

Dear Dr. A:

I would like to address the situation that came to a head yesterday between us without the need to escalate this into a full-fledged dispute. Although I was terribly upset at the suspicious way I was treated at the time, it occurred to me after the fact that you may perhaps have not had all the information I did, and this may have led to your decision to reverse course and give me only half a week's prescription for tramadol, pending my next appointment with my primary care provider, Ms. B. I realize this email is long, but I hope you take the time to read it. I've tried to whittle this down to the information which is relevant to the issue, and I would like to respectfully request you to reevaluate your position in light of this information.

Since we have never met -- and you have never treated me before -- you should know the following, all of which should be contained within the notes from my initial visit with Ms. B (and within my medical records, if they have been sent from my former primary care practice ...):

I am a 44 year old single mother, self-employed. I was diagnosed with significant curvature of the spine in the lumbar region (it's a lateral curve to the left, which has produced a hardened, constantly-spasming mass of muscle mid-back) and degenerative disk disease in the fall of 1999, following a complicated pregnancy and delivery. Dr. K, a neurosurgeon ..., performed a discectomy to relieve a rupture between L4 and L5. Following that surgery, I developed severe muscular pain in several areas of my body, in addition to the pain from the scoliosis and the constant muscle spasm. After my primary care provider ruled out several other possible causes, he ultimately diagnosed with fibromyalgia in 2000.

For four years, I sought non-prescription-medication-based pain relief through a variety of treatments (including physical therapy, massage, ice/heat, over the counter pain relievers, hydrotherapy, acupuncture, and chiropractic). Ultimately I was forced to try prescription medication, as these measures were insufficient to restore an acceptable level of function. After a few rounds with other medications, I was prescribed tramadol, ultimately increased to a daily dosage of 300 mg (2 50-mg pills 3x a day). **On my own initiative, I decreased that dosage in the spring of 2010 to 200 mg daily (2 50-mg pills 2x a day).** I have been at that dosage level ever since. **I have taken tramadol without incident or any significant side effects for 6 years.**

When I recently moved to this city, I attempted to find a low-cost medical provider. It took me quite awhile to do so, but I ultimately found your clinic. I had my first appointment in February with Ms. B. I was impressed with her

level of professionalism and excellent care, especially considering the low cost of the treatment. She continued my dosage of tramadol at the 200 mg/ daily level with one refill, and discussed possible additional measures for a recent development of trochanteric bursitis. I elected not to seek additional medication for the bursitis as I wanted to explore conservative treatments first. She approved of that course of action. ... I refilled the prescription 4 weeks later without incident.

I called Monday to request a refill be called in to your pharmacy. I was told the phone lines were damaged and a message would be given, but that I should call back to ensure the message was delivered. I attempted to call back that afternoon, but was not able to reach anyone, perhaps due to the phone situation. I called again Tuesday, and spoke with Nurse H, who informed me Ms. B was not working this week, and that a message would be given to the provider who was covering her patients. Wednesday morning, I heard back from Nurse H who informed me that you "declined" to call that prescription in -- that I would have to be seen by Ms. B again. I told Nurse H I would be happy to do so, but didn't know about that policy when I was given the initial prescription. Had I known, I would have planned appropriately and called weeks ago for an appointment. Nurse H set the appointment for me next Wednesday at 5 PM - the first available appointment that I could make (there was one at 3:45 but my daughter comes home from school at that time, and is not old enough to stay by herself). I asked Nurse H to ask you if you would call in a week's worth to get me through to the appointment. I did not hear from anyone until 2:30 PM. I did make two other phone calls in the intervening time, because due to my transportation issues, I needed sufficient lead time to arrange for a ride to the pharmacy, as I explained each time I called. **I offered in each of those calls to speak to you directly, or to come in and be seen by you or any other provider if you would prefer.**

At 2:30, someone called back ... and asked for the name of the pharmacy I wanted the prescription called in to. I told the woman that it would be better at that point to send it to Walgreens as I lost the offer of a ride from a friend and would need to take a cab -- Walgreens is much closer to my home than your clinic is, and being on a low self-employment income, every penny counts, as I'm sure you can appreciate. She took the information, and I called the cab. My daughter and I arrived at Walgreens at 3:00 PM. An hour later, another person called and confirmed the prescription would be called in to your clinic's pharmacy. I corrected her that it should be called into Walgreens, and gave her the phone number there. She then said I would get 14 pills. I corrected her that I was supposed to receive a week's worth, and that was 28 pills (2 pills twice a day x 7 days = 28). She said she would have to confirm that with

you. Over 30 minutes later, when no call had been made (I confirmed that with the pharmacist on duty), I called back and asked when the call would be made. I was told again that you would only prescribe 14 pills, and then was asked "You're not getting this stuff anywhere else, are you?"

I don't know if you can appreciate the feeling of humiliation and frustration that naturally arises when you're placed in such a position. I felt unjustly accused and labeled, without any justification for such treatment. You have never seen me professionally, nor do we have any sort of relationship. We have never even met. Yet, simply because I called and asked for a refill for a medication that I have taken without incident for over six years, you apparently assumed that I was a drug addict.

I have never experienced this before, in over ten years of being a chronic pain patient. If I handled it badly, I apologize. Yet I maintain that I have not been treated with dignity and respect, and I have given you absolutely no reason to question the legitimacy of my treatment protocol, of which medication is an important (though certainly not the only) part.

I have maintained a website devoted to patient advocacy in the chronic pain context for several years, most recently at <http://traumadolls.com>. Even so, I confess I feel some trepidation even writing this email to you, for fear you may retaliate by dropping me as a patient from your clinic's family practice. This sort of chilling effect is not conducive to good patient/doctor relationships or to the practice of good medicine, as I'm sure you realize. I see from the clinic's website you are the medical director for the clinic. In such a leadership position, I am sure you would want a patient to feel free to raise a legitimate concern over his or her medical care. Yet even I, with my educational opportunities and background, and with my professional interest in patient advocacy, thought long and hard about writing this email.

On that website I mentioned above, I have also written critically about the growing intrusion of law enforcement and political officials into medical decision-making, and I do empathize with your fears over consequences of overprescribing painkillers, or a patient's misuse of otherwise appropriate medication. But the answer to that problem is not to assume that every patient who comes to you with a demonstrable (and in my case, visually evident, as Ms. B can attest) need for long-term pain management presents such a risk to your career. As I learned in law school, it's pretty much impossible to prove a negative. In other words, I can't prove to you I'm *not* a drug addict. I can only prove to you that there is an absence of indicators of drug addiction or misuse in my records. Had you taken the time to speak with me, or more carefully review my file - or barring that, taken me up on my

repeated offers to come in and be seen by you or any other provider -- you would have been able to see that for yourself.

I would like to respectfully request you to reevaluate your position and call in an additional fourteen pill refill so that I can maintain my current level of dosage until Ms. B can see me next week. My only other choices are to either self-restrict my dosage in half immediately (which is not advisable for tramadol); to risk sudden withdrawal in three and a half days (which presents serious health repercussions); or to seek an alternative source for tramadol (which could thereafter be used as an indicia that I am exactly what you assumed I was, but which I am not - an addict). I know you know the difference between physical dependence and addiction, and I ask you to reevaluate your decision in light of that crucial distinction and the further information I have provided in this email.

Sincerely,
Annie Sisk