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PHYSICIAN, HEAL THYSELF

***Pharmaceuticals are America's new scourge.
So who's been writing the prescriptions?***

By Julius (Jay) Wachtel. Did Michael Jackson commit suicide? Improbable as it might seem, [that's essentially the theory being advanced](#) by the legal team representing Dr. Conrad Murray, the physician who awaits trial for allegedly causing the pop star's untimely demise. Jackson, they suggest, was so distraught about money problems that he guzzled a lethal dose of [propofol](#) from the beaker while his doctor wasn't looking.

A surgical anesthetic, propofol quickly induces sleep and, once consciousness returns, an euphoric state. Its effects are presumably why Michael Jackson repeatedly prevailed on Dr. Murray to inject him with the powerful sedative. The final instance was on June 25, 2009, when the physician, who said that Jackson suffered from chronic insomnia, administered a dose intended to help the entertainer rest up for a busy rehearsal schedule.

Except that this time Jackson didn't wake up. At Dr. Murray's preliminary hearing earlier this year [a Los Angeles County coroner's investigator testified](#) that she found a dozen full bottles of propofol in Jackson's closet, and an empty bottle along with seven vials of prescription sedatives by his bed. Autopsy results confirmed that Jackson's death was caused by a combination of propofol and other drugs. Prosecutors charge that Dr. Murray had recklessly prescribed and administered them to his patient.

Last month the California Medical Board rebuked Dr. Murray, but not in connection with Michael Jackson's death. [He was instead censured](#) for not disclosing on medical license renewal applications that he was behind on child support. Other than being barred from administering heavy sedatives, Dr. Murray's California, Texas and Nevada medical licenses remain valid. A Los Angeles judge (but not the medical board) did order him to stop practicing medicine in California until the trial is done. It's now scheduled for this fall.

"This is a completely profit-driven operation that has no medical regard for anyone. These clinics have nothing to do with the welfare of the community." [DEA Special Agent in Charge Mark R. Trouville](#) was referring to the six South Florida "pain management

clinics” that the Feds raided in February for allegedly dispensing powerful prescription painkillers to anyone who had the cash.

What the clinics were doing was hardly a secret. Addicts routinely camped out awaiting opening time. Over the course of a year Trouville’s agents paid more than two-hundred visits, going through the motions of being “examined,” getting prescriptions and having them filled. One of the most popular pharmaceutical dispensed at the clinics was oxycodone, the most frequently abused synthetic opiate in the U.S.

When the hammer fell the Feds arrested five doctors and seventeen other employees for illegally prescribing and dispensing controlled substances and covering their tracks with bogus and misinterpreted medical tests. This was the opening strike in “[Pill Nation](#),” an ongoing inquiry into forty-plus Florida “pill mills” that had been dispensing restricted drugs on a cash-only basis, no checks or insurance cards, please. More than sixty doctors are suspected of improprieties. So far [fifty-plus have reportedly surrendered their licenses](#).

Business was generated through word of mouth and the Internet. And the money was good. Agents seized \$2.2 million in cash, several homes and dozens of luxury vehicles including Lamborghinis and a Rolls-Royce from Vinnie Colangelo, the owner of the clinics.

With an estimated 850 pain clinics, the Sunshine State attracts prescription drug addicts from much of the U.S. Florida has become such a big draw that clients of a Jacksonville clinic were being transported from Ohio in *tour buses*. Florida physicians are gaining nationwide notoriety. A Florida doctor will soon go on trial in Kentucky for illegally dispensing pills to as many as 500 residents of that state.

Clinics aren’t the only problem. A week ago [Palm Beach officers arrested a physician](#) for furnishing women Oxycodone, Valium and other prescription drugs in exchange for sex. He had once worked at one of the raided clinics and was planning to open his own.

When we think drug abuse, cocaine and heroin normally come to mind. Think again. By 2007 drug overdoses – mostly involving prescription drugs – were killing more people in Ohio than car crashes. In hard-struck Scioto County nearly ten percent of babies born in 2010 tested positive for drugs. [Portsmouth, the county seat](#), has experienced everything from teenagers smuggling painkillers into school to a grisly double murder committed by an addict desperate for his next pill. According to a public

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health nurse, “around here, everyone has a kid who’s addicted. It doesn’t matter if you’re a police chief, a judge or a Baptist preacher. It’s kind of like a rite of passage.”

Law enforcement is struggling to keep up. State agents recently raided a Portsmouth medical practice suspected of illegally dispensing drugs. Meanwhile a Portsmouth physician is on trial on those charges in Cleveland. While the city has enacted a moratorium on new pain clinics, Police Chief Charles Horner says he lacks the resources to wage a meaningful fight. “We’re raising third and fourth generations of prescription drug abusers now. We should all be outraged. It should be a number one priority.”

It’s not just crooked doctors. In the last three years [more than 3,000 pharmacies](#) from Maine to California have been hit by robbers seeking painkillers and sedatives for personal use, and with increasing frequency, for resale. Oxycodone (OxyContin), hydrocodone (Vicodin) and alprazolam (Xanax) are the most popular. Frightened pharmacists have responded by turning their businesses into virtual fortresses, elevating counters and installing bulletproof glass. Things got so bad in Maine that the U.S. Attorney agreed to prosecute pharmacy heists under Federal laws that carry especially stiff sentences. Meanwhile a bill in Washington State seeks to raise the minimum incarceration time for robbery when no weapon is shown from three months to three years.

Law enforcement, of course, is just a band-aid. For a more lasting solution one could ask drug manufacturers to reduce their output. Just like gun makers, they crank out far larger quantities of product than could ever be legitimately used. Well, good luck with that. Another tack might be to prevail on doctors to pay more attention to their Hippocratic oaths and less to their colleagues’ Ferraris. Considering the many physicians [who churn out medical marijuana prescriptions](#) for a host of ailments real and imagined, good luck with that, too. Think that’s too gloomy a portrait? Here’s how *Los Angeles Times* [columnist Steve Lopez described his “exam”](#):

Now I’m not saying it was strange for a doctor to have an office with no medical equipment in it, but I did take note of that fact. And when I described the pain, the doctor waved me off, saying he knew nothing about back problems. “I’m a gynecologist,” he said, and then he wrote me a recommendation making it legal for me to buy medicinal marijuana. The fee for my visit was \$150.

Perhaps the key is to attract the right kinds of people into medicine. Recently the medical profession took a (very) tentative step in this direction by recommending that the [medical school application process](#) (AMCAS) require that candidates supply information which can be used to evaluate their “integrity and service orientation.”

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That's nice. Until that's fully implemented, though, keep passing the band-aids.