

• - : Analgesics; Opioid; Palliative Care; Hospices; Opioid

is connected to addiction to opiates that physicians have prescribed. In fact, from the 1990s to the height of the first wave of the US pandemic (2000-2016), the number of opioid prescriptions quadrupled, peaking in 2011. The decision of whether to use opioid analgesics early on and risk the possibility of addiction and difficult-to-mitigate side effects, or to undertreat their patients' pain, is a difficult one for oncologists and palliative medicine specialists who care for patients with long life expectancies [12]. Analyzing factors for adherence to a chronic pain treatment regimen in cancer patients revealed similar concerns [13].

Compared to Western and Northern European nations, the usage of opioid drugs is substantially lower in Eastern and Southern European nations. Between the years 2004–2006 and 2014–2016, there was an increase in opioid use in the EU, from 6,477 s-DDD (daily doses for statistical purposes)/1 million (+38.4%). Prescriptions climbed by 13% in the US, from 14,598 to 16,491 s-DDD/1 million. Between 2004 and 2006, there were 1,357 s-DDD/1 million opioid users in Poland; this number increased to 1,840 s-DDD/1 million users between 2014 and 2016 [14]. In order to reduce opioid usage in patients receiving or having finished anticancer therapy, the Centers for Disease Control and Prevention in the US released recommendations for the use of opioids in the management of chronic pain in 2016. Over the past several years, the quantity of opioids administered has steadily decreased as a result of the adoption of these guidelines and legislation [15].

Poland is among a select group of nations having an established palliative care system and complete access to opioid medications, at least for cancer patients. Despite this, Poland still has a low level of opioid drug use. The usage of morphine equivalents excluding methadone in Poland was 36.6 mg/capita, which was less than the European average of 107 mg/capita, according to the Atlas of Palliative Care in Europe (2019) [16]. As a result, many patients could not be obtaining the necessary pain management that is provided in Poland under the Act's provisions [17]. The third wave of the opioid epidemic is having an impact on Poland's public perception, and this is reflected in later medical community guidelines and recommendations [18-20].

In nations where the opioid epidemic has taken root, advice and laws intended to reduce opioid usage are not applicable to oncology patients. However, stigmatisation of opioids is widespread, and even when their use is strongly suggested, it might be constrained due to internalised anxiety and the fear of being judged by others. In fact, "opioid stigma" is widespread (61%) among cancer patients in nations like the US dealing with the assault of the opioid crisis [21]. The significance of language in patient referrals for opioid therapy is becoming more and more recognised. This is anticipated to result in the growth of "patient-first" language that stays clear of cognitive preconceptions that connote drug misuse or dependency [22]. Recommendations from the Polish Association of Palliative Medicine (Polskie Towarzystwo Medycyny Paliatywnej) and the Polish Association of Pain Research (Polskie Towarzystwo Badania Bólu), both of which are aimed at reducing pain, are the equivalent activities carried out in Poland, among others, by the European Pain Federation, the International Association for Hospice and Palliative Care, International Doctors for Healthier Drug Policies. It is advised to stop using terminology like "drug" and "narcotic" in non-medical contexts since they can make patients and their families anxious, exacerbate opioid phobia, and spread false information about the therapeutic use of opioid analgesics [23].

The opinions of patients and doctors may play a role in ineffective or insufficient therapy. This is dependent on, among other things, whether patients disclose the pain they are feeling, how well they describe the pain, whether they express their worries or scepticism about the dosage

of the prescribed medication, and, finally, how closely they follow instructions for long-term treatment, which may include skipping or adjusting dosages based on changes in pain intensity as perceived by the patient [24]. The most frequently self-reported patient opinions about opioid analgesics are related to concerns about diverting attention away from cancer during treatment, being seen as a difficult patient, or the conviction that opioid analgesic use is inevitable as the disease progresses and pain develops or worsens [25]. Strong opioids are frequently used as a "last option" and are seen as a symptom of imminent mortality in the latter stages of sickness. The "morphine myth" that has been explored in the medical literature upholds worries about declining cognitive function, a shorter life expectancy, and ineffective treatment outcomes [26]. The degree to which patients express their thoughts is greatly influenced by how well they communicate with and how much they trust their doctor, both of which are essential for obtaining an accurate and knowledgeable therapeutic advice [27-29].

Patients, caregivers, and medical professionals frequently lack current knowledge, have incorrect ideas, and have unfavourable attitudes about opioid analgesics. According to a 2017 comprehensive review (9(12), 2017) [29].

We included specialty doctors who work in hospice, primary care, and in-patient settings in addition to patients. Using a snowball sample approach, doctors were attracted from various parts of the nation.

The initial participants invited others to participate in the study, and these participants in turn invited others, etc. The researchers gave the participants an explanation of the survey's methods and goal. Participation in the study was entirely voluntary, and the data obtained were collected and are stored in accordance with all anonymity rules.

Results

We included 104 cancer patients (mean age: 70.3 ± 11.2 years), the majority of whom were female (60.4%), in an outpatient palliative care clinic, home hospice, or inpatient hospice. In the palliative care group, 38% of respondents had finished their secondary school, 15% had finished their basic vocational education, and 38% had finished their higher education. The majority (71%) of respondents lived in a metropolis with more than 100,000 residents, followed by communities with 50,000-100,000 people living there (14.1%) and those with fewer than 50,000 people (9.1%), with 6% of patients living in rural areas. In addition to the patient group (n=104), we included 216 physicians (mean age= 39.1 ± 14.4 years), the majority of whom were female (62.4%). Most physicians (93.4%) resided in a city of more than 100,000 inhabitants, while 3.9% lived in a city of 50,000-100,000 residents, and 2.6% in a city or town of up to 50,000 inhabitants. We present participant's characteristics in Table 1.

Most patients with cancer reported that they experienced pain over

Discussion

Poor cancer patient pain management may be a contributing factor in Poland's low opioid analgesic use. According to this study, 87.5% of the participants reported pain at some point throughout their illness, with a mean pain intensity of 7.01 \pm 2.44. These figures are higher than those found in a global analysis of 4,117 studies, which found that 66.4% of patients reported experiencing pain during the advanced, metastatic, and terminal stages of their illness, and 55.0% of patients reported experiencing pain while receiving anti-cancer treatment. 38.0% of patients reported having pain with an intensity of less than 5.

Conclusion

In conclusion, we discovered strong general agreement between cancer patients' and doctors' views on the usage of opioid analgesics. The viewpoints of doctors converged significantly, which may be supported by medical studies and suggestions from nations with a severe opioid issue. The biggest differences in opinions were in the area of medical knowledge, which may be an indication of inadequate patient education about opioid usage and poor patient-physician communication. The wide variations in opioid use are alarming since individuals believed that using opioids would help them manage their pain and improve their quality of life.

Acknowledgments

Not applicable.

Conflicts of Interest

The authors declare no conflict of interest.

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