

The "State" of Pain In Michigan  
2007:  
**...five years of the MAPS program**

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St. John Health

MI Commission on End of Life Care

# Dying in America:

- Most Americans die in hospital
- Half of those that die in hospitals endure significant pain at least half of the time
- 40% spend ten days or more of their last hospitalization while dying on a ventilator

# Predictions of Dying in America:

- By 2030:
- 20% US population older than 65 years
- 4.1 million US deaths per year
- This year alone, more military veterans will die than were lost in World War II, and they currently account for 1 in 4 of the nation's deaths.

# Chronic Pain in America:

- One in 10 Americans have chronic pain that lasts for at least a year
  - 6 in 10 for those older than 65
- Pain accounts for 20% doctor visits
- Pain accounts for 10% of all prescriptions written
- Less than 1/3 report relief from physicians or medication prescribed
- Half of sensitivity to pain determined by genetic makeup

# The State of Pain: Michigan

- 1.2 million Michigan citizens suffer daily from chronic pain or pain associated with advanced illness.
- to a degree that pain interferes with their ability to function and live fully (VAS>5)
- less than 1/3 report pain relieved after encounter with MI healthcare professional

Anstett P, EPIC/MRA poll Oct 13 1997

# Pain in Michigan:

- **700** respondents Traverse City **1999**
  - 99% wanted freedom from pain at EOL
  - 51% feel physician will not treat pain
  - 56% feel it is easy to become addicted
  - 41% feel it is easier to put up with pain than deal with side effects of pain meds
  - 61% feel it is important to take least amount of med to save more for later

# Pain in Healthcare Michigan:

- **Detroit Medical Center 1996**
  - average amount of worst pain for patients in last 24 hours was 7.2 (on 0-10 scale)
- **Michigan Hospice and Palliative Care Organization survey 2000**
  - hospice directors estimate that more than one third of hospice patients admitted with severe or uncontrolled pain

# Nursing Home Residents with Severe Pain: Michigan

- Teno and associates Brown University
- 1999 data (2001 published)
- 50,321 persons in MI nursing homes
- interviews 7d and >60d
- 22,732 noted to have experienced pain
  - 45.2% of total residents
- 2,107 (9.2%) had excruciating pain (7d)

# Persistent pain in nursing home: MI 1999

- 50,321 residents
- 22,782 in pain at first assessment
- 12,806 pain at 1st assessment and present in nursing home @ >60d
- 5,016 (39.2%) had worsening pain or severe pain at >60d (US ave: 41.4%)
  - patients with cancer : 44.8% (US: 46.7%)
  - terminally ill: 40.6% worsening or severe pain (US ave: 44.3%)

# State of Pain: Michigan

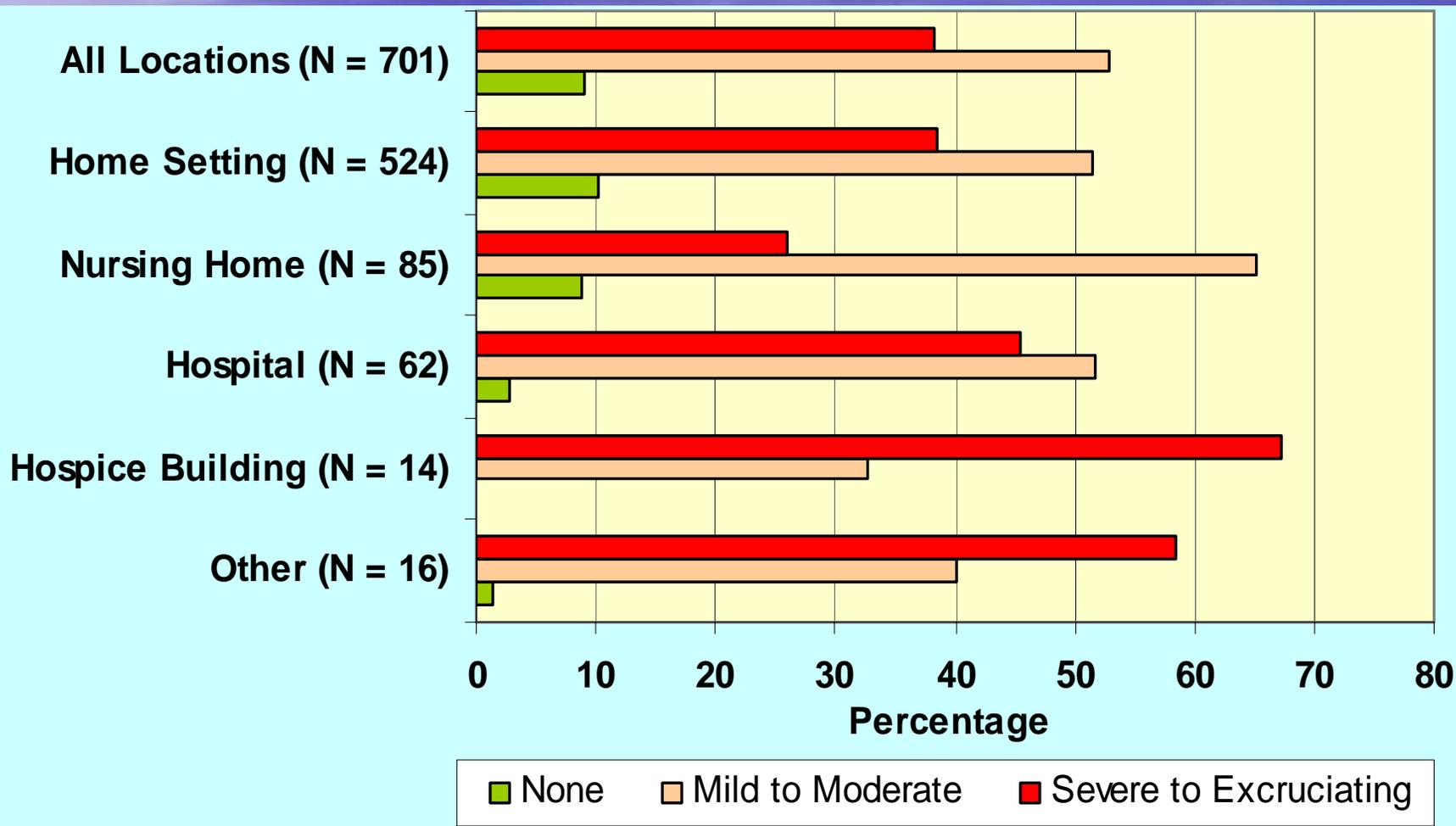
- ~90,000 MI citizens die annually
- Most families and caretakers report significant pain in the last week of life
- In 2001, only half MI physicians (53% or 16,952 MDs and 54% or 3,355 DOs) maintained MOPP privileges to prescribe Schedule II medications (opioids) = 20,307
- In 2001 38,163 MD and DO practiced in MI
- 2007: 34,412 MD 7,152 DO 7,855 DDS or 49,419 licensed prescribers.

# State of the State: January 2001

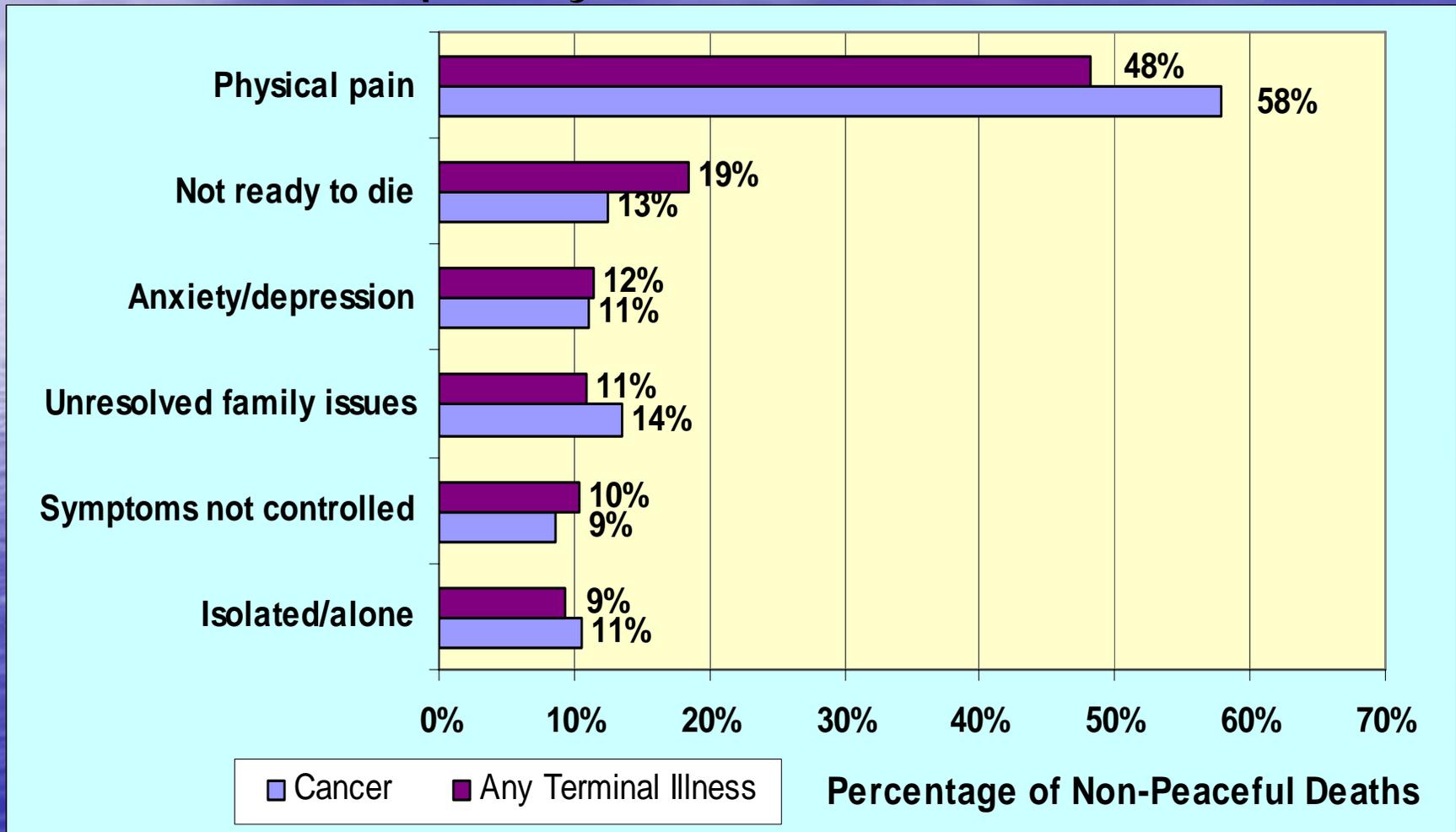
"...Today, modern medicine can relieve even the most severe physical pain. Tonight, I propose that we increase access to effective pain management throughout Michigan. I will work with this legislature to remove barriers to pain relief so that the end of life can be dignified and the physical and emotional suffering can be eased..."

