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Should everyone have a treatment agreement regardless of their assessed risk level?

Hello. I am Dr. Kenneth L. Kirsh. I am the director of Behavioral Medicine at The Pain Treatment Center of the Bluegrass located in Lexington, Kentucky. We have a question that, should everyone have a treatment agreement regardless of their assessed risk level? There are a couple of answers to that and the political answer is it depends and, when we look at what opioid agreements are about, it really comes down to an issue of communication, and we are setting up relationships, we are setting up ways for prescribers to talk with their patients, to set some ground rules and really develop what will hopefully grow into a positive relationship. Now, in some settings, for instance, years ago when I worked specifically in cancer settings, looking in palliative care, there used to be a thought that we should avoid opioid agreements because we do not want to offend people. And I think the rules have been changing and we certainly see things go wrong in relationships even when we deal with cancer patients in cancer pain as opposed to nonmalignant pain. So some of the conversation is changing that all patients should be treated equally and everybody should have an agreement in place, and again it is not punitive. It is actually educational in a way to set some ground rules together. Now, another layer of this, depending on the state that you live in, we are starting to see more strictures in certain states coming up with things like you shall develop an opioid agreement with a patient if you write a controlled substance. So depending on the state of the union you happen to live in, know your local laws. And I think for everyone, we are heading towards an era where this will be standard of care, and hopefully we use it in a positive way to begin good communication with our patients.