

## Prescription for Pain

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### Related resources:

[Major Media on the War on Doctors 2005-2006](#) ; [War on Doctors/Pain Crisis Journalism and Advocacy](#)

### See also:

[Prisoner of Pain](#) - Richard Paey on 60 Minutes with Morley Safer, Air Date: 2006-01-29

[Mandatory Madness – What Happened to \[Richard Paey\]](#) - Eric Snider, Weekly Planet, 2004

[Punishing Pain](#) - John Tierney, New York Times, 2005

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'PAIN-KILLER" is one of medicine's overblown promises. The pain is often eased and delayed, not killed. In chronic cases, it always comes back. The last thing that patients and doctors should be worrying about as they use these imperfect medications is an arrest for substance abuse by overzealous police.

But there are places in this country where patients and physicians do have to worry. The CBS program "60 Minutes" and New York Times columnist John Tierney have recently focused on the plight of a 47-year-old father of three and law school graduate serving a 25-year drug-trafficking sentence in Florida.

Richard Paey has had to use a wheelchair since an auto accident 21 years ago left him with screws in his spine and persistent pain. He also has multiple sclerosis. Despite three months of surveillance, police found no evidence he was selling any of his drugs, but a prosecutor still succeeded in convicting him on the grounds that he could not himself have used the 25 pills a day he was getting. Paey said he took that many pills, each of low dosage, to avoid higher-strength pills that could tempt drug abusers and draw the attention of the Drug Enforcement Administration (DEA). He is appealing his conviction.

Historically, doctors in the United States tended to under-medicate patients with chronic pain for fear they would become addicted. Improvements in medications and the development of the hospice model for treating terminal patients have led to better pain management. But doctors and patients in chronic but not terminal cases face increasing scrutiny when patients need repeated prescriptions for large quantities of controlled substances.

CBS interviewed Dr. Russell Portenoy, chairman of the department of pain medicine at Beth Israel Hospital in New York, who said, "There is a very deep concern on the part of the medical profession that the authorities don't know anything about pain medicine and are so afraid of prescription drug abuse that they tend to investigate or go after prescribers on the basis of very weak evidence."

In Boston, Dr. Carol Warfield, chairwoman of the department of anesthesia, critical care and pain medicine at Beth Israel Deaconess, and a professor at Harvard Medical School,

said that to her knowledge there had been no recent cases in this state like Paey's. But she said that here, too, doctors work in fear of patients becoming addicted and of themselves suffering legal sanctions for their prescribing practices.

Martha Coakley, district attorney for Middlesex County, said she does not think that overzealous prosecution of prescription drug abuse is a problem in this state. Speaking of her own office, she said, "We would stop short of micro-managing" pain treatment. But she said there is a problem of prescription drug users becoming addicted to substances like OxyContin. Coakley is right that prescription drug abuse is a problem, just as the use of methamphetamines, heroin, and cocaine is. But patients will suffer needlessly if prosecutors and the DEA do not fine-tune their investigations of suspected prescription abuse.

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