Governor John Engler

# Distribution of Decedents, *Any Terminal Illness*, by Site & Avg Pain Level for Final 3 Months, MI 2004 BRFS



# Caregivers' Top Reasons Why 48% of Deaths Were Not Completely Peaceful, MI 2004 BRFs





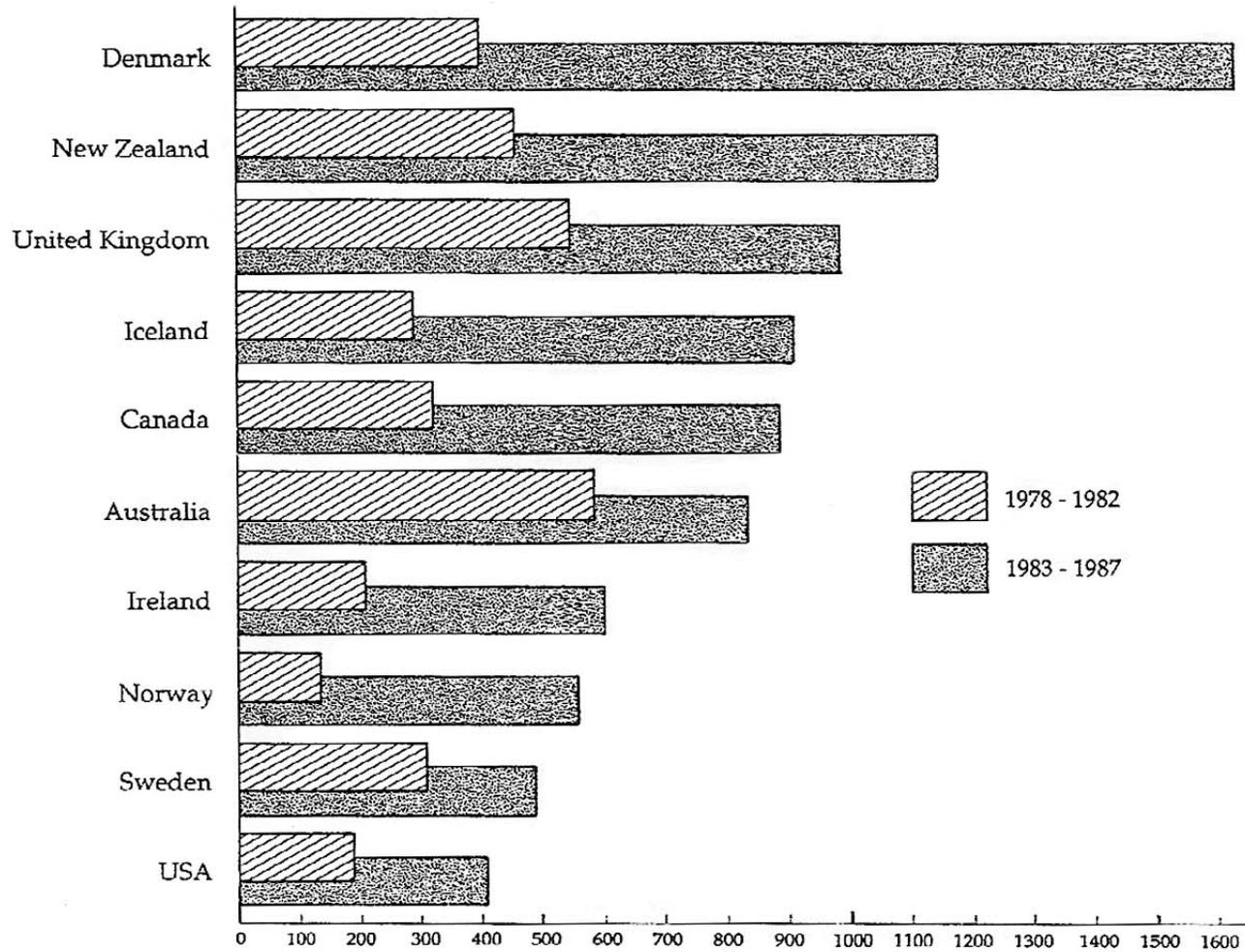
# Excerpts from JCAHO Standards:

- Patients have the **right** to appropriate assessment and treatment of pain.
- Pain is assessed in **all** patients.
- Policies and procedures support **safe** medication prescribing and ordering.
- Patients are **educated** about pain and managing pain as part of treatment.
- The healthcare organization addresses care at the **end of life**.
- The organization collects **data** to monitor its performance.
  - [www.jcaho.org](http://www.jcaho.org)

