

Appendix 6 Sample Termination of Opioid Therapy Letter*

Dear _____:
[Patient Name]

Previously, you and I signed a written agreement regarding the treatment of your chronic pain problem with opioid therapy. There were certain conditions and goals of treatment to which you agreed.

Unfortunately, you have chosen not to abide by one of more of the terms of this agreement. In my professional opinion, it is now necessary to withdraw you from opioid therapy and pursue other forms of treatment for your chronic pain.

Opioid withdrawal symptoms are unpleasant, but not life-threatening. You may experience any of the following: sweats, chills, headaches, muscle aches, joint aches, abdominal cramps, nausea, vomiting, diarrhea, anxiety, fatigue, malaise, "goose flesh." These symptoms are similar to a severe flu-like illness. They may begin within 12-36 hours of reducing the dose of your opioid medication, be most severe for 24-72 hours, and then begin to fade away. Some people report feeling tired and mildly unwell for 1-2 weeks after completely stopping opioids. You should then feel the same as your did prior to beginning therapy.

To minimize these withdrawal symptoms, I will taper your opioids over a 10-14 day time period. I will provide your pharmacist with detailed instructions on how much and when to dispense your medication.

I can still offer to help you search for other treatments for your chronic pain. If you choose to see another physician, I would be pleased to send a summary of my treatment to any physician of your choosing.

Should you wish to try opioid therapy again at some future date and are willing to comply with the terms of the agreement, I would be willing to reconsider your case.

PHYSICIAN'S SIGNATURE: _____

DATE: _____
[dd/mm/yy]

***Source:** Jovey RD, Boulanger A, Gallagher R, Gillen M, Goldman B, Peloso PM et al. Managing Pain. The Canadian Healthcare Professional's Reference, 2nd ed. Healthcare & Financial Publishing, Rogers Media, Toronto, 2002.

