



ALABAMA BOARD OF MEDICAL EXAMINERS **NEWSLETTER**

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Distinguishing Addiction From Other Disorders is Easy

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Problems with substance abuse and addiction are common. When office based interviews are conducted with patients the rate of current addiction among patients seeking medical care is about 20%. This means that about 1 of every 5 patients entering your office is addicted to alcohol or drugs. Most of these patients are never diagnosed or treated. Inadvertent or intentionally prescribing for an addict, without attempting to provide true help for their addiction, is not good medical care. In fact, it is at best enabling and at worst "drug dealing."

There has been much confusion about what addiction is. First, what it is not. It is not physical dependence. In other words, when someone is taking a scheduled drug (or other drugs like propranolol or prednisone, etc) that cause physical dependence, they may have withdrawal symptoms when trying to stop the drug. This is not addiction. Discontinuing an individual's medication simply because they have physical dependence is not appropriate and can be harmful if the drug is needed. So, what is addiction?

Addiction is easy to recognize once you understand its two primary symptoms: 1. Continued use despite adverse consequences, and 2. dishonesty about use. So let's take a look at several categories of patients

and see how to distinguish look-alikes from the true addicts.

Anxiety or Depression

Patients with chronic disorders such as anxiety or depression tend to be cautious and reluctant about taking medications. The anxiolytic effects of benzodiazepines are not subject to tolerance the way the euphoric and sedative effects are. If these patients seem to be seeking excessive medications then they probably have a problem with addiction. Alcohol use in this group can be self-medication. If there are reports from family members about excessive alcohol use or if there are lab findings suggesting excessive alcohol use (elevated GGT and MCV) evaluation for possible alcoholism is appropriate.

Chronic Pain

Patients with chronic pain usually have evidence of an etiology for pain. If these patients are taking more and more medications, and particularly if they are dishonest about their use, then they have a problem. If they are obtaining medications from multiple doctors and not informing them it is a problem. Most patients with chronic pain prefer to treat the pain with alternatives other than opiates. If they prefer short acting opiates and appear to be drug seeking they probably have a problem with addiction and should be evaluated further.

In summary, it is important to have a high index of suspicion for addiction. The hallmarks of addiction are continuing to use despite consequences and dishonesty. Develop a referral source for addiction evaluation and refer patients for evaluation when addiction is suspected. ■

Board of Medical Examiners PUBLIC ACTION REPORT July through September

On July 17, 2002, the Board accepted the voluntary surrender of the certificate of qualification and license to practice medicine in Alabama of Subu Dubey, M. D., license number MD.00017831, Park Forest IL. Dr. Dubey is no longer authorized to practice medicine in Alabama.

On July 17, 2002, the Board accepted the voluntary surrender of the certificate of qualification and license to practice medicine in Alabama of James Benjamin Burke, M. D., license number MD.00011238, Birmingham AL. Dr. Burke is no longer authorized to practice medicine in Alabama.

On July 22, 2002, the Board entered an Order removing the voluntary restrictions previously attached to the certificate of qualification and license to practice medicine in Alabama of Florinio S. Samson, M. D., license number MD.00013158, Tuscaloosa AL. Dr. Samson's certificate of qualification and license to practice medicine have been reinstated to full, unrestricted status.

On August 26, 2002, the Board denied the application for reinstatement of certificate of qualification to practice medicine of Edward J. Peterson, Jr., M. D., license number MD.00007250, Leeds AL.

On September 18, 2002, the Board accepted the voluntary surrender of the certificate of qualification and license to practice medicine in Alabama of Thomas R. Ryder, M. D., license number MD.00012527, Athens AL. Dr. Ryder is no longer authorized to practice medicine in Alabama.

On September 18, 2002, the Board accepted the voluntary surrender of the certificate of qualification and license to practice medicine in Alabama of Michael Blane Schilling, M. D., license number MD.00015571, Carrollton AL. Dr. Schilling is no longer authorized to practice medicine in Alabama.

On September 18, 2002, the Board accepted the voluntary restrictions entered against the certificate of qualification for a license to practice medicine in Alabama of Marcus Edward Ward, M. D., license number MD.00011178, Gulf Shores AL. ■

Medical Licensure Commission PUBLIC ACTION REPORT July through September

On July 2, 2002, the Commission entered an Order reinstating the license to practice medicine in Alabama of Charles L. McCullouch, Jr., M. D., license number MD.00018283, Memphis TN, subject to certain conditions.

On July 24, 2002, the Commission entered an Order dismissing the Administrative Complaint previously filed by the Board of Medical Examiners against James Benjamin Burke, M. D., license number MD.00011238, Birmingham AL, due to Dr. Burke's voluntary surrender of his certificate of qualification and license to practice medicine in Alabama.

On July 24, 2002, the Commission entered into a Stipulation and Consent Order assessing an administrative fine against Steven Paul Medeiros, D. O., license number DO.300, Roanoke AL.