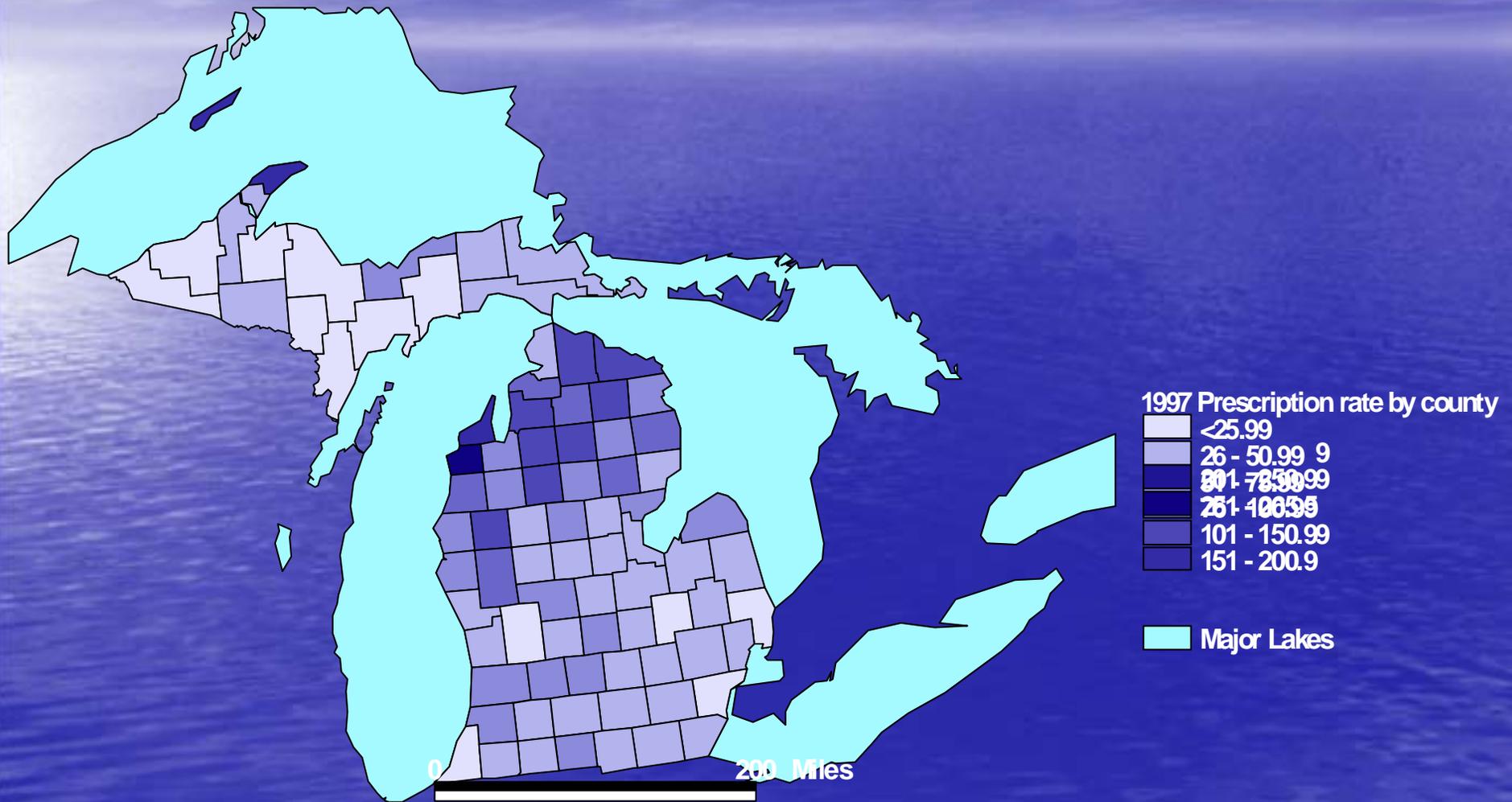
# *Papaver Somniferum*



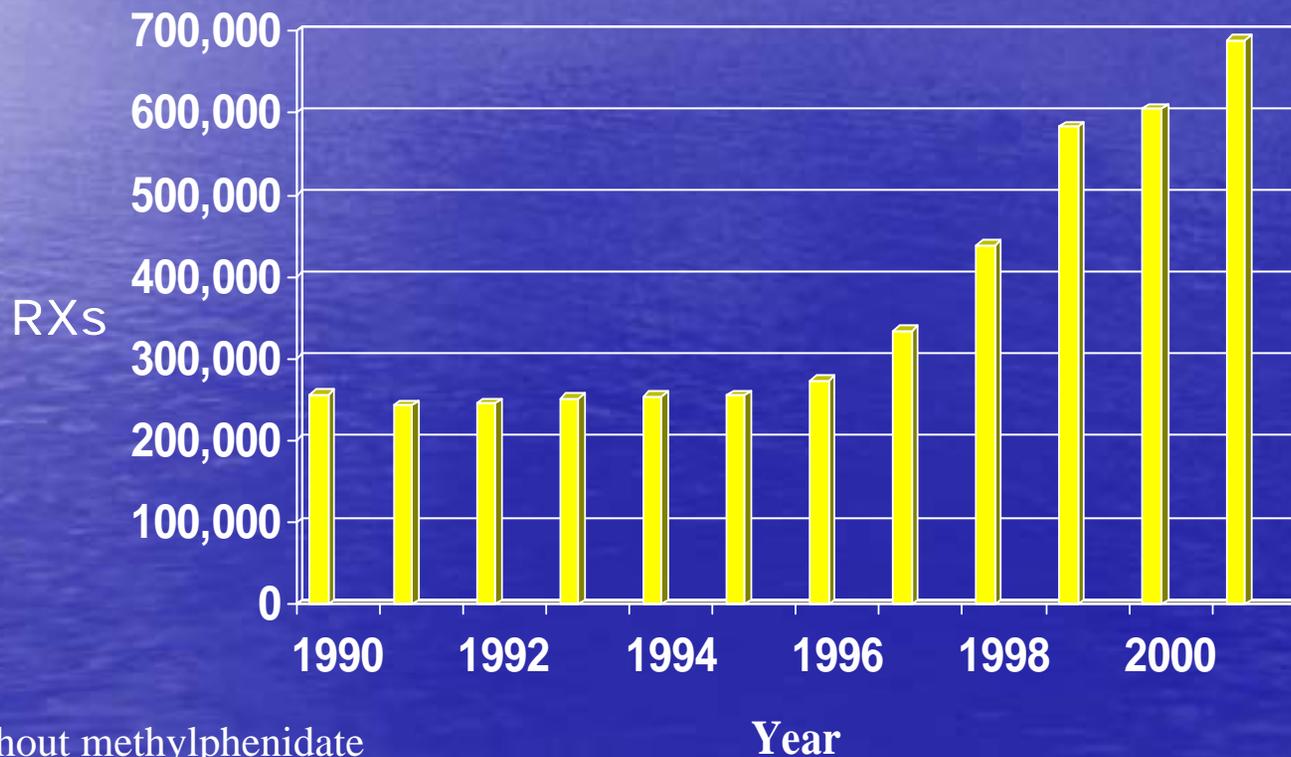
Morphine consumption in the 20 countries with highest use  
(number of daily defined doses<sup>a</sup> per million inhabitants per day)  
In the top 10 countries



# Prescriptions per 1,000 People by County, 1997 (according to patient's zip code)

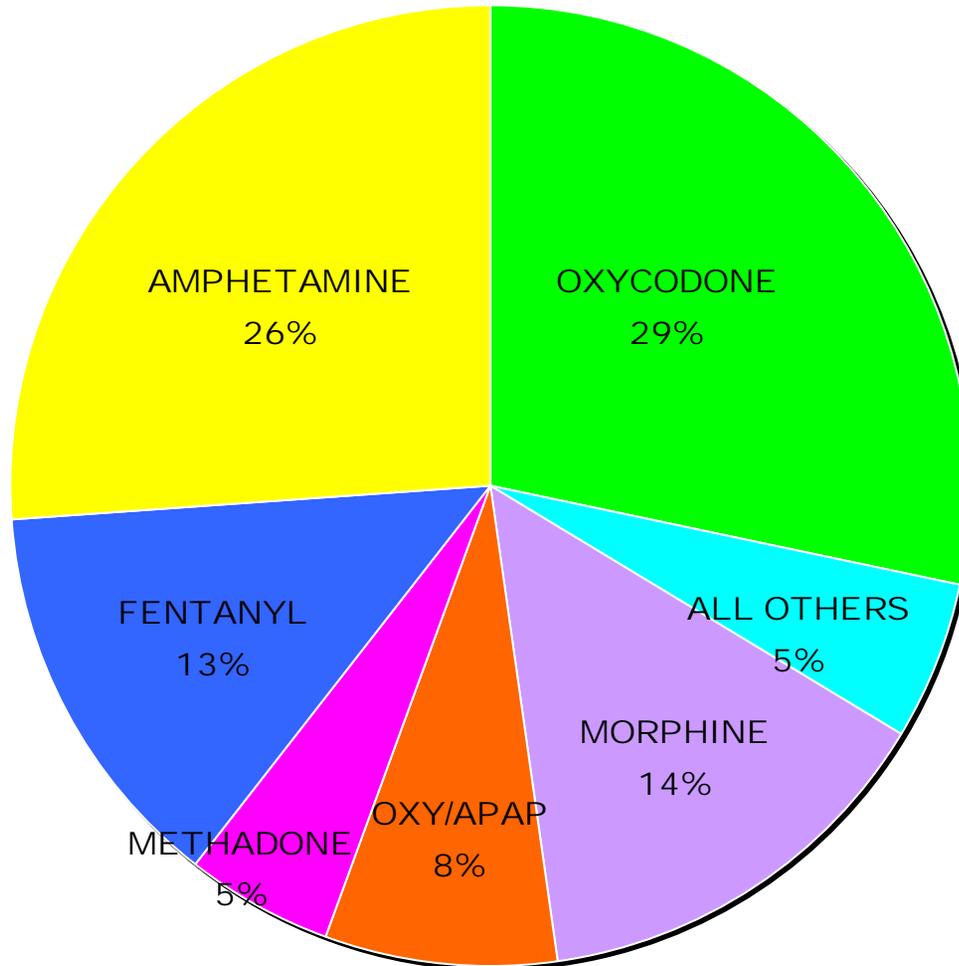


# Michigan Official Prescription Program Totals\*



\*without methylphenidate

# Michigan Schedule II: 2001



MOPP DATA

# ARCOS: 2005

## Michigan in the US Rank Order

- Codeine #3 (D.C. #1 Nevada #2)
  - 11,970 grams/100K pop MI
  - 2x national average (6,826 gms/100K)
- Oxycodone #46
- Hydromorphone #30
- Hydrocodone #18
- Meperidine #45
- Methadone #25
- Morphine #25
- Fentanyl #12
- 50 states, Wash DC, Puerto Rico, Guam, Virgin Is, American Samoa reporting

# Controlled Substance Act & MI Public Health Code:

- Require a **balanced** approach to controlled substances
- **availability and use** of safe and effective medications for legitimate medical purposes including pain management
- ability to **detect and control diversion** of prescription drugs for illegal use



# Drug Abuse Warning Network

## **DAWN:**

- best data on health effects of illicit drugs and diverted medications
- patients 6 yr and older acute care non-federal general hospitals with 24 hr emergency departments
- medical record review, all patient visits related to problems with drug use
- includes adverse effects of appropriately prescribed medications

# Drug Abuse

## DAWN definition:

- non-medical use of a substance for psychotropic effect, dependency, suicide attempt, or gesture
- can involve use of :
  - illicit drugs
  - prescription drugs used in a manner inconsistent with accepted medical practice
  - over the counter drugs used in manner contrary to approved labeling

# DAWN: Drug Mentions

## 2000

Rank		# of Mentions	% of Total Mentions
• # 1	Alcohol	204,524	34.0%
• # 2	Cocaine	174,896	29.1%
• # 3	Heroin / <b>morphine</b>	97,287	16.2%
• # 4	Marijuana / hashish	96,446	16.0%
• # 8	<b>Hydrocodone</b>	19,221	3.2%
• # 15	<b>Oxycodone</b>	10,825	1.8%
• # 31	Tylenol / codeine	3,846	0.6%

Source: DAWN Data full year 2000, Table 2.06A

# State of Opioid Abuse: Michigan

- 3000 MI citizens meet DSM-IV criteria of opioid abuse
- 50,000 MI report use of opioids each month for non-medical reasons
- ? true nature of lawlessness associated with misuse and diversion of opioids in MI
- DAWN data reports medical consequences of opioid and other drug use
  - "Drug Abuse Trends in MI" December, 2001

