

Bravo Ontario; Forced Opioid Tapering is (Mercifully) Ending



By Josh Bloom — January 30, 2020

Ontario may be cold, but the same cannot be said of its chief medical officer. Let's hear it for Dr. Nancy Whitmore, the head of the College of Physicians and Surgeons of Ontario. She has the ethics and the courage to make changes in policy that should have never been in place to begin with. Barbaric forced tapering will no longer be permitted, and doctors and patients will make treatment plans together. The U.S. should be looking north.



Kudos to Ontario. The weather may be cold, but the government is not. Photo: Britannica [1]

Let's give a big hand to policymakers in Ontario for correcting a rule that should have never been instituted in the first place. They realized that forced tapering of pain medications is "arbitrary and inappropriate," and decreed that physicians will no longer be required to wean patients off of prescription opioids.

Bravo. Ontario has the brains and compassion that we sadly lack.

Yesterday, Barry Ulmer, the executive director of the Chronic Pain Association of Canada (CPAC) [issued a press release](#) [2] about an email he received from Dr. Nancy Whitmore, the registrar, and

CEO of the [College of Physicians and Surgeons of Ontario](#) ^[3] (CPSO) **(1)** spelling out a radically different (and badly needed) change in policy that she has instituted for Ontario.

Dr. Whitmore's decision was based on numerous medical consultations, input from pain patients and advocates, and a [patient survey](#) ^[4] conducted by CPAC.

Some highlights include (emphasis mine):

- Ontario doctors would **no longer be required to force taper** chronic pain patients from their opiate medicines arbitrarily.
- Instead of being forced to follow the [2017 Canadian Guideline for Opioids for Chronic Non-Cancer Pain](#)* ^[5] (sound familiar?) doctors now have the **discretion** to apply relevant guidelines as they see appropriate and **with consideration for the needs of each individual patient**.
- The revised policy is based on **collaboration** between physicians and patients, not the mandatory (not to mention cruel and medically unsound) one-size-fits-all approach that was previously shoved down patient's throats.
- Not only will physicians now have the discretion to act in the best interest of patients, but they **may no longer** inappropriately or arbitrarily taper patients. (!)
- The use of treatment agreements / prescribing contracts is no longer endorsed by CPSO. Good. It's bad enough to be left in pain, but treating pain patients like children or addicts and make them jump through hoops to get the medication they need and deserve is humiliating and degrading.

Mr. Ulmer's comments in the press release mirror something that we at ACSH have been saying for years - that reduction in legitimate prescriptions has managed to harm both patients **and** addicts at the same time" **(2)**

"Overdose deaths continue to increase while pain patients (47.8%) were forced to reduce their medications with more than two-thirds experiencing substantial increases in suffering according to our survey."

No kidding. As I have written before, a reduction in prescription opioid analgesics has invariably been accompanied by (and been the cause of) more drug overdose deaths, not fewer, as users have switched to more dangerous street drugs, primarily fentanyl and methamphetamine.

Ulmer added, "We applaud the CPSO for this initiative, however, actions speak louder than words. Will the CPSO begin the arduous task to correct the injustices done to the thousands and thousands of people with pain in the province?"

Right now those words sound pretty damn good and let's give kudos to Dr. Whitmore and the rest of CSPO some well-deserved kudos for going against the crowd (mob, really) and come up with a sensible and courageous plan.

Let's hope that the US is looking north for direction, not to mention sanity, compassion, and bravery.

NOTES:

(1) CSPO is the regulatory agency for physicians practicing in Ontario. They call the shots.

(2) According to the email. "This guideline was commissioned by Health Canada in a failed attempt to deal with opioid overdose deaths based on the incorrect assumption that cause could be attributed to pain patients and their doctors." This is what we at ACSH and patient's rights advocates have been saying for years, only to have it fall on deaf (and dumb) ears.

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Links

[1] <https://www.britannica.com/place/Ontario-province>

[2] <https://drive.google.com/file/d/1JDxb6m4O8gyxk5guiT9BXD6ChoozoP-r/view>

[3] <https://www.cpsso.on.ca/About/Council>

[4] [https://chronicpaincanada.us5.list-](https://chronicpaincanada.us5.list-manage.com/track/click?u=36f65e9b847480be83efab53b&id=277f061a6d&e=f946218aa2)

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[5] <http://nationalpaincentre.mcmaster.ca/guidelines.html>