

**PE1651/MMMMM**

Leigh Fanner submission of 26 January 2018

1. Pre 08 - high functioning business man

2. Jan 08 - routine cardiology appt..., tight chest reported. Given 60 clonazepam tablets at 0.5mg by cardiologist. I know now, that this is indicated as an anti-epilepsy med. what is a cardiologist doing wielding his script pad for this?

3. March 08 - visited PCP as I couldn't sleep without the clonazepam. Prescribed refills at 0.5mg. Sent me down to the in-building pharmacy to fill it there and then.

4. 2010 - clonazepam no longer effective. Dosage increased to 1mg. No indication from PCP that it was unsafe.

5. 2010 - 2015 - multiple conversations with PCP over efficacy of clonazepam and my concern that I was trapped on this medication. Conversations of support followed such as:

No need to be concerned as;

i. I have multiple patients on Wall Street on 4mg. They are fine and you are only on 1mg.

ii. Don't broadcast it, but I take clonazepam in the evening if I have had a stressful day.

iii. You do not continually increase your dose, therefore you are not addicted and I have no concern that you are not abusing it.

6. But I was concerned. Prior to a solo vacation in Mexico, he suggested I use the vacation to quit the clonazepam as I would be off work and relaxed. Leave the meds at home he advised. Thank Jesus I did not do this.

7. Job interview- concerned at the drug testing. He said no, no problem, he'd write a letter if it raised as an issue saying this is doctor prescribed treatment.

8. By June 2015 I was in tolerance withdrawal. Desperately sick, depression, anxiety, OCD thoughts..., no idea why. He prescribed a series of meds. Esticitalpram, citalopram, seroquel, Effexor, Wellbutrin, Remeron. Each one of these made me even worse. All the while staying on clonazepam.

9. Following a consultation in October 2015, he writes to me on the medical group's secure portal, advising that I should quit clonazepam cold turkey. It's only an emotional attachment, after 7.5 years.

10. I take his advice, relieved that he should say this. Two days later, on a Sunday I could not walk or talk. Friends had to come over and take me to the ER.

11. ER advised to reinstate clonazepam as cold turkey from this medication can cause seizures. I was horrified at learning this but the hospital offered no further advice.

12. Following this hospital trip I made an appointment with another doctor in same group as I was terrified of prescriber at this point.

13. I asked the alternative doctor why I was put on this medication and how should I plan on discontinuing it. His response was that they do not have the resource or experience to assist with benzodiazepine withdrawal. Advised me that I need to find an addiction specialist but made no referral – in fact he could not get me out of the practice room fast enough – I knew he sensed a problem issue and he wanted no part of.

14. I was speechless. How could they introduce me to this situation without a solution? It's like sending an astronaut to the moon and saying "well we can get you there ok but no one really has any idea how to get you back. Sorry mate.

15. So at this point I was abandoned, at the most vulnerable point in my life.

16. I had no choice at this point other than to turn to the internet for research. 10 minutes of Google revealed the true horror. Thousands of folks all walking a living pharmaceutical nightmare. I was directed to the Ashton Tapering Manual and slowly I began to discover what I needed to do and that I would have no medical assistance.

17. I knew at this point I really was alone.

18. I drew up a taper Plan would have involved cutting the tablets into smaller decrements than the tablets allowed.

19. I located a compounding pharmacy and presented them with my plan.

20. They advised they would be on board but needed an authorized script.

21. So I found a Psychiatrist NP in a public clinic in mid-town Manhattan. The only place that would listen to me. I'd have to line up with crack and methadone addicts to get my script. It cost \$30 dollars each visit.

22. The NP had zero idea how to apply a taper plan but she was very cooperative in following my instructions.

23. February 16- I began to get really nervous that I was doing things wrong and there was absolutely no one to consult regarding the taper schedule. I tried calling

rehab hotlines, the Samaritans, Health Departments, the counselling service through my employment. Absolutely none of these were able to offer any advice.

24. It was at this point that I made the biggest mistake of my life. Out of desperation to get someone to endorse the taper schedule I took the spreadsheet to the ER at New York Presbyterian Hospital. People may think that was dumb move but I considered it to be an emergency situation.

After explaining why I was there and that I was in withdrawal distress they put me through an intake process which involved locking me behind a reinforced steel door, taking all my clothes and my possessions which they wrapped in cellophane, including my cell phone, brief case and wallet.

Multiple medical staff attended to me, they drew blood, asked me if I wanted an HIV test and finally around 5 hours later, I saw a specialist who offered no advice but advised that they now needed a consultation with the group regarding whether they would release me, which they did around 2 hours later.

25. So no endorsement of the taper plan and I was in bad shape, never getting more than an hour, on occasions two hours of sleep per night and trying to protect my career too. I was experiencing night sweats so profound that I had to line up 3 changes of clothes before retiring to bed at night.

26. In April 2016, I connected with a new doctor in Manhattan, referred by a friend.

27. I presented this guy with my taper plan spreadsheet. He looked at it and declared it to be a micro micro-plan. He advised that I was prolonging the agony. Just quit was his advice.