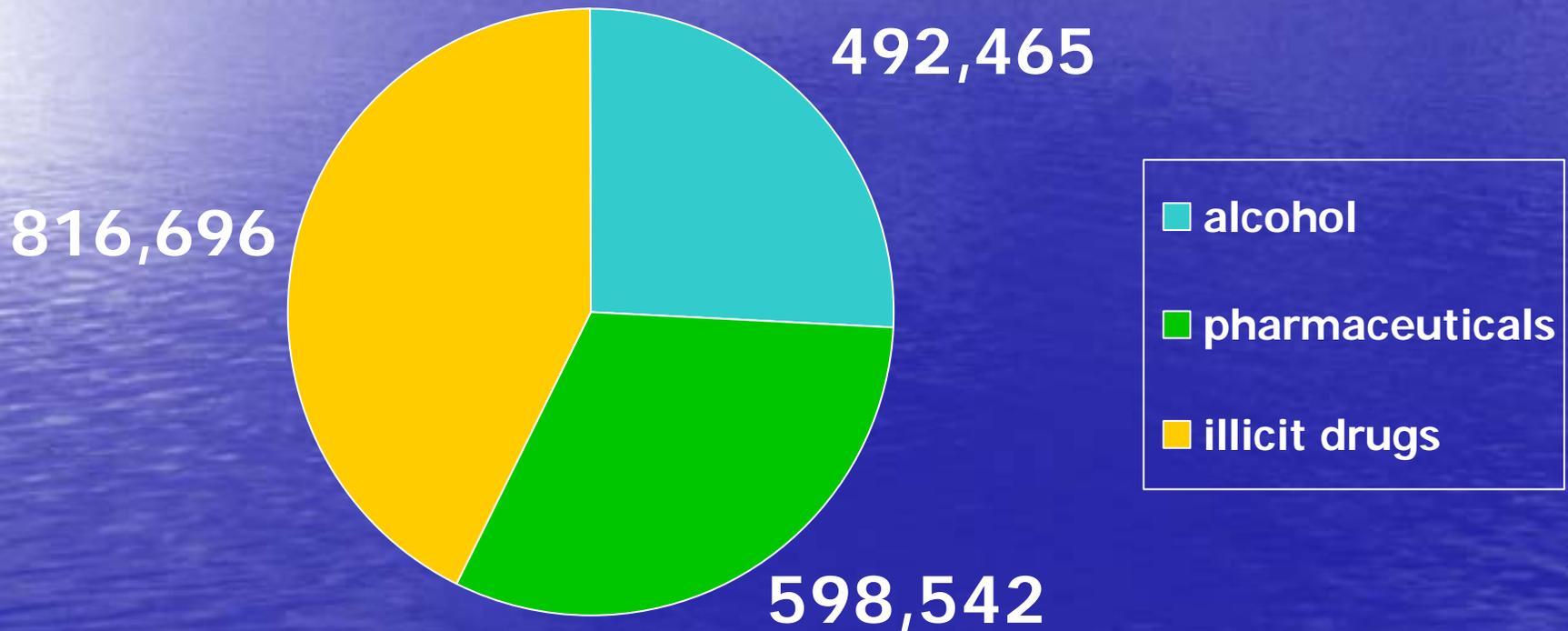
# Drug Abuse Trends in Detroit and MI 2004:

- Indicators for opioids other than heroin remain lower than those for cocaine and heroin.
- Codeine has long been the most widely abused opioid, indicators in 2004 stable.
- Indicators reflect increases in hydrocodone combinations (Vicodin, Lortab, or Lorcet)
- Stabilization of the use of oxycodone

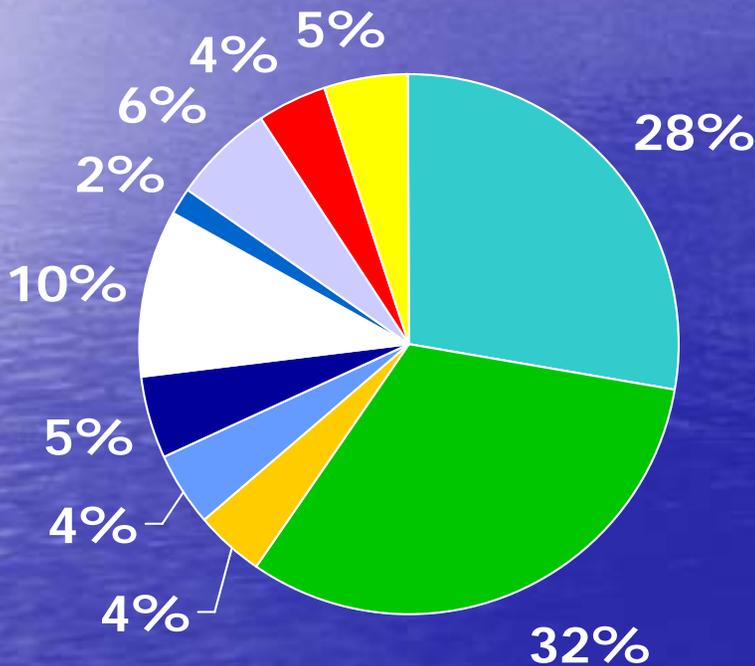
# US ED DAWN 2005 mentions:

