

**SUDDEN DEATH MISDIAGNOSED AS METHADONE OVERDOSE: HAZARDS OF  
CRIMINALIZATION OF MEDICINE****\*Alen J. Salerian MD**

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Article Received on 05/09/2021

Article Revised on 25/09/2021

Article Accepted on 15/10/2021

**ABSTRACT**

I report the case history of a 25 year old man with schizoaffective disorder, substance addiction and recent history of self-inflicted burn injuries who died while asleep a week after he began taking methadone for pain and mood stabilization. Human errors and administrative flaws let an initial wrongful diagnosis of methadone overdose remain as the official cause of death despite the overwhelming evidence that the most likely cause of death was congenital cardiac hypertrophic myopathy and not caused by methadone overdose. This case illustrates how human errors may lead to wrongful diagnosis and a wrongful revocation of medical licensure. It also illustrates the profound adverse consequences of criminalization of medicine for people with chronic pain, addiction and psychiatric disorders as eight patients died, seven of them by suicide within one year of interrupted opiate treatment.

**KEYWORDS:** Methadone; opiates; congenital cardiac hypertrophic myopathy; criminalization of medicine.

I report the sudden death of a 25-year-old whose medical data may be of forensic significance as his treatment record was one of 17 patient records reviewed by the D.C. Board of Medicine. The review was for an investigation of possible overuse of opiates and led to the revocation of the prescribing doctor's medical license in Washington D.C. in 2014, based upon the sole findings of this sudden death.

This case report was inspired by a recent AMA report suggesting that, since the criminalization of medicine to prosecute physicians for over prescribing opiates, there has been a 44% increase in deaths by overdose.<sup>[1]</sup> Furthermore, several scientific observations also suggest a causative association between restrictions on opiates and increasing mortality from suicides and drug overdoses in America.<sup>[2,3]</sup>

**BACKGROUND**

In the last several decades opiate prescribing doctors have become targets of criminal and administrative investigations promoted by collaborative efforts of DEA and State Medical Boards to combat substance overuse in America.

The Comprehensive Forfeiture Act of 1984 authorized the confiscation of physician assets accused of overprescribing opiates.<sup>[4,5]</sup> This very law made it possible for physicians without due process to be robbed off their wealth and rendered them impotent for self-defense. Furthermore, criminalization of medicine has

also made it possible for local and state health organizations to collaborate with DEA to investigate doctors suspected of overprescribing actions.<sup>[4,5,6]</sup>

**CASE REPORT**

This 25 year old single male with schizoaffective disorder, substance addiction and recent history of self-inflicted burn injuries died while sleeping a week after he began taking methadone 40 mg daily for pain and mood stabilization.<sup>[7]</sup>

The blood samples taken at the time of death indicated therapeutic blood levels of methadone ((210ng/ml.=0.21mg/L) and no evidence of overdose based upon pill counts and the police report. Surprisingly, the emergency room medical records registered the fatality as "death by methadone overdose".<sup>[7]</sup>

The autopsy findings showed cardiac abnormalities including cardiomegaly, thickening of more than 18 mm of the lower part of the ventricular septum, coronary artery disease consistent with congenital hypertrophic cardiomyopathy. The rest of the postmortem examination was insignificant with the exception of lungs filled with fluids.<sup>[7]</sup>

The lab report and the 16th edition of Harrison's textbook of medicine indicated the methadone ((210ng/ml.=0.21mg/L) level was therapeutic.

A nationally recognized cardiologist who reviewed the postmortem examination findings concluded that the likely cause of death was congenital cardiac hypertrophic myopathy, the most common cause of sudden death in young adults. He suggested, citalopram which the deceased had been taking and which had a FDA warning of sudden death. might have contributed to the sudden death.

### DISCUSSION

In retrospect and based upon a careful review of the available evidence, human errors and administrative flaws let an initial wrongful diagnosis of methadone overdose remain as the official cause of death, despite the overwhelming evidence that the most likely cause of death was congenital cardiac hypertrophic myopathy and not caused by methadone overdose.

This case illustrates how human errors may lead to wrongful diagnosis and a wrongful revocation of medical licensure; it also illustrates the profound adverse consequences of criminalization of medicine for people with chronic pain, addiction and psychiatric disorders in America. This is because additional well-documented evidence suggests as the direct consequence of revocation of license and office closure eight patients died, seven of them by suicide within one year of interrupted opiate treatment.<sup>[8]</sup>

In summary, this case report, highlights the not easily observable hazards of criminalization Of medicine and how human errors may also contribute to the suffering of people with chronic pain or substance addiction.

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