MERCY MEDICAL CANNABIS RESOURCE CENTER

Good? Sam, Bad Policy!

Good Samaritan makes a Bad Policy decision in forcing Patients to choose between Opiates and Cannabis. In essence, Good Sam is Punishing Patients for being cured with Cannabis. And Why? Was somebody harmed by concurrent use? Did they end up overdosing on Opiates or other negative consequnces? No, in fact opiate use is typically decreased when used in conjunction with cannabis.

Policy means Many Medical Cannabis Patients Experience Discrimination From Their Physicians

Cannabis activists, particularly those that have worked in medical cannabis clinics, have heard more and more stories regarding patients experiencing severe discrimination from their physicians due to their use of medical marijuana, even when allowed under state law. Published stories regarding patients being denied transplants have surfaced, and even some signs of hope that such a policy, with no scientific basis, is starting to be reformed. Many patients are now reporting that they are being forced to choose between medical marijuana and pain medication, with doctors threatening to stop prescribing pharmaceutical pain killers if the patients continue using medical cannabis. Many patients anecdotally have reported using fewer pain killers such as OxyContin due to using medical cannabis. Scientific research now backs up these anecdotal claims.

Pain Patients, Pain Contracts, and the War on Drugs

Pain contracts. Pain management contracts. Medication contracts. Opioid contracts. Pain agreements. They go by different names, but they all mean the same thing: A signed agreement between doctor and patient that lays out the conditions under which the patient will be prescribed opioid pain medications for the relief of chronic pain. For some of the tens of millions of Americans suffering from chronic pain, opioid pain medications, such as Oxycontin or methadone, provide the only relief from a life of agony and disability. But with the Office of National Drug Control Policy's ongoing campaign against prescription drug abuse and the Drug Enforcement Administration's (DEA) ongoing crackdown on physicians it believes are prescribing opiates outside the bounds of accepted medical practice, the medical establishment is increasingly wary of pain patients and adequate treatment of pain is a very real issue for countless Americans. In recent years, doctors and hospitals have turned increasingly to pain contracts as a means of negotiating the clashing imperatives of pain treatment and law enforcement. Such contracts typically include provisions requiring patients to promise to take the drugs only as directed, not seek early refills or replacements for lost or stolen drugs, not to use illegal drugs, and to agree to drug testing. And as the contract linked to above puts it, "I understand that this provider may stop prescribing the medications listed if... my behavior is inconsistent with the responsibilities outlined above, which may also result in being prevented from receiving further care from this clinic."

Protest Punishing Patients for being Cured with Cannabis "This is really an indication of how the current DEA enforcement regime has created an adversarial relationship between patients and physicians where the doctors feel the need to resort to contracts instead of working cooperatively with patients," said Kathryn Serkes, spokesperson for the Association of American Physicians and Surgeons (AAPS), which has been a fierce critic of criminalizing doctors over their prescribing practices.

"The pain contracts are a tool to protect physicians from prosecution. He can say 'I treated in good faith, here's the contract the patient signed, and he violated it.' It's too bad we live in such a dangerous environment for physicians that they feel compelled to resort to that," she told the Chronicle. "Patients aren't asked to sign contracts to get treatment for other medical conditions," Serkes noted. "We don't do cancer contracts. It is a really unfortunate situation, but it is understandable. While I am sympathetic to the patients, I can see both sides on this," she said.

"There is no evidence these pain contracts do any good for any patients," said Dr. Frank Fisher, a California physician once charged with murder for prescribing opioid pain medications. He was completely exonerated after years of legal skirmishing over the progressively less and less serious charges to which prosecutors had been forced to downgrade their case. "The reason doctors are using them is to protect themselves from regulatory authorities, and now it's become a convention to do it.

They will say it is a sort of informed consent document, but that's essentially a lie. They are an artifact of an overzealous regulatory system," he told the Chronicle. "When this first started, it was doctors using them with problem patients, but now more and more doctors and hospitals are doing it routinely," Fisher added. "But the idea that patients should have to sign a contract like that or submit to forced drug testing is an abrogation of medical ethics. Nothing in the relationship allows for coercion, and that is really what this is."

