HEALING ARTS

Materia Medica

Pain Medication & Regulation: It *Is* Personal

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It takes a second to process what the secretary at the Internal Medicine desk just did, in part because her eyes are downcast and she's speaking a little more softly than usual. Then you focus on the piece of paper she just gave you: it's not the prescription you came in to pick up; it's a lab slip.

Of course.

She's sorry.

Of course.

She can't release the pain med script until you "go downstairs."

And pee in a bottle.

And the fact that you have complied shows up on her computer screen.

The woman at the lab desk is a little more flat and *pro forma*, but stops you as you head into the bathroom. "Can't bring that in with you," she says, pointing her chin at your bag.

She doesn't seem all that sorry, just a little bored and low-level irritated.

At least she isn't patting you down—making sure you don't smuggle in a "clean" sample in a vial or balloon tucked discretely into your underwear.

And—at least for you—they aren't requiring "observed urination."

Yet.

But the annual, mandatory, "Pain Management Agreement" is a living document, ever-growing, morphing, and contorting—forcing you to constantly stretch and adjust, as well.

And, of course, a "clean" sample wouldn't really be a good thing anyway.

On the "compliance" side, they want to see that you're only peeing metabolites for the drugs you've been prescribed—no freelancing and no doctor shopping.

Peeing clean?

That's potentially criminal.

You're not taking your pills?

Who is? Are you selling them?

Trying to cut back? Not acceptable: Sounds like pill hoarding!

The agreement is, potentially, a One-Strike-and-You're-Out contract: a lifetime ban on the prescription of pain medication by any practitioner in the entire managed care network that dominates your region.

You fork over the bag, duck into the bathroom, urinate—as ordered.

On emerging, you hand over the warm plastic bottle, reclaim your property, head back upstairs to pick up your prescription. At the pharmacy they need to see ID, both when you drop the prescription off and—after ten minutes of sitting in view of the cash register—when you pick it up.

The young woman who rings you up is. . . sorry.
Nothing personal; just rules.

At any rate, this is a better result than what can happen either when you're traveling, and "come up short," or when your physician is on vacation. "We're not comfortable," is the term of art with which the covering physician often begins, "renewing this for you at this time; not quite sure about the dosage or the frequency."

So that refusal isn't. . . *personal*.

It's plural—after all—an institutional response!
Start there.

And it's not really a "refusal" either, it's just—"we're sure you understand"—a matter of respecting the comfort level of the medical professional. . . who is refusing to address your

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pain in accordance with the treatment plan laid out and amply documented by your primary care provider.

You consider using the analogy of insulin: If a covering physician refused to renew an insulin prescription—uncomfortable regarding dosage and frequency—simply suggested the patient “come back next week,” would that not be construed as medical malpractice?

But arguing is bad; it makes things. . . personal.

Yelling—most especially, but really any kind of demonstrated intensity—would be a very bad idea at this point: it’s suggestive of “drug-seeking behavior,” and that’s a phrase you really don’t want jotted down, in indelible ink, in your “permanent record.”

Of course if you *don’t* argue, well, that’s a pretty clear indicator that your pain can’t be all that serious after all. And if you know, with *too* high a degree of precision and specificity, what does and does not work for you, as a matter of medication or

dosage. . . that’s a little disturbing—and suspicious.

Insulin! you want to scream.

Would you accuse—yes, that’s really the right word; this *is* personal—a diabetic of “knowing too much about” what would or would not effectively control their blood sugar?

Isn’t that what a “responsible, educated, and involved” patient is *supposed* to do?

But—of course!—I understand. There’s an opioid crisis; precautions need to be taken. I’m sorry if I made you feel that this was *personal*.

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