

Senator Cisco McSorley, Chairman
Judiciary Committee
New Mexico State Senate

Dear Sir, and Members of the Committee:

I am writing to make you aware of what I regard as a serious breach of the public trust by the Medical Licensing Board of the State of New Mexico.

It is the duty of that Board to ensure that the citizens of New Mexico have access to competent medical care. In the areas of pain management not only are they failing in that duty, they are actively engaged in a "witch hunt" designed to deprive the people of New Mexico of competent pain management professionals who are challenging the entrenched medical establishment with new information and techniques.

My wife, Molly Shaw, suffers from a rare and extremely painful condition. It is so rare that no doctor has actually been able to diagnose its cause or treat it directly. She has tried every drug or procedure that the doctors at Lovelace, my medical provider, could think of. They even sent her to the Mayo Clinic to confirm the fact that no one could find the cause of her pain, and the only option for her was simply to continue taking pain medication. This is when the trouble began.

Molly's pain problem was now transferred from the neurologist who had been trying to diagnose her (and had also been providing prescriptions for adequate pain medication) to her primary care doctor, since there was nothing more the neurologist could do. This went well for a while, but the day came when her primary doctor moved on and Molly had to get another.

Her new primary care doctor was fresh out of residency and didn't even have her DEA number yet. Shortly after Molly's Assignment to her it became apparent that she was not well trained in pain management and was unprepared to take on a patient with such a long and complex history.

To make a long story short, Molly was ultimately told at a "care conference" that they were taking her entirely off all narcotics as soon as she could be tapered off. This was their plan, take it or leave it. No second opinion was offered, and they were unwilling to call in any outside pain management specialists. Since her pain medication was the only thing allowing her to have any quality of life, I was forced to take her elsewhere at my own expense.

I took Molly to Dr. Joan Lewis, an anesthesiologist who had specialized in pain management, and had been practicing here in New Mexico a few years. She had excellent credentials, and was actually developing an objective way to distinguish genuine pain patients from malingerers and abusers. After a thorough work-up, Dr. Lewis took Molly as her patient and provided her with adequate pain medication. Molly finally had enough medicine to give her some relief and restore some quality of life.

From: Mark Henderson <markh@jbhenderson.com>
To: "Joan Lewis, MD" <paradox@nmia.com>
Subject: RE: Legal representation for the undertreatment of pain
Date: Sat, 17 Mar 2001 11:02:19 -0700
X-Mailer: Internet Mail Service (5.5.2448.0)

Dear Dr. Lewis,

Please let me know what I can do to help you at this point. I have outlined my history below and hope that it helps you maintain your practice. Please let me know what else I can do to support your practice and the Pain Management issues that you are facing.

I am a 47 year old male Caucasian and have lived in Albuquerque all but six months of my life. My wife and I own a General/ Mechanical Construction Company that employs approximately 200 trades people at anyone time. My father started the firm in May of 1959 in Albuquerque. I have worked for the company since I graduated from Sandia High School in 1971. I entered the pipe trades program and worked in the field for 15 years in which time I went through several surgeries including a cervical fusion in 1978. Since the cervical decompression surgery done in 1995 I have been in severe pain making it difficult to run and manage my business plus be a responsive father and loving husband.

I have had numerous surgeries over the course of my 47 years of life. The surgeries range from repairing a shattered elbow to a spinal cervical decompression in treatment of Spinal Stenosis. My last surgery was in November of 1995 and was considered an emergency by my doctors. The danger was that I could become paralyzed with any small impact to my neck. As a result of having spinal stenosis my spinal cord was being crowded and causing sporadic shocks to my body. After the 1995 surgery, Dr. Philip Martinez told me that it would only be a matter of time before I would have to have more surgeries on my neck as the remaining discs were desiccated and would fail in a few years time. He also said that the surgery that I had experienced would leave me with some pain and that I would have to live with this pain. He recommended some neck stretching exercises and recommended against running or any activity that would cause impact to my neck. I followed his recommendations and even engaged with physical therapy concentrating on my neck. I went to several other occupational therapists and other doctors with no measurable success.

In 1996 I went to Dr. Gwen Sun to see if she could help me. Dr. Sun had several blood tests taken along with some x-rays to see if there was anything mechanical wrong with me. She diagnosed me with Rheumatoid Arthritis. She also considered it notable that I had symptoms of Ankylosing Spondylitis as my blood work indicated that I have the HLAB-27 antigen. She recommended most of the therapy that the other doctors had recommended and I had about the same results. She recommended that I take some non-steroidal anti-inflammatory medication and I shared with her that I had experienced anaphylactic shock with a similar medication called Tolectin. She said that it would be better if we did not temp fate and forget about taking the non-steroidal anti-inflammatory medication. She recommended that I try hydro therapy in that warm water therapy seems to be working in a lot of severe Arthritis cases. I went out and purchased a hydro therapy spa and found that it actually made me hurt worse than I did when I did not use it.

In early 1998, I asked my regular doctor if he had any suggestions regarding my pain situation. He recommended Dr Lewis. He said that he had heard of some positive results coming from

various colleagues in the Albuquerque area, regarding Dr. Lewis's treatment of pain. I went to Dr. Lewis and she performed a through review of my history and recommended a epidural treatment be done in my area of pain, my neck and shoulder. I agreed to this treatment and it worked pretty good for a few weeks and during that time I was pretty much pain free. The thought of having an epidural treatment done every few weeks did not work for me and as a result of my spinal cord being at risk we agreed that a less invasive method of treatment would be tried. Dr. Lewis tried several medications in the course of treating me and I get regular blood test to monitor my liver functions for any sign of stress as a result of the medications. To date, there has been no change in my liver function tests. I am working and living relatively pain free with an average pain scale of 3. For the last several years I have seen Dr. Lewis monthly to measure my range of motion and agility plus mental alertness. I have a regular regiment of medications that I take and I am alert and sharp at most times of the day. When bed time comes I sleep relatively pain free and wake up refreshed and ready to go.

In summary, Dr. Lewis has been able to treat me with positive results, when other doctors can not. I trust her with my treatment and do not feel like a junkie although most other doctors and the public in general do not understand the treatment. It would be a great impact on my life if I could not see Dr. Lewis or another doctor that would pursue the same treatment process. I consider to see myself as a productive member of the community and provide jobs for a significant portion of the workforce. I am not sure I could say this if I this treatment were not available to me.

Please feel free to contact me if you have any questions or comments about this letter.

Sincerely,

Mark G. Henderson
President, J.B. Henderson Const. Co. Inc.

Thirty-four (34) years ago, I was involved in a serious auto accident and have since suffered from untreatable pain.

Ten (10) years ago, after having been struck in the back of the head, I suffered a cracked vertebra of the neck. The following year the pain became relentless.

I began seeing my primary care physician and basically was bombarded by experimental muscle relaxers that resulted in weight gain, depression and no relief from the pain, other than "dreamless sleep". After five (5) years of physical therapy, massage therapy, hypnosis, and appointments with chiropractors, neurosurgeons, orthopedics, neurologists, and a rheumatologist, as well as acupuncture, I reached a point of realizing that if I survived the mental and continual emotional anguish of the ever increasing relentless pain it would only be to collect disability from SSI, as I could not continue to serve as a criminal judge.

Fortunately, a friend, recommended pain management which, by the way, I thought was probably some form of prayers to some god or, group therapy. I went to see Dr. Joan Lewis who immediately recognized my anguish and began medications that I have continued on to this day and I am sure without them I would not be working, if alive.

I cannot express strongly enough my grave concern of the American Medical Profession's loss of understanding of the need of people (in my case, brought on by four herniated discs of the upper neck) who suffer from chronic pain to have some relief if treatment is impossible.

The past ten (10) years I was emotionally, mentally and physically abused by the medical profession. The degradation, humiliation and thoughtlessness were as painful emotionally, as the herniated discs were painful physically. I lost my marriage and I could have lost my mind or my life had there not been a doctor of the caliber and courage of Dr. Lewis.

Dr. Lewis has assured me that I can look forward to living my life without daily medication and without pain.

I plan to work hard to prevent other people, who suffer from chronic pain, having to undergo what I have gone through.

I am sure that beyond the medication hang-up that the American Medical Association suffers from, that had I been a man, I would have been treated differently. A few examples of the difference in treatment might suffice to make my point:

- I was suffering and out of muscle relaxers. I called and requested a refill and was refused without an appointment until six weeks later. My husband called on my behalf that same day and my prescription was filled for my husband.

- My husband hurt his back, pulled a muscle, and was immediately sent for an MRI. I went to the doctor for five years before one was considered.
- As a last note....my doctor told me that "God sometimes punishes people who don't live properly and perhaps my pain was such punishment".

Please contact me if you have any questions.

Hon. Barbara A. Brown
Metro Court

Joan Lewis, MD
Paradox@nmia.com

Since 1998, the Commission of Healthcare Organizations, which accredits the majority of the country's medical facilities, developed new mandatory standards for the assessment and treatment of pain. It was the first time that the Joint Commission or any other accrediting body had issued standards focusing on pain, or any specific symptom.

The standards require medical institutions to recognize and inform patients about their right to appropriate pain assessment and treatment. The assessment includes the level and characteristics of pain in every patient, using pain scales like a 0-to-10 rating scale or pictures of expressive faces for children. In my experience in New Mexico, this has not taken place yet. Last February, The New England Journal of Medicine published a study of 103 children who died of cancer. Based on interviews with parents and a review of the children's medical records, 89 percent of the children suffered from pain or other symptoms in their last month of life, and of those treated for pain, only 27 percent got adequate relief.

Research also shows that when acute pain is not treated, it can turn into chronic pain. Pain is estimated to cost \$100 billion a year in the United States in medical bills and lost work days, the American Pain Society said.

But many health care workers in New Mexico still erroneously believe that adequate pain relief can leave patients addicted to the drugs. Many physicians avoid morphine, a powerful painkiller, for fear it will cause respiratory failure and death. Above all else, many fear regulatory sanctions or worse for prescribing opioids.

In New Mexico, my personal experience in this inattention and lack of regard for my chronic pain has been one of outrage. At UNM Medical Center, as one example, I was reduced nearly to humiliation in pleading for relief for my often unendurable pain, and I am not a teenager.

I am 67 year-old, a former member of the faculty at UNM, and I personally know some of the doctors that had treated me. I was told (this is a direct quote, and it made quite an impression upon me) by one physician I knew, that he would not renew a prescription for an analgesic because "you and I would be placed on a surveillance list, and the results might be extremely unpleasant." I must mention here that the prescription was for thirty tablets of Percodan.

Another physician suggested that I should stop exercising, because "you must be realistic about your age and limitations". Most troubling was, his recommendation was made after fully knowing that I was a diabetic in an advanced stage of that illness, and that vigorous exercise had improved my general level of well-being. In the end, he suggested that I take Motrin or some other OTC analgesic, although I had informed him that none of this medication had the least palliative effect. But I must first describe my medical condition.

I am 68 years old this February. I have been diabetic for many years, I had at least one cardiac or cerebral accident; I was hospitalized for a stroke several years ago, and have suffered from many vascular accidents. I have many Alzheimer characteristics, including amnesia, arthritis, glaucoma, a chronically abnormal lipid count, and I had been prescribed countless medications for these conditions. In addition, I have severe chronic and intractable pain. Intractable, that is, until I was fortunate to meet Dr. Lewis. This unfortunate condition lasted until mid-2000 when through a mere fortunate accident I met Dr. Joan Lewis.

I cannot emphasize enough how this encounter had profoundly changed my life. First, Dr. Lewis believed in the accuracy of my medical history. Far more importantly, Dr. Lewis is the first doctor (and some of the others claim to be "my friends") who was more concerned with the relief I would be obtaining than how the treatment might impinge upon her medical career.

Not one of the physicians I had encountered before suggested that opiates might negatively affect my health or represent an addictive process. Not even one. Instead, they insisted that prescribing the patient opioids might subject the physician and/or patient to some unspecified surveillance or sanctions. What was phenomenal about former physicians' comments was the concern - not about pain and its treatment - but that prescribing analgesics might endanger them and his patient to unpleasant consequences. Not one of the physicians suggested that pain management is a medical specialty, in which they themselves had no training or interest, only over prescribing the necessary medications or recommending the necessary relief.

One example of an unenlightened comment is the remark that "I should be realistic" i.e., giving up jogging if my level of pain made the exercise difficult. The truth is that since I am under Dr. Lewis' care, my physical condition and level of sustained exercise have at least trebled, and my overall health has improved dramatically.

Contrary to this unwarranted response, shortly after I received appropriate medical attention from Dr. Lewis, I was able not only to resume a level of physical activity consistent with my age, but my overall health has improved dramatically.

I found Dr. Lewis a competent and caring physician and can ascertain to her manners, her compassion, and her attention to my life as a whole. She is the first physician in this State not only attentive, but patient and truly interested in the quality of my life.

I will mention here that my diabetic illness is now under far better control--- as a direct result of not having pain, exercising much more, and having a better psychological disposition. I will focus on this characteristic.

On January 18, 2000 while I was at UNM hospital, I had a reading of mg/dl glucose of 358. This is a critical reading and manifests a critical diabetic condition. On November 22, 2000. Six months years after becoming Dr. Lewis' patient, without

any change in medication, while still a diabetic, by functions in terms of glucose number is 138-- in an acceptable range. I keep a log of my personal blood accession and can document how, over the period of my treatment under Dr. Lewis' care my diabetes has become well-controlled for the first time. My average reading for the last 14 days is 64mg/dl, and my last reading, on January 5, 2001 was 73 mg/dl. (Certainly, I remain a diabetic and I take 10 mg. sustained release Glucotrol once a day.)

To keep this letter reasonably brief, I will not mention the plethora of other improvements directly following Dr. Lewis' treatment. Although retired, I am able to focus and enjoy focusing on my work; I am a retired attorney and professor, but this should not enhance the credibility of my testimonial. If not for the cynicism prevalent among those opposing pain treatment, I should not even have to mention that this letter was volunteered by me and I hereby permitted that my name be used.