On July 31, 2002, the Commission entered an Order imposing additional conditions on the license to practice medicine in Alabama of Richard A. Walker, M. D., license number MD.00008026, Birmingham AL.

On July 31, 2002, the Commission entered an Order affirming the denial by the Board of Medical Examiners of the application of Alan T. Frankel, M. D., Spartanburg SC, for a certificate of qualification for a license to practice medicine in Alabama.

On July 31, 2002, the Commission entered an Order denying the application of Timothy Keith Simmons, M. D., license number MD.00014349, Birmingham AL, for reinstatement of license.

On August 9, 2002, the Commission entered an Order reinstating the license to practice medicine in Alabama of William H. Chambless, M. D., license number MD.00002532, Montgomery AL. On August 19, 2002, Dr. Chambless voluntarily surrendered his certificate of qualification and license to practice medicine in Alabama.

On August 28, 2002, the Commission entered an Order summarily suspending the license to practice medicine in Alabama of Joe Howle Sox, M. D., license number MD.00003479, Gulf Shores AL.

see Medical Licensure page 3

Medical Licensure Public Action *continued*

On August 29, 2002, the Commission entered into a Stipulation and Consent Order placing on probation the license to practice medicine in Alabama of Hisham Hakim, M. D., license number MD.00014336, Sylacauga AL, subject to certain terms and conditions. The Commission found that during the period, September to December 1996, Dr. Hakim failed to adequately document the medical necessity of services provided to patient J. H., resulting in the performance of unnecessary diagnostic tests and medical services in violation of Alabama Code §34-24-360(11)(1997). ■

Backgrounder of New Code on Interactions with Healthcare Professionals

On April 18, 2002, the PhRMA Executive Committee voted to adopt a new PhRMA Code on Interactions with Healthcare Professionals.

The voluntary code outlines guidelines for how sales representatives and others involved in marketing pharmaceuticals should interact with healthcare professionals. The main points of the new code are as follows:

General Interaction: Interaction should focus on informing the healthcare professional about scientific and educational information and supporting scientific medical research and education to maximize patient benefits.

Entertainment: Interaction should not include entertainment. Interaction should occur at a venue conducive to providing scientific or educational information. Specifically, this means no “dine and dash”, no entertainment, and no recreational events (for example, sporting events or spa visits).

Continuing Education: Companies can provide support to the conference sponsor but should not fund individual participants. That means, a company should not pay an individual’s tuition, but could provide support to the event sponsor. That sponsor may in turn provide grants to individuals to participate, or to reduce the overall registration fees for all attendees.

Consultants: Legitimate consulting or advisory arrangements are appropriate but token consulting arrangements should not be used to justify payments to healthcare professionals. Characteristics of legitimate consulting arrangements include the retention of professionals based on their expertise, not as a reward or inducement for prescribing, and retaining no more consultants than needed for the specific program. For example, it would be inappropriate to retain 10,000 physicians for a program that requires no more than 1,000, or to select them as a reward for high prescribing.

Educational and Healthcare Practice-related

Items: Educational and practice-related items may be provided to healthcare professionals, but should be for the healthcare benefit of patients and of less than substantial value (100 dollars or less). Items for the personal benefit of the healthcare professional should not be offered or distributed. In short, nothing should be offered or provided that would interfere with the independence of the healthcare professional’s prescribing practices.

The effective date of the code is July 1, 2002. ■

The Alabama State Board of
Medical Examiners
and Medical Licensure Commission
of Alabama
invite you to visit our web site at:

www.albme.org

and obtain:

Licensure Verification Online using
“Docfinder” (a searchable database)
Disciplinary Actions (Updated monthly)
Administrative Rules & Regulations
Policy Opinions
Alabama Statutes
Current Board Members

CME Calendar

October 16-19, 2002

Pediatric Infectious Disease Seminar
Hilton Head Island, SC
15 hours Category 1
George M. Converse III, MD
(205) 783-8181
CME4you.com

October 25-26, 2002

14th Annual Infectious Disease Conference and Modern
Therapeutics 2002
Huntsville Hilton, Huntsville, AL
15 hours CME credit
Huntsville CME Office
(256) 551-4446

November 2, 2002

BioTerrorism and Weapons of Mass Destruction
Montgomery, AL
Becky Jones (334) 284-5211

November 7-10, 2002

Internal Medicine Seminar
White Sulphur Springs, WV
15 hours Category 1
George M. Converse III, MD
(205) 783-8181
CME4you.com

June 26-29, 2003

Dermatology on the Beach
Sandestin, FL
Eric W. Baum, MD (256) 543-2380 Fax: (256) 543-2389

June 26-29, 2003

MASA Annual Session
Sandestin Golf & Beach Resort - Destin, FL
MASA Education Dept.
(800) 239-6272 or (334) 954-2500

June 24-27, 2004

Dermatology on the Beach
Sandestin, FL
Eric W. Baum, MD (256) 543-2380 Fax: (256) 543-2389

Alabama Board of Medical Examiners NEWSLETTER is published quarterly for physicians who hold a license to practice medicine or osteopathy in the state of Alabama. The newsletter is designed to keep the licensed physicians of Alabama updated as to developments in the regulation of the practice of medicine in this state. The Board welcomes your comments, questions, or other input.