108,000,000 ED visits

2,231,934 mentions

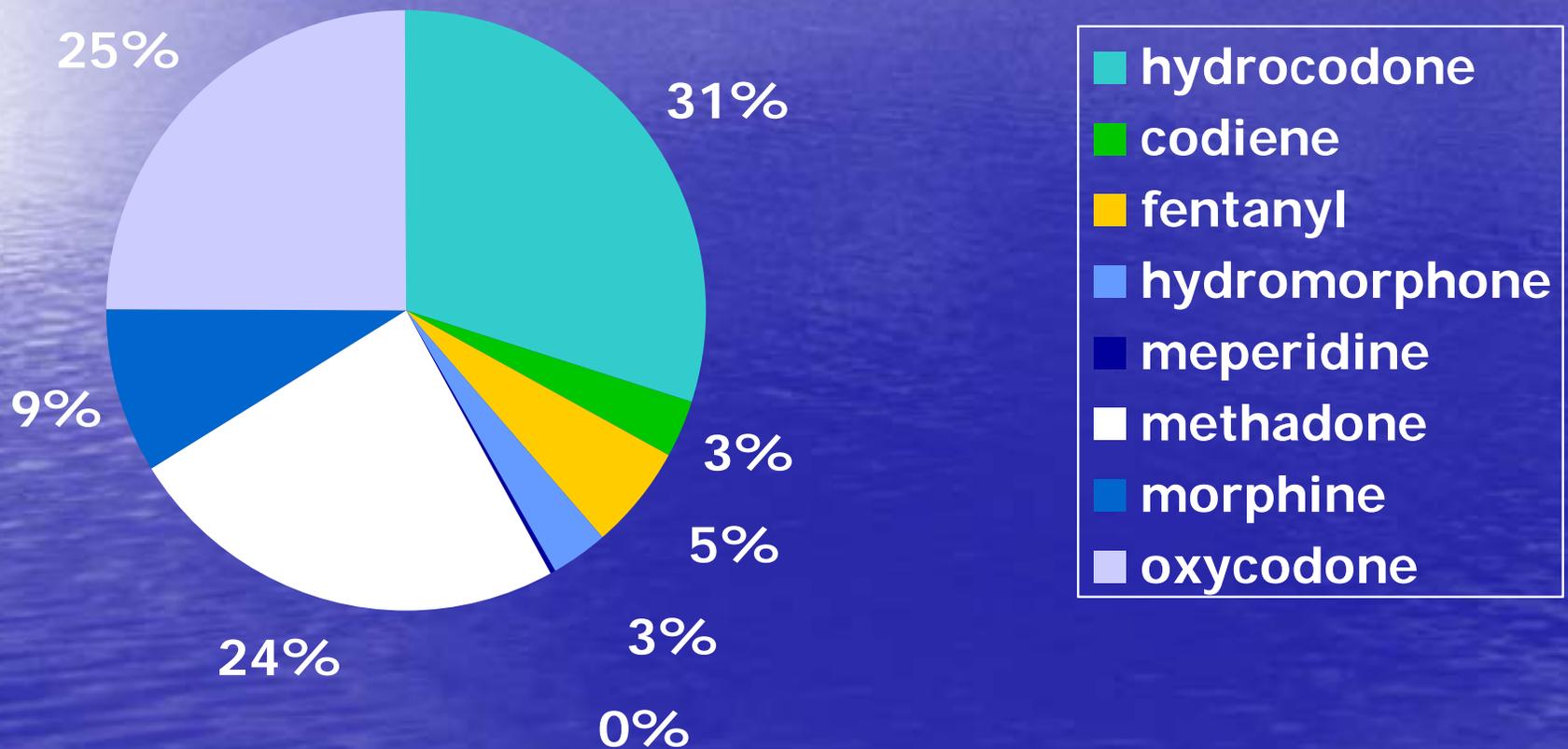


# DAWN Non-medical use of pharmaceuticals: 2005 US



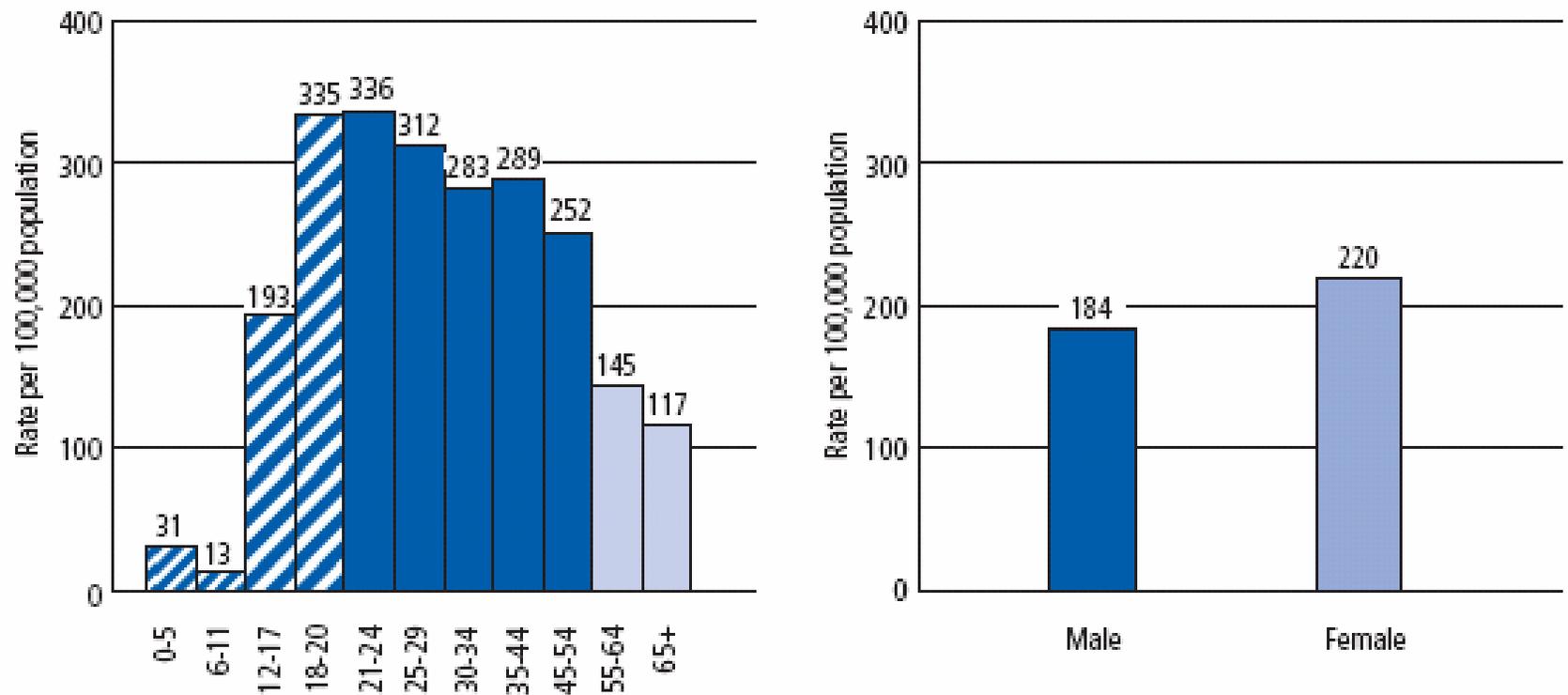
# Opioid DAWN mentions

US EDs: 2005



**Figure 5**

**Nonmedical use of pharmaceuticals, ED visit rates by age and gender: 2005**

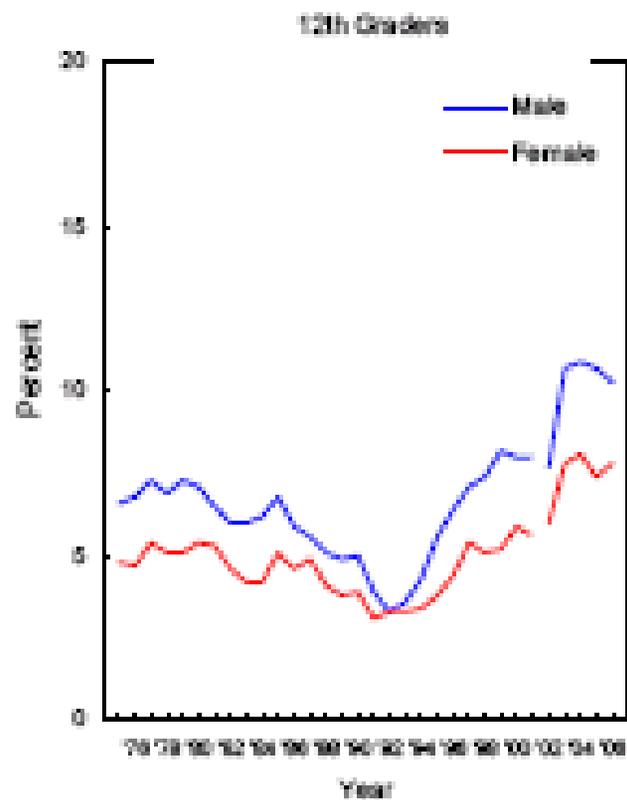


SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 2005 (04/2006 update).

# Detroit DAWN mentions: 2004

- ED mentions of hydrocodone/combo increased 407% from 129 in 1995 (first reporting) to 654 in 2002.

## Other Narcotics:<sup>14</sup> Trends In Annual Prevalence by Gender



# Street Value of Drugs

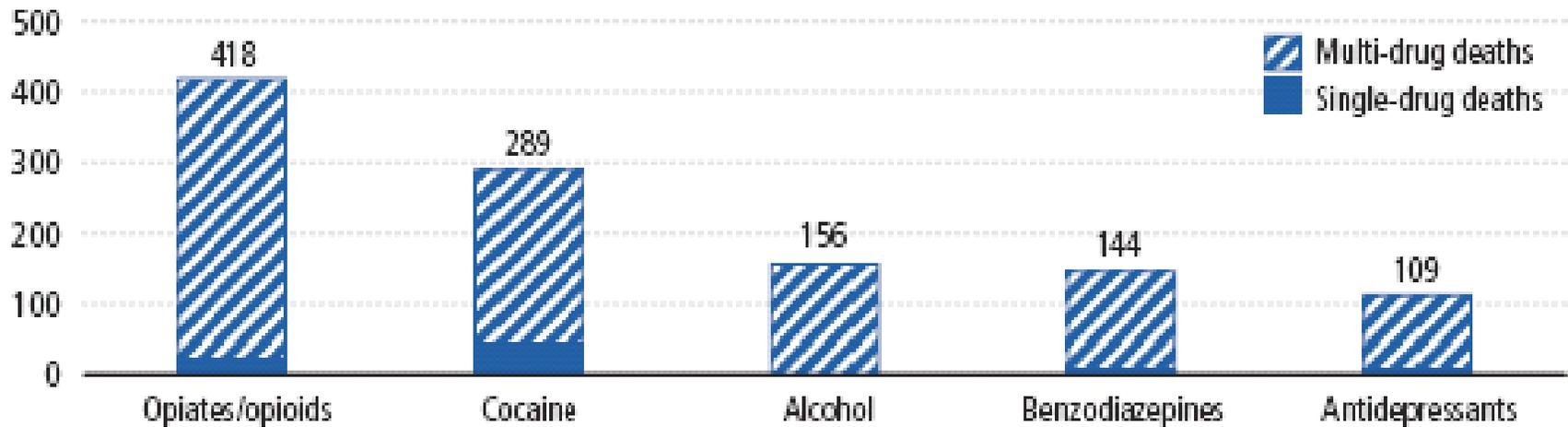
- ◆ Darvocet<sup>®</sup> 100 mg: \$0.50
- ◆ Tylenol<sup>®</sup> #3: \$2-3
- ◆ Vicodin<sup>®</sup>: \$6-8
- ◆ Percocet<sup>®</sup>: \$6-8
- ◆ Demerol<sup>®</sup> 100 mg: \$10
- ◆ Morphine 30 mg: \$15
- ◆ Dilaudid<sup>®</sup> 4 mg: \$48
- ◆ OxyContin<sup>®</sup>: \$.50 -1.00 per mg
- ◆ Fentanyl patch: \$1-2 per mcg
- ◆ Methadone 10 mg: \$5-10
- ◆ Actiq lozenges<sup>®</sup> 200, 400 mcg: \$20.00
- ◆ Ativan<sup>®</sup> 2 mg: \$2-3
- ◆ Xanax<sup>®</sup> 1 mg: \$5-7
- ◆ Valium<sup>®</sup> 10 mg: \$4-6
- ◆ Serax<sup>®</sup> 30 mg: \$0.50
- ◆ Fiorinal<sup>®</sup> / butalbital: \$3-5
- ◆ Ritalin<sup>®</sup> 10 mg: \$10-12
- ◆ Soma<sup>®</sup>: \$3-4

# Detroit Deaths associated with opioid toxicity:

- Wayne County Medical Examiner lab
- Associated deaths:
  - Codeine: 241 in 2002, 232 in 2003
  - Hydrocodone: 120 in 2002, 108 in 2003
  - Oxycodone: 12 in 2002, 19 in 2003
- Drug abuse trends in Detroit and MI, June 2004

