

ISSUES and ANSWERS

Oklahoma State Board
of Medical Licensure
and Supervision

Vol 15 No 2
July 2004

Dramatic Rise in Methadone-Related Deaths Oklahoma 1990-2002

by Ronald F. Distefano, DO
Deputy Chief Medical Examiner
State of Oklahoma - Tulsa Office

Recent years have seen a dramatic rise in the number of methadone-related deaths in the State of Oklahoma. This parallels a similar rise in the amount of methadone prescribed in the state. Based on the experience of the author, this increased prescribing appears to result from use in the treatment of chronic pain. Deaths have occurred in both patients who have been prescribed methadone and also in others who have obtained it by illegal diversion. Physicians prescribing methadone must be aware of its pharmacology which is significantly different from that of other opiates. Increased awareness of the risks of methadone usage by individuals taking it, and by physicians prescribing it, is needed to reverse the trend and prevent unnecessary deaths.

A review of the records of the Office of the Chief Medical Examiner of the State of Oklahoma from 1990 through 2002 shows a striking increase in deaths attributed to methadone.¹ Table 1 shows the totals by year [2003 data added]. One-third of the deceased had methadone prescriptions while the other two-thirds likely obtained the drug illegally.

Addendum: Dr. Distefano reports that he signed out at least seven methadone deaths in one week alone earlier this month. He believes 2004 is on track to break the record again.
- editor

Postulated Reasons for this Trend

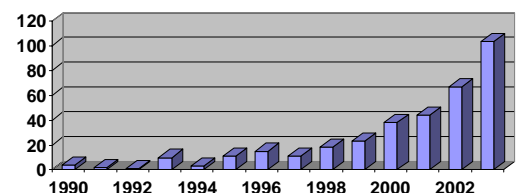
1) Therapeutic Dosing Blood Levels Overlap Fatal Doses²

The same dose that might safely be employed in the setting of a narcotic treatment program can be fatal to a non-tolerant patient. A tolerant patient in a narcotic treatment program might receive 100 and 200 mg per day. But in non-tolerant individuals, a single dose of 50 mg (sometimes less) can be fatal. Some patients tolerate levels twice the average seen in fatalities. Obviously it is not possible to know in advance what a given patient's tolerance might be.

2) Methadone has a Long and Variable Half-Life²

Methadone's half-life is 12 to 55 hours. This can result in toxicity by accumulation

Methadone-Related Deaths
Oklahoma
Table 1



Pay Attention to Advance Directives

by Gerald C. Zumwalt, MD
Board Secretary/Medical Advisor

There are sections of Oklahoma law directly affecting physicians and other health providers that are not in the Medical Practice Act [Title 59 §§ 480-518]. One example, which we have addressed previously in this newsletter, is the requirement found in the Tort section to furnish copies of patients' records.

Drew Edmondson, Attorney General of Oklahoma, has formed a task force and advisory committee to address end-of-life care. At the first meeting of this study group the statement was made that a doctor's failure to honor an advance directive constituted unprofessional conduct and would, as any unprofessional conduct, establish grounds for discipline against the license.

Examination of Title 63 §§ 3101.8 through 3101.16 and more exactly §§ 3101.9 and 3101.11 make clear a failure either to follow the instructions of the advance directive or transfer the patient to a physician who will, constitutes unprofessional conduct (§3101.11 utilizes the word "shall"). No such cases have been prosecuted at the Board and no complaints have been received concerning failure to follow.

With the publicity that the Attorney General's study will generate, the public is expected to become more alert to the availability and positive aspects of advance directives. It is hoped that physicians will help their patients make appropriate decisions concerning the directives.

It would be wise to familiarize yourselves with the formation and commission of these legal documents. A good start will be to read Chapter 60 – Oklahoma Right of the Terminally Ill or Persistently Unconscious Act in Title 63 §§ 3101.1 through 3101.16.

METHADONE, continued from front page

during chronic therapy. A comparison with other opiate analgesics:

- Morphine 1.3 – 6.7 Hours
- Meperidine 2 – 5 Hours
- Hydrocodone 3.4 – 8.8 Hours
- Oxycodone 4 – 6 Hours
- Methadone 15 – 55 Hours

The range given for half-life (15-55 hours) implies an almost four-fold difference between various patients on either extreme. The half-life can double depending on the acidity/alkalinity of their urine.

3) Poor Compliance of Chronic Pain Patients.

4) Ignorance of Pharmacology by Illegitimate Users

Illegitimate users who ignore recommended dosages may be particularly susceptible to fatal overdose using a substance where there is overlap of therapeutic and fatal dosing. Also, substance abusers ignorant of methadone's long duration may use it repetitively, in the same fashion as they have abused other opiate substances, thereby repeating the dosage at intervals that can result in cumulative toxicity.

Summary

Records show a dramatic increase in the amount of methadone prescribed in the State of Oklahoma in recent years as well as a dramatic increase in the number of deaths attributed to that drug. A confluence of multiple factors probably underlies this phenomenon. The author believes that lack of knowledge of the unique aspects of methadone pharmacology on the part of both physicians and patients, coupled with behavioral characteristics of patients with chronic pain and/or substance abuse are two major factors in this trend.

Physicians choosing to prescribe methadone must be aware of both its advantages and also its risks. They should also educate their patients regarding these same advantages and risks.

¹Annual Reports 1990 through 2002, Office of the Chief Medical Examiner, State of Oklahoma

²Disposition of Toxic Drugs and Chemicals in Man by Randall C. Baselt 5th Edition, published by Chemical Toxicology Institute.

