The Opioid Crisis: How Every Medical Student Can Make a Difference
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My hometown is truly a postcard-worthy, seaside village on the coast of Maine. It is perched at the mouth of the Passagassawakeag River which flows into Penobscot Bay. There are old wooden schooners, a white steepled church tourist shops and restaurants which line Main Street, and a small, community hospital.

Over the years the hospital was a second home to me as I spent many hours there with one of our beloved, local pediatricians. During my time at the hospital, I witnessed the birth of an epidemic: opioid addiction. At first I was shocked, because I had thought that drug addiction was mostly found in big cities and not so close to home. However, I soon realized that this was a problem affecting my neighbors and friends. I can still vividly remember the first time I held a baby in the hospital nursery who was withdrawing from opioids.

Usually when we made morning rounds together, we would find the baby and mother, snuggled together in bed, skin-on-skin, laying the foundations for their lifelong, sacred bond. However, on this particular morning, we found the infant alone in the nursery. Jittery and irritable, the infant was difficult to console. The physician informed me that the baby would have to be transferred to a referral hospital for appropriate treatment. As recently reported in *Pediatrics*¹, use of a standardized Neonatal Abstinence Syndrome protocol can decrease the need for medication, hospital length of stay, and hospital costs.

Once we completed the exam, the infant was returned to the crib, where he lay, tightly swaddled in a blanket. As I watched him, I felt a strong desire to physically connect. Thus, I picked up the infant, and carefully moved to the rocking chair in the corner of the nursery. As we slowly rocked back and forth, every few minutes I could feel his entire body shudder, as the withdrawal symptoms began to consume him. As we moved together in the rocking chair, I found myself trying to imagine how this infant's mother felt.

Now, I am a third year medical student at the University of Vermont (UVM) College of Medicine. I have already seen many patients who are struggling from opioid addiction and its sequelae. In response to the expanding opioid crisis in Vermont, primary care providers in the state including pediatricians have been encouraged to undergo training in order to become qualified to prescribe buprenorphine, an oral medication used to treat opioid addiction. However, uptake has been slow and far too few physicians, especially pediatricians are qualified to meet the needs of our communities.

While in my second year of medical school, I worked on a public health project which sought to understand why so many primary care providers in Vermont were reluctant to treat opioid addicted patients with buprenorphine. When I asked one physician why they did not prescribe the drug they said: "I just don't see those kinds of patients in my practice." I found the response confusing. "Those kinds of patients" are our neighbors, friends, and family. I cannot imagine a primary care physician saying, "I don't treat patients who have diabetes or asthma". For me, there is no difference. The opioid addicted patient is the same as any other complicated and
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challenging patient which we seek to help every day.

As a current medical student, I represent a generation of healthcare providers who have not experienced working in communities without significant opioid addiction. Thus, I find myself asking, "What can we, as medical students, do to help fight this crisis?" I believe that change can start with us. By starting a conversation, we can encourage our mentors and teachers to rise to the challenge and to help these patients. Further, we need to consider how opioid addiction is taught. I first learned about outpatient medical assisted treatment for opioid addiction at a lunchtime talk. Opioid addiction as a formal part of the curriculum was not mentioned until a lecture late in my first year.

I believe that the medical students and trainees of today, who will become the community physicians of tomorrow, can and will play an important role in changing how our healthcare communities think about opioid addiction. Opioid addiction is not just an issue in Vermont and Maine; families across the country are facing this challenge. As a future pediatrician, I am dedicated to ensuring that families have access to the care that they need, in order to give children the best possible chance at a happy and healthy life. Treating the opioid addicted patient will help to assure this outcome and is a responsibility that everyone in the healthcare profession must accept and share together.


Further Reading

- Family-Centered Rounds and Medical Student Education: A Qualitative Examination of Students' Perceptions
- Oh, What You Can See: The Role of Observation in Medical Student Education
- Pediatrics on Facebook
- Pediatrics on Twitter