I believe that supportive and compassionate legislation should be a significant legal and educational tool for New Mexicans suffering from chronic pain and seeking appropriate treatment without the disgraceful and humiliating experiences I myself endured in this state. Legislation would also remove the stigma presently affecting patients and medical providers alike. In passing, I shall mention the need to educate New Mexican pharmacists, that, if they wish to hold themselves up for mere than pill-counters they should first treat paying customers with more courtesy and perhaps be requested to take continuing education in the prescription of analgesics. If I was treated with lack of civility ("more Percodan, more Percodan is not a good idea" was the most benign remark), I can only imagine how a young female would have been treated. (There was a recent movie illustrating an offensive encounter between a distressed female patient and a sneering drugstore technician.)

If there is anything more that I can do, please do not hesitate to call. I can be reached at 505-345-8240.

David Stratman
3939 Rio Grande Blvd. 66
Albuquerque, NM 87107

Date: Mon, 16 Apr 2001 00:13:16 -0700 (PDT)
From: Barbara Dominguez <barbara35lou@yahoo.com>
Subject: regarding hearings
To: Paradox@nmia.com

Dear Dr. Lewis

I am writing these few lines to let you know that I will be willing to talk to anyone about anything that comes to mind.

Dr. Lewis, I have been with you since you started your practice in New Mexico seven years ago. I also wanted to let you know if it wasn't for you, I would be in a wheel-chair. Not only do you give me medications, but you also send me to therapy.

What those people don't understand is that we are not a bunch of drug addicts - we are real people with chronic problems. Because of you, I have been able to return back to school to finish my degree as a pharmacist, plus I have been able to take care of my big family.

I don't want to lose you as my doctor because I would not trust any other doctor to mess with my back at all. I have full trust in your care. People just think you are just about pills but you're not, you offer many other things to people. Those guys in Santa Fe are not getting the whole picture.

If there is any thing I could do for you, please don't hesitate to contact me anytime.

Thank you,

Barbara Colin

February 20, 2001

To: Dr. Joan Lewis
Pain Management Clinics of NM
8005 Pennsylvania NE
Albuquerque, NM 87110

From: Steve D. Mumbower
9408 Euclid NE
Albuquerque, NM 87112
505-292-6487

Dr. Lewis:

I give you permission to use this letter (and/or any other medical records that you have on file regarding my pain management) on behalf of pain patients' rights.

I would not want my worst enemy to endure the pain I have suffered since my window cleaning accident on May 4, 1986. I spent 59½ days in the hospital. I received Demerol by injection the entire 59½ days. When I was released from the hospital I was given Darvocet and Tylenol #3. I was told that "We (the doctor and I) need to wean you from the pain medication. We don't want you to be an addict."

I immediately turned to a pain clinic for help. My financial situation was getting worse and worse until I could not afford any more injections (that did not work anyway) from this pain clinic. I turned to the New Mexico Department of Vocational Rehabilitation (DVR) and Social Security Disability. At this time in my life I was raising my ten year old son by myself and Social Security Disability was just enough money for rent, utilities and food.

DVR provided \$100.00 for clothes (for my son and I) and tuition and books for Technical-Vocational Institute (TVI) and a little gas money so I could begin to train for a new career in computer programming. We found that my pain prevented me from sitting in a class for long periods of time. I tried alcohol to help with the pain because "We don't want you to be an addict." As most people know, alcohol does not promote a learning atmosphere.

So here I was, no money, can't go to school (I won't drive drunk), food was running out, several doctors threatening to sue me for medical bills, unable to show my son how to get out of financial trouble, unable to afford alcohol or \$300 pain injections three times per week. I asked my counselor at DVR how other people make it through this predicament. Her answer was, "If you repeat this I

painful days in the future. Sometimes I would drive home after a long hard day and I would stiffen up so bad I could not get out of my truck. One time I took 20 minutes to get into my house from my truck.

About four years ago I began having migraine headaches. I bet whoever may be reading this doesn't know that Imitrex, a fairly new drug for migraines, costs \$15.00 per pill. I cannot afford these even now.

I wish all I had was migraines. Even neurosurgeons have not been successful in helping me with my pain. Just before I began to see you, my orthopedist had me taking three different prescription drugs for pain (non-narcotic). Not only did they not work but they cost me \$196.37 per month. For NOTHING! This tells me that the medical profession will let me waste my money, endure pain that worsens every year, refer me to another doctor, add to my suffering with complicated bills and paperwork, but "we don't want you to be an addict."

I am so thankful for your help, Dr. Lewis. Since we have been gradually increasing the strength of the sustained-release pain medication, I am now beginning to enjoy some pain-free days and nights, especially weekends when I do not work. I forgot what it felt like to wake up in the morning without any pain. I have kept very accurate records and I am truly receiving pain relief.

What is so hard to understand is, would a doctor let a member of his family suffer the way I have for 14½ years? My dog's veterinarian was more concerned about my dog's pain level than my doctors were for me and my pain level because "we don't want you to be an addict." I know a 76 year old World War II and Korea veteran whose doctor said "We don't want you to be an addict". Who cares at 76 years old?

I wanted to close with what I consider to be the most important question to ask legislators and/or doctors. I understand that after a few days or weeks the human body will heal from broken bones, a hernia operation, and many other non-life-threatening procedures that require pain medication for a short period of time. I understand that we should not let people become lifetime users of prescription pain relievers because of a minor injury or illness. I firmly believe the psychologists and counselors

I have talked with are pretty accurate in uncovering the truth as to whether a person is in pain or not. I have known people who fake mental illness to get drugs and disability payments. I have known people who fake back injuries for the drugs and disability payments.

I am sure that these kinds of people were in severe pain. I must be lying. I couldn't be in chronic pain 24 hours a day. I am sure I don't need pain medication. After all, I only fell five stories (55 feet). I only broke my pelvis, my back, my left heel, shattered my right femur and my right elbow and broke three ribs, and had a slight concussion and ten surgeries. I have searched 14½ years for relief and I still do not know how bad I need to be hurting before someone like Dr. Lewis can say "Steve, I can give you some relief. With injuries this bad and pain this severe the humane thing to do is to provide some relief. If we do this carefully you can live a somewhat normal life. Steve, the fact that you are self-employed and still working and you receive no help from any government agency shows you want a little relief and not a lifetime pursuit for drugs."

The fact that I am a contributing member of society and am not looking to live off of someone else's tax dollars, and the fact that I survived a terrible accident without any paralysis, and I have lived alcohol-free for 12½ years should allow me to at least try to get some relief. Oh, I forgot, we would rather you suffer for the rest of your life because 'we don't want you to be an addict.'" Like the previously-mentioned war veteran I have yet to ask, "Who cares about addiction? At least I'm alive! Let's try to get me some relief."

Sincerely,

Steve D. Mumbower

Date: Thu, 05 Apr 2001 17:18:18 -0600
From: RLP/DP <suski@totacc.com>
Reply-To: suski@totacc.com
Organization: totacc.com
X-Mailer: Mozilla 3.01-C-MACOS8 (Macintosh; I; PPC)
To: paradox@nmia.com

Dear Dr. Lewis,

It is with sincere appreciation that we are sending you this letter. My husband, Robert, has been a patient of yours for over four years. You have not only saved his life, but you have restored our quality of life. When you were first called to his bedside, he had been hospitalized for a month. His condition was critical, his prognosis poor. His advanced rheumatoid and osteoarthritis had been horribly exacerbated by a systemic strep infection and his body was swollen nearly beyond recognition from the side effects of the steroids the physicians were using in a misguided attempt to bring his infection under control. Despite my warnings that he was highly allergic to the steroids, the specialists maintained it was his only hope. Finally, just days before he was to be discharged, his blood pressure reached 200/120 and, for the second time in three weeks, he was once again near death. Over ten specialists had been in and out of his room during his stay, yet their attempts only seemed to make his condition worse.

One of the conditions for his release was that our home was to be made wheelchair and handicapped accessible. The hospital had provided us with the necessary hand rails, special utensil grips etc. My husband was told to accept life, not only as someone who would be wheelchair bound, but as a person who would be in constant, chronic pain of a high degree. I would have to take over all responsibilities for driving, home care, as well as maintaining my job as a teacher and sole breadwinner. Basically, he would continue life as an invalid.

When you arrived at the request of Robert's primary care physician, you offered hope. More than that, you requested the hospital increase his pain medications significantly. The hospital, even though they had requested your consultation, refused to follow your recommendations simply because they were ignorant and afraid of the opiates you prescribed! Ironically, that same week in March, Newsweek Magazine's cover story was on the safety of opiates. Now you can even find features on the safety and effectiveness of opiates, even in high doses, in magazines such as Better Homes and Gardens, or on the CBS Sunday Morning

show.

Fortunately, Robert was discharged a few days later and we went to see you the very next day. His relief from pain was immediate. Within a week he was out of the wheelchair and several weeks later he transitioned from walker to cane. Robert suffered the side effects of the high doses of steroids for another year, yet he NEVER suffered any negative side effects from the opiates!

That was over four years ago, and though he is not pain free as his disease is degenerative, he is able to drive, and even performs simple maintenance on our vehicles. He helps care for the house and yard. Our quality of life has returned thanks to your intervention.

My husband suffered for years, even before his illness which finally hospitalized him, as he was unable to find any relief for his chronic pain. We cheered when effective pain management was endorsed and mandated this year for all hospitals and clinics seeking accreditation, and when the New Mexico Legislature addressed the Pain Patients' Bill of Rights.

We are appalled that officials in New Mexico, despite national and state legislation, now want to turn a deaf ear to those in pain in New Mexico. Though New Mexico loosing doctors left and right, those in power question your very effective treatment of those in chronic pain and even want to get rid of you- a nationally recognized and board certified physician!. It flies in the face of reason.

You have our permission to use this letter on your behalf as you seek justice and rights for pain patients.

Sincerely,
Donna and Robert Patty
1-505-439-4866

01-30-00

Dear Dr. Lewis:

I thank you so much for visiting our ASAP website (American Soc. for Aggressive Pain Management). I have been on opioid pain management protocols since 1995. I was first diagnosed with fibromyalgia, however that diagnosis is now changing due to probable bone cancer w/advanced osteoporosis. Like many FM pts., my "hard data" in terms of lab studies & x-rays was unremarkable until now.

I had tried two years of the old "rehab" model. I went to Physical Therapy at a Sports Medicine Clinic in Milwaukee, where I had lived previously. I learned stretching and yoga exercises. I went to the Vic Tanny Health Club and swam 3 times a week. I worked with a trainer in water aerobics. The only thing that came out of the swimming was a "cold toe" and increased peripheral neuropathy in the feet. It felt good to swim, but my nights and days were basically hell. The PT was so bad it only made my whole body ache & throb. I wisely quit this course of action, but I did keep swimming.

After studying pain, (I was an acquisitions coordinator at the Milwaukee Public Library), I decided to make the painful decision to attempt the new long term opioids. After much struggle, I finally found a physician at the Medical College of WI Pain Management Clinic who was studying low dose morphine in FM. His name was Quinn Hogan, MD, He was an anesthesiologist & chairman of that dept., as well as head of the Pain Management Clinic at MCW. I took a week off of work, my first week on the MS-Contin (a time release form of morphine); to see how I would adjust. Low and behold, there were no side effects whatsoever! I felt like my life had been given back to me. I was able to resume shelving books and opening up boxes of books I had purchased. I also traveled to HI and Washington State. I climbed mountains (gently) and hiked the beautiful trails of HI National Park's system.

In 1996 my father passed away and my mother was very ill and needed my attention. I have a small trust that made early retirement, at age 49, possible. While some people are titrated to their morphine once, and never need breakthrough meds, that doesn't always happen. In my case, I grew a large multi-nodular goiter which caused thyroiditis, my thyroid & tumors (12) had to be removed. The surgery created a change in chemistry. Dr. Hogan could not, according to his protocols, increase my meds, so he sent me to Dr. Miraslov Bachkonya, a brilliant pain specialist & neurologist at the U of WI Hospitals Pain Management Center in Madison, WI. Dr. B. really treats pain right. He gives patients what they need to decrease their pain safely and doesn't get "hung up" on social issues etc.

My pain specialist was a neurologist and I was also under the care of Dr. Graziano, an eminent rheumatologist and immunologist. Dr. G. had first diagnosed me with chronic Epstein Barr Virus & secondary FM in early 1990's. Both of my doctors agreed I should move to a dry climate. My pain always got worse when humidity set in, be it our hot humid summers, or our cold humid

winters. I needed geographical move for social issues as well. Dr. G. thought Santa Fe would fit my personality profile better, than, say, AZ. I love Santa Fe! I miss my WI doctors terribly because they "don't treat pain right," as Skip Baker, our President of ASAP would say.

I am currently under the care of Dr. I. Hinds. He is a very compassionate man, but he is scared to death of the DEA. He has never treated primary FM with opioids for example. He took my case only with great reluctance. He has not put me through punitive withdrawal. Much to our mutual dismay, a full body scan (MDP), and bone density test are revealing possible multiple myeloma or a tumor in the left foot. The tumor in left foot is a given. It has been hell controlling my pain the last six months. I have never gone out of my "contract." I have always complied with whatever amount of drugs my physicians have ordered. I am, afterall, a 53 yr. old ex librarian. I am not a drug seeker. I am suspected, though, until proven innocent.

It is very demeaning to ask a physician for pain control. I think the Harrison Act was the most devastating mistake in the history of American Medicine. I would like to just grow my own poppies and consult with a pharmacist about safe levels. I know this is not realistic. I support Gov. Johnson. He is my hero, along with Kathleen Foley, a doctor at the famed Sloan Kettering who opened the door for chronic pain patients to be allowed narcotics.

Dr. Lewis. I think NM doctors need to treat pain in a flexible, unharnessed manner. The DEA has no business in my physician's office! I know we are on "heroin trail" and the junkies will "hit" on our NM physicians when their supplies are limited so they don't have seizures. I don't think government can cure addiction. That is something incumbant on the individual and their family. Our govt. has used narcotics for dirty dealing w/thrd world countries back to Viet Nam. We have to stop this War on Drugs. Our citizen's have to look for their own cures for their private problems. If somebody hurts another person, because of their drunken or stoned behavior, by all means prosecute them. We need to differentiate between opioids and cocaine. That is a mistake of addictionologists.