# Detroit Area Drug Related Deaths: 2003

## Top 5 drugs involved: Drug misuse deaths, 2003



Macomb County Deaths: 76

Oakland County Deaths: 116

St. Clair County Deaths: 15

Wayne County Deaths: 339

Total: 546

# MI Professional Disciplinary

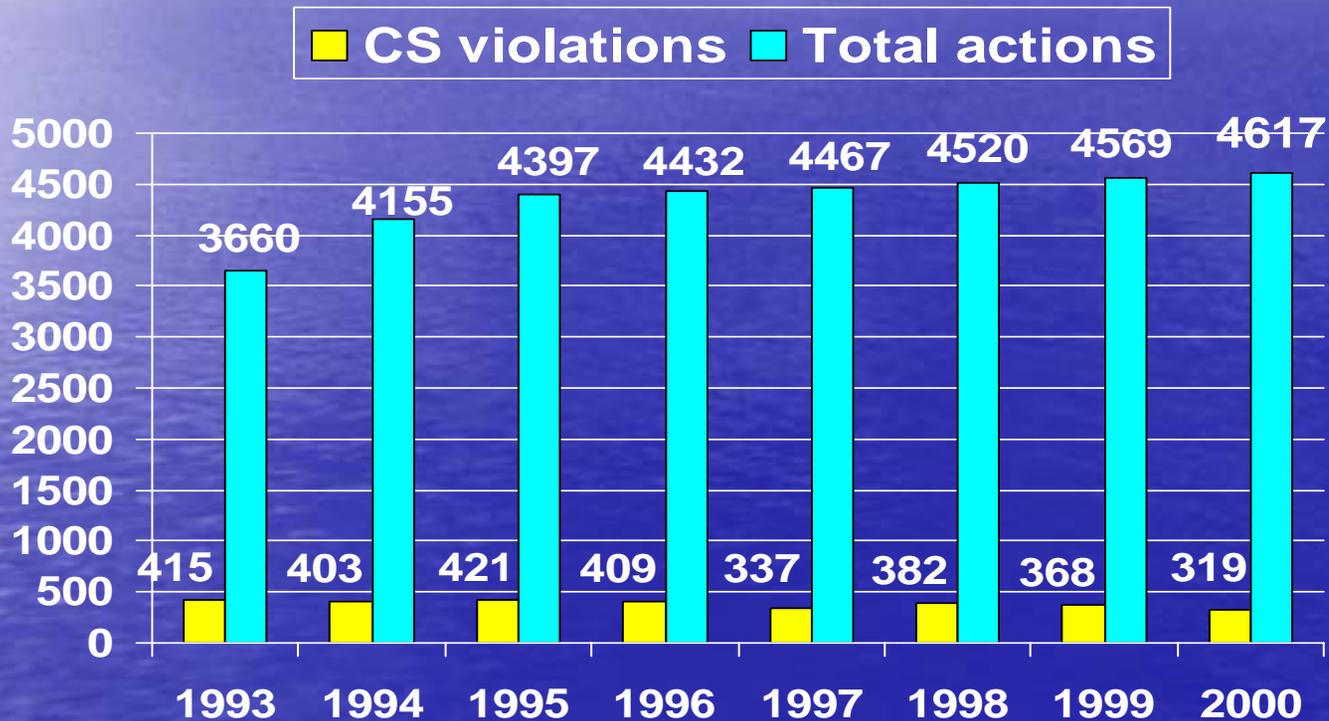
## Actions: 2001

- Board of Medicine (allopaths):
  - 78 actions
  - 6 drug related, 3 drug diversion
- Board of Osteopathic Medicine and Surgery:
  - 33 disciplinary actions
  - 1 drug related , 0 drug diversion
- Board of Pharmacy:
  - 106 total actions
  - 7 drug related, 1 drug diversion

# MI Disciplinary Actions: 2005

- ~370,000 licensed MI healthcare providers
- ~3000 allegations of misconduct
- ~ 275 actions
- 15 drug related, 5 diversion
- Drug related – personal misuse
- Prescription Diversion minimal
  - MI Pain and Symptom Management Advisory Committee, Feb 2007

# Controlled Substance Violations (Prescribing Violations)



Source: Federation of State Medical Boards of the United States

# Ideal Prescription Medication reporting system: **Joranson**

- **balanced**
  - high quality pain management
  - limit drug diversion
- no additional forms
- **invisible** to patient and practitioner
- **efficient**
- **information**
  - well **understood**
  - **available** to all who need it

# Data from Prescription monitoring program:

- permit **study of pain** and symptom management on a drug by drug basis
- monitor medical **complications** of use
- relate MI **use** to regional and US use
- information to physicians about their **prescribing** and use by their patients
- monitor actual and suspected **diversion**
- annual **reporting**

# MAPS

Michigan Automated  
Prescription System



# **What is MAPS?**

## **Michigan Automated Prescription System**

**MAPS requires pharmacists,  
veterinarians and  
dispensing physicians to  
electronically report all  
controlled substances  
dispensed in Schedules 2 - 5**

# **What does MAPS Replace?**

**MAPS replaces the Official Prescription Program – all dispensing by a practitioner should only be reported electronically – after 1/1/03**

# **The Purpose and Intent of MAPS?**

**Practitioner's that dispense  
controlled substances MUST let  
the State of Michigan know some  
specific information about the  
controlled substance dispensed  
and to whom**

# **What Benefit will the State and the Practitioner obtain from MAPS?**

**The ability to access dispensing data – state wide to determine – all substances – dispensed to a particular patient.**

# How do we pay for MAPS?

- No Tax Dollars used for MAPS
- \$20.00 from each controlled substance registration
- SAME AMOUNT AS BEFORE?
- \$958,000 annually
- 37,044 physicians, 10,847 pharmacists
- ~\$400,000 cost

# How can I obtain the Electronic Based MAPS Program?

Download the program at:

**[www3.cis.state.mi.us/maps](http://www3.cis.state.mi.us/maps)**

OR

Send an e-mail to:

**[MAPSINFO@michigan.gov](mailto:MAPSINFO@michigan.gov)**

For a program compact disc

# **Verification of Information**

## **R338.3162b(2)**

**A pharmacist, dispensing prescriber, or veterinarian may presume that the patient ID information provided by a patient or representative is correct**

# **Identifiers for minors**

**Pharmacy may use parent  
or guardian identifier for  
child.**

# Mid-level Practitioner (N.P. or P.A.)

DEA requires N.P. & P.A. registration

Michigan requires DEA of **delegating physician.**

**Both** must appear on prescription with name of delegating physician and signature of Mid-level practitioner

# Mid-level practitioner (N.P. or P.A.)

May prescribe Schedule II controlled substances within medical institution or for maximum of 7 day supply upon discharge from institution or out-patient surgical center. Board of Medicine Rules 338.2304 and 5. Osteopathic Rules 338.108a and b

# Scripts Reported in 2003, 2004, 2005:

- 12,498,338
- 13,689,728
- 14,355,989

# 2006 MAPS DATA:

- Average of 400 requests daily
- Capture over 1.2 million scripts/month
- 75% of requests are done on-line
- On-line turnaround time < hour
- During business hours.
- Number 1 reporting pharmacy?
- Medco Health in Las Vegas Nevada

# Michigan Automated Prescription System

## Selected Prescriptions Detail Report

Run Date & Time 2/17/2005 11:52:36A

Patient Name/Address	Birth Date	Medication	Practitioner Name	Drug Store	
	Issue Date	Form/Qty	Rx Number	Practitioner DEA#	
	Date Filled	Strength	Practitioner City,State,Zip	Dispenser City,State,Zip	
	5/25/1958	ALPRAZOLAM		BM8862509	KMART OF MICHIGAN INC
	01/17/2005	TAB 60	4439997		AK8932483
	01/17/2005	2 MG		, ,	CHESTERFIELD , MI , 480510000
	5/25/1958	ALPRAZOLAM		BAUER RAYMOND THOMAS MD	KROGER CO OF MICHIGAN #663:THE
	01/17/2005	TAB 60	4447464	BB5257109	BS2431827
	01/17/2005	2 MG		ST CLAIR SHORES , MI , 48081	ROSEVILLE , MI , 480660000
	5/25/1958	APAP/HYDROCODONE BITARTRATE		IMAS ALEXANDER MD	STERLING-WARREN PHCY INC
	01/24/2005	TAB 120	1020722	BI7879159	AS3104077
	01/24/2005	750 MG-7.5 MG		FARMINGTON HILLS , MI , 48334	WARREN , MI , 480930000
	5/25/1958	DURAGESIC		IMAS ALEXANDER MD	STERLING-WARREN PHCY INC
	01/24/2005	TDM 10	1020723	BI7879159	AS3104077
	01/24/2005	50 MCG/HR		FARMINGTON HILLS , MI , 48334	WARREN , MI , 480930000
	5/25/1958	DIAZEPAM		SHAH RITA PARESH MD	RITE AID DISCOUNT PHARMACY #43
	01/25/2005	TAB 60	1386448	BS4484488	AP1230820
	01/25/2005	10 MG		BERKLEY , MI , 48072	FRASER , MI , 480263904
	5/25/1958	APAP/HYDROCODONE BITARTRATE		LIU LEI MD	RITE AID DISCOUNT PHARMACY #44
	01/04/2005	TAB 120	0634200	BL8124694	BP3942681
	01/27/2005	750 MG-7.5 MG		DETROIT , MI , 48201	BERKLEY , MI , 480721414
	5/25/1958	APAP/HYDROCODONE BITARTRATE		LERNER LARAN J DO	SHORE POINTE PHARMACY
	01/27/2005	TAB 30	0104231	BL0749498	BS8771190
	01/27/2005	500 MG-5 MG		NORTHVILLE , MI , 48167	SHORE POINTE PHARMACY SANTY CLAIR SHORES , MI , 480800000 BS8771190
	5/25/1958	APAP/HYDROCODONE BITARTRATE		AK9490145	KMART OF MICHIGAN INC
	01/24/2005	TAB 120	4436527		AK9490145
	01/27/2005	750 MG-7.5 MG		, ,	ROSEVILLE , MI , 480660000

**Total Records Processed : 24**

October 15, 2006

«Company»

«FirstName» «LastName»

«Address1»

«City», «State» «PostalCode»

Dear «Title»:

The Michigan Automated Prescription System (MAPS) program has identified your patient «Patient», «DOB», «Address2», who appears to be seeking treatment from multiple physicians and obtaining controlled substance prescriptions of a similar nature from these practitioners.

It is suggested that you obtain controlled substance prescription data on the patient identified above and communicate with other health care providers who are treating this patient. You may access MAPS data via a link on our website at: [www.michigan.gov/healthlicense](http://www.michigan.gov/healthlicense) and click on the MAPS link. Enclosed please find a listing of physicians in Michigan that provide an office based treatment program for opiate addiction that may be shared with the patient. There are other options available in addition to opiod treatment such as referral to a pain specialist, or requiring the patient to enter into an agreement which limits their treatment to a specific physician and pharmacy. Please consider all of the options that are available to you and your patient.

If you have any questions or need additional information, please contact our office at the phone number listed below, or at our e-mail address: [mapsinfo@michigan.gov](mailto:mapsinfo@michigan.gov).

Sincerely,

Bureau of Health Professions  
Health Investigation Division  
(517) 373-1737

Enc.

# Schedule 2 scripts increased under MAPS

No more serialized forms for  
Schedule 2. Patients  
probably received Schedule 3  
analgesic (hydrocodone)  
instead before MAPS

Increase in Schedule 2 scripts  
linked to improved patient care  
regarding pain.

