

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution
(A – 17)

Introduced by: American Academy of Pain Medicine
Subject: Future of Pain Care

Whereas: The National Pain Strategy, released by the Interagency Pain Research Coordinating Committee in March 2016, clearly documents the tremendous burden that pain – particularly chronic pain – places on the American public; and

Whereas: The Institute of Medicine released a report, "Relieving Pain in America..." in 2011 highlighting the public burden of approximately 100 million Americans who suffer with chronic pain; and

Whereas: There is an imbalance regarding the attention paid by governmental and regulatory agencies toward the appropriate treatment of chronic pain versus the risks of opioid addiction; and

Whereas: There is ample evidence-based research showing the success of Multidisciplinary Pain Management programs in treating chronic pain; and

Whereas: Multidisciplinary and Integrative Pain Care typically do not rely heavily on opioids; and

Whereas: The new concept of the Anesthesiology Perioperative Surgical Home has demonstrated excellent reduction in the burden of post-operative pain and thus results in less chronic pain and less need for opioids; and

Whereas: Many mental health techniques for the treatment of pain, such as Cognitive Behavioral Training, Meditation, Relaxation techniques, Biofeedback, Self-Hypnosis among others, have been shown to be successful in decreasing pain symptoms and reducing the need for opioids; and

Whereas: While the CDC drafted the *Guideline for Prescribing Opioids for Chronic Pain* to address the dramatic rise in opioid-related deaths, the document has, in some cases, had the unintended consequence of encouraging under-treatment, marginalization and stigmatization of the many patients with chronic pain; and

Whereas: The AMA Task Force to Reduce Opioid Abuse was created to reduce the inappropriate prescribing of opioids and address the growing crisis of heroin overdose and death but does not address all of the alternatives to using opioids in clinical practice; and

Whereas: A gap exists in educating physicians about alternative treatment options (alternative medications for treating pain, alternative treatment modalities and the importance of behavioral health support, Physical Therapy, etc., along with proper prescribing of opioids); and

Whereas: This gap can be reduced by a concerted effort on the part of organized medicine; now therefore be it

Resolved: That our AMA convene a task force from organized medicine to discuss medicine's response to the public health crisis of undertreated and mistreated pain; and be it further

Resolved: That this task force explore and make recommendations for augmenting medical education designed to educate healthcare providers on how to help patients suffering from pain with evidence-based treatment options; and be it further

Resolved: That this task force discuss strategies that may prevent or mitigate acute pain, educate physicians about these strategies, and suggest research to study if these strategies prevent the development of chronic pain; and be it further

Resolved: That this task force involve many primary care, medical and surgical specialties that are involved in providing pain care.

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