A coke or amphetamine addict, like a drunk, will become aggressive and violent at times. This category of stimulants does present nasty situations for the public. An opiate addict, will just fall asleep and perhaps be less productive, but they are not likely to hurt others unless they are going through withdrawal. So, addictionologists must learn to differentiate the unique problems of pharmacopoeia, instead of just lumping them into a 12 Step Program. From what I have read, our level of addiction has stayed the same for a long (100 yr.) time. There will always be a small percentage of true addicts. This small group should not be able to hurt people who are in pain and need the new opioids to function.

My psychiatrist recently added the stimulant Ritalin to my menu. The Ritalin only helps me focus better. Perhaps I have always had attention deficit disorder, and now it is being addressed. It's wonderful to be able to read

faster and sit through a movie for example. For people w/ADD (adult attention deficit disorder), the stimulents will not give a "buzz," just like opioids will not give me a "high." I don't think the morphine had anything to do with this condition, but psychiatric evaluations are standard for every drug oriented treatment program in pain management.

Dr. Lewis, I would love to consult with you on a personal level, because even though you are in Albuquerque, I feel you are more comfortable with the medical model, than my dear Dr. Hinds, who is happier doing nerve blocks:). I have just come back from a consult with the famed Dr. R. Portenoy at Beth Israel in NYC. There is nothing he can do for me unless a) I am a resident of NYC and b) most importantly, the foot mass has to be evaluated. I had thought of relocating out of our beautiful state of NM because of poor medical care. St. Vincent's Hospital, in spite of great wealth coming into Santa Fe, is very overextended.

My thanks to you for your advocacy on behalf of chronic pain.

Susan Hope Silverstein
505/474-6422
2501 W Zia Rd 9-106
Santa Fe, NM 87505

PS. Dr. Backonya also gave me your name as well as Dr. Hinds for referral when I moved here in late '99. It might be time to "change partners & dance." I don't want to move to Manhattan at age 53. I would also like foot surgery to take place closer to home.

Dear Dr. Lewis:

I thank you for reading my long missive. You have my permission to use my correspondence to help other pain patients, the legislature, or any other advocacy issues.

If I can be of further help to you in your mission, please don't hesitate to contact.

Susan Hope Silverstein
505-474-6422
2501 W Zia Rd
9-106
Santa Fe, NM 87505

Florence Vigil
P.O. Box 84
Chamisal, NM 87521
(505) 689-2589 or 587-2809

Dr. Joan Lewis, MD
Pain Management
Albuquerque, NM 87110

Dear Dr. Lewis,

I am writing on behalf of my husband, Joe Vigil, to thank you for the help you have given him in the past year and one half. Before coming to your clinic, Joe was seeing several doctors to help him maintain his pain level, but to no avail. I found myself having to drive him to emergency rooms constantly and at all hours due to extreme pain level and spasming. He could not sleep and this caused great depression. I also did not sleep as I was worried.

With all the medical care he was receiving, his pain level could never be maintained no matter how hard he as will as the physicians tried

Dr Muldawer, psychiatrist, understood the amount of pain he was in and also his state of depression, however, he was limited to the amount of help he could offer. He referred Joe to your office, stating he felt you could monitor his pain. Joe had attended a pain management clinic in Oregon several years before, so we were very reluctant to come. In the last clinic, he was taught hypnosis, taken off all pain medication, and told to cope with his pain with over the counter drugs. He was going through 1 bottle of Tylenol or Asprin per day and was feeling no relief. He began having stomach problems, ended up with stomach problems and ended up in the hospital which the doctor informed it was better to take pain medication then the amount of over the counter meds he was taking. However, no physician ever monitored how much pain medication would help - his weight and pain level were never taken into consideration.

Your program, however, is excellent. Patients are monitored with range of motion, get blood drawn for liver functions, you work with his physicians and psychiatrist and follow up with urine specimens, and most important offer proper medicine for him to be able to live comfortably.

For the last year, I have seen him improve with his sleep patterns, depression, and attitude. He now shares a life with his family instead of feeling depressed and with low self esteem. He no longer has crying spells and talks about ending his life. This is like a great load lifted off my shoulders, and I can't thank you enough! He is now also able to enjoy walking with the family at least a short a distance and now can communicate and smiles with us. I also don't worry much about him and can resume my life as a mother and provider.

Dr Lewis, please share this with our congress people as well as with other physicians, as I feel there is a great deal of learning that can be done by your way of doing health care. It is more cost effective for the patient and also insurance companies.

Again thank you for your expertise in maintaining my husband's care. I would recommend it to anyone who is suffering with chronic pain.

Sincerely

Florence Vigil

To whom it may concern,

My name is Joann Trujillo, I'm a patient of Dr. Joan Lewis, M.D. I give my permission for Dr. Lewis to use my letter on behalf of pain patients' rights.

I'll begin with how I became disabled. A family friend unknowing, threw a black cat fire cracker at me and it resulted in my serious back injury. It was thrown in the middle of the day in the middle of October 1983, I was working at a day care center as a teacher's aide and I loved my job. As time went on I continued to work but could not get rid of my back pain. I went to every kind of doctors, masseuses; I even tried acupuncture and chiropractors. I finally could not stand the pain or the numbness - but mostly the pain, which was excruciating.

I finally got an appointment with a neurology clinic at University Hospital where I went though an MRI which determined I had my lower Disc 4&5 had been damaged which damaged my sciatic nerve. I had a pinched nerve and could not walk or straighten up. By the time the doctors at UNM did surgery, I had no feeling on my left side of my left leg and I still have the numbness on that leg. The doctors say it is a permanent side effect due to damaged nerves.

Well, I took a year off of my job. I thought I was going to be alright, so I got my job back and was doing fine until my right foot started hurting -my ankle felt like it was on fire. I went back to the Ortho Clinic at UNMH. Went through another MRI and it determined that I had bad scar tissue around my spinal cord so I underwent another back surgery.

This time I took 6 months off work, but as I worked I found that I just couldn't do my work, simple tasks such as sweeping or standing even for five to ten minutes was too painful. I had follow up appointments with the surgeon who did my last surgery and he started me on pain medication. Well, the pain medication worked and that how I was able to continue working and functioning my housework. I felt better with my meds and without them the pain came right back. Soon after finding out that my pain was only controlled by pain medication the doctor I was seeing moved to Santa Fe, NM which left me in the search to find a doctor who understood my pain and how my life would be pure agony without my medication.

I finally was referred to Dr. Joan Lewis a specialist in pain management. Well let me just say she is a Godsend, she is working with me and lots of other patients who suffer like me from excruciating pain.

Pain management is really needed for people like me who have no other way to function in life but through help and great care we get from doctors like Dr. Lewis. Without pain management doctors we patients would really be in the ER all the time needing care. We wouldn't need that if we keep our pain clinics open with doctors who understand that we would also like to live like everyone else; pain-free and be able to take a simple walk or go on vacations without the fear of not having our medication or clinics to monitor us. Pain management clinics are desperately needed because if we have them and they are monitoring their patients the way Dr. Lewis runs her clinic, we patients would live much more productive lives. I'm very satisfied knowing that I have finally found a good, caring understanding doctor like Dr. Lewis. Without pain management Dr's and clinics I'm almost positive you'll see that all patients who are like me with pain constantly in our

lives the ER's and urgent care hospitals will be full. Please keep our Pain management and doctors working on and for people like me.

Before I found Dr. Lewis's help I was in and out of ER's looking for relief. With Pain Management doctors we need not worry because they understand how we feel. They monitor us closely and I feel a lot better since I've been with Dr. Lewis Pain Management. I can go for walks and I can sleep nights instead of crying in pain like I used to. I feel the quality of my life has greatly improved and I owe this to my pain management team. I'm grateful to Dr. Lewis and her staff.

Please listen to the voices of people like me who just want to be pain free!
Thank you and May God help us all.

Sincerely

Joann Trujillo
(505)345-5618

Dear Dr. Lewis,

I have been thinking about this letter for over a month now. It is hard to make it short because it is not a short story. When I read your email this evening I became physically ill. I wrote letters to the NM Med. Board for Dr. Quarmby. Obviously they did not help him. There has to be a way to change their thinking. Your approach is good science, a way of manipulating nervous tissue response to pain and relief of pain. They should respect good science.

I think that most doctors want nothing to do with dependent patients, needy patients, or patients who take time.

I had to "jump hoops" for inadequate treatment. My primary doctor at Lovelace told me that she was "uncomfortable with pain" and wanted me to be seen at their Pain Clinic. I did it; I saw two doctors, a psychologist and attended "Pain Classes." As it turned out it was the psychologist who saved me. He told me that I had too much pain for their clinic and then gave me your name and one other as physicians who knew how to treat real pain.

In the weeks before seeing you, I was fighting off suicidal plans almost every time I closed my eyes. I had to ask my husband to hide his weapons. Now, if I have to stop being seen by a pain management doctor, I cannot be sure that I will be able to hold myself together. I know that I do not have cancer, but if I did, one way or another there would be an end to the pain.

So, when I send my amicus letter, if there is anything you want me to change do not be hesitant to tell me to redo it. I am in no position to do it wrong.

Yours truly,
Mary Tauer

From: Tauerjm@aol.com
Date: Wed, 14 Mar 2001 20:26:07 EST
Subject: Amicus Brief
To: paradox@nmia.com
X-Mailer: AOL 5.0 for Windows sub 130

I am a chronic pain patient writing this Amicus Brief, with deepest hope that the New Mexico legislative body reciprocates and is a friend of mine. That I and those like me who know what it is to be in pain with no hope of relief can again get back to the work of developing our own body's' defenses against the isolating and destructive effects of pain.

It has been nearly 10 years ago since I was run down by a car in downtown

Gallup, NM. Because my injuries were mostly soft tissue insults, I have had a hard time obtaining adequate pain treatment. My doctors had nothing to visualize or measure that would offer proof for my complaint.

At that time, I was a public health nurse working for the Indian Health Service in Crownpoint, NM. It took wearing a TENS machine full time and all the Ibuprofen I could carry to get me through the day. When my doctor wanted me to start on narcotics to protect my internal organs from the anti-inflammatories I refused because I thought that it was incorrect to see patients with Opioid drugs in my body. The Hanta virus came along, we became very busy and I suffered. When the pain got so that I could not stand it, I took a few days off.

Occasionally when the pain was so bad that I needed help to walk, I went to the Crownpoint Emergency Room for pain control. Some of the doctors thought that I was a "drug seeker" and would let me sit and wait for help for hours. The emergency room nurses who knew me helped to get someone who would treat the pain if the ER doctor refused or made me wait needlessly. That last year I worked, the Crownpoint Service Unit awarded me the Employee of the Year and the Nurse Employee of the Year; a lot of that was because many knew that I was working in pain. All that time I was putting myself out, my injuries were taking added abuse and insult from driving the dirt roads on the Reservation and from carrying clinic supplies to the homes and other buildings we used to draw blood, teach and the other tasks related to infection control. There is definitely more respect to be gained by living in pain than there was in obtaining treatment and in restricting activities which added to my suffering.

Eventually, my physician in Crownpoint referred me to a pain specialist in Farmington, NM. The first time I saw him, he acknowledged my pain and ordered enough medication to control it. I wept because it was such a relief to be believed. It was better than any award. The drugs slowed me down but I needed the rest. I found out that the time I spent working which included lifting and driving on dirt roads to get around on the Reservation had worsened the pain. Although I was a nurse who specialized in helping people with referrals to specialized medicine, I did not know that a doctor like this was there to help me. The drive to see him was painful most of the way, but I knew that I would feel better soon when he gave me injections. He was very expensive, but took only what he received from my insurance as payment.

That doctor was relieved of his license because he used Opioid medications to control pain just when my husband retired and we moved to Rio Rancho. My primary doctor with Lovelace referred me to the Lovelace Pain Clinic. They wanted me to stop most of my medications and to increase my

antidepressants and exercise. The day I kept my appointment with the pain clinic psychologist, I was in terrible pain. The regimen prescribed by the Lovelace Pain Clinic did not free me from enough pain to get up out of bed and to drive myself across the city. The psychologist referred me to Dr. Joan Lewis because he said that I had real pain and no one at Lovelace was able to treat me.

Although my professional background has made me more assertive and less fearful of specialized physicians, I felt very fortunate to get help with that referral. There were only two physicians in Albuquerque whom he thought were able to treat severe, non cancer, chronic pain. Without the referral, I would have had to make and pay for a lot of appointments to find that doctor on my own. If I had not been a nurse, it would be extremely hard to find a doctor who would treat me. Now it seems that there are important people who would rather that people in pain would just go away or suffer as long as they can tolerate it. But then what?

Dr. Lewis has treated my pain with Opioid medications as part of a plan which includes monthly visits and measurements of my physical ability, blood chemistries and a brief evaluation of my emotional state. She is very strict in her requirements of me to keep up with my medical supervision and to be compliant with my medications and any referrals she prescribes to other physicians. I know what is included in her plan and how it will conclude. My requirements for Opioids will not continue indefinitely. Sometime soon the opiates will completely control my pain and at that time she will start to withdraw them slowly as my own body chemistry takes over the job of pain control.

The medications she gives me to control the pain do not make me high as a side effect. The good feeling I do get is the release of the pain controlling my body and the return of hope and the joy of a beautiful day in New Mexico. It is life giving not life avoiding. Instead of staying on my bed, I feel like doing some jobs around the house and yard. I am able to get out and take a drive or go shopping. When I was in pain all the time, I felt like I no longer had a place in this life. The non narcotic medications I used gave me an ulcer.

Please allow Dr. Lewis to continue her practice. Many of us depend on her to make our lives worth living. As a friend of the court and as someone who knows how destructive pain can be, I entreat you to enable Dr. Joan Lewis to continue helping me and her other patients. It should be my right to obtain pain control from a medical doctor who knows how to treat pain in a safe way with a plan instead of a one time injection or handful of pills to help me long enough to get out of the office and back home again. The Pain Relief Act is there to protect her and me in the course of a treatment which

will have long lasting effects. My tolerance for narcotics has quickly increased the dosage needed to control my pain. So what appears to be an inordinate amount of pain medication for me at this time is what I need to be out of pain. There are fewer side effects at this dosage than there were when I was taking one Percoset every 4 to 6 hours. I trust Dr. Lewis to manage me and to have me free of narcotics someday soon. I will feel destitute if she is no longer able to treat me and I will be in great pain while my hope erodes.