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SPECIAL PULL-OUT SECTION

Controlled Substance Prescription Guidelines for Physicians

Board of Medical Examiners Rule 540-X-4-.05, Controlled Substance Prescription Guidelines for Physicians, has been amended, with an effective date of October 24, 2002. All physicians who prescribe controlled substances should be familiar with and strictly adhere to these Rules. The Board may assess an administrative fine of up to \$10,000.00 for each separate violation or failure to comply with the prescription guidelines provided in this Rule. The entire Rule is contained in the special pull-out section of this newsletter for easy reference.

540-X-4-.05 Controlled Substances Prescription Guidelines for Physicians.

- (1) All prescriptions for controlled substances shall meet the following requirements:
 - (a) The prescription shall be dated as of, and signed on, the day when issued;
 - (b) The prescription shall bear the full name and address of the patient to whom the drug is prescribed;
 - (c) The prescription shall bear the drug name, strength, dosage form, and quantity prescribed;
 - (d) The prescription shall bear directions for use of the drug;
 - (e) The prescription shall bear the name, address and Alabama Controlled Substances Certificate number of the physician prescribing the drug;

(2) Where an oral order is not permitted, prescriptions for controlled substances shall be written with ink or indelible pencil or typewriter and shall be manually signed by the physician issuing the prescription. For purposes of this rule, “manually signed” requires a non-electronic, handwritten signature. Oral orders are not permitted for prescriptions for Schedule II and Schedule IIN controlled substances.

(3) A prescription issued by a physician may be communicated to a pharmacist by an employee or agent of the physician.

(4) A prescription may be prepared by an employee or agent of the physician for the signature of the prescribing physician; however, the prescribing physician is ultimately responsible for insuring that the prescription meets the requirements of this regulation.

(5) When a physician prescribes a controlled substance, he or she shall not delegate the responsibility of determining the type, dosage form, frequency of application and number of refills of the drug prescribed.

(6) Every written prescription for a controlled substance issued by a physician shall contain two signature lines. Under one signature line shall be printed clearly the words “dispense as written.” Under the other signature line shall be printed clearly the words “product selection permitted.” The prescribing physician shall communicate instructions to the pharmacist by entering his or her non-electronic, handwritten signature on the appropriate line.

(continued on reverse)

(7) It is improper for any prescription for a controlled substance to be signed by any person in the place of or on behalf of the prescribing physician.

(8) It is improper, under any circumstances, for a physician to pre-sign blank prescription pads or forms and make them available to employees or support personnel.

(9) It is improper for a physician to utilize blank prescription pads or forms upon which the signature of the physician has been mechanically or photostatically reproduced.

(10) The Board may assess an administrative fine not to exceed ten thousand dollars (\$10,000.00) for each separate violation or failure to comply with the prescription guidelines provided in this rule.

Upon an initial determination by the Board that any physician may have violated these rules and regulations the attorney for the Board shall serve upon the physician, either in person or by registered mail, an administrative complaint setting forth the specific violation or failure to comply, and shall advise the physician of his right to a hearing before the Board under the provisions of the Alabama Administrative Procedure Act §41-22-1 et. sec. Code of Alabama, 1975. The Administrative Complaint will further advise the physician that he may voluntarily execute and deliver to the Board a waiver of hearing and consent to the imposition of an administrative fine in an amount previously established by the Board. If the physician executes the voluntary waiver and consent then the Board shall be authorized to immediately assess the established administrative fine. If the physician declines to execute the voluntary waiver and consent or makes no response then the Board shall set a hearing to be held at least thirty (30) days after the Service of the Administrative Complaint. The hearing shall be considered a contested case and shall be conducted under the provisions of §41-22-12 Code of Alabama, 1975.

All fines assessed by the Board shall be due and payable to the Board within thirty (30) days from the date the fine is levied or assessed unless a request for judicial review under Code of Ala. 1975, §§41-22-20, is filed, in which event the fine is due and payable to the Board thirty (30) days after the final disposition of the judicial review process. The name of any physician more than sixty (60) days delinquent in the payment of a fine which has been assessed by the Board which is not subject to judicial review shall be forwarded to the Medical Licensure Commission with a request that the annual certificate of registration of that physician not be renewed until the fine has been paid and satisfied in full.

All administrative fines received by the Board shall be deposited to the general revenues of the Board and may be expended for the general operation of the Board and for the development, administration and presentation of programs of continuing medical education for physicians licensed to practice medicine in Alabama.