- “Diversion of Schedule 2 doesn’t appear to have increased.”
- Bureau of Health Professional
- MDCH

# MAPS reporting:

- Over 300 “doctor shoppers” identified since 2004...
- More than 1,000,000 prescriptions per month
- Majority involve Hydrocodone (Schedule 3) which was due to old program monitoring only Schedule 2

# Hydrocodone/acetaminophen:

- Schedule 3
- Vicodin, Lorcet, Lortab, Norco, Anexsia
- 2003: 3,174,922
- 2004: 3,689,073 increase of 16.2%
- 2005: 4,061,462 increase of 10.1%

# Hydrocodone/Acetaminophen:

- Total 2005 prescriptions: 14,355,989
- Hydrocodone accounts for 28.29%
- All prescriptions increased 9.5% in 2004
- All prescriptions increased 4.87% in 2005
- ***Hydrocodone increased at more than twice the rate of increase for all others in 2005 (10.9%)***

# MAPS 2004:

- Schedule 2 increased 15.8%
- Schedule 3 increased 11.6%
- hydrocodone increased 16.2%
- Schedule 4 increased 9.4%
- Schedule 5 decreased 2.2% (2.2%)
- Grand Total Increase of 9.5%
- Almost 14 million prescriptions.

# MAPS 2005:

- Schedule 2 increased 7.7%
- Schedule 3 increased 5.3%
- hydrocodone increased 10.09%
- Schedule 4 increased 1.05%
- Schedule 5 increased 9.18% (Lyrica)
- Overall increase of 4.87%
- Stadol decreased 12.65%

# Hydrocodone/acetaminophen:

- Total 2005 prescriptions: 14,355,989 hydrocodone accounts for 28.29%
- All prescriptions increased 9.5% in 2004
- All prescriptions increased 4.87% in 2005
- ***hydrocodone increased at more than twice the rate of increase for all others in 2005.***

# Health Professional Bureau operating MAPS 2007-08:

- Labor will be shifted from viewing and approving reports in the next few months.
- MAPS will become automated, on-line, and provide a limited amount of data 24/7.
- W-GET program to upload pharmacy data.
- Track patients and prescription by method of payment.
- Estimated savings to Bureau of greater than \$600,000 annually.

# MAPS 2007 UPGRADES:

- Eliminate Social Security Numbers
- No identifier required if under 16 y/o
- Twice monthly reporting (near time)
- Require “positive identification” if patient not known to pharmacist or staff.
- Proposed Rules published on Bureau Web Site: [www.mi.gov/healthlicense](http://www.mi.gov/healthlicense).



Paul Emerson,  
DO

# Data from Prescription monitoring program:

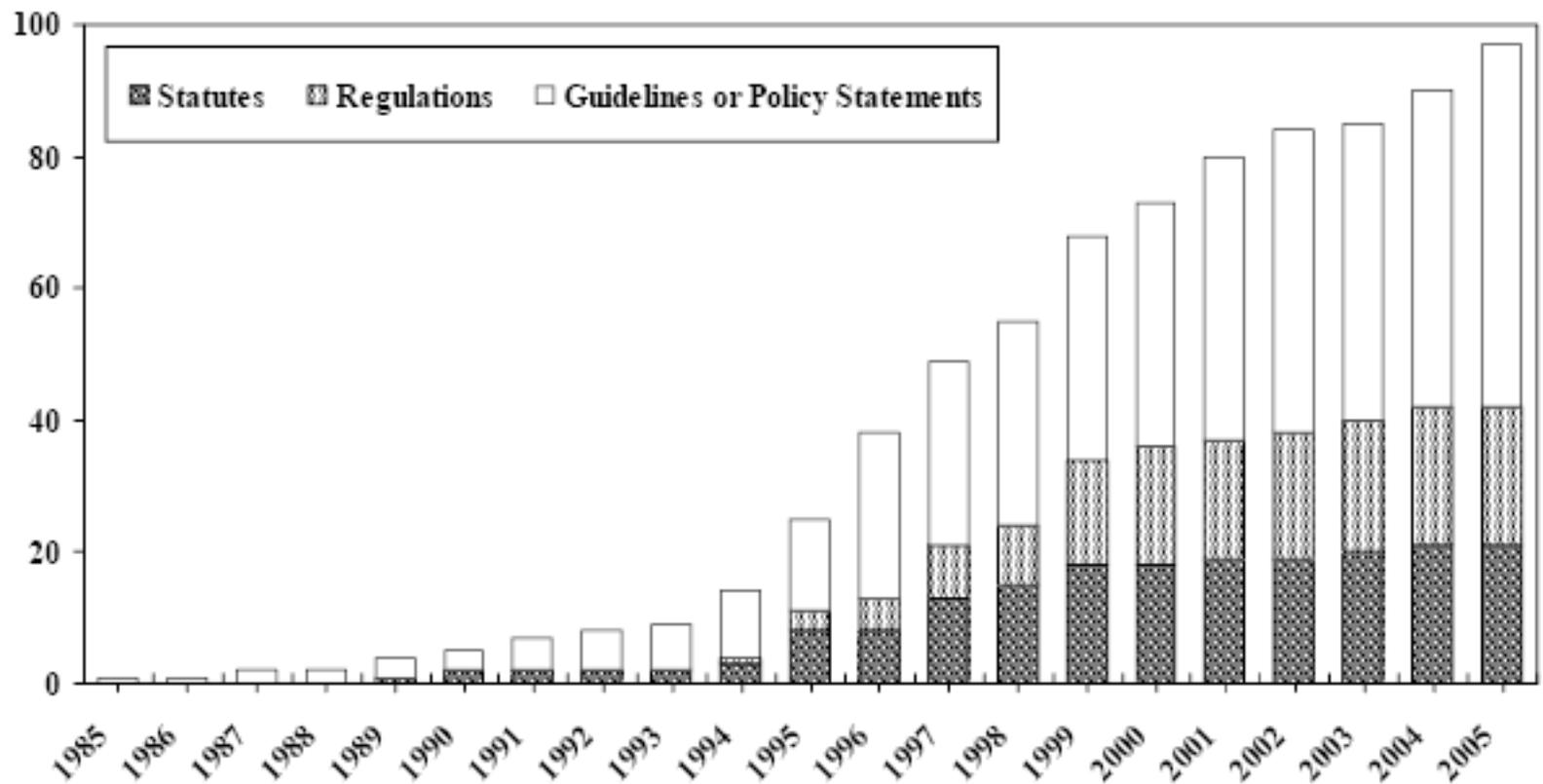
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Figure 1.

# Recent Trends in State Pain-Specific Policy

1985 - 2005

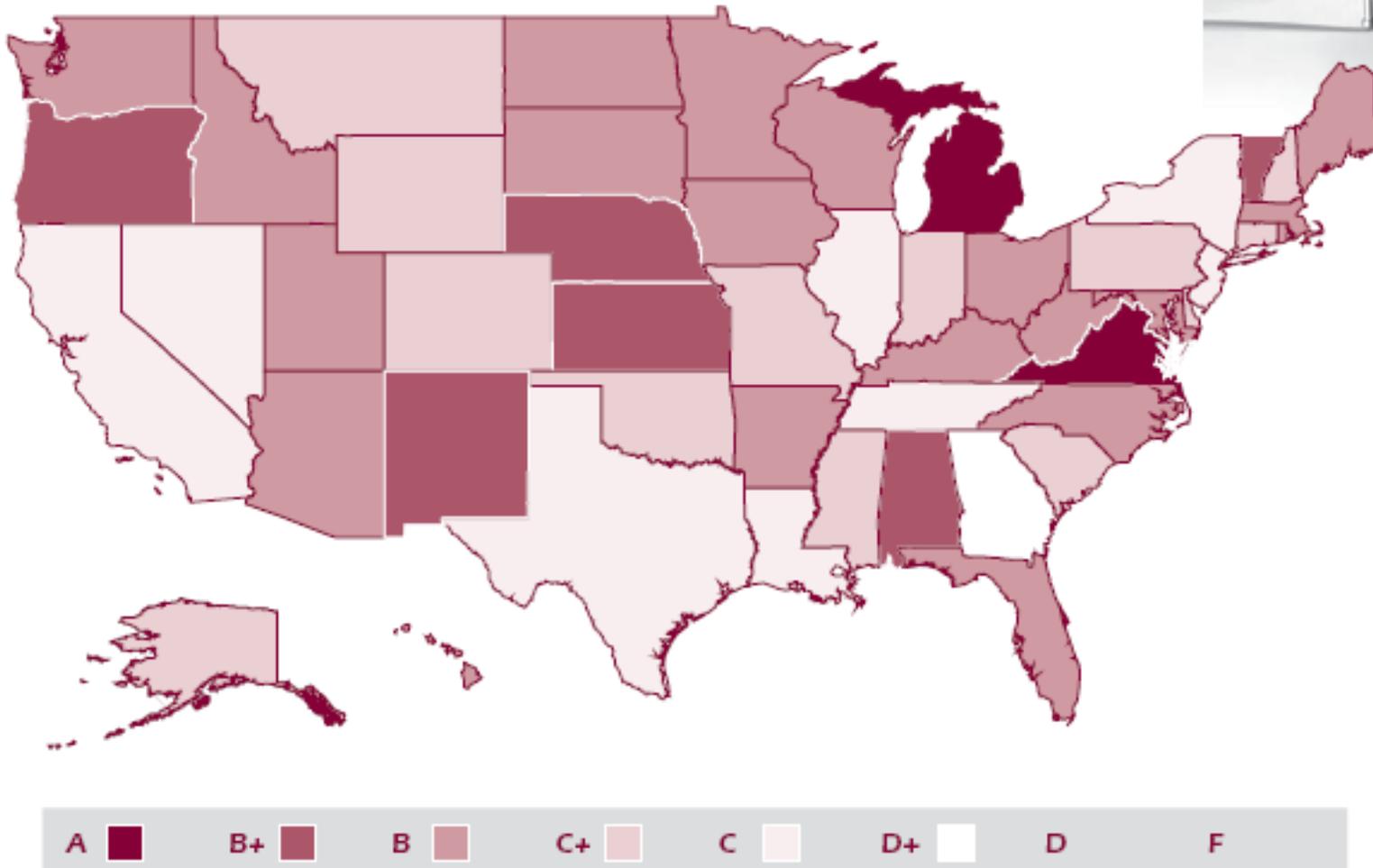
Number of Policies



# Pain and Policy Study Group: 2006 State Progress Report Card

**State Grades for 2006** : States' grades for 2006 are presented in Figure 1 and Table 4.

**Figure 1:**



“ Michigan and Virginia now have the most balanced pain policies in the country...”

