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Policy Statement
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**Denying Methadone Patients Medical Care**

The bias and misunderstandings about methadone as a medication often result in methadone patients being refused medical care (Umbricht-Schneiter, 1994; Zweben and Sorensen, 1988). Another common scenario is that their medication is used to coerce or manipulate methadone patients into medical treatment (Blansfield, 1992).

In other areas of medicine such actions would be considered unethical and even illegal. Coercive practices are not even taken into account when the patient is taking methadone even though they would be unacceptable in any other area of medicine (Payte, 1991). Methadone patients find no "middle ground" when it comes to their health and medical care.

Refusing methadone patients adequate or in many cases any medical care at all places their health in constant jeopardy. When an infectious disease or condition is involved the patient's family and the community is placed at risk for being infected. Furthermore, the cost of untreated diseases and medical conditions create an enormous public health problem that is not being addressed, or even recognized.

**Medical Education**

Physicians are not given the proper education about methadone as a medication to treat opiate dependency during their medical training (Dole, 1991; Joseph, 1995). This results in a bias towards methadone treatment and methadone patients that is based on myths and beliefs rather than science (Blansfield, 1992). The popular press and discussions with friends have replaced the medical textbook and knowledgeable teachers. Very often medical schools have a built in bias when opiate addiction is included in the curriculum. This has occurred because physicians were the first group persecuted by the Harrison Narcotic Act of 1916. Although the reasons for these views have been forgotten medical schools will still instruct students that opiate addiction is a criminal problem and therefore, not their concern. Thus a physician's perception of an opiate addict and methadone patient are iniquitous, and very often they equate the two. Methadone patients are not considered as productive and functional individuals capable of their own self-determination. The medical profession does not understand methadone treatment as a medication used to control a chronic brain disorder. They do not understand that methadone normalizes metabolic function and often tell patients that it is better for their health to get off of methadone, which is in opposition of science and medicine.

**Going to The Doctor Can Be Bad for Your Health**

There have been a few studies conducted on health care and methadone patients. One study compared methadone patients treated in their methadone clinic to a group referred to mainstream medical clinics (Umbricht-Schneiter, 1994). It was found that clinic group received treatment 92% as opposed to 35% of the referred group. The reasons given for the differences between the two groups were that (1) patients feared discrimination or hostility (2) may be withdrawn from methadone if they are hospitalized and (3) four mainstream off site clinics totally refused to participate in the study. It must be noted that the quality of care was not considered for this study only if the methadone patient was treated. Knowing the discrimination that methadone patients experience if quality of the service was measured more than likely the differences would be greater.

## Pain Medication

Methadone patients rarely receive adequate pain medication and physicians often erroneously believe that their methadone dose will provide pain relief. Patients who complain are perceived as weak willed and drug seeking and as just manipulations for more narcotics (Woods et al, 2003; Payte et al 1999). When pain medication is administered it is usually less than that which is given to an opiate naive individual and tolerance is not considered. Physicians fear that a methadone patient given pain medication may relapse and they do not consider the other side that by *withholding pain medication a methadone patient us placed at risk of relapse.* Nor do they understand the concept of narcotic blockade and have never heard that methadone blocks euphoria or that methadone patients on a blockade dose are protected from respiratory depression.

## The Patient's Predicament

Methadone patients learn very quickly that the medical profession is ignorant about methadone and can even cause them harm if their treatment is revealed. Physicians, nurses and health care technicians equating methadone with heroin regard methadone patients with contempt (Joseph, 1995; Sobel, 1996). This has resulted in many methadone patients not revealing their treatment in order to receive medical care at all. This could result in misdiagnosis or the patient being prescribed a medicine that interacts negatively with methadone. Although NAMA understands why a patient my chose to do this we encourage any methadone patient to seek alternative advise as a back up and to ask questions. The best advice is to first develop a positive relationship with their physician before revealing their status as a methadone patient. And to be prepared to offer education about methadone to their physician. If you encounter a physician that is ignorant and biased find another. While this is not always that easy to do in some rural areas or if a specialist is needed your health depends on you receiving proper medical care. This situation is *shameful* and should not be tolerated by the American Medical Association and other medical agencies and organizations that can produce change.

## Summary

To refuse a patient medical treatment or health care because of the medication they are taking is biased and biased on ignorance, not science. It is especially disheartening that physicians are advancing beliefs that are not grounded in science or medicine for that matter. Denying methadone patients medical care impacts not only the patient's health, but also the welfare of their family and the community. Therefore, NAMA urges public health officials to take a proactive stand and issue a public statement that such practices are unacceptable and will not be tolerated. Furthermore we encourage public health officials to utilize an educational approach to end health care discrimination towards methadone patients.

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*Together, we can make a difference.*

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