Most citizens assume that physicians regulate the practice of medicine, but state medical boards are composed primarily of law enforcement personnel. When the state medical board is the participant concerning a physician’s conduct, a police officer equipped with a badge, a gun, and a degree in criminology is assigned to surgically remove the practice of medicine, neither occurs. Scientific research is replaced by a social agenda driven by drug war ideology. Under these circumstances, law enforcement sets the standards for medical practice.

The medical profession is coerced into imposing a system of drug control upon pain victims, rather than providing them with pain control.

As an unintended consequence of the war on drugs, physicians are required, in order to keep their licenses, to assume a quasi law enforcement role in society. The medical profession is in this manner coerced into imposing a system of drug control upon pain patients rather than providing them with pain control.

While prosecutions against both marijuana-prescribing and opioid-prescribing physicians are driven by law enforcement agendas, their respective effects on both physicians and patients differ. An examination of the differences reveals useful insights about how the regulatory morass around these medically important substances may eventually be resolved.

Although law enforcement is actively engaged in the persecution of physicians who recommend or prescribe medical marijuana, as a result, the majority of California physicians are too intimidated to provide this service to their patients, most patients who need a marijuana recommendation are unable to obtain one. These patients are also unable to obtain their medication.

Patients who need opiates to treat chronic pain, on the other hand, are rarely able to obtain medications that reduce their pain. The hypothesis is that the law enforcement has been able to achieve a systemic approach to patients suffering from pain.

The nature of the controlled substances schedule system is to prevent approved medical marijuana. The existence of this system is based on the assumption that society needs the federal government to approve medical marijuana use. The existence of this schedule system is based on the assumption that society needs what is approved by the federal government to approve medical marijuana use.

On a scientific basis, the controlled substances schedule is malleable, as opioids and cannabinoids are unusual and unusual substances. Marijuana and opioid substances have been demonstrated to pose a threat to the public. The existence of this paradox is that both are legal substances, but they are also illegal substances.

Several years ago a physician was arrested as “part of a nationwide witch hunt.” He was in jail for five months before his $15 million bail was finally paid. The legal system never yanked his license to practice medicine.

He said he has signed an agreement with the state that he will pass a refresher course in the use of controlled substances. This action would signify the end of opioid prohibition as we know it.

Fisher said he hopes to open a clinic somewhere in rural Northern California, possibly under ideal circumstances, medical professionals are better off because they can practice medicine while he was out on bail on the criminal charges, the state never yanked his license to practice medicine.

After evidence is gathered, the case is referred to a deputy attorney general for prosecution. This publicly employed lawyer works for the Attorney General, otherwise known as the state’s "top cop." The fact that the Attorney General’s name appears at the bottom of the ensuing accusation should remove any doubts about the law-enforcement nature of a Medical Board action against a physician.

The ensuing prosecution takes place not before a medically sophisticated jury of the physician’s peers, but before an administrative law judge. Many ALJs have medical degrees, work for the Medical Board of California, and maintain their offices within the Attorney General’s quarters. During an administrative hearing, the ALJ functions as both judge and jury. These facts raise serious concerns around the issues of due process, and law-enforcement bias.

Not surprisingly, the outcomes of these Medical Board proceedings, where controlled substances issues are at stake, have little to do with the Board’s stated mission to protect the public. In fact, the nature of these proceedings raise concerns about who will protect the people of California from the Medical Board?

An examination of the Board’s quarterly Action Report, which lists disciplinary measures taken against California physicians, reveals that as many as 50% originate from complaints about the prescription of opioid analgesics. The exact percentage remains to be quantified, as many physicians who are finally reported described alleged transgressions in record keeping, or fraud. The origin of many of these actions is a concern, and the prescription of opioid analgesics may, in this manner, be concealed.

The Medical Board may spend half its budget pursuing pain-treating physicians.

Action Report data suggest that the Medical Board of California may be expending as much as $20 million of its $38 million budget pursuing physicians who recommend or prescribe medical marijuana.

The Medical Board may spend half its budget pursuing pain-treating physicians.

This improvident allocation of MBC resources results in the under-treatment of chronic pain by intimidated doctors. It also leads to the exacerbation of malpractice proceedings against doctors who cause harm avoid scrutiny.

Implications for Standards

The success of law enforcement in the regulation of medical practice is basically inimical to the availability of good medical care.

In these circumstances, medical standards arise from a combination of 1) scientific research, and 2) a mindset geared towards serving the best interests of the patients who need their medications. For the practice of medicine, neither occurs. Scientific research is replaced by a social agenda driven by drug war ideology. Under these circumstances, law enforcement sets the standards for medical practice.

**“Fisher’s Ordeal Finally is Over”**

As reported by Malvine Hazle in the Redding Record Searchlight, February 2, 2005:

Fifteen years after FBI agents raided his medical clinic in Anderson, Dr. Frank Fisher’s legal problems appear to have ended with the quiet dismissal of the last of four wrongful death suits against him.

The dismissal papers were filed late Monday in Shasta County Superior Court and delivered to Fisher’s attorneys Tuesday — the sixth anniversary of his arrest for multiple murders and massive Medi-Cal fraud.

“Fisher said that some justice outcomes have been out of proportion to what he called the ‘willful, perverted, and malicious investigation that once threatened his license to practice medicine.’”

Fisher said he hoped to open a clinic somewhere in rural Northern California, possibly even in Shasta County.

“I don’t have anything against Anderson or Shasta County,” he said, characterizing his arrest as “part of a nationwide witch hunt.”