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Doctor and patient injuries "in the war on drugs": a review of 4 individual practices in washington DC

Abstract

Background: This study reviews physician and patient injuries from the practice closures of four individual practitioners in Washington DC.

Method: Retrospective review of patient records, vital statistics and relevant administrative – legal files related to the office closures.

Results: Approximately 1000 patients were affected by the office closures. Among them there were 14 suicides and one premature death and 2 near-death experiences. Among physicians injuries included one fatality and three serious injuries.

Discussion: An alarmingly high number of suicides seems to be consistent with previous findings that some vulnerable patients may die prematurely after discontinuation of stable opiate treatment. The serious nature of physician injuries seem to indicate inhumane and unsafe treatment of physicians under the custody of DOJ.

Conclusion: Administrative closures of psychiatric and pain practice may present a high risk of injuries and premature death.

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Background

In the last two decades -as part of the war on drugs- a large number of pain treatment centers have been closed and many physicians have been prosecuted for allegations of drug trafficking. The legislation approved by Congress in the 70s allows for physicians to be criminally prosecuted when a physician's practice is proven to be reckless and completely outside of the standard of medical care.

The precise numbers of prosecuted doctors are not known yet it is estimated to be many thousands with very high number of patients -at least temporarily- adversely affected by the clinic closures.

In general people with dual diagnosis – psychiatric and substance use disorders, may represent a high risk of premature death consistent with the study by Grant et al.,[1] Kakko et al.,[2] and colleagues reported 20% death rate among patients taking buprenorphine versus 0% death in a control group in one year.[2] There are also retrospective studies showing a strikingly high suicide risk among patients with discontinued opiate treatment.[3,4]

Prof. Robert Libby in his groundbreaking work – The criminalization of medicine – eloquently shared individual traumas including suicide of physicians who have faced criminal prosecution.[5] This study reviews four practice closures in the Washington DC area with a narrow focus on the injuries and deaths of physicians and their patients following the practice closures.

Methods

We reviewed patient records of people whose care were interrupted because of practice closures. We interviewed the four physicians and relied on their self report-of physical injuries. We also reviewed administrative records of official inquiries of physicians under investigation.

Results

Office closures involved 4 individual practices (in this study identified as physician #1,2,3,4) in the Washington DC Metropolitan area between 1998 and 2012 (Table 1-8).

The total number of patients affected by the closures was 1000. Physician # 2 practice experienced no interruption of treatment by having full medical coverage from a licensed physician. Physician injuries included 1 death, 1 near-death and 1 serious physical injury fully recovered, 1 with permanent serious injury and 1 with a serious permanent injury from a sexual assault.

Injuries for patients included 15 deaths and 2 near deaths with full recovery. Among 17 patients of physician #3 -who were subjects to an investigation by the local medical board-1 patient committed suicide 4months after disruption of treatment and while attending a methadone clinic and taking methadone . Also in the same group1 patient died prematurely from postsurgical complications of an exploratory abdominal surgery of acute pain. The methods of suicide included gunshot wounds, cutting and overdoses (Table 2).

Discussion

It seems that both physician and patient injuries have been catastrophic. Of significance only one physician had his day in court while three physicians endured atrocities without due process. The seriousness of physical and mental injuries (one death and three serious injuries) suffered by four physicians in the course of criminal prosecution are consistent with egregious prosecutorial abuse.

For a physician to suffer a broken jaw or another physician to be tortured and sexually assaulted in a federal psychiatric hospital are both grotesque and inhumane. As importantly the injuries suffered by physicians reflect a general pattern of criminal conduct by DOJ staff. It seems that the serious patient injuries after interruption of treatment are similar to what has been reported previously and consistent with the observation that diverse mechanisms do contribute to increased mortality and suicide. One year post closure suicide rate of 14 among 1000 patients (or 1400 per 100.000 populations) represents a dramatic jump when compared to annual suicide rate of 12.6 per 100.000 populations. It is important to note that physician #2 did not have any suicides and he was the only physician who managed to find a physician colleague to take over his practice without any interruption of treatment for patients.

Table 1 Injury Report of 4 Washington DC Doctors in "The War on Drugs"

S. No	Injury Report of Doctors	
1.	1 Dead	
2.	1 Dr. With A Broken Jaw And Near-Death	
3.	1 Dr with permanent injury from torture and sexual assault	
4.	1 Dr. with lost vision in one eye	
Dr Specialty million	**Yrs Pract Trial**	**$ lost***
#1Inter med-Pain	31	YES$ 5
#2Inter-Med -Pain	25	NO$ 12
#3Psychiatry	40	NO$ 10
#4Psychiatry	40	NO$ 3

*LOST REVENUES= (ANNUAL INCOME. FUTURE YEARS OF PRACTICE)+ NET WORTH AT THE TIME OF THE RAID.

