Original Article

State Medical Board Members' Attitudes About the Legality of Chronic Prescribing to Patients With Noncancer Pain: The Influence of Knowledge and Beliefs About Pain Management, Addiction, and Opioid Prescribing

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Abstract

Context. In the United States, physicians' practice is regulated at the state level, with medical board members distinguishing legitimate medical practice from unprofessional conduct. For this process to be effective, regulators should have knowledge and beliefs that conform to current standards of practice and medical understanding. Past research has demonstrated that some board members continue to view the prolonged prescribing of opioid analgesics to treat noncancer pain as being unlawful or unacceptable medical practice, especially when the patient with pain has a history of substance abuse.

Objectives. This study was designed to determine whether relevant clinical or policy issues can adequately explain regulators' attitudes about the legality of opioid prescribing for patients with noncancer pain.

Methods. A total of 277 questionnaires were obtained from a national sample of medical board members. Using binomial logistic regression procedures, the predictive significance of 12 factors related to four variable domains was explored: 1) beliefs about opioid addiction and diversion, 2) beliefs and knowledge about federal and state policy, 3) clinical beliefs about opioid prescribing, and 4) demographic characteristics.

Results. Separate logistic regression models were computed to determine the extent that knowledge and beliefs contribute to attitudes about the legality of chronic opioid therapy for noncancer pain and for noncancer pain with a history of substance abuse. Three variables demonstrated statistical significance in both regression models: 1) characterizing addiction in terms of physiological

The study described in this article was supported by a grant from the Federation of State Medical Boards of the U.S., Inc.

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Accepted for publication: February 4, 2010.

0885-3924/$ - see front matter
doi:10.1016/j.jpainsymman.2010.02.011

phenomena, 2) believing regulatory policy is useful to improve pain relief, and 3) incorrectly believing that federal law limits the amount of Schedule II medication that can be prescribed at one time. When considering the legality of prescribing opioids for patients with noncancer pain, the following additional factors had a notable influence: viewing addiction as common when treating pain with opioids ($P = 0.030$), considering it very important for a board to have a regulatory policy about pain treatment ($P = 0.038$), doubting the legitimacy of more than one opioid prescription for a single patient ($P < 0.0001$), and being younger ($P = 0.038$). Alternatively, for patients with noncancer pain and a history of abuse, only one other factor was significant: reporting the adequacy of their training in pain management as "poor" ($P = 0.012$).

Conclusion. Study results showed that the parsimonious regression models used in this study reasonably explained such attitudes. Suggestions were offered for achieving more comprehensive insight about the factors that can shape regulators' attitudes about prescribing legality. J Pain Symptom Manage 2010;40:599–612.

Key Words

Legality of opioid prescribing, lawful and acceptable medical practice, attitudes of medical regulators, chronic noncancer pain, addiction, pain management

Introduction

Controversy remains in the health care community about the chronic use of opioid analgesics to treat patients with noncancer pain,[1,2] but such practice generally is considered acceptable for carefully selected patients and with continued monitoring of therapeutic outcomes and the manifestation of adverse events. In fact, recently drafted and vetted clinical practice guidelines recommend decisions to treat based on a benefit-to-harm evaluation.[3] In this way, the potential positive clinical effects of opioids are weighed against possible risks, which is an element of practice that should be considered necessary for every case and, as a result, is a critical aspect of responsible prescribing.[4] People experiencing chronic pain resulting from noncancer conditions can and do benefit from chronic opioid therapy, resulting in enhanced pain relief or improved physical functioning, or both. Even the presence of a history of substance abuse, or current addictive disease, is not necessarily a contraindication to prolonged opioid treatment, depending on the specific clinical situation and the knowledge and skills of the prescribing practitioner to address this important comorbidity or willingness or ability to provide an appropriate referral.

Numerous studies in the United States have investigated the characteristics of cases in which disciplinary action has been brought against a physician,[5–12] as well as a recent study examining physicians involved in criminal cases.[13] One of the most common violations, often resulting in more serious board actions (e.g., license revocation or nonrenewal),[6] involves inappropriate prescribing of controlled substances. Although board actions are public, including pleadings and findings of fact, the specific nature of prescribing practices that lead to sanctions typically are not known to the public. It is the very prevalence of controlled substances violations, regardless of any clear understanding of the details of such cases, that can influence a physician's willingness to consider opioids as a viable treatment option for chronic pain.[14–18] In addition, national media and professional attention surrounding the diversion and nonmedical use of opioids has tended to focus on practitioners as the primary source of the drugs, absent convincing evidence to support this conclusion.[19] The prominence of this U.S. public health issue can affect the perceptions of both clinicians and regulators about the extent to which opioids are being prescribed properly.