Mary Tauer
806 Abrazo Rd NE
Rio Rancho, NM 87174-5825

Addendum: DR Joan Lewis has my permission to use this Amicus Brief and my name in any way she wishes to preserve my access to her as my pain doctor.
MT

The night after surgery (1/10/01) I was literally screaming all night in pain. I have the name and phone number of the man who was in my room, who would be glad to verify all that happened to me. The Pain clinic and all my doctors knew of the pain (and other meds) medication I've been on for 2 years. I have been on MS Contin, 60mg tid, for about 4-5 months – being titrated up slowly since 4/10/99, I started on 15 mg bid, then I moved up taking 180 15mg./month – prescribed by Dr. William L. Johnson, head of the Pain Clinic at Tingley Hospital. Dr. Mark Crawford, orthopedic surgeon and Dr. Bradshaw neurosurgeon, along with the anesthesiologist, knew of all the meds I been taking. Dr. Crawford referred all pain medications to Dr. Johnson, who oversaw and ordered post-op meds, which were ignored. I was taking a lot of different medications that were not given to me, i.e., valium 10mg tid, neurontin 800mg qid, baclofen 20mg/tid, trazodone 200mg/hs, to name a few. The night of surgery my PCA was set at 1mg. I was screaming all night, with no additional relief. My roommate will testify to this.

Let me know what's next?

There is more to the story.

Sincerely,

Wands Riley
505-830-2702
505-681-5080 cell try this after 8*pm* or weekends

From: Wands5@aol.com
Date: Sun, 15 Apr 2001 02:04:24 EDT
Subject: Re: Legal representation for the undertreatment of pain
To: paradox@nmia.com
X-Mailer: AOL 6.0 for Windows US sub 10524

Dear Dr. Lewis,

I just wrote an extensive detail of my current stay at UNM for neck surgery on 1/10/01. Basically, The staff ignored the pain regimen, did not give me most of the medications I am on. Dr. Mark Crawford, orthopedic surgeon and Dr. Bradford, neurosurgeon, did the operation. Dr. Crawford referred all post-op meds to Dr. William L. Johnson, head of the pain clinic at Tingley Hospital, because he knew my history. I have been on Morphine for 2 years, titrating up to 60mg/tid at time of surgery, and other meds which were not given to me. The night of the surgery, I literally screamed all night in pain, and they did nothing. My roommate will verify this and other things that happened during my nightmare stay. I am planning to sue the hospital for not following Dr. Johnson's drug regimen. My PCA was set for 1mg per hour with 2mg per hour. On Friday, after Dr. Perea ordered 3mg/hour, the nurse took it upon herself to turn off my PCA in the middle of the night, saying that my breathing was "slow" and she thought I was getting too much

FROM : PAIN MANAGEMENT CLINICS

PHONE NO. : 505248 0698+248 0798 Aug. 07 2001 09:24AM P17

morphine.

To whom it may concern, (governor of new Mexico)

My name is Susie Sanchez, and I want you to know that if it wasn't for doctor Joan Lewis I would be dead by now. And that is the honest truth. I was hit head on by a drunk driver. I received two broken arms, my left leg was almost cut off above the knee, and my other leg was also broken. The left sides of my ribs were broken and I felt the pain to the left of my back to my tailbone. The pain was unreasonable. My mother took care of me for a long time. I was in the hospital for one month and bed ridden for six months my mother had to feed me, give me my medication, sponge bath me brush my teeth, wash my face and hands, brush my hair, this all went on for six months, oh also she had to put a bed pan under me when I had a bowel movement my mother had to clean me. You can't imagine how totally useless I felt, from doing everything myself and working full time, to not being able to do anything at all. As time went on I started to heal slowly but the pain was always there, always in pain, and I mean real bad pain, it got so bad that I was thinking about committing suicide. I have one daughter she was one year old, two sons one were six and the other was twelve. I was going to write suicide letters to my three kids and one to my family, stating that I couldn't stand the pain and suffering that I was going through. Every doctor that I went to couldn't help me. I spent the majority of the time crying, the pain was terrible. I would pray and ask god to help me. And a big it's going to be the same thing, she won't be able to help me. But I really did help me a lot. It changed my life, or should say i it can't imagine how my life has changed my life, or should I say if it wasn't for Dr.Lewis I wouldn't be writing this letter now. You can't imagine how my life has changed so much. Now at least I'm able to do light housework and cook. And most of all I get out of the house, to where before I couldn't go anywhere because I was in so much pain. Dr.Joan Lewis is a very kind and compassionate doctor; she really cares about her patients. Lots of doctors you call and leave a message to call you and they never do. Dr. Lewis calls you as soon as she gets your message. I can't think of life without Dr. Lewis. It is very easy for people who as well to try and pass judgment on the rest of us who are on medication. But believe me being sick is the worst thing that can happen to anyone. Thank god everyday if you have your health, because without your health you have nothing. No amount of money in this world will bring you health, so if your one of the lucky ones be grateful and thank god, I thank god for bringing dr.lewis into my life. Dr.lewis you have permission to use this letter if it can help you or any other patients. May god bless you all, and dr.lewis please don't forget that we are al real people in real pain and we have the right to have Pain Management in New Mexico. Other sates do, and its time we are in the 21st century like all other states. Thank you for listening to my story. I Susie Sanchez give my permission to use this letter on behalf of pain patient's rights.

Susie Sanchez

Dr. Lewis you have permission to use this letter if it can help you or any other patients.
May God bless you all.

Dr. Lewis, please don't forget that we are all real people in real pain and we have the right to have Pain Management in New Mexico. Other states do, and its time we are in the 21st century like all other states. Thank you for listening to my story.

I, Susie Sanchez, give my permission to use this letter on behalf of pain patient's rights.

Susie Sanchez

Doctor Joan Lewis,

I just wanted to say how much better I feel since I've been coming to you for help for my right knee. Before I came to see you, I didn't know what I was going to do about my job. My right knee was getting to the point where I couldn't make it through the day because the pain was getting so bad. I've had five knee operations and the knee would be OK for a while. But, in no time at all, my knee would go back to the way it was before the knee operation, I wasn't sure what I was going to do to tell the truth, but since I've been coming to your office for treatment, I've started roller blading and riding a bicycle for the first time in years, I can't tell you what you've done for me, I feel like you've given me my life back to me again, I'm even sleeping for the first time in years. Without your help I really don't know what I would do, I feel like a thanks isn't really enough, but thank you for giving me my life back. Dr. Lewis, you're a God send, Thanks again.

Eddie

You have my permission to use this at any time, Eddie Cahill.

From: John Brodie <JBrodie@deltagroupinc.com>
To: "Joan Lewis, MD" <paradox@nmia.com>
Subject: AMICUS BRIEF
Date: Wed, 14 Mar 2001 08:16:36 -0700
X-Mailer: Internet Mail Service (5.5.2650.21)

I am interested in being a "friend of the court" in these proceedings.
Please let me know how I may assist further.

Pain Management has improved my 'quality' of life an enormous amount -
My ability to work increased greatly and enables me to support my family again.
I am fortunate to be participating in this program.

Thank you,
John

KAREN CLIFFORD
9138 #a RIGGS LANE
OVERLAND PARK, KS 66212
(910)385-9080

June 6, 2000

TO WHOM IT MAY CONCERN:

Dear Sirs,

I am happy to have this opportunity to address the board of pharmacy about my experience with chronic pain.

Three years ago, when I lived Albuquerque, I was struck by a semi truck and developed severe pain in my neck and right arm. I was treated with a multiplicity of therapies, including pain pills that helped the pain, but did not last for an appreciable length of time. After this therapy for a year, I was referred to a pain management clinic because my physician felt I needed more intense treatment. It was then I began my treatment by Dr. Lewis in Albuquerque, and where I started a pain management program.

In this program, I was examined initially, tested on each visit with a barrage of motor coordination tests (much of which I couldn't do well) and questionnaire and given a series of increasing dose levels in a sustained released medication (Oxycontin). I wanted to share my experience with the pain medication with you.

I found I was able to pay attention to business matters more easily because I was not distracted by constant pain and the medication, much to my surprise, did not make me feel groggy at all. There was absolutely no "drugged" or "high" feeling associated with it. This was a real advantage because I was concerned my professional workload would suffer (as it had prior to seeing Dr. Leis) as a result of having to take pain medication. In fact, I was initially reluctant to take medication because of these concerns.

In my opinion, there was a real distinction in the way I felt between taking the Oxycontin and other pain medications. I can't imagine why anyone would find a reason to sell drugs similar to Oxycontin on the street, because of the lack of a "high" feeling.

It is my understanding that the mission of the board of pharmacy is to protect the public from the abuse and diversion of drugs. Categorizing sustained release medication like Oxycontin with street drugs would be a real public disservice, and not a policy adherent to your mission. Further, the board of pharmacy would be putting more pressure and embarrassment on the patient by associating their treatment with that of an street addict.

It would be a more public service to allow physicians to feel comfortable in giving patients medications for pain that allowed the patient to function normally, instead of having groggy side effects. All the physicians I saw before getting help in a pain management clinic were not clearly aware of the specific action of the sustained release medications and were afraid to prescribe pain medication for me at all. I can't imagine how any threat to collect evidence on their prescribing habits can benefit the public.

Thanks to the treatment I received, I am now able to function very well at a lowered dose of the Oxycontin and am in the process of tapering off the medication

completely within the next 4-6 weeks. My pain is under control and I am as active as I was before the accident. Please feel free to contact me, if you have any questions on this matter or would like to talk with me directly.

Sincerely,

Karen Clifford
Paralegal

X-Server-Uuid: af85f296-6fea-11d1-822c-00805f1542a1
X-Mailer: Novell GroupWise 5.5.4
Date: Tue, 24 Apr 2001 09:27:33 -0500
From: "Karen Clifford" <KCLIFFORD@shb.com>
To: paradox@mmia.com
cc: hhb@compassionindying.org
Subject: Re: Fwd: Patient Stories
X-WSS-ID: 16FB5225204718-01-01

Dr. Lewis:

I'd be happy to prepare something and tell her it's even ok to give me a call.

FYI: In my situation, it wasn't any one doctor that underdiagnosed me, but more likely most of them simply down played the severity of my problems. Although an MRI showed a bulging disc in my neck, because it wasn't herniated, it wasn't a problem (at least to them).

Ironically, the numbness which developed in my arm & hand for more than a year was so severe that I couldn't sleep and couldn't work well (which continues today to some degree in my hand if I write too much or in my arm and shoulder if I sleep on it). The nerve conductive tests perform one of the doctors was dismissed as carpel tunnel (which truly was an under or incorrect diagnoses).

I guess my biggest complaint in my treatment is that the medical "industry" doesn't "get" that muscle and slight disc damage can be as painful for a patient than a herniated disc. Because of such opinions, they dismiss the same as an over-exaggeration of pain or even worse, a drug-seeking patient. As I've told you, shame then develops in the patient and they even doubt that maybe that is their goal - drugs.

I'm trying to settle my claim w/ Travelers (I had to sue them to get any attention - and unfortunately, I don't even have an attorney to represent this matter.) Maybe this association will help get this settled.

Let me know if I'm on the right track with my thoughts and congratulations on all your great work!

Sincerely,
Karen

TO WHOM IT MAY CONCERN.....

RE: PAIN MANAGEMENT

Patrick Herrera

11-06-2k

To Whom it may concern:

Thanks to Dr. Lewis for treatment. Before I came to her clinic was in constant pain my life style a home was going down the drain. My work ability was deteriorating after seeing Dr. Lewis. I have been able to do my work more effectively. As a matter of fact I am now able to work on a part time job. So today I can say my life stye is a lot better. I,m able to do my work more effectively after I went though a divorce 7 years ago. I lost everything and its been hard for me to get back on my feet but now I have a more positive attitude. I have purchased me anther home. I make my child support payments on time and am doing very good at work. Lately I have been working as a suppvior for the nmsHT to and I work part time at a convnince store. With Dr. Lewis help I expect to retire in three years. With 25 year of service I was afraid I would not be able to do this at the rate things were going. I'm also very grateful and happy that my insurance is covering my meds. I am also happy that I am making enough money to pay for my his appoints. Being that I had to pay cash for each visit. I still have my problems but I can deal with them a lot eaiser and all and all I think I'm doing real good.

Once again thank you Dr. Lewis for giving me back my life. My girlfriend also thanks you.

1-22-01

This letter is address to:
Paradox @ nmia. Com

I Robert . Gurule am writing this letter To: give my Thanks and explain how Dr. Joan Lewis and her pain management clinic have helped me. After my Injury. I went from Doctor to Doctor trying to find one that would help with my amount of pain. All doctors that saw and treated me were not able to Releive the amount of pain that in different parts of my body, But mostly they did not want to give the amount of pain medication I needed because they did not know how to Regulate or measure a patient's pain level. In years of searching I finally met Doctor Lewis. Because of the style of her therapy and medication's she give's me, my pain level is a lot better. Now I am more able to communicate with my family and freinds and strangers. I can also sleep better I can laugh and jome and have fun with my grandchilder, my wife, family and others. I can go in public places and not feel depressed. And out of place. Thank's to Doctor Lewis's treatment I feel better and I have a better guality of life. Because of physical condition and many operation's suguries, I have on my body I have limitation's on what I can do. So I like to do woodwork and now, I can start on small project's and finish it. Even if it take's a long time. I feel proud of myself. That feels good. I though that I would never get that feeling back. My sex life mine and my wife is a lot better to. I feel the legislation should help address our rights more, and new mexico's pain patient's would benefit greatly. I Thank Doctor Lewis for everything she has done in helping me. I give my permission to Doctor Joan Lewis to use this letter on behalf of pain patient and in anyway she wishes.

Thank you
Robert M. Gurule

Phone (505) 747-4831

Date 1-22-01

April 16, 2001

Bennett Cohn
Litigation Director
Attorney General's Office

RE: Board of Medical Examiners' Investigation
Joan Lewis, MD

Dear Mr. Cohn:

My name is Rhonda G Black and I have been Dr. Lewis' patient since 1996 when I was injured in two auto accidents within eight months in September of 1993 and June of 1994. I was "sandwiched" in both accidents and sustained injuries to my neck, back, jaw, head and shoulders. Subsequently, I developed TMJ, Fibromyalgia (FMS), severe migraine headaches, and numerous (constant) deep muscle back, neck and shoulder spasms.

