

To the organizers of **Don't Punish Pain Rally**:

We should insist that our government must follow and enforce our laws. We should show them their existing crystal-clear laws that grant pain patients the right to treatment. To deny someone access to pain medications is the worst form of cruelty, but Americans in pain are currently being denied pain treatment by doctors who are being terrorized by the police and uneducated prosecutors.

Law enforcement agencies should be educated about these laws, follow them and stop harassing doctors who do their noble duty by treating patients' pain. We have clear laws which separate doctors from drug dealers, and we need to prohibit law enforcement from interfering with physicians treating pain who took the Hippocratic Oath, which explicitly mentions the obligation to relieve pain and suffering.

**The Supreme Court** stated: *barriers to the availability of proper palliative care must be eliminated*. The Supreme Court Speaks a "**Constitutional Right to Palliative Care**", [New England Journal of Medicine](#), vol. 337, p 1234–1236 (1997). The government cannot deprive pain patients of their constitutional rights.

**The Supreme Court:** *[i]t is the business of the physician to alleviate the pain and suffering of patients as well as to effectuate their cure*. [Linder v. U.S.](#), 268 U.S. 5, 45 S.Ct. 446 (1925)

(21 U.S.C. 823) (i)(1) For purposes of this Act and any regulations to implement this Act, *alleviating pain or discomfort in the usual course of professional practice is a legitimate medical purpose for the dispensing, distributing, or administering of a controlled substance that is consistent with public health and safety, even if the use of such a substance may increase the risk of death*. [21 U.S.C. 823](#)

**WHO** World Health Organization: *unreasonable failure to treat pain is viewed worldwide as poor medicine, unethical practice, and an abrogation of a fundamental human right*. [Anesth Analg. 2007 Jul;105\(1\):205-21.](#)  
<https://www.ncbi.nlm.nih.gov/pubmed/17578977>

**FSMB** Federation of State Medical Boards of the United States: Reassure physicians that they can safely use controlled substances to treat pain. There is no reason to strip them of their responsibility or to pile on layers of unnecessary Federal bureaucracy. [FSMB, Inc., May 2004](#)

**FSMB:** *State medical boards will consider inappropriate treatment, including the undertreatment of pain, a departure from an acceptable standard of practice. The inappropriate treatment of pain includes nontreatment, undertreatment, overtreatment, and the continued use of ineffective treatments*. [FSMB, Inc., May 2004](#).

*Medical boards disciplined physicians for failure to adequately prescribe pain medication for their patients*. 288 TIMES, Jan. 17, 2004.

**Doctor Found Reckless for Not Relieving Pain:** \$1.5 Million Jury Verdict [S.F. Chron.](#), June 14, 2001

**The Supreme Court stated:** *"It is widely recognized that the provision of pain medication is ethically and professionally acceptable even when the treatment may hasten the patient's death, if the medication is intended to alleviate pain and severe discomfort, not to cause death."* [Vacco v. Quill](#), 521 U.S. 793, 808 n. 11 (1997). See [\(21 U.S.C. 823\) \(i\)\(1\)](#)

**Supreme Court:** *So long as the physician's intent is to relieve pain, and not to cause death, such treatment does not violate the ethical standards of the medical community.* [R2260 Washington v. Glucksberg, 521 U.S. 702 \(1997\).](#) [16 Vacco v. Quill, 521 U.S. 793, 808 n. 11 \(1997\).](#)

Leading health organizations, including **SAMSHA (Substance Abuse and Mental Health Services Administration)**, **WHO** and **UNODC (United Nations Office on Drugs and Crime)** promote opioid maintenance as a cost-effective tool to prevent HIV transmission and save lives from overdose and other drug-related activity. <https://www.usatoday.com/story/money/business/2014/08/21/new-restrictions-on-hydrocodone-to-take-effect/14389365>, [https://www.huffingtonpost.com/2014/08/21/hydrocodone-restrictions\\_n\\_5698132.html](https://www.huffingtonpost.com/2014/08/21/hydrocodone-restrictions_n_5698132.html)

**21 health organization including AMA and DEA:** *Undertreatment of pain is a serious problem in the United States, including pain among patients with chronic conditions and those who are critically ill or near death. Effective pain management is an integral and important aspect of quality medical care, and pain should be treated aggressively.* <http://www.deadiversion.usdoj.gov/pubs/advisories/painrelief.pdf>

The **CDC**, the **World Health Organization**, the **Institute of Medicine** and many other leading expert bodies have examined the data repeatedly. Studies show that long-term maintenance ... is best. **Compared to no treatment, maintenance reduces mortality by around two-thirds.** <http://uk.businessinsider.com/how-america-is-making-painkiller-addiction-even-worse-2015-1>

**IOM Blueprint for Affordable Care Act:** *relieving pain should be a national priority. Some doctors estimate that as many as twenty percent of their patients are selling their medicine or are addicted to opioids or other drugs. Experts are virtually unanimous in agreeing that even addicts who are suffering pain can be successfully treated with opioids. Indeed, opioids can be lifesaving for addicts.* IOM (Institute Of Medicine) National Academy of Science. <http://nationalacademies.org/HMD/Reports/2011/Relieving-Pain-in-America-A-Blueprint-for-Transforming-Prevention-Care-Education-Research.aspx>

**US Army Pain Management Task Force:** *The failure to adequately address pain in the health care system continues to result in unnecessary suffering, exacerbation of other medical conditions, and huge financial and personnel costs.* <https://armymedicine.health.mil/-/media/Files/ArmyMedicine/Reports/2010MAYPainManagementTaskForce.ashx>

**DEA:** *Prescribing opioids for pain, including "intractable" pain, is lawful when there is a physician-patient relationship established by an examination, a treatment plan, and medical records.* <http://www.aapsonline.org/painman/deafaq.pdf>

Summary

The wisdom of the **Supreme and Federal Court justices, lawmakers** and **NIH** have crystal-clear stipulations to accuse physicians of violation of CSA, for example the Supreme Court required proof of **illicit drug dealing and trafficking as conventionally understood.** [Gonzales v. Oregon](#) **acted as large scale pusher, ceases to act "as a physician** [U.S. v. Moore](#) and the **Medical Board determination that there is no therapeutic justification for the prescription.** [Moore, Gonzales, § 823\(f\) 21 U.S.C, 21 U.S.C. § 824\(a\)\(4\) 3rd & 9th Cir. & NIH](#) **ceases to be a physician at all,"** Supreme court in [Moore, 5th, 11th, 9th Cir](#), **with the specific intent of committing a drug crime.** [Moore, 4th Cir Tran Trong Cuong, DEA & IOM, NIH](#)