The Undertreatment-of-Pain Crisis

By Frank B. Fisher, M.D.

Chronic pain is the largest single cause of disability in America, exceeding both heart disease and cancer. Tens of millions are afflicted, and those who suffer from the severest form of the disease are the least likely to find satisfactory treatment.[1]

This is the case because when the disease has progressed to this stage, treatment with opioid analgesics, which are categorically safe[2] —and for pain sufferers, non-addictive— is usually the only therapeutic modality bearing the potential to bring the disease under control.

Paradoxically, while the streets are awash in illicit analgesic medications, pain sufferers are the only group within society who can't adequately access these substances.

The undertreatment of chronic pain is a public-health disaster for which there is a workable solution close at hand. The whole mess is a consequence of prohibition law in the form of the Controlled Substances Act, and is driven by the collapse of medical ethics within the discipline of academic pain medicine.

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An examination of the interplay between medical ethics and prohibition law illuminates the nature of the problem. The most fundamental principle of medical ethics is the physician's solemn obligation to put the interests of his patient ahead of all other interests. This is the foundation of the physician/patient relationship. The Controlled Substances Act of 1970 attempted to preserve the physician/patient relationship by creating an exception to drug prohibition so that physicians might legally prescribe controlled medications in the course of their professional practices.

Despite the apparent good intentions of its authors, the law is fatally flawed in that it requires law enforcement to determine which physician conduct is professional practice, and which is illegal drug distribution. Naturally, physicians take measures to avoid criminal sanction and thus, the physician/patient relationship stops serving the interests of the patients and instead becomes an expression of law-enforcement ethics.

The leadership of academic pain medicine has adopted drug-war values with alacrity. Ignoring a wealth of scientific data informing them that addiction to opioids among chronic pain sufferers is vanishingly rare,[3] they have devised an elaborate pseudo-science they believe protects them from prosecution. They call this endeavor "aberrant" drug- related behaviors, and they use the observation of these behaviors as a means for selecting out, and excluding from treatment, patients whose medical needs expose the physician to increased risk of law enforcement attention.

These behaviors, for the most part, are conduct in which patients whose pain is poorly controlled are likely to engage. For example, complaining of uncontrolled pain and asking for a larger prescription, is a common "red flag." When this occurs, the physician is required to impose sanctions against the offending patient. These range from suspicion and heightened scrutiny to termination of treatment "justified" by destructive comments in the medical record warning other physicians not to treat the patient again.

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The withholding of pain treatment, when a physician has the means at hand to control pain, is torture. This form of torture, delivered by the medical profession, is widespread and systematic. The result is unimaginable suffering and countless suicides.

Pain-treating primary-care physicians have little choice but to comply with the pseudo-science of "aberrant" behaviors because if they fail to do so, the government will have no problem securing the testimony of an academic physician to testify against the targeted doctor in criminal court.

The government's hired gun will assert that the primary-care physician's behavior lay outside the boundaries of professional practice, and was in fact illegal drug distribution. Coupled with the testimony of former patients eager to diminish prison sentences garnered for selling their medications on the street, the presentation is devastating.

Unfortunately, the threat these prosecutions pose to physicians in the community is not remote. On a daily basis, a physician faces such criminal charges somewhere in the United States.[4] And because of "get-tough-on-drugs" mandatory sentencing laws, many American physicians are currently serving what are, in essence, life sentences in prison.

The Pain Relief Network, led by pain control advocate Siobhan Reynolds, has worked efficiently and with increasing success in recent years to publicize the pain crisis in the national media. At the same time, established "drug-policy-reform" groups have raised money on the pain issue —as if they had been doing the heavy lifting!— and effectively diverted funds from the admirable PRN.

Historically, whenever medical ethics have been systematically abrogated in deference to political demands, physician conduct has been atrocious. Physician conduct around the pain crisis has proven to be no exception. When society finally comes to terms with what has occurred here, the conduct of academic physicians and their willingness to collaborate with the government's purposes will likely come to be understood in the same light as war crimes.