After surgery and physical therapy and numerous other types of treatment, i.e., acupuncture, several years of massage therapy and trigger point injection, Dr. Lewis was the only doctor (out of too many to count) who finally addressed my pain and made it possible for me to finally go about some daily activities free of pain. She never conveyed to me that my pain was psychosomatic or that I had to just live with the pain for the rest of my life.

My son was eight years old when I had the accidents and I am his sole support and only parent. Before seeing Doctor Lewis, I was forced to have my son live with my parents for a time because I was unable to care for myself, much less him, and spent most days in so much pain I could not function and was reduced to tears, depression and frustration most of the time.

My son is now 15 and in high school. I have been able to take care of him, take him to his sports practices, games, school activities, etc. and am able to finally work part time. I am very pleased with the help I have received and am continuing to receive from Dr. Lewis.

Dr. Lewis tried several treatments and only after they were unsuccessful did we start a gradual pain medication therapy. The medication I am presently taking is time released and I take it only morning and evening. No way do I fee drugged or feel that I am an addict. My depression problems have been reduced considerably because Dr. Lewis is a compassionate and understanding person, who has encouraged me and given me good advice throughout our doctor/patient relationship. She has not given up on me as so many other doctors did when their treatment didn't work. She has never made me feel inferior and inept because I couldn't conquer this pain, as so many other doctors did. She is very conscientious about my liver function tests, about making sure that I am examined before prescriptions are continued, that no prescriptions are mishandled.

Without Dr. Lewis' help, I wonder if I would not have taken drastic measures to end the continuous, excruciating pain.

Therefore, I respectfully submit that Dr. Lewis has done no harm to me as a patient and has only been of great help, and I take exception with your accusations against her. I feel that without Dr. Lewis those of us who have chronic pain will be forced to start at square one dealing with doctors who have no conception about chronic pain and no interest in finding out. Most medical doctors' attitudes are degrading and unjust, (I had one doctor tell me that "The only difference between you and a drug addict is that you are not hitting people over the head for drug money.") This is the attitude we will have to contend with if you revoke Dr. Lewis' license or cause her to stop helping chronic pain sufferers.

Sincerely,

Rhonda G. Black
4925 Quail Ridge N.W.
Albuquerque, NM 87114
(505) 792-1198

April 15, 2001

Bennett Cohn
Litigation Director
Attorney General's Office

RE: Board of medical Examiners' Investigation
Joan Lewis, MD

Dear Mr. Cohn:

I just don't think many people can understand the anguish a parent goes through when they must stand helplessly by and watch a child suffer, even if the child is an adult. I watched my daughter suffer pain that no one should have to suffer through no fault of her own, but because of two careless drivers who sandwiched her in two car accidents just eight months apart. I sat with my daughter through procedures that would kill a horse, and when she cried from the pain listened to one doctor tell her she was "taking it too seriously."

I sat with her through surgery, nerve blocks, acupuncture, massage therapy and many other experiments to try to alleviate the pain she was suffering from the multiple injuries she received in those auto accidents. I had begun to hate the doctors for their cavalier attitudes toward her and the pain and the depression she was experiencing from not being able to function in the daily routine of raising her son and trying to keep her life together with no job, no hope and a life of excruciating pain. She suffered through procedure after procedure after procedure to cooperate with them and try to get better, only to have them tell her it was all in her head or she was just trying to get drugs. Have you any idea at all what that can do to a mother?

When my daughter finally found Dr. Lewis, her life started to turn around. Dr. Lewis was so encouraging to her and to me and did so much to help her. She can now function very well, works part time, chauffeurs her son to all his sports and school activities and has her life back.

I cannot imagine why any medical organization would be investigating Dr. Lewis when I have personally seen how careful she is with prescribing medications and how dedicated she is to making sure that my daughter is healthy and doing well before she will refill a prescription. She makes sure that my daughter has liver function tests on a regular basis she tests her range of motion regularly and checks her overall health.

I hope that you and the Board of Medical Examiners will look very carefully at the good that Dr. Lewis does before you even consider doing anything that will keep her from helping her patients. The very thought of my daughter having to start over with the doctors in the community who are not experts in chronic pain, as Dr. Lewis is, makes my blood run cold.

FROM : PAIN MANAGEMENT CLINICS

PHONE NO. : 505248 0698+248 0798 Aug. 07 2001 09:31AM P31

Thank you for your consideration.

Udella L. Kump
7200 Joyce, N.E.
Albuquerque, NM 87109
(505)821-4391

Dear Dr. Lewis,

In 1968 I started having pain in my lower back. I had what the doctor called a "slipped disc". I had surgery, and after a month in bed I was relatively free of pain.

Four years later I was in pain again. The doctor said that I needed to have surgery again. This time it was fusion. I had degenerative arthritis of the spine. The surgery didn't work so I have had pain ever since. I have tried to tell myself I wasn't so bad off but I was going from doctor to doctor. I tried pain clinics, tens units, chiropractor and acupuncture. I wore a brace my doctor had prescribed. It went from under my breasts to half way down my right leg. I wore the brace for over 5 years. Nothing cut the pain. I was in bed for months at a time using traction to relief the pain. The only relief was in my bed with no pressure on my back.

I started coming to you with no expectations. I couldn't even sit up in the car. My husband made a litter out of our little Saturn. The back seat folds down and is even with the trunk. He put pillows down and I got in through the trunk. He pulled me in, so my head and upper body were in the back seat and lower body and legs in the trunk. I have bursitis in both hips and was getting so weak I fell easily, so I used a cane. Now after 2 years I am enjoying life, let me tell you a few things I enjoy -

- 1) I can drive my car
- 2) I can go to church (I was unable to sit through the service)
- 3) Returned to my Bible study
- 4) I can go to the grocery store, without having to go to bed before putting the groceries up.
- 5) I can pick up my 6-month-old grandson
- 6) Had our children and our grandchildren over for Christmas.

Just to name a few, I had forgotten how good life can be. I have a life now.

I give my permission to you to use this letter on behalf of pain patient's rights.

Maryls Barnard
(505) 863-4945

Also feel free to use this letter in the legislature for rights for pain patients. I give my permission.

April 4,2001

To whom it may concern;

Several years ago, I was in an airplane accident and sustained multiple injuries. As a result, and as time has passed, these injuries have caused me chronic pain which can be unbearable.

I have turned to Pain Management as a result in order to lead a more and productive life, and go about my normal activities;

housework,
cooking,
helping take care of my two grandchildren,
driving, and
shopping.

If it weren't for Pain Management I could not be able to lead a "normal life", something most people take for granted. Being in constant pain is very traumatic; it does not affect you just physically, but your mental health as well.

I therefore cannot speak highly enough of the benefits of Pain Management.

I am granting Dr. Joan Lewis the rights to use this letter on behalf of pain patient's rights.

My name and telephone number is

Patricia Ann Atkinson
47 Pony Express
Edgewood, New Mexico
(505) 832-1656

I truly hope this letter will help address my rights, and the rights of all pain patients.

Thank you
Ann Atkinson.

From: "Tony ken worthy" cele@spinn.net
To: paradox@nmia.com
Cc: celesam@spinn.net
Sent: Saturday, March 10, 2001 3:35 AM
Subject: Pain Management

Dear Dr. Lewis

I am sending you my thoughts concerning my personal problems in attempting to find appropriate medical care in dealing with the pain I had to endure in the past. In an effort to drive home the seriousness of my condition I will cut to the chase.

Before I found your clinic I had seriously considered suicide. I never in all my life thought of such a thing but the uncontrollable pain and the prospect of never getting relief, quickly changed my mind. If it wasn't for your clinic and the CONTINUOUS relief from pain you gave me; I can say, with only a little doubt, that I very easily could have left for the hereafter.

I noticed that when I was around people with like pain they expressed the same sentiment. They also had similar experiences in seeking relief, which only further convinced me of the seriousness, as well as the despair, we all felt. How could I be clearer to anyone, whether they are a legislator or an alligator wrestler, in conveying the desperate feelings people with severe and chronic pain suffer? In all honesty the prejudice suffered by patients from the ignorance of those who oppose the drugs often needed for treatment. It is absolutely ludicrous to block the path of people seeking relief from chronic pain.

No one in their right mind wouldn't want strict checks and rules concerning drug administration to be in place. Nor would they not want testing and monitoring done religiously. Pain Management not only has allowed me to work and be a productive member of society, but it has literally saved my life.

On more than one occasion, my doctors and surgeons undermedicated me and weren't willing to extend a truly helping hand. I'm sure their fear of the legal system was one reason and I hasten to add, their ignorance of proper Pain Management another. Legislation should certainly be concerned with restrictions, but this should not apply to your fellow human beings whose injuries and alignments reduce their lives to the value of a plugged nickel. Remember that the same poison from the snake is used to prepare the anti-venom.

Drug therapy has its place and I would hope that my legislators take the time to know where that place is.

On a more personal note Dr. Lewis; you are welcome to share my thoughts to anyone you deem proper to read them. I am more than glad to convey the dark thoughts I have had when in deep physical pain and not ashamed to publicly state them. If it helps promote some measure of understanding you are welcome to send my thoughts to the state legislature without censure of my name.

Sincerely,
Anthony Kenworthy

Dear Dr. Joan Lewis,

Receiving proper pain care has been very difficult to obtain. Most general medication/family practice doctors do not want to treat chronic pain properly. They fear that the patient will become addicted to the medication, asking for more or stronger dosage and not be addressing the pain or its cause. Another fear the general medicine doctors may have includes reports of excessive use of narcotics that end up in an investigation by government agencies that could end up in court loss of license and/ or confinement could occur.

My chronic pain began shortly after graduating nurses training (1959), due to a fall on icy steps that resulted in a laminectomy and fusion at age 24. Back pain increased over the years during four pregnancies. Several years after the last child was born, I returned to work and the back pain was intermittent. Several general medicine doctors in the early 80's began prescribing narcotics, teens-units, biofeedback and psychology. However, none were specializing in Pain Management and treatment was not looked at in such a way that the amount of medication could/would be reduced once a certain level of comfort and mobility was achieved. In the 80's I was also diagnosed with spinal stenosis and arthritis. In 1990, my doctor prescribed a narcotic pain medication and after conferring with a pain specialist, also prescribed Neurontin, which works on the nerves that transmit pain sensation in my legs, which increased my mobility.

After a hospitalization 1995, that was a result of inadequate medication management, I was referred to my current Pain Management specialist Dr. Joan Lewis, by my cardiologist. My pain and mobility were now tracked and adjustments to medication were made over the years. I was given a level of comfort, which enabled me to do my housework, attend church functions, socialize with and visit friends and attend community affairs. Travel was also possible. This all helps to keep the emotional side of my life in life in balance and avoid depression that could be brought on by a feeling of uselessness if I couldn't function due to chronic pain.

Last year I had an accident at home and incurred a spinal cord injury. My Pain Management doctor has kept my pain under control, even during physical therapy sessions. That has allowed me to improve my mobility (from almost zero) and helps to maintain my self-esteem. If I had unmanaged pain I wouldn't be able to achieve the success I'm having with the therapy.

Much has been said lately about a, "bill of rights", for regular patients. Having lived with chronic pain for many years I feel I should have a "bill of rights" for chronic pain sufferers that would allow me to:

- Have my report taken seriously and to be treated with dignity and respect by doctors, nurses, pharmacists and other health care professionals.
 - Have my pain assessed and promptly treated.
 - Be informed by my doctor about what may be causing pain.
 - Be informed of possible treatments; the benefits, risks and costs.
 - Participate in decisions about how to manage my pain.
 - Have my pain re-assessed regularly and my treatment adjusted if my pain has not been eased.
 - Be referred to a pain specialist if my pain persists.
 - Get clear and prompt answers to my questions.
 - Take time to make decisions and refuse a particular type of treatment if I choose.
- ((Ann Pavuk Wright, professional writer took the list from an article))

I hereby give you permission to use this letter on behalf of my patient rights.

Thank you for your personal care of me over the years and blessings on your quest to help those in chronic pain.

Thank you,
Phyllis J. May RN/Ret

January 17,2001

To whom it may concern;

My name is Jennie Tucker and I have suffered for many years with chronic pain.

I have suffered with chronic back pain for nearly 20 years. About 13 years ago, I had a major back surgery and the pain in my back intensified after the surgery and spread through my left leg and down through my left foot. Now the pain is continuous up from my back into my neck and head. For many years more than 25 physicians who offered neither diagnosis nor treatment examined me.

Finally, a local orthopedic back surgeon diagnosed my condition as "arachnoiditis". The orthopedist told me that it was very rare, and that it was untreatable, and that I would never be without pain. Subsequently, this diagnosis was confirmed with a neurologist.

While recovering from a cholecystectomy at a 'health south' facility, we requested that a Pain Management specialist, Joan Lewis, MD be consulted regarding my pain. Permission from our family physician was obtained, and Dr. Lewis was asked to evaluate my condition. Dr. Lewis recognized my symptoms immediately, and explained to me the same things that the orthopedic physician had said. Dr. Lewis also explained that while I would have pain the rest of my life, that the goal of Pain Management was to improve the quality of my life.

Let me describe the difference that Pain Management has made in my life.

Before Joan Lewis, MD and Pain Management, I was totally bedridden. I was rarely awake, and when I was awake I was in such extreme pain that I hoped that my life would end. I felt like such a burden to my family, and especially to my husband.

After a few years under Dr. Lewis's care and Pain Management I started to have some quality of life. Now my pain has lessened for longer periods of time and I am able to get up out of bed almost everyday, do a little sewing and cooking, and walk around the house. I feel so much happier. I feel I have some freedom to plan my day instead of feeling that the pain controls my life. And, now I feel that, I can do things that actually help my family.

If you have any questions, please call me at (505) 884-3804 or write me at 3408 Stardust Court NE, Albuquerque New Mexico 87110

I grant my permission to Joan Lewis, MD to use this letter at any time to legislate for rights for Pain Management.