Biography:

R.F. Distefano D.O. Deputy Chief Medical Examiner, State of Oklahoma is a full time forensic pathologist and medical examiner at the Office of the Chief Medical Examiner in Tulsa since 1-1-1990 (the study period).

Legislation Update

Lyle Kelsey, Executive Director

The Medical Board had significant amendments made to the Medical Practice Act this legislative session. The Governor signed SB 369 into law on June 9th.

Basic changes:

The practice of medicine (MD or DO) without a license is now a **felony** with potential jail time and fines.

The Board's authority to fine a doctor has been expanded to include "continuing to practice medicine" after the doctor's license has been revoked, suspended or is inactive due to failure to renew their license.

Several items added to the list of disciplinary actions:

The Medical Board can now **revoke** a physician's license with the proviso that they can **never reapply** for a license in Oklahoma.

The Medical Board can now attach a substantial **monetary fine** to a doctor's disciplinary action. The new law formally provides for the Board to levy certain financial charges for the cost of investigating and prosecuting a disciplinary case to the doctor when the doctor has been found guilty of unprofessional conduct in a Board hearing. It also requires payment of the aforementioned charges before the license will be reinstated after disciplinary action.

Deletes the category of a special (non-training) license from the Medical Practice Act. (The existing 18 special licenses issued over the past years will continue in effect but no new special licenses will be considered.)

Allows the Medical Board to revoke the license of a doctor who has been convicted of a felony and includes provisions for reinstating the license if the conviction is overturned on appeal.

Adds language to the new Volunteer Medical License to extend **limited professional liability** and includes physicians listed in the **Oklahoma Medical Reserve Corps** as eligible for the Volunteer Medical License.

Adds a provision that a doctor must provide satisfactory evidence of good moral character before his/her previously held Oklahoma medical license will be reinstated.

The Governor signed House Bill 1467 creating the Catastrophic Health Emergency Powers Act. The legislation establishes a large taskforce to develop a statewide catastrophic emergency plan by December 31, 2004. John L. Leatherman, MD, Medical Board President was asked to serve on the taskforce representing the Board.

Complaints to the Agency

*By Gerald C. Zumwalt, MD
Board Secretary/Medical Advisor*

In previous articles, we have addressed how complaints to the Board staff are evaluated and investigated as well as the average number of complaints received annually (250-300).

The question often is asked, usually by the affected doctor or licensed professional, "Who made this complaint?" Like all other investigative material, the original public complaint is confidential until (and if) it is used as evidence in a hearing. All licensing and disciplinary hearings are held under the rules of the Oklahoma Open Meetings Act. Citizens and news media are welcome.

The sources of the allegations have remained fairly uniform through the years. By far most complaints are received from patients or patients' families. At least two-thirds fall in this category. About 5-10% are received from other physicians and less than 1% from the state and county medical societies. Law enforcement agencies furnish about 5%. Self-reporting on the annual renewal form also accounts for about 5%.

Actions taken by states other than Oklahoma account for 3-5% of complaints but almost always result in discipline being imposed by our Board. Peer review organizations and malpractice insurance companies are a notoriously poor source for generating prosecutable cases. Hospital actions are a slightly better source. Pharmacists reported to us more often than hospitals (approximately 2-3% of investigations). It is not unusual to obtain evidence relating to unprofessional conduct from other state and national agencies (Nursing and Pharmacy Boards, DEA, OBN, etc).

Obviously, the profession itself should take a more active role in policing the practice of medicine. If we are to continue being a self-regulated body, we must maintain the public's faith in medicine, both as a profession and individually.

Oklahoma State Board of Medical Licensure and Supervision

P.O. Box 18256, Oklahoma City OK 73154

or

5104 North Francis, Suite C, Oklahoma City OK 73118

Phone: (405) 848-6841

Fax: (405) 848-8240

Web Site: www.okmedicalboard.org

Baa Baa Black Sheep

by Gerald C. Zumwalt, MD
Board Secretary/Medical Advisor

During a lecture on the agricultural scene in New Zealand, the guide mentioned that there is no market value for black wool so any black sheep seen in a farmer's pasture represents a family pet.

This brought to mind the fact that the chief joy of serving on and with this Board is not the imposition of probation or even the extreme punishment of revocation of a license no matter how necessary and justified such action might be. Instead, it is the occasional success story of a doctor or other professional who errs, seeks treatment and returns to the proverbial fold. There we sometimes encounter a person who becomes a missionary who, instead of journeying to darkest Africa, reaches out to other errant medical souls.

We find former substance abusers who host 12-step meetings and/or serve as sponsors for later converts. Some lecture to medical students or others who may be susceptible to chemical temptations. Many make recovery the focus of their lives as well as encouraging fellow professionals.

Undoubtedly, some of this activity is originated by a sense of debt and a need to repay. But must there be episodes of weakness to produce such acts of kindness?

*Baa, baa, black sheep,
Have you any wool?
Yes sir, yes sir, three bags full.
One for the master,
One for the dame,
And one for the crippled boy
Who lives down the lane.*

Certainly those have been given a second (and third and fourth and etc.) chance, do owe a tithe of time to needful patients and peers. All of us, however, must recognize that practicing medicine is a privilege, not an entitlement. Each of us needs to give a bag of wool to the crippled boy who lives down the lane.

This publication, printed by Central Printing, is authorized by the Board of Medical Licensure and Supervision. 9345 copies have been prepared at a cost of \$1357.00. Copies have been deposited with the Publications Clearinghouse of the Oklahoma Department of Libraries.

PERMITTED STANDARD
US POSTAGE
PAID
OKLAHOMA CITY, OKLA
PERMIT NO. 1548

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE AND SUPERVISION
P.O. BOX 18256
OKLAHOMA CITY, OK 73154-0256