Chronic Noncancer Pain Management
Systemic Inequities of Access

In July 2016, the closing of seven Seattle area pain clinics left 8,000 patients without care. Approximately three fourths of these patients were Medicaid patients (Aleccia, 2016a; Kim, 2016). Although some patients were absorbed by local pain centers, others have faced multilevel barriers to accessing chronic noncancer pain (CNCP) management, such as long waitlists for a limited number of pain centers, insurance coverage restrictions, and limited CNCP management by primary care providers (Aleccia, 2016b).

Lack of access to appropriate care is a growing public health concern as it poses a substantial burden on individuals and their communities. In the United States, more than 116 million adults experience chronic pain, which is more than the combined number of adults with cancer, heart disease, and diabetes (Institute of Medicine [IOM], 2011). Lack of access to pain management is a major source of work disability, lost productivity, and increased expenses related to health care for chronic pain. The resulting national economic cost is between $560 and $630 billion annually (IOM, 2011). Those already vulnerable to having fewer resources are further challenged to buffer the negative effects of diminished access to care and may become even more vulnerable when pain management services become limited.

An inherent inequity exists among certain individuals in accessing care. Those with low socioeconomic status, older adults, racial/ethnic minorities, and women have disproportionately less access to high-quality, affordable pain management care (IOM, 2011; Mossey, 2011). Recipients of Medicaid are considered a vulnerable group and tend to be at an elevated risk for poor health outcomes. This disparity in accessing care extends beyond mere differences or inequality and reflects inequities, which are unnecessary and avoidable as well as unfair and unjust differences (Whitehead, 1992).

The root of these multilevel barriers stem from inequities that highlight some of the longstanding,
Significant participation of government and institutions in the creation of the current opioid epidemic and the systemic barriers to accessing chronic noncancer pain management has been overlooked.

There was the pivotal introduction of OxyContin® by Purdue Pharma and its promotion by national pain and health care organizations to address undertreated pain despite concerns and reluctance by medical providers to prescribe opioid agents. These events were a catalyst for a cascade of consequences that overshadowed any statements cautioning imprudent prescribing, risks, and life-threatening side effects with improper use (Kolodny et al., 2015; Rosenblum, Marsch, Joseph, & Portenoy, 2008).

Governmentality and neoliberalism provide choice and responsibility to citizens. Under this framework, Purdue Pharma was playing its role as a free agent in a free market. Aggressive marketing was encouraged and largely embraced by government and institutions, implicitly and explicitly, and government policies had a lesser impact than the market force for OxyContin. Health, in this political climate, is a commodity. The current sociopolitical climate provides an opportunity for nurses to respond. Beyond the individual level, there must be buy-in on the systemic level to sustain change. For instance, in current workplaces, assessing the organizational culture and attitude toward individuals with CNCP is the first step to opening discussions and identifying changes to systems in place that perpetuate stigma and bias. In addition, nurses
should be political advocates, regardless of partisanship. Historically, the foundation of the nursing profession and science has been holistic and inclusive for the good health of all individuals. Nurses serve as advocates for individuals and their health, which is not a commodity to market. Local and national nursing associations lead advocacy events and campaigns in which nurses with varying levels of political engagement and experience can participate. As the intragovernmental political divide deepens over health care access and coverage, the reduction or denial of the right to access even basic health care reflects the neoliberal tendency to prioritize capitalistic values over the social good. A culture of change is needed now, and nurses, as frontline health care providers and long-standing patient advocates, have a valuable and impactful voice that can lead this change.

REFERENCES


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The authors have disclosed no potential conflicts of interest, financial or otherwise. Ms. Soh is funded by National Institute for Occupational Safety and Health ERC training grant, and Ms. Portanova is funded by National Institute of Nursing Research T32 training grant.

The authors wish to acknowledge Nancy F. Woods, PhD, RN, FAAN, for her exceptional support and guidance throughout the development of this editorial.

doi:10.3928/00989134-20170914-01