Sincerely,
Jennie Tucker (Mrs. J.B Tucker)

FROM : PAIN MANAGEMENT CLINICS

PHONE NO. : 505248 0698+248 0798 Aug. 07 2001 09:36AM P40

FROM : PAIN MANAGEMENT CLINICS

PHONE NO. : 505248 0698+248 0798 Jun. 21 2001 03:39PM P2

MAIL-07-01 12:25 PM

P. 01

To: The New Mexico Board of Medical Examiners

From: James Bruce Tucker, MD
3408 Stardust Court NE
Albuquerque, NM 87110

Dear Members of the Board,

During my 66 Years with an MD degree, I have heard of very few MD qualified physicians who have made a special study of serious and severe pain. My wife was referred to such a specialist, Joan Lewis MD.

My wife, Mrs. Tucker, has suffered from the disabling condition known as Arachnoiditis for more that ten years. She was seen by more than 25 physician consultants that stated "There is nothing we can do to help her." There was no diagnosis made.

A few years ago, a local back surgeon diagnosed the problem as Arachnoiditis, and this diagnosis was confirmed by a local Neurologist. My wife was prescribed 20 grains of Morphine a day, and this left her in enormous constant pain, unable to leave her bed, and with no quality of life.

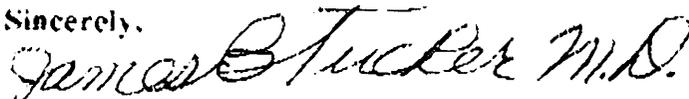
Finally, we found the pain management specialist, Joan Lewis, MD. She has carefully worked with my wife for several years to find a level of medication to help control her pain, while allowing her to have a clear mind and some quality of life. For the first time in ten years she has been able to be up and around our home, to do some small projects, to go for a short ride in the car, to feel clear headed, to have normal conversations and to laugh. She finally has some quality of life.

My wife still has times of severe pain, but the times are fewer, and she knows that when the pain becomes under control, there is some quality of life ahead.

I consider Dr. Joan Lewis to be the most intelligent, careful, conscientious, and capable physician that I know.

My family and I fervently request your support for Joan Lewis MD and the work that she is doing here in New Mexico.

Sincerely,



James Bruce Tucker, MD
505-884-3804

To: Joan Lewis, MD
Medical director, Pain Management Clinics of New Mexico, Inc
8005 Pennsylvania Circle NE
Albuq, NM 87110

From: Dorothy Hughes, RN

I grant Dr. Joan Lewis permission to use this letter to legislate for rights for pain patients.

My mother had a good reason for needing pain medication. She suffered with a walled-off right lower quadrant abscess from a ruptured appendix; through her teens, menses, marriage, 4 pregnancies, and correct diagnosis, before surgery was done.

When I was eight years old I heard my aunt castigate my poor mother for being an "addict". Recently I heard a minister in Chicago church give the same sermon about gambling and addiction. There is such a moral stigma attached to the word.

I started having "sick headaches" when I was 10 years old, but didn't think anything about it until I was in nursing school. The neurology professor came into the room, put his hands down on the desk and said, "when a nurse complained of a" migraine she is an addict" then he proceeded to describe my "sick headaches." I was absolutely horrified! I was an addict? I was devastated! I hoped and prayed no one would ever find out I had migraine headaches.

For fear of becoming an addict, listening to the counseling concerning addiction, patients whose life was miserable because of drug dependence, the dangers of prescription drugs, I tried to "live with the pain".

In March of 1979 I was taking 12 extra strength Tylenol every day. I had a migraine headache for three days and had a stroke.

Fortunately Imitrex was developed specifically for migraine headaches. I was still hearing about the dangers of "Tylenol" and liver damage. Then I heard about Dr. Lewis from the wife of one of Dr. Lewis's patients. Our primary care doctor did not recommend I see her, in fact did not want me to find out what "Pain Management clinics" were all about. But I did. Fear of having another stroke helped me decide to go.

Dr. Lewis literally saved my sanity. Living with constant pain is a miserable way to try to live. Since 1996, I have been seeing Dr. Lewis on a monthly basis. I am taking alkaloids and they are relieving my migraines. I exercise daily, avoid foods that trigger "migraine"

and if there is still one of the "screamers" (more severe headaches) I take the "Imitrex" she prescribes.

Dr. Joan Lewis
Pain Management Clinics of NM
8005 Pennsylvania Circle NE
Albuquerque, New Mexico 87110

Dear Dr. Lewis,

Per your request, I am writing this letter to assist in your efforts to provide Pain Management to other patients in the state of New Mexico. I hereby give my permission for you to use this letter on behalf of Pain patient's rights.

When I first came to your Pain Management clinic, I was suffering from a herniated disc in my back. I had gone to a couple of doctors for this problem. Initially, I was given a shot (I believe it was called a steroid block) in my back. Although this provided some relief, I was still out of work for a whole week and worked only half days for at least one or more week before I was able to handle a full day of work. The pain subsided to a level that allowed me to function, but was still a constant reminder of my back condition.

After about 3 months, I was referred to a physical therapist. I participated in physical therapy for about three weeks, at which time I stopped because the therapy was creating other problems. Couple months after that, the pain in the herniated disc began to increase in intensity again and my primary care physician, Dr. Ken Rogers, referred me to you.

Initially, I expected another steroid block shot, but you recommended that a long term Pain Management program might be better. I agreed to try it and you immediately put me on a number of pain controlling drugs/pills.

Immediately after the pain control medication began to take effect, my ability to work improved. Within a matter of a few weeks, I was reporting a pain level of '1' to '5' out of '10' on a consistent basis. I was able to sleep better at night and my general physical condition seemed to improve. After a couple of months, I was able to resume some of the physical activities that I had given up due to concern for re-injury of my back or return of the pain.

I have been under your care since August or September of 2000 and must say that my physical activities are generally what they were before the herniated disc occurred. I do place some limits on them, but that is more out of concern for causing additional damage to the disc rather than concern for the pain.

I hope this letter will be beneficial in your efforts to assist others in pain.

Sincerely,
Lauren Gates
7101 San Francisco Rd, NE
Albuquerque, New Mexico 87109
(5056) 821-8197

My name is Rosemary Atencio,

I suffer from chronic migraines, I have been giving every test possible by at least 5 neurologists, and I have Mir's cat's cans, bio feed back, accupunture, and a psychologist, to make sure I was not making it up.

My pain is real - I had it since I was a child. I've had many suicide attempts, rather than go to the emergency room and ask them for medication.

My last neurologist knew that the medicine he could give me was not enough, he was powerless, not only that he was powerless he wasn't educated to treat chronic pain.

My doctor referred me to Dr. Lewis. I was ready to kill myself. I was tired of being treated like a junkie. I was begging for medication at emergencies and urgent cares and in turn being insulted and sent home with worse pain than when I went in.

When I met Dr. Lewis, I went through a battery of tests. When she felt I was honest, she took me on as her patient. I see her once a month and she gives me methadone 4 times a day. If I have migraine that I can not get rid of, I can go into her office and she will give me a Demerol injection.

I no longer have to go to emergency or urgent care. I use to need at least 3-4 shots a month, now I need 1 every 2 months. I am no longer treated as a junkie. Before being treated, I was willing to commit suicide because of pain, because it was easier to die than to face the people in the emergency rooms.

Dr. Lewis is a blessing to me. I know that if she wanted me to quit the medications tomorrow, I could do it.

This letter is written from an everyday person that wants you to know that very few doctors have the knowledge to treat patients with chronic pain.

Unless you get chronic pain you don't know the pain and abuse you go through by doctors, hospitals etc. Dr. Lewis is very well educated in her area.

Rosemary Atencio
3205 Cypress Cir S.W.
(505) 831-1861

December 29, 2000

Pain Management
Dr. Joan Lewis, M.D.

This is a thank you letter referring to the pain treatment you have given me, I am very satisfied with the outcome. Approximately three years back, I went to you for help, after a severe auto accident that left me partially crippled and with a lot of pain. After two Lumbar surgeries I still have severe pain.

If it wasn't for you that gave me oral medication and injections, I would be in severe pain. The medication you give me helps me quite well. Without it I wouldn't be able to walk. I am very thankful to you.

With my medication I can do my chores; without it I would be in a wheel chair.

I am very thankful to you, your knowledge and ability and credentials as a pain doctor. You're very valuable to me. I hope the legislation understands the importance of pain management treatment.

Thank you,
Your Patient

Katherine Arguello

December 26, 2000

Pain Management
Dr. Joan Lewis, M.D.

I would like to express y gratitude on how you have helped me control my pain. I was forced into early retirement after three lower lumbar surgeries. Up until four years ago, when I started seeing you, I suffered severe pain, and within an hour after taking oral medication I felt relieved.

When I first came to you I had to walk with a cane, because of pain and weakness on my left leg and lower back.

It has been approximately three years that my condition has improved. I try to stay active and I no longer need a cane to walk, not mentioning the injections (blocks) you have given me.

Now I can see life in a better perspective, I am able to do the things I want to do including work to an extent, and am enjoying life. I respect your knowledge and ability as a physician.

I take my medication daily as prescribed and I have to come to realize how much I have gained by you managing my pain.

I hope the legislation will help all New Mexicans that are being treated by pain management see their point of view, and help us live a more pain free and productive life.
Thank you.

Thank you
Your patient,

Herminio Arguello

It was about 6 years ago that I began to have what is considered chronic pain. It was shortly after a right nephrectomy, and I was still having pain long after the standard recovery period. It was an annoying throb which, at first, was written off as post-op pain. Then, as I continued to have pain, I would see many urologists that believed it to be scar tissue. The only option I was given at the time was to have another operation. I was told I could end up with as much scar tissue as before or there could possibly be no change. It was never clearly diagnosed. Other urologists considered it to be nerve endings which were still registering pain. I was told "*This happens.*" and when I asked if it ever goes away, I was told "*Many people have to live with this pain the rest of their life.*" To say I was disheartened is an understatement. Here I had gone to my medical provider for help with a medical condition that was causing me a great deal of pain on an occasional basis and endangered my life. I come out of it with my life and yet the pain remains. Certainly after days, then months and then years, one must ask the question, '*what kind of life is this?*'

I was most surprised to find how I reacted to the pain. How my life was impacted in such a negative way. As a child that had grown up with chronic UTI and kidney stones since the age of 5. I have experienced a lot of pain in my lifetime. I remember at age 10, playing kickball during PE with a right flank pain, and there would be blood in my urine. I seemed to have persevered then. Why couldn't I handle this now? Perhaps it is because, as a child, I didn't know what it was like to be without pain. I have had relief from pain and now know that life can be normal. It is possibly this understanding that makes the barriers which pain patients encounter cause such frustration. That, and the fact that they are encountering these barriers while struggling with a debilitating pain.

If you have ever snapped at someone when you have had a headache, you might begin to understand what it is like trying to function in society with chronic pain. It is increasingly difficult to maintain composure and patience in every aspect of life. Every problem is accentuated. Every little annoyance is magnified one hundred fold. Pleasure becomes a distant memory. It is under these circumstances that pain patients approach their doctors for help. This may seem to be a generalized statement, but it is also quite true that medical providers often consider the visit to be nothing more than a plea for medication from an addict. Under the influence of pain, the patients are can be quite nervous and anxious. Experience teaches them to try and not seem too desperate for fear of being turned away as a junkie. Doctors would constantly misinterpret the need for relief as a need for the highly restricted medication because of addiction or possibly some other purpose.

It is so important to acknowledge what it is like to be denied relief from pain. It isn't as simple as when one approaches a friend for some advice and then is turned down. There are other people to get advice from. But when a medical provider turns you away, it can crush you. You come to the only people with the means to help you, and there are no other alternatives. You leave wondering '*what is wrong with me?*', even beyond the pain you are feeling. Each time you are turned away by a new doctor, a little bit of you dies. And you contemplate your few alternatives. Some border on the desperate.

My experiences with pain and the medication restrictions imposed are numerous, even outside of chronic pain situations. I have been treated for urethral strictures which called for home and office dilations. Pain medication would be limited, and more often simply not provided. If you have any idea of what at home dilation entails, you would sympathize with the rights of any patient and not just a pain patient more than ever, given this example. In addition to the strictures, chronic UTI and frequent kidney stones, I also have a terrible chronic bladder pain. It has been ignored by urologists who were too interested in what they felt they could treat. No one can be more surprised than I at this account. It is a debilitating pain. It is joined by the constant flank pain I mentioned earlier. On top of each of those, I am having to deal with inflammation

and pain associated with the urethral strictures. The pain experienced during dilation had likely not been felt since the days of the Spanish Inquisition. Naturally, the degree of pain sometimes varied throughout the day and night. However, the location of the pain makes it impossible to concentrate on any task I had to perform and is generally unbearable. It took my own research on the net to discover that cystitis was possibly causing the bladder pain. Even then it was never fully acknowledged or followed up by my urologists. I was told it was *likely* the cause of the pain. Still the urologist would not address the pain. I would read of how some with this condition would be eligible for disability benefits. I was astounded. Finally, a validation that I was going through something quite terrible. Still nothing from the medical community.

It wasn't until I discovered my Pain Management Specialist that I finally began to live a normal life. No words could describe the help this treatment has provided. However, every silver-lined cloud seems to be full of gray. Initially my health plan paid for the claims. But then only days before a major surgery, I was told they would discontinue payment. I was 11 months into a program that only generally lasts for 2 to 3 years and was told to stop. Needless to say I thought this was a terribly irresponsible directive. I work for the very same health plan, and couldn't make them understand the benefits of this program. They suggested other alternatives. I was back to square one again; suffering and getting no sympathy nor practical help.

The alternative provided by the health plan was not simply the same treatment by a different provider. It was a different treatment plan altogether. Imagine you have a back problem and have been progressively getting better through physical therapy, when suddenly you are told to see a provider who wishes to put you in a back brace. It is intolerable to have an outside voice dictate your treatment without ever laying eyes on you; without ever once looking at progress notes or evaluating you in any way. As it stands, they won't pay claims for the pain management treatment because it is out of network.

As an alternative I had hoped my urologist would be willing to continue treating the pain, since it seemed urologically related. I would urge my urologist (in-plan) repeatedly to call the Pain Management Specialist I had been seeing. I wanted him to realize what worked best for me and why. He never called. When he did prescribe pain medication for me, he would prescribe Tylenol #3 in very low quantities. This is like using a band aid after an amputation. I told him I had just spent 11 months determining which medications work for me and which do not. And again I would ask that he please call this other doctor.

