also make a conscious effort to inspect how often the medications are being refilled. With these measures, it would be unfair to blame them. It should also be recognized that pharmacists do not prescribe medications themselves, instead oversee the transactions. Therefore, blaming them for something they have no active involvement in would be irrational. The National Library of Medicine proposes the idea that “Pharmacists can also prevent diversion of prescription drugs to the community by educating their customers about proper storage and disposal of their medications.” (Wilson). With proposals like this, it is unlikely that pharmacists are advancing the epidemic. The role of pharmacists can certainly be utilized to help monitor and prevent misuse of these opioids but they are not certainly not the source of the problem.

The last factor that must be refuted when discussing the opioid epidemic is the role of the Food and Drug Administration (FDA). Many would argue that their failure to regulate the drugs properly is igniting the epidemic. A possible argument could be that it is in their best financial interest to continue the overproduction of these drugs. The Journal of Ethics states that “Each time a branded opioid hits the market, the company, eager for return on its investment, is given an incentive and, in essence, a license to promote aggressive prescribing.” Although this factor is imperative, there is a simple refutation to this claim. In order to understand why the FDA is not intentionally using opioids to benefit economically, one should understand the measures they have taken to monitor the drugs and the statement they have put out about their personal involvement. The FDA has compiled a timeline “to provide chronological information about agency activities and significant events related to opioids” (Opioid Medications). They have also taken extensive measures to make sure they are not overproducing. For instance, they have taken action against markets supplying unapproved opioids, created a policy road map, and have

launched a significant innovation challenge⁶. These efforts prove to refute the claim that the FDA is using the opioid epidemic as a financial investment.

With modern technology advancing every day, there are now some solutions to help combat opioid addictions. However, this technology narrows in on people who are already consistent opioid users. One specific medication that has gained traction is implementing safe injection facilities (SIF). Although there is a debate whether or not this encourages rehabilitation, it is clear that these centers provide a safe and hygienic alternative⁷. Although it is clear that these facilities are excellent for current opioid users, the consistent argument remains that something must be done to combat and limit the number of people becoming dependent on these drugs. Meaning instead of working on damage control, one should seek to find the root of the problem and address it. The hope should be that there is no need for these centers. However, this can only be done if one takes action against the epidemic. It is still crucial that help is given to those in recovery, but prevention should be prominent.

There is not one defined strategy that will completely dismantle the opioid epidemic. However, if physicians are to take initiative in this situation, there is potential for a much better outcome. This hypothesis stems from the research that proves that physicians are advancing the crisis. With “an average of 38 people died each day from overdoses involving prescription opioids.” (“Prescription Opioid Overdose..”), It is evidently clear that if these prescriptions were not given so excessively, the data and statistics would begin to improve.

⁶ Woodcock, Janet. “FDA’s Budget: Advancing the Goal of Ending the Opioid Crisis.” *U.S. Food and Drug Administration*, FDA, <https://www.fda.gov/news-events/fda-voices/fdas-budget-advancing-goal-ending-opioid-crisis>.

⁷ Crawford, Cylas. “Safe Injection Facilities: A Path to Legitimacy .” *Law Journal Library: Volume 11, Issue 1*, 2017, <https://heinonline.org/HOL/Page?handle=hein.journals%2Faglr11&id=136&collection=journals&index=>.

It can be easy to forget that opioid addiction affects people from all segments of society. The epidemic is escalating, and without any change, everyone who receives an opioid prescription is a potential victim. In order to enact change, we must understand what factors are increasing and igniting the crisis. Physician responsibility is a huge factor that cannot be dismissed. One should not overlook that over 100 people die every single day from a drug-related overdose. Many of these deaths stem from doctor written prescriptions. While it is apparent that doctors are not the only element contributing to the crisis, they are arguably the first in line to counteract the epidemic by simply writing less prescriptions and for fewer pills. With the correct education and knowledge on the topic, change can be made, and lives can be saved.

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