Should the patients be allowed to buy pain medication over the counter?

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Pain Medication and the Debate Over Patient Access

Recently, scholars and experts have debated and discussed whether patients or people may be allowed to purchase pain medication comprising codeine and/or have it over the counter (OTC). Pain is most likely the common symptom that we treat as health care providers. However, it is important for us to have excellent knowledge and understanding of the best options available to offer optimum pain management.

Indeed, at a certain point in life, almost everyone experiences a certain type of pain (Phillips, 2000). Pain brings about unpleasant sensory as well as emotional experiences emanating from the actual or, rather, potential damage to the tissue. From the clinical perspective, pain is whatever an individual says they are experiencing whenever they claim it occurs. Acute pain lasts for many hours or days, and it is linked to damage to the tissues. As a matter of fact, acute pain acts as a warning signifying that something is not right. Therefore, this paper argues that patients should be allowed to buy pain medication over the counter. However, some people argue that no one should buy medication without a prescription from a physician. Recognition of the extensive inadequacy of pain management has encouraged individuals to buy pain medication by themselves over the counter. To discourage patients from purchasing pain medication over the counter then, healthcare professionals need to have excellent pain assessment and management.

Chronic Pain, Patient Assessment, and Inadequate Treatment

Firstly, in spite of the existence of evidence-based procedures, chronic pain is not sufficiently addressed by physicians. Studies reveal that there is an inability of physicians to use the research information and provide adequate pain management. Poor assessment of pain has caused a lot of trouble and hopelessness among the patients (Phillips, 2000). Even worse, some healthcare providers have poor pain evaluations and lack knowledge on how to address the pain.

Notably, patients' assessment of their pain experiences is the basis for optimal pain medication. Nonetheless, the quality and utility of any assessment tool are as good as the clinician's ability to focus on the patient meticulously (Stang, Hartling, Fera, Johnson & Ali, 2014). The implication is that

the clinician should listen empathically, believe in and legitimize the pain experience of the patient, and properly understand the experience of the patient. A clinician's empathic understanding of the pain experience of the patient, as well as accompanying signs, proves that there is frank attention to the patient as an individual. Therefore, this may influence optimistic pain management results. After the evaluation, effective pain management relies on clinicians' solemn efforts in order to ensure that the patients have access to quality pain relief, which can be safely offered.

Ineffectively managed pain may lead to hostile physical as well as psychological patient experience for patients as well as their families. Unceasing, unrelieved pain triggers s the pituitary-adrenal axis that may conquer the immune system, and outcome in postsurgical contamination as well as poor wound healing. Considerate activation may have adverse effects on the vascular and renal systems, disposing patients of painful events, including cardiac ischemia. What is more, unrelieved pain reduces the mobility of the patient, leading to complications like deep vein thrombosis (Phillips, 2000). Postsurgical complications associated with inadequate pain management advisedly affect the welfare of the patient as well as the hospital performance, as the extended days of stay and readmissions raise the cost of health care provision.

Psychological, Physical, and Social Effects of Unrelieved Pain

Furthermore, constant unrelieved pain affects the patient's psychological state and that of his/her family members. The known psychological reactions to pain involve anxiety and depression. Therefore, the inability to avoid pain may bring about a sense of helplessness and hopelessness that may predispose the patient to various chronic depression. In this case, patients who have met inadequate pain management can be reluctant to pursue care for other health issues (Horgas, 2017). The implication is that they are discouraged by the inadequacy and incompetency of the health care providers to offer effective pain assessment and management. Moreover, poor pain management may place healthcare providers at risk for lawful action. Physicians are expected to address and manage patients' pain promptly.

Patients suffering from acute pain in several ways. First, it takes away the lives of patients. Secondly, patients may be depressed or rather anxious and may opt to end their lives. What is more, patients may sometimes become unable to perform many duties they would otherwise have performed without pain. Some patients living in pain may not have the ability to work and, therefore, may not maintain their employment. Notably, what is often ignored is the fact that pain has bodily harmful effects. It is physiologically dangerous to have pain. The reason is the effects of pain, particularly on the endocrine as well as the metabolic and gastrointestinal systems, among other systems, which show how unrelieved pain may be unsafe.

It should be understood that pain causes stress in the sense that the endocrine system responds by releasing huge amounts of hormones that eventually destroy carbohydrates, fat, protein, and poor

glucose use. These responses, combined with provocative processes, may lead to weight loss (Horgas, 2017). Overall, unrelieved pain extends the stress response and adversely distresses the recovery of the patient. The cardiovascular system reacts to stress caused by pain by triggering the sympathetic nervous system, which in turn produces several unwanted effects. Thus, aggressive pain management is required to lessen these effects and stop thromboembolic complications.

Clinical Assessment and Responsible Pain Management

Unrelieved and poorly managed pain may harm patients who suffer from metastatic cancers. Hence, stress and pain may suppress the immune system's functions. The management of perioperative pain is possibly a vital factor in avoiding surgery-induced reduction in resistance against metastasis. Besides, unrelieved chronic pain may lead to acute pain. Thus, the pain experienced now may become chronic pain that will be experienced at a later date.

Notably, proper pain assessment remains an essential step in providing better pain management. Studies reveal that a lack of proper pain assessment is a problematic barrier to attaining effective pain control (Horgas, 2017). To adequately meet the needs of patients, pain needs to be reassessed after every single intervention to assess the effect and determine whether the alteration is needed. To comprehensively evaluate pain, health care providers should identify the patient's history of illness, beliefs, attitudes, as well as knowledge of pain.

In summary, pain causes a lot of distress to the patient. First, it leads to extended stress and even death. Therefore, healthcare providers should adequately assess the patient's pain and manage it effectively. Some of the patients have experienced poor pain management by the health care provider who is supposed to control the pain sufficiently. Also, studies have indicated that patients have opted to buy pain medication over the counter because the nurses who are supposed to manage their pain have a poor evaluation of pain. Pain affects both the physical and emotional health of the patient. Thus, successfully controlling the pain patients experience is a vital constituent of their recovery. It is essential to assess pain and how it can be best managed to avoid its adverse consequences in adults. Overall, the causes and signs of chronic and acute pain should be detailed, together with the assessment tool that can be applied.

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