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AMERICAN BOARD OF INTERNAL MEDICINE

(1)

Aug. 16, 2001

Dear Committee Members,

Thank you for allowing me to address the committee on a matter of importance and urgency to most American physicians. I have been a practicing physician for over 30 years, including 2 years at the National Naval Medical Center in Bethesda. Eight years ago I undertook additional training at meetings of the American Academy of Pain Management and the American Academy of Medical Acupuncture. The impetus for this was the affliction of my wife with one of the cruelest diseases I have ever witnessed, Reflex Sympathetic Dystrophy. This is a nonmalignant disease affecting the nervous system. It was first described in 1863 after the Battle of Gettysburg by a neurologist from Philadelphia, Dr. S. Weir Mitchell of Jefferson Medical College. He described what he called causalgia, which involved refractory pain, often in a wasted limb after the blunt trauma of the battlefield. Today this disease, RSD, has been renamed complex regional pain syndrome, Type I. Whatever this condition is named, its victims have the same amount of suffering. This pain is considered to be worse than the pain of malignancy. Patients with both conditions often complain only of their RSD pain, not their cancer pain

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The importance of pain in today's world cannot be overstated. While it is estimated that 2 million Americans have RSD, many more millions are afflicted with other chronic pain conditions. The lead section in the 50th anniversary edition of Conn's Current Diseases was on Pain in the year 2000. The Joint Commission on Accreditation of Hospitals has declared this the decade of pain management.

I was privileged to speak to a meeting of Family Practitioners a month ago & we were discussing the situation with Oxycontin diversion. They mentioned what a tremendous advancement this medication was, far more effective than previous medications in controlling both in malignant & nonmalignant conditions. We talked about the fact that prescription pads must be closely guarded and that this is probably the main avenue of illegally obtained prescriptions. Narcotics are never dispensed in more than 1 month supplies in amounts deemed necessary to use completely. Legitimate pain patients closely guard their supply of medication because it is not replaceable.

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Todays oxycontin is a unique pharmaceutical and cannot, as managed care organization suggest, be replaced by Percocet or generic substitute. Chronic pain patients on Oxycontin can function & lead useful lives as family members. Patients with cancer pain may extend their pain-free existence. I urge the committee not to withdrawal of oxycontin for the sake of both nonmalignant & malignant pain victims. Apparently there are efforts underway to re-engineer oxycontin so that it cannot be abused. Until that time a heightened sense of awareness on the part of physicians, patients and pharmacist should help towards controlling the problem.

Sincerely,
William A. Tuffiash, M.D.