

Opioid prescribing and medical education:

can primary care fill in the gaps?

Prescribing opioids has increased since 1998,¹ with 12.8% of England's population having had a non-cancer opioid prescription dispensed over a 1 year interval. Approximately 50% of these patients take their prescription for at least 1 year.² With 43% of adults currently living with a degree of chronic pain in the UK,³ it is likely, and concerning, that overprescribing of opioids will continue. An audit of opioid prescribing on a GP placement inspired me to reflect on how medical education is failing to prepare the next generation of prescribers to be 'opioid aware'.

IS MEDICAL EDUCATION TOO OUTDATED?

Pain education is insufficiently presented in medical schools given the burden of pain in the general population. Further, pain education is largely fragmented throughout the curricula, with no standardised approach to tackle such a nationwide issue.⁴ In my experience, most clinical pain teaching is based around the World Health Organization (WHO) Analgesic Ladder (<https://www.who.int/health-topics/palliative-care>), which is cancer-based and should not be used to manage chronic pain — a very different type of pain), pharmacology, and palliative care. Teaching included the benefits and the harms of opioids but only seemed to be scratching the surface of pain management. Further, teaching critically ignored the emotional pull of balancing the desire to help a patient in distress without causing more harm such as addiction, tolerance, and worsened pain —opioid-induced hyperalgesia. Such an ethical dilemma was never debated during medical school but is clinically relevant in the day-to-day decisions doctors have to make. More teaching is needed on managing patient's expectations and informing them of the potential for addiction via the use of validated screening tools. All prescribers need to be aware of the services available for addiction, including that which is iatrogenic. Without action, this will leave the next generation of prescribers uninformed of the complex reality of patients

experiencing pain and how to appropriately assess and treat them.

TEACH MEDICAL STUDENTS THE FACTS

Prescribing behaviours have been shown to be solidified during medical school.⁵ As the US is even deeper into an 'epidemic', a more robust response to the opioid crisis was initiated. The majority of medical schools (87%) in the US include training in the nature of pain; pain assessment and measurement (including assessment of risk of addiction); pain management (including addiction treatment and overdose); and the context of pain and substance use disorder.⁶ Even though no clear results have been published to determine the efficacy of the curricular changes, it is a responsible step in the right direction. Although curricular changes are part of the solution, it does require a massive number of resources to fulfill. Is there an easier way to do this?

CAN PRIMARY CARE FILL IN THE GAPS?

Primary care plays a key role in medical education, but also in prescribing opioids, as most patients start their prescriptions in general practice.⁷ Additionally, variations in prescribing are not explained by patient or practice characteristics but by individual GP prescribing habits.⁷ As prescribing is a practical skill, learning in the clinical setting (such as a primary care practice) can help with 'getting to grips' with such a skill.⁸ Courses such as Essential Pain Management⁹ offer a great addition to medical school curriculums and can be taught as a half-day course to medical students. Academically, through collaboration with medical students, quality improvement and patient safety (QI/PS) projects can be undertaken to advocate for responsible prescribing as well as achieve a General Medical Council requirement for newly qualified doctors.¹⁰ Opportunities such as student selected components (SSCs) and quality improvement projects/studies are available.¹¹ Certainly, more literature is needed to assess practicality but can be a step forward in addressing inappropriate opioid

prescribing. Medical education is foundational for safe prescribing and optimising it will serve to protect patients from harms, reduce demands on overworked GPs, and spare NHS resources.

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