A	B+	B	C+	C	D+	D	F
Michigan Virginia	Alabama Kansas Nebraska New Mexico Oregon Vermont	Arizona Arkansas Florida Hawaii Idaho Iowa Kentucky Maine Maryland Massachusetts Minnesota North Carolina North Dakota Ohio Rhode Island South Dakota Utah Washington West Virginia Wisconsin	Alaska Colorado Connecticut Delaware Dist. of Columbia Indiana Mississippi Missouri Montana New Hampshire Oklahoma Pennsylvania South Carolina Wyoming	California Illinois Louisiana Nevada New Jersey New York Tennessee Texas	Georgia	None	None

# What Michigan can do to REALLY improve pain management:

- Educate our providers
- Study the “state” of pain in MI
- Report information annually to all those who need it
- Empower our citizens to expect excellent pain management
- Use MAPS data to clarify difference between under treated unrelieved pain and opioid addiction
- Enlighten our payers about the true cost of unrelieved pain
- Assist law enforcement in limitation of diversion
- Study the mis-use of opioids and the consequences

## "Out of the Mouth of Babes...."\*

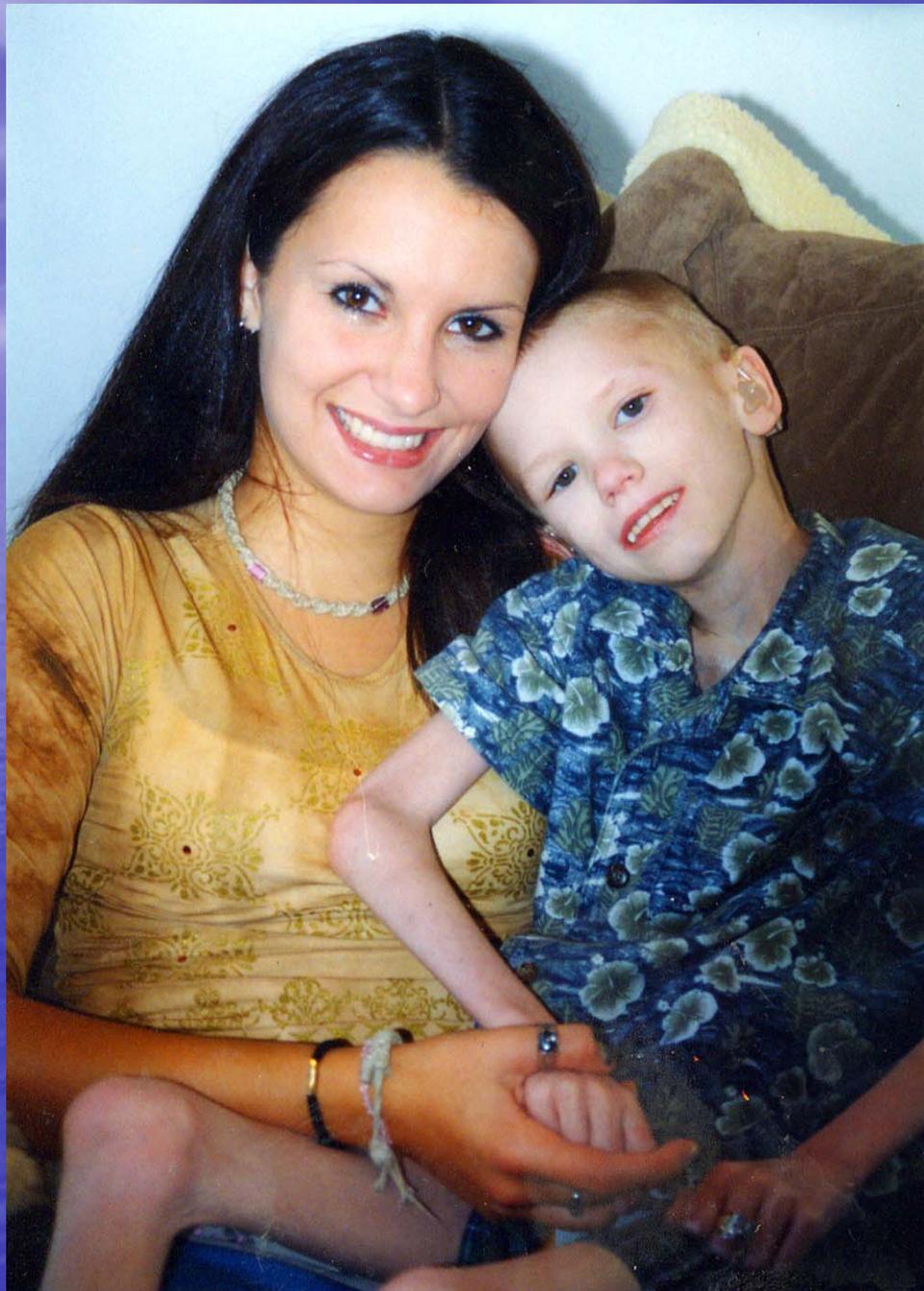
**V**ignettes are helpful in framing a clinical picture. Pain is a profound problem, no matter the age of the person. The following vignette with words written by a bright adolescent before his death exemplifies pain experienced within a family. Gratefully, Scotty's mother Mrs. Kathleen Russell approved publication of the following vignette.

*Scotty was born August 4, 1987, weighing 6 pounds, 4 ounces. He died pain free on January 18, 2004, weighing 31 pounds at age 17 years from inanition secondary to a mitochondrial disorder with resulting short-gut syndrome. The most Scotty ever weighed was 34 pounds. He had undergone right nephrectomy, colostomy, and total gastric resection. He had several bouts of pancreatitis. At the age of 11, he suffered neuronal hearing loss due to antibiotic toxicity. Scotty was nutritionally sustained by Broviac parenteral nutrition. This sustenance was complicated by several infections accompanied by profound and unrelenting pain.*

*A photograph of Scotty as a toddler shows a large callous on his forehead from pounding his head to the floor in pain. He constantly had a sad expression. Attempts to administer a pain block were unsuccessful. His surgeon requested a pain consultation.*

*After the consultation, morphine sulfate was prescribed for around-the-clock oral administration to Scotty. The morphine dose was titrated to allow maximum pain relief, which allowed Scotty to return to regular school work, enjoy the Red Wing hockey games, and most of all, to be an active part of his family.*

*Scotty sent the following e-mail message from California about his maternal grandfather. His words capture the essence of pain control: to allow the best functioning of a person while being pain free.*



"Dr. L

My Grandpa has cancer and is very sick. His doctor told us he wasn't going to make it. This makes me very sad. He is always so good to me. He used to live by us and we'd see him all the time. Last year he moved to San Diego because he was always cold. He didn't like winter and snow. Now I don't get to be with him much. We just went out to see him because he has been very sick. I went to the doctor's with him while I was there....

"My Grandpa was in a lot of pain and hurt all the time. He needed something to help him. His doctor said he could take Darvocet every six hours. This was not helping him because he would hurt much sooner than six hours. He needed something more often and stronger. His doctor said no because he would get addicted. This made me so mad because his doctor was being stupid! My Grandpa is going to die in a couple months and his doctor is worrying about him becoming addicted instead of helping him feel better for the time he has left. We don't want him to be sad all the time because he is hurting. I'm only a kid, but in my heart I know it would be better to help him. It makes no sense to me to let a person hurt when I know doctors can help them....

"I used to have major pain and cry all the time. I couldn't do anything. I was always sad. I couldn't concentrate to do anything. I didn't sleep good. I hurt all the time. A lot of doctors wouldn't give me anything to help my pain either. My doctor finally listened and helped me. I take morphine every day. I am not addicted. I am doing 'great' in school for the first time. I am doing work that's right for my grade. I even like it now. I can focus. I am learning alot. I even sleep longer at night. I still have pain, but I can tolerate it better this way. I do not think this is a bad thing. I know it is right! I want my Grandpa to be helped, too. I know his doctor was so wrong in telling him this. It makes no sense at all. I hope and pray that his doctors help him feel better so he can be happier with the time he has left. NO ONE SHOULD HAVE TO LIVE IN PAIN!!! Medicine can work."

—by Scotty Russell, age 12.

Mrs Russell wished to add, "We all die. Scotty and I don't want anyone to watch as much suffering and pain as we did until we received knowledge and help."

# **“No one should have to live in pain!”**

*—Scotty at age 12 observing his grandfather’s struggle with cancer*

***Alleviating the suffering of terminally ill patients like Scotty’s grandfather so that they can live their last days without pain is the focus of the JAOA’s first online-only supplement.***

Look to DO-Online for this first of four refreshed supplements on pain management that the *JAOA* is bringing to you this year.

From the home page at <http://www.do-online.org>, click on “Advocacy” under the “For Physicians” tab, and then click the “Publications” link.

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