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Correspondence

I read with great interest "The War on Doctors: Tricks Used in Prosecutions."¹ Because of increased scrutiny surrounding the use of opioids for patients with chronic pain, it is imperative that pain management and opiate-prescribing physicians take measures to improve their clinic's operational security and avoid becoming an inviting target for law enforcement.

Here are some suggestions:

1. Know your patient. It is absolutely essential that you are certain of every patient's provenance. This means that records should come independently and from a known source. If you are not very familiar with a clinic or facility, have your staff call them up and/or check them on line. Make sure that you have checked your state's drug monitoring database and court site. Although an undercover investigator could create a false identity by changing information on these sites, it would be more difficult to change clinical notes and the actual pharmacy record. It also helps to ask the patient about his employment and/or how he spends his day. If someone comes in and pays cash, is self-employed, presents unverified or no records, and has nothing on the drug databases or court site, that person is an imposter, an agent, or an investigator until proven otherwise.

2. Keep your patient honest. Remember that any patient can become an informant against you. Law enforcement organizations can make a plea deal with your patient and/or small time crook to go after what can be perceived as the big drug dealer: YOU, the doctor. Every time a patient who is receiving narcotics enters the clinic, he should sign a statement agreeing that he is not buying/selling/

trading/giving controlled substances to any other person. He should also sign a statement that he is not using any illicit substances, and is not being investigated, charged, or convicted of violations of U.S. controlled substances laws. Forbid any patient (or anyone else) to record any of your conversations in your facility and never have another person in the room unless you are certain of that person's identity and intentions. If you need recorded documentation of a patient encounter (a discharge for example), have a room equipped with a camera/recording device and get the patient to consent to the recording.

As an anesthesiologist, I was thoroughly trained to rapidly identify and treat malignant hyperthermia, an extremely rare but often fatal reaction to volatile anesthetics. Such an incident, if handled poorly, can have an adverse effect on the career of a physician. The chance of being ruined by government authorities is also unlikely, but the ramifications for a careless pain management physician can result in the loss of his career, marriage, property, and liberty.

One mistake can lead to a lifetime of regret. American abolitionist and liberal activist Wendell Phillips said in 1852 that "eternal vigilance is the price of liberty," and for today's pain physician this has never been truer.

David Stein, M.D.

Milwaukee, WI

1. Schlafly AL. War on doctors: tricks used in prosecutions. *J Am Phys Surg* 2016;21:57-61.