The reality of the pain crisis is so disturbing that most prefer not to acknowledge that this could happen in the United States of America. There is, however, some good news. PRN has recently devised a Constitutional challenge to the Controlled Substances Act, which promises a solution to the problem. A white paper pointing the way toward a due process claim on behalf of the millions of Americans in untreated pain can be found on the front page of

PainReliefNetwork.org.

The immediate problem at this point is securing funding for the legal expenses involved.

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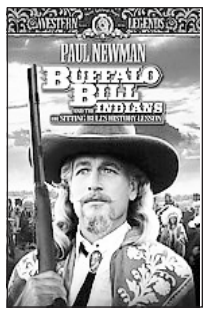
Why Do They Hate *You?*

"Once in Chicago while performing with Buffalo Bill Cody's Wild West," writes Roxane Dunbar, "Sitting Bull spoke through his translator to the huge crowd of ragged white men, women, and barefoot children: 'I know why your government hates me. I am their enemy. But why do they hate *you?*'"



Robert Altman's great movie "Buffalo Bill and the Indians" depicts the context. It's the dawn of the age of hucksterism, when corporations were first exerting their power and influencing American culture. Paul Newman plays Buffalo Bill, who runs and is the star attraction of a traveling show. One of the "acts" on display is laconic, brilliant Sitting Bull.

The Sioux leader's image and his profound question —"Why do they hate you?"— comes to mind with each example of the U.S. government's willingness to see its citizens suffer and die in pursuit of corporate interests.

The examples are coming at us in a sandstorm these days. Exhibit A is the attempt to occupy Iraq on behalf of the oil companies. Exhibit B is the government's complicity in approving and actually promoting pharmaceutical drugs and with harmful side effects while prohibiting the safest pharmacological agent known to mankind —cannabis.

Hardly a day goes by without news of the government seeking to justify corporate practices that are literally killing us. To protect the beef producers the feds won't *allow* thorough testing for Mad Cow disease. To protect the poultry producers they tolerate high levels of salmonella in chicken, and even 500 ppb of arsenic! (See "Teflon Kills," page 40.)

Here at *O'Shaughnessy's* we've had an example of endangerment-by-corporate-arrogance hit home. Tod Mikuriya strongly suspects that Lipitor, Pfizer's blockbuster statin drug, had a damaging effect on the lining of his biliary tract.

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Mikuriya was put on Lipitor three years ago to lower his cholesterol following coronary bypass surgery. He has had three patients who attribute similar adverse effects to Lipitor, including itching, a feeling of cold, and digestion problems.

A lawsuit filed this Spring by a Teamsters health-insurance fund charges that Pfizer execs unethically promoted sales of Lipitor. (Since 2001 they've sold $46 billion worth, including $12.1 billion last year, making Lipitor the world's best-selling drug.)

The suit, according to the *Wall St. Journal,* "cites internal Pfizer marketing documents, Pfizer-funded studies and physician-education programs that encourage doctors to use Lipitor early in treatment, despite the risk of side effects in some patients. Pfizer says side effects with Lipitor are generally mild, such as stomach upset, but the drug has been associated in rare cases with muscle damage and liver problems."

"Rare cases" of a drug taken by millions equate to thousands of individual catastrophes. The pharmaceutical manufacturers claim that the benefits their compounds confer on the many far outweigh the damage they cause a few. (The *Journal* asserts that Lipitor "has helped millions of people avoid or manage coronary artery disease, including heart attacks and strokes.") The sanctity of the individual —which the *Wall St. Journal* proudly invokes in explaining the superiority of capitalism to socialism— couldn't stand up to cost-benefit analysis.

The corporate decision-makers relate to us as customers, not as people. Their ad campaigns are folksy and friendly, as if they're "good neighbors" concerned about our health —but they're really stock owners intent on maximizing their profits. They're willing to endanger our health to sell their products.

That's not the way you treat people you respect and love. It's more akin to contempt and hate. And therein lies the answer to Sitting Bull's question.

—Fred Gardner