

HON. RON PAUL OF TEXAS BEFORE THE U.S. HOUSE OF REPRESENTATIVES February 12, 2004

Rush Limbaugh and the Sick Federal War on Pain Relief

Mr. Speaker, the publicity surrounding popular radio talk show host Rush Limbaugh's legal troubles relating to his use of the pain killer OxyContin hopefully will focus public attention on how the federal drug war threatens the effective treatment of chronic pain. Prosecutors have seized Mr. Limbaugh's medical records to investigate whether he violated federal drug laws. The fact that Mr. Limbaugh is a high profile, controversial, conservative media personality has given rise to speculation that the prosecution is politically motivated. Adding to this suspicion is the fact that individual pain patients are rarely prosecuted in this type of case.

In cases where patients are not high profile celebrities like Mr. Limbaugh, it is pain management physicians who bear the brunt of overzealous prosecutors. Faced with the failure of the war on drugs to eliminate drug cartels and kingpins, prosecutors and police have turned their attention to pain management doctors, using federal statutes designed for the prosecution of drug dealers to prosecute physicians for prescribing pain medicine.

Many of the cases brought against physicians are rooted in the federal Drug Enforcement Administration's failure to consider current medical standards regarding the use of opioids, including OxyContin, in formulating policy. Opioids are the pharmaceuticals considered most effective in relieving chronic pain. Federal law classifies most opioids as Schedule II drugs, the same classification given to cocaine and heroin, despite a growing body of opinion among the medical community that opioids should not be classified with these substances.

Unfortunately, patients often must consume very large amounts of opioids to obtain long-term relief. Some prescriptions may be for hundreds of pills and last only a month. A prescription this large may appear suspicious. But according to many pain management specialists, it is medically necessary in many cases to prescribe a large number of pills to effectively treat chronic pain. However, zealous prosecutors show no interest in learning the basic facts of pain management.

This harassment by law enforcement has forced some doctors to close their practices, while others have stopped prescribing opioids altogether-- even though opioids are the only way some of their patients can obtain pain relief. The current attitude toward pain physicians is exemplified by Assistant US Attorney Gene Rossi's statement that "Our office will try our best to root out [certain doctors] like the Taliban."

Prosecutors show no concern for how their actions will affect patients who need large amounts of opioids to control their chronic pain. For example, the prosecutor in the case of Dr. Cecil Knox of Roanoke, Virginia, told all of Dr. Knox's patients to seek help in federal clinics even though none of the federal clinics would prescribe effective pain medicine!

Doctors are even being punished for the misdeeds of their patients. For example, Dr. James Graves was sentenced to more than 60 years for manslaughter because several of his patients overdosed on various combinations of pain medications and other drugs, including illegal street drugs. As a physician with over thirty years of experience in private practice, I find it outrageous that a physician would be held criminally liable for a patient's misuse of medicine.

The American Association of Physicians and Surgeons (AAPS), one of the nation's leading defenders of medical freedom, recently advised doctors to avoid prescribing opioids because, according to AAPS, "drug agents set medical standards." I would hope my colleagues would agree that doctors, not federal agents, should determine medical standards.

By waging this war on pain physicians, the government is condemning patients to either live with excruciating chronic pain or seek opioids from other, less reliable, sources-- such as street drug dealers. Of course opioids bought on the street likely will pose a greater risk of damaging a patient's health than opioids obtained from a physician.

Finally, as the Limbaugh case reveals, the prosecution of pain management physicians destroys the medical privacy of all chronic pain patients. Under the guise of prosecuting the drug war, law enforcement officials can rummage through patients' personal medical records and, as may be the case with Mr. Limbaugh, use information uncovered to settle personal or political scores. I am pleased that AAPS, along with the American Civil Liberties Union, has joined the effort to protect Mr. Limbaugh's medical records.

Mr. Speaker, Congress should take action to rein in overzealous prosecutors and law enforcement officials, and stop the harassment of legitimate physicians who act in good faith when prescribing opioids for relief from chronic pain. Doctors should not be prosecuted for using their best medical judgment to act in their patients' best interests. Doctors also should not be prosecuted for the misdeeds of their patients.

Finally, I wish to express my hope that Mr. Limbaugh's case will encourage his many fans and listeners to consider how their support for the federal war on drugs is inconsistent with their support of individual liberty and constitutional government.