

Episode: Ethics Talk Podcast Transcript – The Ongoing Opioid Epidemic

Guests: Travis Rieder, PhD, and Stephanie Zaza, MD, MPH

Host: Tim Hoff

Transcript by: Tom Wagner

Listen to the podcast [here](#)

This interview has been lightly edited for clarity.

TIM HOFF: Welcome to Ethics Talk, the American Medical Association Journal of Ethics podcast on ethics in health and health care. I'm your host, Tim Hoff.

While the COVID-19 pandemic has attracted most of the public's attention over the past few months, another epidemic has continued. Reports from around the country suggest increases in opioid related mortality in more than 20 states, and while our already stressed healthcare system works to provide relief to COVID patients, resources for treating people with opioid use disorder might be scarce. The stresses of living during a pandemic can exacerbate conditions that lead to opioid misuse.

STEPHANIE ZAZA: What we know is that there are people who are isolated or having increased mental health challenges of all kinds and substance use disorder does fall into that category. So, we know that isolation is a real challenge for people, and we know that all of these sort of behaviors can become exacerbated when all these additional stressors are placed on people.

HOFF: That was the president of the American College of Preventive Medicine, Dr Stephanie Zaza. She'll join us later to talk about an article in this month's issue entitled "Shifting Opioid Research Priorities Toward Prevention," which the ACPM is adopting as a policy statement.

First, we're joined by Dr Travis Rieder. Director and scholar in the Master of Bioethics degree program at the Johns Hopkins Berman Institute of Bioethics. His own experience with opioids can illuminate how we see caregivers' clinical and ethical obligations to "legacy patients," the people who experienced the aggressive prescribing practices that contributed to the opioid epidemic. And who have been on opioid therapies for years or even decades.

Dr Rieder, thank you very much for joining me.

TRAVIS RIEDER: Thanks for having me. Great to be here.

HOFF: For our listeners who are unfamiliar with you and your story, can you begin by telling us about your experience with opioids and your expertise in opioid policy and ethics?

RIEDER: Sure, I'll give you the lightning version first, then you can follow up with anything that sounds interesting. So, in 2015, I was in a pretty serious motorcycle accident. I went out on Memorial Day weekend for a ride a few blocks from my house,

got T-boned by a van, and it crushed my left foot. The relevant part of that story is that, um, I was in a limb salvage situation after the injury. So, there was a bunch of bones obliterated, soft tissue damage. And so I had five surgeries in the kind of immediate aftermath of the accident and then would have one several months later. Those five surgeries meant that I was in and out of hospitals for about 5 weeks and on high doses of opioids when I got home from the hospital, I continued on high and escalating doses of opioids. And so, about two months out from the accident, I eventually saw my orthopedic trauma surgeon, and he was surprised at the dose that I was on, that I was still on such a high dose that far out, but it was the first time anyone had said anything to me about it, and so I was basically told I really needed to get off the opioids.

And so this really kind of sparked the experience that would, I mean, really change my life and in lots of different ways because I was given this very aggressive, very inappropriate tapering regimen where I was told to taper off a fairly high dose - for folks were interested, it was about 170 to 200 morphine milligram equivalents in oxycodone a day - and what that meant is I was given a four week tapering plan to get off this high dose. I went into really terrible withdrawal. And because for four weeks I struggled finding anyone who would help me. I called all of my doctors all my surgeons, all my nurses, plus anyone in the Washington, DC/ Baltimore area that I could find, and nobody would help me. And so the result was I just spent 29 days in just really awful opioid withdrawal.

HOFF: Why was the dosage that high in the first place? Was it an issue of multiple prescribing or was track not being kept over what was being prescribed or how did it get to that point?

RIEDER: Yeah, so this would be one of the things I would eventually get interested in. You know, because the question that I would kind of become consumed with as I gained some distance from that withdrawal experience, and I mean, more or less from the trauma of it, was, you know, "How did I get here? How did I get to this point where I was managed so badly?" But also, "How did we get here? How did the healthcare system get to this really terrible place?"

And the answer that I think I found was that we're really bad at managing opioid prescriptions. And so, it wasn't multiple prescribers, at least that wasn't the real problem. By the time I left the hospital, my plastic surgeon had taken over and continued to increase my dosing. It's that when somebody is in really severe pain, a lot of our doctors have been trained to try to mitigate that pain, and one of the most powerful tools we have is opioids. And so, when the the prescribing is quote, unquote "appropriate," you know kind of obviously, there's severe traumatic pain, post-surgical pain, we don't have questions about whether or not somebody is really in need of opioid therapy, then we're just kind of are okay with doctors handing it over without a whole lot of follow up.

So the big problem I would eventually come to see is that over the course of two months I had all of this, you know, interaction with the healthcare system where they say, "Well, look, you've had your foot blown apart. This is a really good use of opioid therapy," and then just nobody thinking about what that meant long term.

And so we write prescriptions... "we," I'm not a physician [laughs], but the health care system, right, we write prescriptions and have this mentality that they're kind of like antibiotics, that there's no further need for follow up. And so, that was the thing that really got me into this intellectually, into this space, you know I had. I had this really awful experience and for a good while, I didn't know that it mattered. You know, that that telling it would really matter. But I when I eventually decided to tell my story, the immediate feedback I got was, "Oh, you found something really important in the health care system and that is this gap, this kind of gaping chasm where we lose patients and follow up. We lose lose patients in long term care."

HOFF: The experience of pain is an important part of the story that you tell, and it's not only the experience itself, but trying to express the need for clinicians help in remediating pain that seems to contribute to some of the problems that you went through. Why are expressions of pain experiences and asking for help important when talking about opioids?

RIEDER: Pain is this reall