28. I quit on his advice and for 7 months I had Hades as a constant companion. Months on end of sleepless nights accompanied by night sweats of great extreme. I could do very little, working had become very difficult indeed and I knew my output had become compromised. Fortunately my business location is New York City and the rest of my team are in other centres. So, to a degree I was able to fly under the radar albeit my work product was suffering. I was having difficulties reading and absorbing things.

29. My friend in Melbourne Australia supported me by text every night for months on end. I printed out the transcript of our text messages of our engagement ran 192 pages when printed. Doctors were nowhere to be seen. I had no doctor at this point.

30. My sister in the UK was the equal of a good friend of mine in Australia. They colluded to support me 24/7 with our differing time zones. They saved my life for sure.

31. Slowly by month six I was starting to feel a decent semblance of restoration in cognition and sleep was improving greatly. I was beginning to get on top of my job

again and I would say that by month 9 I was fully back in charge of this area of my life.

32. Disappointingly though I began to experience significant physical symptoms. Mainly muscular, in particular, incredibly tight calves and balance issues. Skin sensitivity hypersensitive to touch including contact from items of clothing. Episodes of burning to the soles of his feet which is dissipating but many months this was a 24/7 condition.

These conditions are having a significant impact on life and curtails many of the activities I've enjoyed my entire life such as cycling working out in the gym. Participating in the New York cycling club has been the cornerstone of my social life and I have vanished from these friends' lives. Cycling vacations to places like Colorado, Wyoming, Iowa, Mallorca, all gone.

33. Clearly these doctors have done me a deep disservice and I have filed an official complaint with the Office of Professional Medical Conduct in Albany. My first submission of this complaint was met with a denial within days but I resubmitted to the Director and they have taken it up as an investigation. This was back in April 2017 and I just heard in October that that all the material has been submitted to an assessor. They warned me that it could take some time as it is not a Category A case. A category A case is one that involves a physician presenting imminent potential harm, a death or fraud. Remember, this doctor is prescribing 4mg to executives on Wall Street, this is equivalent of 80mg valium daily. These folks are very likely going to need a great deal of support and it's support Advantage Care admit they cannot give. This is imminent harm in my view.

34. I have contacted more than 20 attorneys and all but one has declined taking the case. The one who offered to run the case requires significant cost contribution from me and I'm reluctant to roll the dice financially and compound this life fiasco.

35. As support for the complaint I requested my medical records from the second medical group I was involved with. These records did not reflect my presentation even in the smallest particle. For example:

i. My taper spreadsheet which I had requested to be attached to my record had been discarded as was a laundry list of my symptoms which I presented to him in a Word document.

ii. Diagnosis was recorded as "Post Traumatic Headache" with a diagnostic code (**ICD-784.0 : ICD10-G44.309**). I questioned him on this and he responded that there was no code for my condition. This is not the case as he could have assigned codes of **iatrogenic Disorder of the Nervous System – ICD-10-CM-01.091 or Sedative hypnotic or anxiolytic withdrawal – ICD-10-CM-292.0**

iii. On one occasion, in June 2016 I attended this doctor's office with a friend as I could barely walk and was in a deep condition of distress and had not slept in months. My friend even came into the treatment room with me which the doctor has noted. I was holding on to the wall and needed assistance to be seated.

His notes of this visit include:

- Appearance is well developed, well nourished, well hydrated and with no acute distress.
- No change in sleep habits, no suicidal thoughts or hallucinations.

These are simply flat out lies and this doctor will not make any reference whatsoever to the condition of benzodiazepine withdrawal syndrome.

He also prescribed me a course of 60 Lamotrigine tablets which I refused to fill. Lamotrigine I understand, is a medication indicated for treatment resistant epilepsy and carries with it a profound withdrawal syndrome.

36. Following discovery of these erroneous notes, I contacted the doctor's office in writing with a copy to the CEO requesting that an addendum be added indicating the errors.

The response I received did not address my request but it advised me that I was being dismissed by this medical group.

37. Although I accepted the dismissal, I wrote once more requesting that the records be addressed appropriately. This time I received a response indicating that they had been carefully examined and that the determination was that they were accurate and complete. The letter concluded with the statement that I was no longer a patient of the medical group and that I should refrain from any further correspondence.

38. I now have a new doctor whom I have seen once. I gave her an abbreviated version of events and at each step, she verbalized that she was not surprised. I asked her if she had ever encountered similar problems with benzo patients having discontinued and experiencing such problems so long afterwards. She stated that she hadn't and further stated that none of her patients ever request to discontinue. They tend to die on the benzo or die of the benzo.

All of this is must be very clearly unbelievable to most people, but I can assure anyone who cares to listen, there is not an ounce or grain of exaggeration in any aspect of this woeful tale. We are supposed to receive help and care from our doctors, that is our anticipation and expectation. In my case, the multiple doctors who have attended to me over the last nine years have colluded to strip me of many aspects of my health without any acknowledgment whatsoever as to what they have done.

39. Footnote to all of the above, in early January 2018 I finally wrote to the Primary Care Provider who was responsible for prescribing 3,300 clonazepam tablets and then hanging me out to dry. I copied in the CEO of the Practice. Two weeks later, I received a certified letter advising that they take these allegations seriously but they reviewed the treatment provided and they have determined that it was appropriate. They also stated that they were dismissing me from their practice and that I have 30 days in which to locate an alternative healthcare provider.