To give you an idea of what further treatment I have received, I will tell you what happened to me Christmas of 2000. Christmas night I felt a kidney stone coming on. I have had stones regularly since I was 5 years old. I know what to look out for, and I know there is not a lot anyone can do unless I am unable to void. I waited it out through the night. The following morning I went to the University of New Mexico Hospital Emergency Room. Even after I told them I had a kidney stone and only one remaining kidney, I still waited 4 hours before being seen. I was given nothing for pain. I squirmed in the waiting area for 4 hours. Then I was taken to the ER Observation area and given 2 percocets. I continued to squirm and drank a lot of water for the next 4 hours. I provided a few samples to the nurse, as I would void throughout the day. I passed some dense tissue-like matter (which was the cause for the right nephrectomy in 1995). When they eventually were to release me, they spoke to my urologist and he told them to restrict my pain medication. He told them to send me home with a prescription for 5 percocets. I couldn't believe it. Not only did he refuse to recognize that I have a tolerance to percocets (an occurrence which is acknowledged in the Physician's Desk Reference), he also ignored my requests for him to contact my pain specialist and verify anything I explained to him. I wasn't even allowed the courtesy of being treated like a normal kidney stone patient. He thought I was faking a kidney stone. I have been through this countless times. I know what the standard dosage is. I felt I

hadn't passed everything and was still in quite a bit of pain. The CAT scan revealed nothing. Either I had passed it before the scan (I gave the nurse a lot of debris before then) or the dense tissue does not show as a stone. I had a kidney removed because of the danger those caused, but it seem to be of no concern to my current urologist. As I walked through the parking lot in the snow still in pain, I cried cursing him aloud. I drove through the snow and reached a Walgreen's so that my prescription, such as it was, could be filled. Two weeks later I still had 4 of those 5 pills. I lived those two weeks in fear and pain. The 5 percocets provided would not have been enough to relieve my pain for more than a day, and I feared another stone. If my pain grew, I would have nothing for it. All this, while dealing with the chronic pain described earlier.

It was then that I decided to return to the Pain Management Specialist at my own expense. I won't go into the cost, except to say that I had trouble paying rent every month *before* I had to pay for this treatment. This has been a terrible strain on all aspects of my life. It has been a long hard battle, but finding the proper treatment has been more than worth it.

It is difficult to explain just how much this treatment has radically changed my life. With the pain management treatment I have not only been able to get to work every day, but I work productively and undistracted. I am able to think more clearly. The most common misconception has been that the medications would hinder one's ability to work. I have found that I am able to work because of, not in spite of, the medication. More importantly, I can play with my daughter, and be an active part of her life again. Words can never describe what it means to be able to do that. I expect that what an individual will get back after treatment varies. However, we all certainly share one absolute: To be free from the pain is the greatest gift. Once this is accomplished our lives are our own once again. I may never be able to fully express what pain management has done for me, personally. From the very moment I sat in the office of Dr. Joan Lewis and realized I was being listened to, and a course of action on my behalf was about to be taken, I felt hope for the first time in years. That in itself is an incredible healing tool. That hope has not been in vain.

I would not want anyone to go through the things I have, having your suffering ignored, and medical professionals looking down at you as though you are some sort of junkie. Medical professionals...the ones that can help...sending you away with your pain and all that it does to your life. I would hope this clearly illustrates the need for legislation on the rights of pain patients. Once turned away by the very medical provider you are seeking help from, there is currently nowhere else to go. The restrictions of health plans as well as the prejudices found in the work place add to the downward spiral of events that push the patient to a breaking point - a dangerous breaking point.

This letter has been written in the hope that it may benefit the cause of pain patients' rights.

Thomas P. Kelly II
Albuquerque, NM
505-765-1065

X-EM-Version: 5, 0, 0, 0
X-EM-Registration: #3003520714B31D032830
Reply-To: drummgod@earthlink.net
X-Mailer: EarthLink MailBox 5.05.11 (Windows)
From: "Gary Dossey" <drummgod@earthlink.net>
To: jlewis@weblinkrx.com
Subject: Thank you!!
Date: Mon, 21 May 2001 10:22:5 -0600

jlewis@weblinkrx.com)

--- Gary Dossey
--- drummgod@earthlink.net
--- EarthLink: It's your Internet.

Dr. Lewis,

Thank you so much for adding me to your mailing list. The articles in the Tribune were, from their point of view, totally unwarranted and unjustified. If not for your treatment, I would be virtually useless. There are so many kids whose lives I have, hopefully, impacted in a positive way and have made a real difference in making their life choices that could potentially, affect the entire architecture of their lives and subsequently, and substantively, the foundation that is being formed is so many times built in its entirety from their dreams, aspirations, and the needs of their spirits. I am in education because I believe that with the problems our children and their children are going to be facing, every stone should not go unturned. I really believe it when I tell students that I hope I am helping with the academic development of the doctor who will discover the cure for cancer, or the person who will be able to solve the hunger problem in the world, or who is going to find a way to clean up the environment so the human race one day, can simply survive. Like you, I have always been a very controversial educator as I tie things together such as "sequential thinking," with the literal growth of intelligence. I have been given dozens and dozens of awards, I have been honored innumerable time, I am a member of the honor society for graduate students in educational research and each time, before this happens, there are those nay-sayers, trying to shoot me down because they don't have the courage, the intellect, the conviction, and probably most importantly, the passion for and having the compassion to do the what they know is right. There are many in education, especially out here, who have no clue as to what I am talking about, yet, the academic growth results are apparent, due to it being the only real variable, however, they want me to go to lengths to prove my theory, that even best theories in education have never been subjected to so much scrutiny.

A big part of why I stay here in New Mexico is because, really, for the first time in years, there is decrease in the pain that has at times, somehow, undermined every endeavor I was undertaking. Many of the people I work with have no clue what it is like to have so many free-standing, unconditional offers of employment. Since I have worked in corporate America, I know the rigors and the stress that go with it, and I also, know that I wouldn't last very long, regardless of my skills. When I was residing in Dallas, and after several phone calls of trying to convince me that this school district would do virtually anything to work with me, and even in spite of the serious ongoing medical problems, this Gallup-McKinley County Schools was overjoyed that I chose, under federal funding, to teach teachers how to teach sequential thinking by utilizing state of the art technology, and what I have found is that many teachers either don't understand it, and/or feel that their careers may somehow be jeopardized by these computers, and swearing all the way that "computers will never replace teacher." That is true. A computer will never replace a "gifted" teacher, just like HMO's will never replace gifted doctors.

My point is that you are a gifted specialist helping so many professional people who are probably, just like me, attempting, to add something positive to our social and cultural climate which may enhance someone's life. Active, positive, intelligent people who have never had to endure chronic, debilitating pain, are so fortunate and blessed. I feel very fortunate to be alive today and to be involved with what I am doing, and moreover, I want others, especially students who are preparing to cross the threshold into adulthood, to see that the human spirit can overcome insurmountable obstacles, persevere, and eventually triumph, regardless of the limitations.

I have, due to the nature and extent of what has transpired, had to search out the very best physicians who not only have the greatest amount of clinical expertise, but as well, understand a great deal about the human spirit and the soul, and I have found, like gifted educators, that they are difficult to locate. I do feel that more and more, medicine is beginning to take a look at the whole person, and I applaud those, pioneers and visionaries like you, who are willing to stand up for what you know to be true. Many of my closest friends, are similarly perceived, but these are the very people who have an intuitive ability to make sweeping changes in whatever field they are in.

I sent the articles to Laurie, the girl who came with me, as she holds a master's degree in education and is an outstanding, (outspoken and controversial) educator in Indiana, in fact twice voted, teacher of the year. We have known each other since we were about 12. She thinks you are an extremely confident, articulate, competent, thorough, and most importantly, caring and compassionate physician who has the welfare of the patient at heart. After meeting you, and then, reading the articles, she was even more impressed

with you than before. Again, I truly thank you for all you have done to make my life meaningful and productive. I wouldn't be where I am now, if not for your treatment.
GWD

New Mexico Legislation for Pain Patients' Right:

This letter is written in regards to rights needed for patients with chronic pain. This is a condensed version of what I as a patient have been through to obtain appropriate medical treatment that has actually allowed me to return to being a normal person again.

My name is Jeri Muller, I am a 42 yr. old woman with 3 children ages 23, 21, and 16 yrs of age; I also have a granddaughter 1 yr of age. I have been married 24 years and have lived in Albuquerque all of my life. I am also an RN currently on disability due to severe facial, head and neck pain. I practiced in Albuquerque for 16 yrs as a Medical Surgical nurse and Pos Anesthesia Care nurse at St. Joseph Hospital.

My journey began in 12/9/92 with sinus surgery, a simple procedure to open windows in the sinuses and straighten a deviated septum. I had been having numerous sinus infections and migraines headaches. In 1/15/96 the surgery had to be done again. Infections were increasing as was the facial pain and migraines. One month after this procedure 2/16/96 I had to have a third surgery, afterwards I saw a second Ear, Nose and Throat specialist which informed me that all physicians have failures and that he felt another surgery was needed to correct the problem. At the advise of my anesthesiologist I sought out a third opinion, whom agreed with the second physician and a fourth surgery was preformed on 11/6/96. The last surgery was one 5/97.

With each surgery, my facial and nasal bones were fractured or chipped away causing nerve damage in the left side of my face, behind my left eye, in my neck and shoulders. I have also developed stenosis in the cervical region of my neck causing increased pain to these areas.

During this time frame ,I saw over 15 physicians, I had nerve blocks and trigger point injections done by anesthesiologists, cranial sacral manipulation, massage therapy, physical therapy, allergy testing and psychoanalysis. I have seen anesthesiologists, neurologists, allergy specialist, ear, nose and throat specialists, pain management physicians, primary care physicians, oral pharyngeal specialists, psychologist, psychiatrist, ophthalmologist (for left eye pain and deceased vision), etc.

It has been my experience that if they cannot alleviate the pain, they imply you are crazy - it's all in your mind - or at the worst, you are a drug addict. To make my situation worse, I have no outward signs of deformity or scarring visible so I have been told only a psychiatrist can help. I have been treated like a second class citizen because I continue to have pain in my face and head, even though it is documented that the trauma I sustained from surgery and infections, including X-rays, CT scans, MRI, and physicians notes etc. is a very physical problem. I have been given anti-depressants numerous times, to which I have had severe mental side effects and yet it still prescribed.

I had actually given up hope and become suicidal throughout this ordeal, when my psychiatrist encouraged me not to give up and at this time referred to Dr. Lewis' Pain Management Clinic. This was the turning point in my life.

After seeing Dr. Nemes and Dr. Lewis and undergoing an extensive physical and history I was started on pain medication and followed very, very closely. My life as I once knew it, has been returned to me. I can sleep, get out of bed, get out of the house, enjoy the company of my family and friends, shop, straighten up the house etc. I can do things that people take for granted everyday.

Prior to going to the clinic I was in bed most of the time, unable to do the simplest of tasks, just the activities of daily living were difficult to achieve. I had stopped leaving my house, the kids or my husband would do the grocery shopping. The only time I went out was to go to the doctor.

I have not been able to return to work outside of my home, however this is only one hurdle I have not yet overcome.

With Pain Management I take my medication twice a day and occasionally something for breakthrough pain. This breakthrough pain is usually caused by reading, changes in barometric pressure or temperature changes or the onset of my menses, which causes migraines.

If I were not able to be a part of the clinic I fear the process I explained earlier would rapidly become my reality again. Physicians are afraid or unwilling to prescribe certain and adequate pain medication. I personally wonder if they are uneducated in the treatment of pain, or the use of these medications.

I feel the legislature could help address my rights for treatment of pain, by education, tolerance and possible opening more clinics.

The cost of this treatment should also be addressed by legislators, it is very expensive for this type of therapy because insurances and HMO's disallow it on claims. If legislation were involved maybe this would be one of the changes to occur. I personally feel there is no cost to great to have your life returned to you, but it is a definite financial concern and someone else may be unable to follow this course of treatment due to the cost. How terrible that a person would have to live as I did prior to going to the Pain Management Clinic.

I give my permission to Dr. Lewis to use this letter on behalf of pain patients' rights.

Sincerely,

Jeri Muller
(505)899-7647

Dear Dr [REDACTED]

I am writing this progress note (ha!) to **thank you** for the referral to Dr Lewis and to send you some info. I have been having a difficult time trying to get the referral processed for my insurance company, and I would like to make sure it will be covered. They said to get one for extended visits. Health Plus said that my PCP would have to write a letter of request since Dr. Lewis is an "out of plan provider" for HP. I was originally referred to her by my previous PCP, but I saw Dr Benge, the rheumatologist first, and since he prescribed for me I didn't need to use the referral to a pain specialist. This was in February of 1998, so that first referral is no longer valid.

It is imperative for me to be able to walk, and to sit at my computer at work.. My pain keeps me from walking sitting and functioning. I have to go to work. I take care of my 72 year old mother in my home. (She has memory loss and is very frail.) My husband counts on me to pay my half of the rent and utilities. My husband helps me as much as he can, but it is not his responsibility to support me financially. I am self supporting. I don't know how to explain it any more clearly. I need to have these pain medications to function today. I am not talking about next week or next year, although, it is only *reasonable*, to be able to *plan* on having at least one month's supply, as that is what my insurance company will pay for, and it is dangerous to have to go through sudden, unexpected, withdrawal from these kinds of medicines. It is not fun, I have had to do it before.

I don't know if you will have time to read all this. Included is my pain journal for the last couple of weeks. I wanted you to have a copy to keep you abreast of my current therapy for pain. If you can take the time, I will appreciate it. It is HARD these days to have a decent relationship with a doctor, but I am trying. Seven and one-half minutes goes by pretty quick in the exam room. Maybe reading this will be more efficient for you, and is *certainly more efficient for me* than having to take off work AGAIN and wait in the Family Practice Center triage area for half a day (as I had to do one day a few weeks ago) to try to see you in person.

