



The Maryland State Medical Society

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LETTER TO THE WASHINGTON POST EDITOR 4/07/2017

BALTIMORE, April 07, 2015 — The recent editorial, “An incremental approach to Maryland’s opioid epidemic” posted on March 31, 2017, critical of the changes in Maryland’s proposed opioid laws advocated by MedChi, The Maryland State Medical Society, is shortsighted in its approach to care of patients in pain and to the opioid crisis. The original Hogan proposal of a seven day limit for initial opioid prescriptions was bad medicine, and potentially injurious to patients. We “pushed back” because the law can never anticipate every scenario, and no patient ever fits a textbook definition of any disease state. By tying the hands of physicians, it would have hurt patients who needed proper care.

We have long advocated against specific legislative mandates for medical care and prefer to follow guidelines, as guidelines are easily modified as new evidence emerges; laws are not. A lack of “specificity” is not a shortcoming of the law; it is an improvement to incorporate the gamut of presentations physicians face. The CDC guidelines are only one of the ones we follow, depending on the clinical presentation of the patient. Perhaps NIH guidelines or Anesthesia guidelines are more appropriate for the specific patient in front of us.

We physicians certainly understand the need to respond to the current opioid crisis and applaud the Governor for joining in our efforts, but having a specific daily limit is not a scientific or rational way to achieve the goal of lowering narcotic dependency.

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