

Hawaii Family Forum

6301 Pali Highway
Kaneohe, HI 96744-5224
Phone: (808) 721-8800
Fax: (808) 951-5777
E-Mail: denice@hawaiifamilyforum.org

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Subject: Support of HB 1839

From: Leonard R. Howard MD

Dear Chairs Arakaki and Kahikina

Thank you for allowing me to express my strong support for HB 1839, The Pain Patient's Bill of rights.

Adequate treatment of pain is one of the foundations of Palliative Care, and prevents what is, to many elderly patients, the foremost fear about their condition, unrelieved suffering.

In the past, narcotics were severely controlled and dosage kept as low as possible for fear of creating addiction. The result was inadequate pain relief. As Dame Cecily Saunders, the founder of the hospice movement put it: "Patients had to 'earn' their pain medication by having pain." This resulted in periods of sometimes up to an hour while the nurse answered the call bell, got the morphine out of the narcotics cabinet, did the paperwork required, gave the injection to the patient, and the medication finally took effect and relieved the pain. Over a 24 hour period there was an up and down pain control that left the patient chronically tired as well as suffering for about 20% of each day.

Current pain management since the establishment of hospice in the US has gone more and more to round-the-clock dosing, with resulting good control of the pain. A secondary benefit is an actual reduction in the amount of opiate required since it is easier to maintain an adequate level of medication than it is to acquire the initial effective dose.

Current medical practice has made pain the fifth vital sign, along with temperature, pulse, respiration and blood pressure. A pain management team is also suggested for each hospital, ideally headed by a specialist in the treatment of pain.

The bill has been well constructed to provide legal protection to physicians who are using opiates properly in appropriate patients for the relief of pain. There is a

“conscience clause” which provides a treatment choice for the physician that objects to the use of large doses of opiates in a particular patient. The bill is applicable to treatment in any setting, including the home. The bill offers protection for the prescribing physician by codifying the concept of “dual effect” and addressing the intentionality of the opiate administration to establish its ethical and legal nature.

I have been teaching this philosophy of pain management in the EPEC course for the past four years, and am very pleased to testify in strong support of its immediate passage into law.

Leonard R Howard MD