Concurrent Cannabis and Opiate Use

Pain is the neurological process that provides internal communication via nerve cells indicating an injury or disease. Pain is a cardinal symptom of many disease processes especially if it is associated with tissue or organ nerve damage. Pain impulses are carried through nerve fibers which are present in all tissues and organs, and exist in huge numbers in the central nervous system. The CNS is composed of the spinal cord and the brain. The peripheral nervous system (PNS) contains nerves located in the arms, legs, skin and other parts of the body outside the brain and spinal cord. Neurotransmitters like serotonin, dopamine, adrenalin and glutamate, are released by receptors in the cell, in response to specific nerve impulses which trigger their activity. The anatomy of a nerve cell is arranged in order to carry sensory impulses from one cell to another and into the brain and motor impulses from the brain back to a specific area.

There are many different qualities and types of pain. Pain may also be non-physical in nature, arising from psychological trauma or mental illness. Phantom limb pain, for instance, is the perception of pain in an appendage (arm or leg) which has been amputated. Intractable pain is excruciating pain which is unresponsive to medical or pharmacologic interventions. Analgesics are a class of drugs which (are intended to) block or reduce the movement of pain signals to the brain, reducing the perception of pain. There are many different types of analgesics- including opiates- which treat many different types and intensities of pain. Prescribers attempt to match the analgesic to the pain in the lowest effective dose. As the severity of the pain increases, so does the potency of the drug prescribed. Severe pain, by definition, is pain which defies easy control. The pain cycle often results in escalating doses of one pharmaceutical, until it fails to adequately control the pain or the side effects become excessive.

This is followed by a different and more potent analgesic. The side effects and toxicities increase in proportion. Patient's suffering from severe pain- like migraines, neuropathy or cancer, present a huge challenge to prescribers because the pain continues often for the patient's entire life and involve potentially lethal doses of analgesics over a long time period. Large doses of opiates additionally render many patients unable to effectively function, further reducing quality of life.

Morphine is considered the standard for the most severe pain. It comes in many forms and dosages and combinations with other agents which are meant to synergistically work with the morphine at lower doses. Morphine activates specific receptors which release endorphins. It has very potent central nervous system activity, blocking pain signals in the brain. It can also depress the vital functions of the CNS, like breathing. High doses of morphine can also impair liver function and sensory function and result in constipation. From 1999 to 2010, the number of U.S. drug poisoning deaths involving any opioid analgesic (e.g., oxycodone, methadone, or hydrocodone) more than quadrupled, from 4,030 to 16,651 per year, accounting for 43% of the 38,329 drug poisoning deaths and 39% of the 42,917 total poisoning deaths in 2010.(1)

Increased Access To Therapeutic Cannabis Likely To Reduce Patients' Use Of Opiates, Other Addictive, Lethal Drugs

Regulating cannabis access would provide patients with an effective treatment for chronic pain and likely reduce morbidity associated with the use of prescription opiates and other pharmaceuticals, according to a review published in the Journal of Psychoactive Drugs. A researcher with the Centre for Addictions Research of British Columbia reports that cannabis may be useful in the treatment of chronic pain as well as certain substance abuse disorders, and that it poses fewer risks to health than many conventional alternatives.

No Pain for Profit, No Medicine Denied over Politics

So what's the problem? Well, as one of our elders once said, when it don't make sense, follow the money. Thus We can imagine that who ever is/was getting paid for the opiate use is Not Happy about any decrease in use. **We hope that this isn't a case of Good Sam or the Doctors involved having stock in the Opiate company, or something like that.** In addition, the specter of Politics raises it's ugly head. Has the DEA come thru and told Good Sam to do this or all of it's Doctors Controlled Substance licenses will suddenly need to be re-inspected?

What To Do?

Contacting Good Samaritan: Samaritan Health Services | Good Samaritan Regional Medical Center 3600 NW Samaritan Drive Corvallis, OR 97330 541-768-5111 Toll free: 1-888-872-0760 –or- visit: http://www.samhealth.org/locations/goodsamaritanregionalmedicalcenter/Pages/contactus.aspx - For Online map and more > example, Patient experience coordinator - for questions, concerns, suggestions, etc., call: 541-768-6073

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