

NEW HAMPSHIRE MEDICAL SOCIETY



For the betterment of public health since 1791

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August 13, 2001

Anesthetic & Life Support Drug Advisory Committee

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Center for Drug Evaluation & Research (HFD-21)

Federal Drug Administration

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Rockville MD 20857

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Dear Committee Members:

The Mission of the New Hampshire Medical Society is to to promote the art and science of medicine and the betterment of public health. In support of this mission, the New Hampshire Medical Society has a strong interest in seeing that pain is effectively relieved in all patients who suffer, and that pain medications do not endanger public health by becoming objects of abuse, diversion and/or addiction. In this context, we are writing you to provide input into your discussions at your upcoming meeting regarding opioids therapy of pain.

We urge you support the autonomy and discretion of physicians in treating their patients with pain, by not adding further legislative or regulatory burden to the management of pain. Specifically we request that all physicians who possess a DEA controlled substances license and an unrestricted license to practice medicine continue to:

- 1) have equal authority to prescribe schedule II-V opioids for pain and not be limited by their specialty (for example family practitioners should have equal authority to prescribe opioids for pain indications as pain medicine specialists or oncologists)
- 2) have no additional licensing requirement to prescribe all schedule II-V opioids for any pain indication.
- 3) be able to prescribe schedule II-V opioids for pain of any etiology or classification. (for example, acute pain versus chronic pain, or cancer related pain versus non-cancer related pain).
- 4) have authority to prescribe schedule II-V opioids for any pain indication without the requirement of a second opinion or specialty consultation

In order to adequately address pain, it is critical that all physicians retain autonomy and discretion in prescribing of opioids.

If the prescribing of opioid medications is limited to specific physicians for specific indications or additional licensing or consultation requirements are implemented, this will undoubtedly result in the inability of many patients who suffer with pain to receive timely and appropriate care.

Acute pain, cancer-related pain and chronic pain of non-cancer origin all have the capacity to destroy quality of life and, in some circumstances, to end life itself by leading to suicide. Abuse, diversion and addiction can also endanger individual and public health. No legislation or regulation can take into account all the nuances of particular clinical situations as they evolve. Only a physician, together with his or her patient in the context of a doctor-patient relationship, has the information necessary to decide what approaches, structure, and therapeutic tools are appropriate for the management of pain in a particular situation.

Opioids, like other medications, can produce both beneficial and harmful effects. As with all clinical decisions, physicians must weigh potential benefits and risks in each situation to determine whether

opioids are an indicted component of treatment. Each physician, with awareness of his or her own skills and limitations, must decide when additional consultation is necessary regarding the use of opioids in a particular situation.

Physicians should uphold standards of care in their prescribing of opioids as reflected in the public policy statements of relevant professional organizations, including those of the American Pain Society, the American Academy of Pain Medicine and the American Society of Addiction Medicine and in the guidelines of the Federation of State Medical Boards on the Use of Controlled Substances in the Treatment of Pain. When inappropriate patterns of opioid prescribing occur, these should be addressed through the usually medical legal and regulatory channels that address substandard medical practice. Education, rather than sanction, should be the first line tool in encouraging practices to meet the standards of practice of pain management and opioid prescribing.

Diversion of medications for profit by unscrupulous individuals is appropriately addressed through criminal justice channels. Abuse of medications by individuals with active addictions should be addressed with treatment and adequate treatment programs for addictive disorders must be made available to all American citizens who need such treatment. Rather than limiting opioid prescribing authority, intensive efforts must be made to educate physicians on proper assessment and treatment of pain and of addictive disorders, as well as approaches to limiting abuse and diversion of prescription medications.

Sincerely,


Ishwar C. Chopra, M.D.


Albee L. Budnitz, M.D.


Peter L. Forssell, M.D.

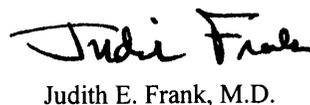

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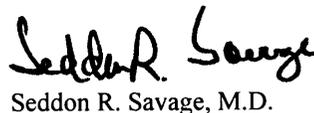

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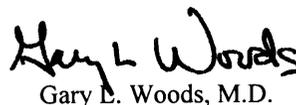

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