



Eastern Shore Neurology & Pain Clinics, Inc.

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To: **Dignitaries members of
Anesthetic & Life Support Drugs Advisory Committee**

From:

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Brief personal Profile:

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The "War on Drugs"

Pain is the most recognized disabling syndrome, it is realized only by those who suffer from it, however, despite the compelling data we have in the medical literature about pain and how debilitating often it could be, only few physicians believe their patient's pain. All studies published have indicated that pain is under-recognized and under-treated by most physicians.

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Throughout my training as a neurologist, I have been taught more to suspect and disbelief patient's pain than otherwise, that has continued even through my early years in practice as a neurologist.

In 1997, I survived a nearly fatal accident when I went off the road on at high speed on Interstate 65 hitting a number of trees on the side of the highway, sustaining substantial physical damage. The police had to break into the trunk of my car to pull me out, those who rescued me never believed that I could still be alive. A thorough medical exam and x-rays revealed no objective findings except for bruises all over my body, yet I had the most excruciating pain of my life. The doctor who examined me back then advised me to take Advil as needed and reassured me that my pain would eventually go away.

I had suffered extremely excruciating pain for several weeks following that horrifying accident. Advil did nothing to alleviate my pain, I was too embarrassed to call my doctor back asking him for a better relief of my pain, because of my fears of being labeled as "narcotic seeker", which in turn might jeopardize my license as a physician.

I suffered from an Upper GI bleed because of Advil, which at times totaled 4 grams q.d. (4000 mg). Still, I felt too embarrassed to ask my doctor for more effective pain relief. I even attempted chiropractic treatments, which was not too helpful as well.

Because of the fear inside me that doctors should not take drugs, I have chosen to suffer emotionally and physically sustaining substantial financial damages because of my pain that was not evident on any tests or exams. It was not felt by anybody else but myself.

Something I have learned from this bitter experience, is that how heartless some physicians sometimes they could be when they feel confident to assume the "God's role" to determine who is truthful and who is not about their pain.

Since that accident, I have become greatly interested in pain management and I have joined the American Academy of Pain Management seeking board certification. I have also pursued extensive training in both pharmacological and invasive pain control techniques and I believe that the bitter experience that I survived has made me a better man, a more compassionate physician, and more understanding of people's suffering and pain.

We all have seen and listened to the media lately blowing out the horn on some abuses of prescribed narcotics committed by some physicians and individuals, in particular Oxycontin. We even have seen some physicians being humiliated by suspending their medical license because of alleged abuse of prescribed pain medicine.

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Regardless of what is the purpose behind this recent government regulatory tactics, it certainly has managed to spread fear among physicians to avoid prescribing narcotics or treating patients with disabling pain.

Although the government has lost its war on street drugs, however, it certainly has won its war against prescribed pain drugs. Surely, physicians are easier targets than drug dealers, who at times sell their drugs safely on our streets, at times within the viewing and hearing field of law enforcement officers, however, a physician prescribing pain drugs to a patient could surely get into trouble and even have his/her license and eventually his/her professional career terminated.

Another incident has touched my life which was one of my patient's, I got to know her as the most energetic, wonderful, paramedic young woman I ever met in my life. She used to bring patients in by the ambulance to Columbia Four Rivers Hospital ER (currently Selma Baptist Hospital), she was full of energy and enthusiasm to help others. This lady at 39 years old started to feel with agonizing pain all over, was eventually diagnosed to have Lupus, with severe abnormal serological findings on her lab. She used to come to my clinic in tears, with dark circles under her eyes complaining of nothing but severe agonizing pain. She was unable to eat, sleep, or to do hardly anything. I had frequently admitted this lady to the hospital because of her acute incapacitating and disabling pain. Another local physician in Selma (who shared her care with me) has accused her of "narcotic seeking behavior", too many ventures has been done to this lady to control her lupus (which is an incurable disease, like many other diseases). She apparently had severe fibromyalgia and generalized aching. I can still remember her during her last visit to me last year, when she came to my office in tears (as she always did), she looked at me and said "...Is there any hope?..." This lady died only 2 years after the onset of her illness. From all physicians who treated her, I was the only one to receive a letter written by her husband, it was quite touchy, thanking me for what I did for her to relief her pain (she was on Oxycontin). I still read from time to time with great sorrow.

We, as physicians, have a moral and ethical responsibility to treat patients with pain and we should have the right to do so without the fear or the influence of any governmental regulation. This feeling of "...they are out there to get you..." has done nothing but create more people like Dr. Jacques Kivorkian who offers an alternative and eternal treatment for pain. Such governmental regulations have also pushed more people back to the street to seek illegal drugs. The "War on Drugs" has been the fanciest slogan for any politician running for office. Such governmental regulations make many believe that our government's fight is not to prevent drugs, but rather about the revenues of this industry.

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I am calling upon the government agencies, including the DEA and the FDA) to stop this warfare against physicians and the pharmaceutical industries which so far has benefited nobody but the street drug dealers.

In stead, government's regulations should be focused on:

- 1) Establishing guidelines to credential pain management physicians rather than convicting them for treating pain.
- 2) Physicians should never be convicted of alleged abuse of prescribed pain drugs by any non-physician, such conviction should be restricted only to qualified pain management physician(s)

Rassan M. Tarabein, M. D.

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May 17, 2001

cc: Honorable Sonny Callahan,
U. S. Congress