Table 2 Discontinuation of Opiates and Heightened Risk of Premature Death and Suicide Unrelated to the Withdrawal Response

S. No	Discontinuation of Opiates and Heightened Risk of Premature Death and Suicide Unrelated to the Withdrawal Response
1.	Opiates have mood stabilizing properties[3]
2.	Postmortem brain exams of people with severe depression- who committed suicide- are endorphin depleted. (Iseroff 1998)
3.	Very high rate of premature death and suicide among people with heroin addiction who dropped out of buprenorphine maintenance treatment[2]
4.	Very high rate of premature death and suicide among people with chronic pain whose stable treatment with opiates were discontinued because of administrative pain clinic closures[4]
5.	An anecdotal single case report: a 49-year-old man with severe treatment refractory depression who had not responded to electroconvulsive treatment and had a positive response to opiates died prematurely 2 years after stoppage of opiate treatment (PS, Salerian 2008)

Table 3 One Year Mortality Data Of 17 Patients of Physician #3, After Discontinuation Of Stable Opiate Treatment*

S. No	One Year Mortality Data
1.	1 death by suicide
2.	1 premature death from postsurgical complications of exploratory surgery for abdominal pain

*These 17 patients were the subject of DC Board of Medicine's investigation of malpractice by physician # 3 . In essence the aim of the investigation was to protect them. None of 17 complained. Their input about the quality of care was not included in the final decision by the board

Table 4 Patient Deaths After Interrupted Treatment In 4 Individual Practices

Dr.	# (Patients)	Deaths
Dr. # 1200	400	7
Dr. # 2*		0
Dr. # 3400		8
Dr. $ 415		0

*An associate doctor took over practice

Table 5 Methods of Suicides In 2 Washington DC Pain Clinics In 1 Year Upon Closure

Physician #	# suicides	gunshot cutting	od	unknown
#1	77			
#2	7	2	1	4

Table 6 136years of Medicine Ruined Instantly: The Irrational Fall of 4 Washington DC Physicians*

S. No	136 years of Medicine Ruined Instantly: The Irrational Fall of 4 Washington DC Physicians
1.	36 years of combined medical practice in Washington DC
2.	1 dead 3 serious injuries suffered by prosecuted physicians
3.	All 4 shut down and forced to bankruptcy without due process
4.	No due process for 3 out of 4. Only one went to trial. Five former presidents of the Academy of pain medicine described his treatment excellent
5.	Two out of four went to prison without due process
6.	CDC claim of "prescription pain medications causing epidemics of heroin addiction and overdosed deaths" is scientifically invalid

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Table 7 Major Violations of Due Process Evidence-Based Medicine and Human Rights in The Practice of Medicine

S. No	Major Violations of Due Process Evidence-Based Medicine and Human Rights in the Practice of Medicine
1.	Criminalization of medicine: confiscation of physician wealth without due process rendering physicians defenseless to combat allegations of drug trafficking
2.	Imprisonment of physicians without due process when accused of drug trafficking
3.	Revocation of medical license when facing drug trafficking charges
4.	False CDC claims of epidemics of heroine addiction and overdose deaths caused by prescription pain medications
5.	Dr. profiling by mass collection of prescription data
6.	HIDTA funds to track patients taking controlled substances
7.	Covert collaboration between the state medical boards and DEA to secretly share data for false malpractice allegations against physicians
8.	Abuse of confidentiality and privileged doctor-patient communication for physicians seeking psychiatric help

Table 8 Were The Due Process And Speedy Trial Rights of 4 Washington DC Doctors Protected? (Medical License Controlled Substance Registration and Criminal Charges)

Legal Rights	Dr.# 1	Dr.# 2	Dr.# 3	Dr.# 4
Licence	Yes	No	No	No
Contr Su Re	Yes	No	No	No
Criminal	Yes	No	No	No
No Prosec Abuse (violence, torture	Yes	No	No	Yes

Also of significance is the observation that although physician #3 publicly warned the state officials and patients of potential adverse consequences of interruption of treatment and referred patients to other physicians, seven of his patients committed suicide within one year. This observation seems to be consistent with published literature of a novel psychobiological mechanism: the potential neuroprotective role of endorphin agonists for normalcy and against premature death and suicide among some vulnerable subgroups i.e. people with chronic pain, dual diagnosis or depression.[1–3] The major weakness of this study is its retrospective nature. Also of significance is the absence of more detailed clinical information about all patients and in particular the mood status of patients prior to the office closures (mood data was only available for physician #3 practice).

Independent of any medical observations several points may deserve special attention: financial strangulation of physicians without due process and inhumane barbaric treatment of physicians under the custody of DOJ.

Conclusion

The review results are consistent with the observation that the closures of psychiatric and pain treatment offices have contributed to serious losses of life and injuries among physicians in charge and their patients. Serious administrative flaws and possible criminal negligence might have contributed to the adverse outcome. Public health officials, administrative and legal authorities in charge of regulating pain treatment centers, physicians and other mental health experts must become familiar with potential adverse consequences of medical practice closures.

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Conflicts of interest

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