Merciless in Seattle: Untreated Pain, Misery, and Suicide

By Josh Bloom — November 1, 2016

The only difference between you and Denny Peck is luck.

His ran out this past September, when the Seattle pain clinic that had been supplying him with the powerful opioid drugs (1) and muscle relaxants that made his life bearable abruptly closed. Peck had suffered from chronic, debilitating pain for 26 years due to an accident on an Alaskan fishing boat, which left him with multiple crushed vertebrae.

Unable to find a doctor who would prescribe anything close to what he needed, Peck called 911 on September 15th, saying that he couldn't bear the pain. He got no help. Two days later, Peck committed suicide. He took no chances. Sheriff's deputies found two guns sitting in his lap, one for each side of his head.

JoNel Aleccia, a reporter for the The Seattle Times, covered Peck's tragic death in her October 30th article [1] entitled "Desperation and death after Seattle Pain Centers close: ‘The whitecoats don’t care,'" which was based on a portion of Peck's suicide note:

“Can’t sleep, can’t eat, can’t do anything...And all the whitecoats don’t care at all.”

The article is heart wrenching from beginning to end, but, perhaps nothing is more chilling than one sentence in Peck's obituary [2]:

Denny Peck- A tragic but preventable death. Photo: Seattle Times
“No doctor would chance losing his license due to new laws, and Denny saw no help from the medical people although he tried and tried.”

The consequences of overly restrictive narcotics policies are hardly restricted to suicide. A 2015 survey, [3] which was conducted by the National Fibromyalgia & Chronic Pain Association, and reported by Steven Passik, PhD at the 2015 annual meeting of the American Academy of Pain Medicine National Meeting [3] concluded, “The unintended consequences caused by the rescheduling of hydrocodone (2) are negatively impacting thousands of chronic pain patients, causing unnecessary suffering, inadequate pain treatment, and denial of patients' rights to care.”

Following the same meeting, The Millennium Research Institute, another participant in the study issued a press release that stated:

- More than 15 percent of the responders reported negative impacts on doctor-patient relationships. They noted experiencing withdrawal due to the regulation change.
- Survey respondents cited higher expenses from more frequent doctor’s visits, higher medication co-pays, and greater transportation expenses for extra doctor’s visits and travel to multiple pharmacies, and lost income related to inability to work due to pain.
- More than a quarter of respondents (27 percent) reported suicidal thoughts due to being denied their hydrocodone prescriptions.

Perhaps no one knows this misguided mentality better than Pat Anson, an award-winning journalist, editor, and TV and radio anchor. Anson is the president and Editor-in-Chief of the Pain News Network, [4] a site that he founded in 2015. PNN is described as "a 501(c)(3) non-profit, independent online news source for information and commentary about chronic pain and pain management."

PNN's mission is "To raise awareness about chronic pain, and to connect and educate pain sufferers, caregivers, healthcare providers and the public about the pain experience."

Their most recent post, "Unwilling to Suffer in Silence over Opioid Guidelines [5]," which was written by guest columnist David Hendry, a 70-year old army veteran who suffers from painful arthritis, discusses his experiences with the new overzealous restrictions on opioid use. They cannot match the desperation of Denny Peck, but the message is the same:

Discussing the CDC's "voluntary guidelines" to physicians, he writes (emphasis mine):

“The Centers for Disease Control and Prevention’s opioid guidelines are officially ‘voluntary’ but have primary care physicians plainly scared about losing their licenses"
. My own physician, who has provided me with a low dose of Norco (and I have never asked for an increased dose), has suddenly found a host of reasons to discontinue it."

Hendry also notes that the practice of avoiding opioid use comes with its own set of problems, (similar to what I have discussed here [6], and here [7]):

"It is inhumane to remove pain relief and offer nothing as a replacement. Over-the-counter medications have their own problems and now we are told to go back to them? If they were effective, we would not need stronger medications."

Wonderful. So now we have a overbearing narcotics policy that has clear done damage to many. But, has it done any good?

Next: "No Pain AND No Gain: What the Statistics Show."

Notes:

(1) Opioid drugs are analgesics that act on pain receptors in the brain. They may be synthetic or naturally occurring, and may or may not be derived from the opium poppy flower. Opiates—a subset of opioids—are drugs that are derived from poppy. Although both are technically narcotics, this term is considered to be pejorative.

(2) Hydrocodone, the opioid that is found in Vicodin was reclassified as a Schedule II drug (most highly restricted) in 2014. Prior to that, it was on the Schedule III list, which is less restricted, and therefore easier to prescribe. I strongly disagreed with this change. See: New painful casualties of the drug war [8] in the New York Post.