

University of Massachusetts Medical School

Communicating with Patients Regarding Planned Discontinuation of Opioids

It can be difficult to tell a patient that you have decided to discontinue prescribing an opioid medication. It is important to emphasize that your decision is based on your medical opinion and not based on a feeling. Ex:

Good

“Based on my knowledge of your situation and my medical experience I am worried that the risks of these medications to you are greater than the benefits, and I have decided not to prescribe these any longer.” (It is critical you be able to list the risks and benefits to support your judgment.)

“I am hearing that these medications help you feel better for the short term. However, I am very concerned these medications are not safe for you for the long term based on _____ (your history of substance misuse, etc) For this reason I am going to stop prescribing them for you.”

Bad

“I do not feel comfortable prescribing this medication any longer.”

Emotions

Many patients will have a significant emotional response to your decision. These reactions may include conflicting emotions such as: anger, fear, disappointment, betrayal, and/or sadness. It is critical to acknowledge, normalize, and communicate your understanding of these emotions, and convey your compassion and ongoing commitment to your patient. For example: “It is perfectly reasonable for you to be upset about this. Your pain is real and you are understandably afraid and angry. I want to be clear - I still intend to help you manage your pain, however we will need to work together to find treatments other than these medications.”

Withdrawal

Any patient who is physiologically dependent on opioids will experience understandable apprehension about the prospect of having this medication discontinued. Patients who have experienced opioid withdrawal in the past may be especially nervous as they anticipate the physical distress of opioid withdrawal. It is important to communicate to these patients that you will provide them with a schedule for gradually tapering their medication. In many cases you will also prescribe other medications to help cope with the withdrawal symptoms or refer them to providers who have particular expertise in this area.

Pain

Patients who have acute or chronic pain will also be concerned about how they will cope with this pain without a prescription opioid. It is important to communicate a plan for managing this pain without opioids at the time opioids are discontinued. Do not be surprised if patients are initially skeptical of alternative treatments.

Diversion

Some patients divert or sell their prescription pain medication. When you stop prescribing opioids this can significantly change their financial circumstances. Patients may find it more difficult to secure safe housing, they may experience more food insecurity, or they may find it is more difficult to attend medical appointments because of unreliable transportation. Many patients will not share with you that they have been selling their medication. Nevertheless, it is important to provide them with an opportunity to share their financial difficulties with you, especially those that impact their health and safety. Whenever possible you should connect them with social services to address these issues.

Continuity

Some patients will decide that they no longer want to receive care from you after you discontinue prescribing an opioid medication. This should not influence your decision to continue or discontinue prescribing. You should emphasize your willingness to continue caring for them as a patient. Patients with chronic pain will need other treatments to manage their pain. Patients with substance use disorders also need ongoing healthcare, whether they chose to address their substance use disorder, or not.