

April 14, 2011
House of Representatives Committee on Energy and Commerce
Subcommittee on Commerce, Manufacturing, and Trade
“Warning: The Growing Danger of Prescription Drug Diversion” Hearing
Oncology Nursing Society Testimony
Delivered by Patrick Coyne, MSN, APN, FAAN

Good morning Madam Chair and distinguished members of the Subcommittee. It is with great honor I testify today regarding pain management, specifically H.R.1316, and its potential implications on patients in need of pain relief, from diagnosis through survivorship.

My name is Patrick Coyne and I have been a clinical nurse specialist for over 25 years focusing on pain management and symptom control, typically in cancer patients. I am the Clinical Director of the Thomas Palliative Care Services within Massey Cancer Center at Virginia Commonwealth University in Richmond, Virginia. In my role, I care for individuals on a daily basis who are dealing with life limiting diseases and significant issues with pain. The patients I care for are from all walks of life, ages, living in both urban and rural areas throughout our Commonwealth. I also teach within the schools of nursing and medicine within our University and beyond.

Today, I represent the Oncology Nursing Society (ONS). ONS is the largest professional oncology group in the United States, composed of more than 35,000 nurses and other health professionals. We exist to promote excellence in oncology nursing and the provision of quality care to those individuals affected by cancer. As part of its mission, the Society honors and maintains nursing’s historical and essential commitment to advocacy for the public good.

ONS maintains a long-standing commitment to ensuring that all people with cancer related pain have access to the quality pain and symptom management care, services, and therapies they need and deserve.

We represent the range of nurses involved in the delivery of cancer care, including registered nurses and advanced practice nurses. RNs administer pain medication and seek changes, as needed. Advanced practice nurses, such as nurse practitioners, prescribe and administer pain medication. In addition, our members work with patients and their caregivers to educate them about their treatments and therapies, side effects, and how to manage their symptoms and side effects, including nausea, pain, fatigue, etc.

We support patients and their caregivers throughout the cancer care continuum – from diagnosis through survivorship or end-of-life. As part of patient support and treatment education, our members assist patients and their family in the safe and effective management of pain.

Specifically, our organization believes that all people with legitimate need must be assured access to the pain medication and therapies that they and their health care providers deem most appropriate.

We recognize and appreciate that with the potential for abuse, our nation must maintain appropriate, yet reasonable, practices and regulations to ensure that these drugs do not fall into the wrong hands and are not abused.

ONS has a long-standing position that regulatory, legislative, economic, and other barriers to effective cancer pain management must be eliminated, but ONS also advocates steps must be taken to ensure that prescription pain medications, particularly opioids, do not fall into the wrong hands. It is this delicate balance that must be struck for patients, families, and society.

It would be naïve not to recognize that the problem of opioid diversion is a severe one, and can destroy families and communities. More must be done to treat this significant issue. However, what about those who live daily with intractable, unrelenting pain?

Daily, I encounter patients who will not see their next birthday and often travel hours to see someone within our institution for appropriate analgesics because their local health care provider is uncomfortable with prescribing the medications the patient needs or is fearful that their license may be revoked for using too much opioid pain medicine. This population of patients is frail, dealing with countless issues, which I hope never to have to, and often has no voice. I hope to be their voice and ensure their comfort. I also wish to support their privacy so that nobody needs to know about their illness, unless they choose to release this information.

The challenges within pain management are many. Individuals respond differently to different medications, including oxycodone. Many clinicians have received inadequate training in prescribing analgesics, assessing pain, other treatment options, and have false concerns regarding the role of analgesics. Certain areas in this country have limited resources for managing pain as well.

We now know that adequate pain management, as demonstrated in several studies, can increase both survival and quality of life for patients with life limiting diseases. Caregivers often suffer depression and financial impact when pain is poorly controlled. Pain is a serious and costly public health issue, unmanaged pain is a tragedy. What really seems to be the tragedy is that this patient population may suffer because of those conducting illegal activities.

Pain management is challenging in any population, cancer patients fear pain as do their families. But what of the cancer survivors who suffer in pain daily, but are disease free? Consider those individuals suffering from the pain of poor cardiac output, sickle cell disease, or burn injuries as examples of just a few populations of patients who would be at risk for suffering with increased pain without the availability of oxycodone (including its long-acting form, oxycontin). Addiction and misuse of analgesics is exceedingly rare

in those patients in pain yet they may carry the burden and suffer the decisions made within the Committee.

All discussions about the issue of opioid pain medications need a balanced exploration of the risks, but also the benefits, of these medications when used appropriately. Limiting a pain medication, any pain medication, might take a very safe option away from countless patients living with moderate or severe pain. Education of prescribers is clearly needed to better assess pain and implement appropriate treatment options, but limiting options may ruin many individuals' lives. I have treated many patients with oxycodone/oxycotin, including cancer patients, who have not tolerated, or did not get adequate pain relief from, other opioid or non-opioid pain medications. Patients and their families need better education and support regarding the safe and appropriate use of, storage and disposal of medications. The needs of countless patients suffering in pain need to be part of this discussion.

Thank you for your time and commitment regarding this exceedingly important subject. I've devoted my life to pain management and I fear that many patients I care for will suffer greatly if pain management options are taken away. I welcome your thoughts and questions, and again thank you for your time.