

## Cotton candy

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Cotton candy (n.): 1. A candy made of spun sugar. 2. Something attractive but insubstantial.

—*Merriam Webster's Collegiate Dictionary*  
(Tenth Edition)

On July 27, 2004, a federal grand jury charged Dr. William Eliot Hurwitz with a 62-count indictment alleging drug trafficking conspiracy to distribute oxycodone and other pain medications, drug trafficking resulting in death and serious bodily injury, and various substantive counts in drug trafficking in pain medications and other criminal activities. He was arrested in the fall of 2004, and on December 15, was convicted on 49 counts of drug trafficking in 39 states. He was also linked to the deaths of three patients. On April 14, 2005, he received a 25-year sentence and a \$1 million fine.<sup>1,2</sup>

Dr. Hurwitz was snared as part of an organized crime and Drug Enforcement Agency (DEA) task force investigation called "Operation Cotton Candy," which focused on the widely abused oxycodone (also known as OxyContin).

The high-profile nature of the Hurwitz case, punctuated by the trial's defense testimony of well-known pain experts, seems to only heighten the paranoia among the 10,000 physicians who specialize in treating pain. Physicians fear law enforcement action over perceived overprescribing and are concerned that underprescribing could result in malpractice complaints.<sup>3</sup> Not only are physicians in a no-win situation, but so are Americans with chronic pain.

So, before a solution is offered, let us return to the Hurwitz case. Personally, it is hard to believe that a physician who allegedly prescribed 1,600 pills a day to some patients was doing this as part of the Hippocratic Oath. In Bucks County, PA, where I live, there was a similar case of a physician who was writing prescriptions for enormous amounts of oxycodone in a "pill mill." He rarely examined his patients, kept no records, and lines to his office often were blocks long. He is now in jail. In the Philadelphia area, the street value of Oxycontin is \$1 per milligram. Maybe the code name "Cotton Candy" was indeed appropriate. When you eat it at the local fair it tastes so sweet, but when you are done, your hands are sticky; in these cases the money (cotton candy) was alluring, but the resulting sticky hands led to handcuffs.

No matter how you feel about the Hurwitz case, there

are several ways we physicians can protect ourselves:

- Do not write prescriptions for opioids as a favor to friends, other physicians, or nurses without an established physician-patient relationship.
- Protect your prescription pad and guard your DEA number at all times.
- When you write a prescription, document the physician-patient encounter with a history and physical, and also document the dose. I make a copy of each prescription for my records.

If you think these suggestions are too austere, simply ask one of my junior faculty how she felt when the DEA called. She wrote a prescription for an opioid for one of our temporary nurses as a "favor" because her back pain had flared up one day, and the nurse did not want to bother calling her primary physician. Unbeknownst to the doctor, the nurse then stole her prescription pad from our clinic. With the DEA number from the prior prescription, the nurse wrote numerous opioid prescriptions and forged the doctor's name. This clearly was a tough lesson, and one that she certainly will never forget.

Pain education of physicians, regulators, and law enforcement remains the answer. Part of this involves understanding what each of our roles is while never losing sight of the 75 million Americans needing relief of their chronic pain.

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