

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 918
(I-16)

Introduced by: American Society of Clinical Oncology

Subject: Ensuring Cancer Patient Access to Pain Medication

Referred to: Reference Committee K
(Paul A. Friedrichs, MD, Chair)

- 1 Whereas, An alarming number of people are dying from opioid overdoses or suffering misuse
2 and abuse disorders; and
3
- 4 Whereas, The escalation of abuse, addiction, and diversion of opioids has led to an “opioid
5 epidemic”; and
6
- 7 Whereas, Congress, the Administration, multiple federal agencies, and state legislatures are
8 involved in efforts aimed at preventing and responding to opioid misuse and abuse; and
9
- 10 Whereas, Among cancer patients and cancer treatment survivors, it is widely acknowledged that
11 too much pain goes untreated and that opioids remain an essential part of many cancer and
12 cancer treatment associated pain treatment plans; and
13
- 14 Whereas, Barriers currently exist for cancer patients and survivors to access necessary pain
15 medications; and
16
- 17 Whereas, Cancer patients represent a special population given the nature of the disease, its
18 treatment, and potential life-long sequelae, and should be largely exempt from laws and
19 regulations that restrict access or limit doses; and
20
- 21 Whereas, In the care of patients with cancer, it is primarily one practice team, and in most
22 cases, one physician, who is longitudinally responsible for their care and prescribing; and
23
- 24 Whereas, There is broad agreement that opioid therapy is generally the first-line approach for
25 moderate to severe chronic pain associated with cancer and anti-cancer therapy; and
26
- 27 Whereas, Some elements of both state and federal tightening of controls could introduce further
28 barriers to appropriate treatment of pain related to cancer and its treatment, unintentionally
29 harming a vulnerable population; therefore be it

1 RESOLVED, That our American Medical Association policy, D-120.947, A More Uniform
2 Approach to Assessing and Treating Patients with Controlled Substances for Pain Relief, be
3 amended by addition as follows:
4

5 3. Our AMA will work diligently with the Centers for Disease Control and Prevention
6 and other regulatory agencies to provide increased leeway in the interpretation of the
7 new guidelines for appropriate prescription of opioid medications in long-term care
8 facilities and in the care of patients with cancer and cancer survivors, in much the
9 same way as is being done for hospice and palliative care. (Modify Current HOD
10 Policy)
11

12 RESOLVED, That our AMA advocate and support advocacy at the state and federal levels
13 against arbitrary prescription limits that restrict access to medically necessary treatment by
14 limiting the dose, amount or days of the first or subsequent prescription for patients with pain
15 related to a cancer or terminal diagnosis. (New HOD Policy)

Fiscal Note: Not yet determined

Received: 09/30/16

RELEVANT AMA POLICY

A More Uniform Approach to Assessing and Treating Patients for Controlled Substances for Pain Relief D-120.947

1. Our AMA will consult with relevant Federation partners and consider developing by consensus a set of best practices to help inform the appropriate clinical use of opioid analgesics, including risk assessment and monitoring for substance use disorders, in the management of persistent pain.
2. Our AMA will urge the Centers for Disease Control and Prevention to take the lead in promoting a standard approach to documenting and assessing unintentional poisonings and deaths involving prescription opioids, including obtaining more complete information on other contributing factors in such individuals, in order to develop the most appropriate solutions to prevent these incidents.
3. Our AMA will work diligently with the Centers for Disease Control and Prevention and other regulatory agencies to provide increased leeway in the interpretation of the new guidelines for appropriate prescription of opioid medications in long-term care facilities, in much the same way as is being done for hospice and palliative care.

BOT Rep. 3, I-13 Appended: Res. 522, A-16