

January 13, 2016

Archdiocese of
Boston

Thomas Frieden, MD, MPH

Ascension
Health

Director, Centers for Disease Control and Prevention

Avera

Debra Houry, MD, MPH

Director, National Center for Injury Prevention and Control

Bon Secours
Health
System, Inc.

United States Centers for Disease Control and Prevention

1600 Clifton Road

Atlanta, Georgia 30329-4027

Carmelite
Sisters for
the Aged and
Infirm

Dear Drs. Frieden and Houry,

Catholic
Health
Association of
the United
States

The Supportive Care Coalition (SCC) appreciates the opportunity to comment on the CDC's Draft Guidelines for the Use of Opioids in Chronic Pain.

Catholic
Health
Initiatives

The SCC, comprised of 19 Catholic organizations with health care services in over 40 states, serves as a conduit for advancing high quality, accessible palliative care across Catholic health care. We envision a society in which all persons living with or affected by a chronic or life-threatening condition receive compassionate, holistic, coordinated care that includes relief of pain, suffering and other symptoms from the time of diagnosis throughout the process of living and dying.

Covenant
Health

The task of medicine is to care even when it cannot cure. The inherent dignity of the human person must be respected and protected regardless of the nature of the person's health problem or social status. The well-being of the whole person must be taken into account in deciding about any therapeutic intervention. All appropriate modalities for pain management should be readily available to those with serious conditions. These modalities must include access to opioid pain medications for those who suffer chronic pain, and for whom other interventions are ineffective or unavailable.

Franciscan
Missionaries
of
Our Lady
Health
System, Inc.

As noted by the American Medical Association in their letter of October 1, 2015, these guidelines do not reflect a patient-centered orientation and are devoid of any real acknowledgement of or empathy for the problems chronic pain patients face. Unless the focus for identification, assessment and treatment of pain is the person who is suffering, the plan of care, including pain management, is bound to be ineffective, inaccurate or dangerous. This underscores the need for increased public and provider education about appropriate pain interventions.

Hospital
Sisters
Health System

Mercy

Mercy Health

OSF

HealthCare

PeaceHealth

We recognize that opioid abuse is a serious public health crisis with 2015 setting new records for deaths from prescription opioids as well as illicit opioid use. At the same time, it is imperative that the attempt to solve this crisis will not disadvantage those with appropriate clinical need for appropriate opioid use. Patients suffering from chronic pain increasingly view themselves as collateral damage in efforts to restrict opioid prescribing decisions via regulatory and legislative mandates. It is important that this not be an unintended consequence of this process.

Presence
Health

Providence
Health &
Services

Sisters of
Charity
Health System

SSM Health

As a national palliative care organization, we are concerned that patients who have legitimate need for opioids, have appropriate access to these medications throughout the duration of their illness. Palliative care begins at the onset of a serious illness and may be provided for many years; it is not limited to end of life care. The CDC Guidelines do not adequately make this distinction between palliative and end of life care.

St. Joseph
Health

Sincerely,



Tina Picchi
Executive Director



Sarah Hetue Hill
Chair Board of Directors