I was able to get an appointment very quickly to see Dr Joan Lewis - the "Board Certified Pain Management Specialist"...before my pain meds ran out, *thank goodness*. She is an angel. (I think the term for her specialty is *physiatrist*.) I told her that I took 12 to 14 darvons a day and she **didn't even bat an eye**...and when I told her I was in pain, she **believed** me. (I find it really strange, that recently some medical practitioners I have seen are not in the least concerned about my liver when I tell them I take 2400mg of ibuprofen a day or FOUR GRAMS of Tylenol.) She did not feel the **need to minimize** any of my complaints, and apparently the thought of prescribing for me did not make her feel threatened in the least. I guess I finally found a real pain specialist.

Dr Lewis did a very detailed physical exam and her staff took full-body ROM measurements. They timed me walking about 50ft down the hall and back. (These measurements are done at every visit to chart progress.) She had me get blood drawn for thyroid, rheumatoid, liver function, and testosterone levels. Testosterone is low sometimes in female pain patients, she said. **This is the first time any of my physicians** have checked any of these labs in relation to

my arthritis:

I have another appointment with her in two weeks. For now, since propoxyphene is working well for me, she had a long-acting form of it compounded at a custom lab. It was delivered to me here at work by two-day UPS ! I take two propoxyphene 455mg Sustained Release caps a day, and for breakthrough pain, Darvon 65mg, prn. We are still working out the optimum dosage. She said that propoxyphene is not actually an opiate and that it's metabolite can cause seizures.

I am impressed with Dr Lewis. She listened to me. She treated me with respect, (like you do) and so far the regimen she has prescribed is working well, and she is working with me to fine-tune it. It is reassuring to be treated with such competence.

During my 50 years on this planet I have seen many fads, fashions, and paradigms in "pain management" come and go. It is interesting that the recent term has been management rather than relief. It is remarkable that for many of us technology has not progressed beyond the Gunsmoke Era - whiskey for pain relief. I believe now, as Dr Benge (my Rheumatologist) said, we are in a backlash from the "Valley of the Dolls" era. Back in the '60's I was routinely prescribed a pill for my menstrual cramps which was a combination of amphetamine and codein. I can't remember the name of it, but I took it for a few years (for a few days each month), and it *worked well* with no side effects... until the fashion of combining drugs to achieve a synergistic effect became *unfashionable* and the label "polypharmacy" was coined.

The short version of my pain journal record boils down to this:

TAKE MEDS as prescribed : **feel good, able to go to work and function well, physical activities (like get out of bed, take care of my mother, do yard work and housekeeping, pair-bond maintenance with husband, throw the ball for my dogs), work on my plans to build a straw bale house, do social activities with family, kids and friends, feel like I am of use, life is full and happy... a sense of well being and peace.** (I am not a menace to society and my cognition is not impaired. (In fact I have lots more energy - I was sleep deprived for a long time evidently, before I started taking around-the-clock meds.)

WHEN MEDS WEAR OFF: **hurt a lot, can't roll over in bed , or even get up, can't walk or sit without frustrating and discouraging pain, (and certainly can't do any of the above for my invalid mother), miss days at work, not able to do physical therapy, pool therapy, can't drive, can't go see friends or family, can't make love to husband and he is sad, (so are dogs!)... I get very isolated, lonely, depressed, become emotionally labile and cry a lot... feel like giving up, and that my productive useful years are over. They ARE! (This is the point at which some chronic pain patients start looking for Dr Kevorkian. I can certainly see why.)**

Here is the ultra short version:

with pills:



without pills:



Dr. Touchet, I am grateful to you for having an open mind - giving me a chance. I was at the end of my thread after my encounter with the "multidisciplinary Approach Team at the UNM

Pain Center. I know it is hard to go up against "the system". (I worked as a veterinary technician for 12 years at the Zoo - which is a City job. So I have seen how people (all of us) can feel threatened any time something new comes along, (especially if it isn't something they thought of first.)

From this client's point of view The UNM Pain Management Center was an **embarrassing, humiliating, insulting** experience. They *took a polaroid picture of me*. I was interviewed by a nurse and then AGAIN by *three different doctors*. It took FOUR HOURS! I kept thinking I had already explained something and then realized that I hadn't because this was a **different** interviewer. Different doctors kept walking in and out of the exam room. They kept asking me what it was that I was **expecting** from them! (I had already explained all that on the lengthy questionnaire they had me fill out before coming to the clinic.) Didn't anyone even READ it? What do they THINK a patient would want from a pain clinic???? Why are THEY there? To advance their careers or to serve their clients??? No physical exam was done. All the talking was done out of my range of hearing outside the exam room.

After everyone had done their interviews with me, and asked many personal, intrusive and invasive questions, (that didn't have anything to do with pain), Dr. Robinson (a pleasant young anesthesiologist) told me that Dr. Abrams would be in to talk to me. When I asked him **who** Dr. Abrams was, he said in an awe-struck kind of voice: "**He's the BOSS.**" (I quote). At that point they marched in and I was suddenly faced with three men (and a young woman who was not introduced), all standing looking down on me. Dr Abrams had his arms crossed over his chest. He had an irritated look on his face, as if he had just been waked up from a too-short nap by a fly. I had not met him before, but there he was, pronouncing my "options" for treatment as if he had spoken WITH ME.

The first option he recommended was a "Drug Holiday" of 2 to 3 months! (Here comes Santa Claus...) The second was to start taking Baclofen again. (Baclofen is a stupefying drug.) The third option was to use tens units with multiple electrodes for my neck and back - (what about my hip and knees?). The last was to *keep doing what I have been doing* (taking Darvon). I told him I wanted to keep doing what I am doing, *as it works, has no side affects, and I have too many things going on to take a break from my life!* He told me that the Center *does not prescribe medication at all, (What?!)* but that he would *make that recommendation to my primary doctor*.

Evidently, this is not really what he **intended** to do, as (from what you said), *it is not what he recommended to you at all*. He told me one thing, and in a private conference with you, he told you exactly the opposite. He told you that I was not a good candidate for Long-Term therapy with opiates. I never even mentioned the words "long-term" AT ALL in my interview with the team.

I am trying to save enough sick leave **to be able to take off another 3 MONTHS FROM MY JOB** to have another hip replacement surgery. (Maybe Dr Abrams would think that would be an appropriate time to take my drug holiday...) You cannot imagine the amount of money (to say nothing of time...) I have WASTED this year on useless healthcare. These guys should get

some feedback as to the repercussions their decisions have on the lives of real people. They should also take their add out of the yellow pages. It is MISLEADING.

The "Pain Psychologist" team member was a nice man and shared some cute visualization techniques with me about balancing all the areas of my life. Yes, I would say something is glaringly out of balance when I can't go to work and earn money, and can't get any help from the people who are taking my money, **ostensibly to help me**. This man was not from the same planet I am living on. One of the things he recommended in his run-down of how to fight the depression component that goes along with chronic pain was to take **WALKS** !!!!! (I came in to the clinic *on crutches* that day because I did not have enough Darvon to take a full dose for that day, and was crippled by the pain!)

Thank god I had alternatives to the UNM Pain Clinic. I would not recommend that you refer *any* of your clients to them. Dr Abrams advice that I take a "drug HOLIDAY" is quite unrealistic. To me that would be the same as taking a Spanish Inquisition Holiday. The man is so far up in his Ivory Tower he can no longer see the ground...where *us common people are scabbling around trying to make a living with canes and crutches much of the time, in my case.*

I have become aware through these interesting and expensive experiences, lately, that the UNM Family Practice Center evidently has a **policy of not prescribing** opiate pain medication except in "*rare and complicated*" instances. (I have included a letter from Mar 98 AAPM "Talk the Talk" which addresses this issue.) I have suffered from several painful conditions during my life, among them migraine type headaches (which kept me out of school for days at a time when I was in kindergarden and grade school), horribly painful menstrual cramps as a teenager (and adult), TMJ, and now (for the last 8-10 years) disabling arthritis.

Today, on my current medication, I am **not** depressed. I would describe it more as indignant. I **don't need** a "Pain Psychologist"...I certainly would spend no money to employ one. I do not care to be draped and tangled with numerous tens units (or counselors). I **don't need or want** "Procedures". I need real MEDICINE. One of natures oldest remedies. Witch doctors probably used it. It is EFFICIENT cheap, effective, and safe when taken by an educated person (or prescribed by a competent clinician), but not easily available through *reasonable channels*. The only alternative for the average poor or uneducated person in pain, who doesn't have *persistence* (not easy; to come by when you are in pain...) is the COAT HANGER PHARMACY...ie. street drugs or alcohol. Those are NOT real choices. Both have **deadly side effects**.

Its kind of funny, but one of the people I work with (*here at the Medical School !*) actually asked me one day when we were discussing how hard it is to find pain relief : "Couldn't you find someone to buy some (pain drugs) from?" (*ie- on the street!*)

Wow, **THAT SAYS IT ALL, doesn't it.**

I do not want to be subjected to the whims of unprofessional and backward physicians trying to keep control of something that is very quickly getting out from under them - freely available

information. We are 2 years away from the millenium. Man has been to the moon. (Thirty years ago!!!) This is the '90's, for god's sake. Somewhere, somebody, has been able to come up with a way to prevent much suffering and disability in this country by simply prescribing effective drugs at effective levels - it is not here. I work at a medical school, which, as far as I can tell, does not have a pain management block in the teaching curricula!

It is time for the technology of mercy to make it to Albuquerque, It is not NECESSARY today for anyone to suffer this kind of preventable pain. For what possible *justifiable* reason would one inflict suffering if the key to prevent it was in one's hand (especially if one is in the position of acting as the **gateway** to proper treatment.) As a vet tech I would never allow the animals in my care to suffer needlessly. I owe the same to myself.

What is at stake here? Not just my pain. How many hundreds or even thousands of humans are or have been *at the mercy* of someone who has none? When I asked Dr. Abrams why the UNM Pain Management Center does not prescribe opiate medication he told me "*People would be beating down the doors to get in here.*" *Wow. What is wrong with this picture? If there are so many suffering people out there that want and need treatment why isn't UNM PMC interested in helping them???* They could offer a service that would be meaningful and reasonable and *useful* to them.

Something like sixty thousand new people a year are *disabled by pain*. Pain IS the pathogy! What miscry! Some of us are being told "I ~~never~~ prescribe opiates for arthritis." (from a physicians assistant at Dr White's office at Pres, when I got a second opinion about having another hip replacement surgery...interesting...he **does** prescribe *radical permanent butchery* and *invasive DANGEROUS* anesthesia. My mother was anesthetized 3 years ago for a mastectomy and went in to it **normal** and came out with **significant permanent memory loss!**) ...OR..."you will just have to learn to live with it". and..."Our rheumatoid patients are better off than patients like you; we have medications that help them...right now there is nothing more I can do for you...there are new osteoarthritis drugs in the pipeline that will be coming out in the future..." (from Dr Bengé, my Rheumatologist) At least, he had the compassion, kindness, and professionalism to prescribe for me, because he had *real empathy* - he told me *he has scoliosis himself*. Dr Bengé found *nothing wrong* with prescribing for me except his fear of repercussions from the NM board. He even had the good sense to not make me take the toxic dose of tylenol I would have had to ingest daily in order to get enough Darvon, by using Davon 65 instead of Darvocet.

A few weeks ago, Dr Bengé, resigned his practice. He was prescribing propoxyphene for me in large enough doses to be effective. (I had been taking the same dose for about seven months without having to increase it.) (Dr Bengé expressed to me that he was **afraid** of losing his license for prescribing these effective doses.) I became aware that it would be necessary for me to search out a professional who had the expertise to administer and monitor these drugs - *I need some help and advice* to make sure I am doing the optimum therapy for me...ie. getting the most bang for my buck.

Coincidentally, a satellite-feed seminar occurred around that time at the med school (where I

work). This live broadcast from Washington, DC was on Management of Chronic Nonmalignant Pain - A Case-based Approach. I went to it. This seminar gave me the information I needed. I no longer had any questions in my mind after hearing it. I had been feeling a sense of **shame** and **guilt** for asking for opiate medication when none of the other meds I tried worked any more or had bad side effects for me. That attitude was WRONG. My pain is real. And it can be helped. There is no **good reason for anybody to suffer what I have had to go through**.

No physicians from UNM HSC came to this seminar that day. There seems to be no interest or motivation at UNM HSC to increase the level of knowledge about this topic.

Dr B. McCarberg, from California, the Physician-in-Charge of the Kaiser Permanente Chronic Pain Management Program for the last 12 years, and who has seen *5400 patients* with heterogeneous pain problems, was one of the presenters. I enclose the material for you, in case you might find it interesting. (Pass it around!) It is probably still good for CE credits. When I asked Dr Lewis why more docs locally don't prescribe like she does, you know what her answer was? "They don't know they can."

Thank you again, for treating me with respect and kindness. Thank you for consenting to be my PC (Primary Care doctor), and for your referral to Dr. Lewis. I very much appreciate *the courage, compassion and professionalism* you have displayed during our encounters. You are in the position of acting as "gatekeeper" to medical treatment that is vital to me to keep from losing my job, home and family, due to this crippling disease.

As you can see, I have done a lot of research on my own condition. **I know you are busy** - but I was really impressed with the thoughtful, meaningful, and inclusive notes you took at my first (intake) appointment, and the way you took the time to *listen* to me, and that you *talked* to me and honored me enough to tell me *what you thought* so that I had a chance for a dialog with you. I hope this information will be helpful for you.

This is about my life. It is of *first priority* to me. It also impacts the lives of my family and the people who have to cover for me at work when I don't show up. I have had a lot of experiences and have collected a lot of useful information in trying to find out what works and what doesn't work **for me**. (I am an individual, not a dot on the bell curve.) I am happy to share my knowledge of myself with you in the hopes that it may help other pain patients *not have to go through what I have*.

Given the opportunity, I would be glad to listen to you, if you wanted to share information with me.. I assume that as a practicing physician you have *lots* of practical, first hand experience and knowledge, and care about what happens to your patients. I am completely open to any helpful workable ideas or advice, and would like to build an open and trusting Client/Doctor relationship with you. It is very scary to go in to something like a hip replacement surgery and trust your life to strangers. I ran anesthesia for years on lions, tigers, bears, hummingbirds, whooping cranes, reptiles, etc. **It would scare me to death to do it for a human!** I like to think though, that the reason a lot of us got into medical professions in the first place is because we do

care and do want to be of help.

Sincerely,

Susan Flenniken