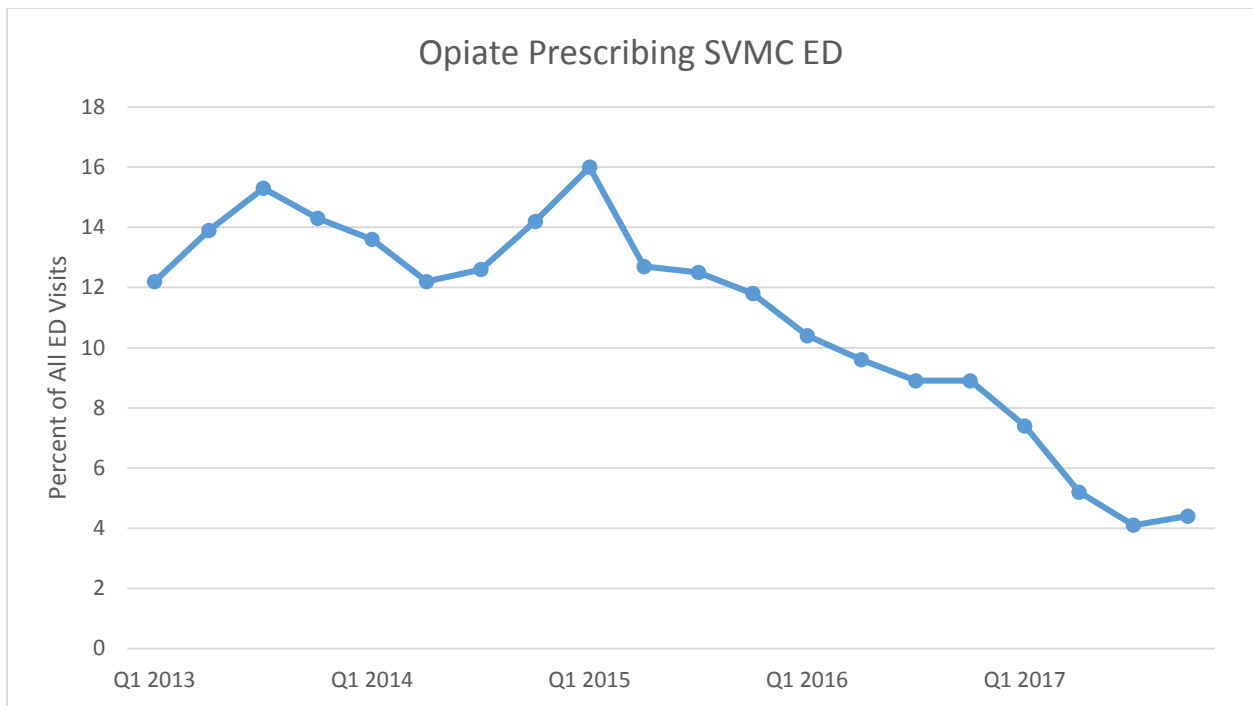


Trey Dobson, MD  
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- My direct experience in actual prescribing is as an Emergency Medicine physician.
- In my role as the chief medical, I am involved in processes to help the medical staff adhere to the rules.

Question: Has the state's limits on opioid prescription limited your ability to address pain adequately?

Answer: No. In the Emergency Department, we often need to treat acute pain from injury or illness. There is nothing in the rules that prevents us from doing so. A significant decrease in prescribing occurred well before the rules were put in place (see graph below). The rules provide support for us not to prescribe and explain the risks to patients.



Question: Are there alternative approaches that work as well as opioids?

Answer: The answer depends on several factors. Two of the more relevant ones to treatment of acute pain include

- (1) The type of pain the patient is experiencing.
  - a. For example, pain due an injury to bone, which is mediated by prostaglandins, typically responds well to a non-steroidal medication, whereas pain due to stretching and pressure on an internal organ may not respond as well.
  - b. Some types of pain respond well to ice and cold water, i.e., burns.

(2) The patient's own inherent response to pain, including their ability to metabolize medications.

Question: What changes do you recommend?

Answer: Simplification of the rules in an algorithmic format.