

The Board for Professional Medical Conduct

The New York State Board for Professional Medical Conduct consists of physicians and non-physicians and is responsible for investigating and adjudicating complaints against physicians, physician assistants, medical residents and specialist assistants. For more information about the Board or the Office of Professional Medical Conduct, please contact us at:

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State of New York
Eliot Spitzer, Governor

Department of Health
Richard F. Daines, M.D., Commissioner

New York's Medical Conduct Program

Pain Management

A Guide for Physicians

Introduction

The New York State Board for Professional Medical Conduct (Board) recognizes that principles of quality medical practice dictate that the people of the State of New York have access to appropriate and effective pain relief. Inadequate pain control may result from physician¹ lack of knowledge about pain management, inadequate understanding of addiction, or fear of investigation or action by the Board or other federal, state or local regulatory agencies. This publication therefore has been developed to clarify the Board's position on pain control, to encourage better pain management and to dispel physician fears of unwarranted legal consequences.

The appropriate application of up-to-date knowledge and treatment modalities can serve to improve the quality of life for those patients who suffer from pain, as well as reduce the morbidity and costs associated with untreated or inappropriately treated pain. The complexity of pain management often requires intradisciplinary consultation.

The Board encourages and expects physicians to view effective pain management as a part of quality medical practice for all patients with pain, acute or chronic, including pain as a result of terminal illness.

All physicians should become knowledgeable about effective methods of pain evaluation and treatment, as well as statutory requirements for prescribing controlled substances.

¹ For the purposes of this document, the term physicians shall refer to physicians, medical residents, physician assistants and specialist assistants.

Controlled Substances

The Board recognizes that controlled substances, including opioid analgesics, are often essential in the treatment of acute and chronic pain (both malignant and non-malignant). If the treatments are based on accepted medical practices and sound clinical grounds, the Board considers prescribing, administering or dispensing controlled substances for pain to be legitimate. The Board also recognizes that tolerance and physical dependency may be pharmacological effects of sustained use of opioid analgesics and are not synonymous with addiction.

Pursuant to the laws of the State of New York, the Board is bound to protect the public health and safety. Inappropriate prescribing of controlled substances may lead to drug diversion and abuse by individuals who seek drugs for other than legitimate medical use. Therefore, physicians should be aware that the Board will not tolerate the diversion of drugs for illegitimate purposes.

Points of Information

- An adequate assessment of the patient and the pain should be performed and documented.
- Pain should be considered a fifth vital sign that is viewed as a fundamental assessment of well-being, and which is regularly monitored.
- Communication is essential. Many patients, for various reasons, are unable to describe adequately their pain. Physicians should initiate conversations to identify pain and qualify/quantify it and its impact on the patient's life.
- Treatment should be based on the diagnosis, type of pain, intensity and duration of pain, prior therapies, and the impact on quality of life.
- Ongoing evaluation of pain, patient compliance, and treatment efficacy should be performed and documented.
- The definition of **addict** under the Controlled Substance Law excludes patients using controlled substances for legitimate medical purposes. The term **addiction** refers to compulsive use of controlled substances for non-legitimate purposes and is associated with loss of control and use despite harm. Many patients are reluctant to seek pain relief because of the fear of addiction. Clarification from their physicians is essential.
- Certain patients with pain, such as those with history of substance abuse or comorbid psychiatric disorder, may require extra attention, monitoring, documentation and consultation.
- The Board evaluates **inappropriate** versus **appropriate** prescribing, not the quantity of drugs prescribed. The Bureau of Narcotic Enforcement has reviewed and concurs with these guidelines.