**Prescription for Murder**

Upon completing this activity, the participant should be able to:

1. Discuss the kinds of behaviors by health care practitioners that can lead to criminal charges
2. Describe the potential legal and regulatory outcomes of reckless prescribing
3. Identify the “red flags” that should cause a pharmacist or pharmacy technician to question a prescription’s legitimacy
4. Discuss the positive and negative consequences of increased scrutiny of aberrant prescribing habits

Assessment

**1. In the case of the compounding pharmacy that supplied contaminated drugs, which of the following is CORRECT?**

1. The cause was detected after the first death and the damage was mitigated by the investigation.
2. The pharmacists involved were acquitted of the murder charge.
3. Only the pharmacist-owner was found guilty of criminal conduct.

**2. The pharmacist who was criminally charged for diluting IV cancer chemotherapy drugs and providing sub-potent injectables pled guilty to:**

1. Voluntary manslaughter
2. Adulteration of prescription drugs
3. Larceny and racketeering

**3. What was the outcome for a technician who incorrectly mixed the injection in the wrong solution which resulted in the death of a two-year old child?**

1. A verdict of second-degree murder
2. A verdict of involuntary manslaughter
3. Did not receive any punishment

**4. Which of the following is correct regarding the massive crackdown on prescription opioid distribution which occurred in 2019?**

1. The DEA did not implicate any pharmacist in the investigation.
2. A dentist was found to have unnecessarily removed a patient’s teeth to justify a prescription for opioid analgesics.
3. In all, just under 2 million doses of controlled drugs were dispensed by the accused over a two-year period.

**5. In the Arizona case where both a pharmacist and technician were charged with processing fraudulent opioid prescriptions, what was the outcome?**

1. The pharmacist received a prison sentence, but the technician did not, since the pharmacist is responsible for the technician’s actions.
2. The pharmacist and technician received prison sentences of equal duration.
3. Both the pharmacist and technician received prison sentences, but the pharmacist’s sentence was longer.

**6. Which of the following is a characteristic of the “Death Certificate Project”?**

1. The project identifies patients who died from drug overdoses and examines their prescription history.
2. The goal is to identify physicians who wrote prescriptions for the lethal doses that killed patients.
3. The Medical Board acts solely on complaints brought to them by law enforcement or family members of the deceased.

**7. Criticism of the “Death Certificate Project” includes the following EXCEPT:**

1. Physicians are being punished even if they followed treatment guidelines that were in place at the time the prescriptions were written.
2. Physicians are being held responsible even if the patient also used heroin.
3. The project targets only physicians, and does not examine other prescribers.

**8. A difficulty in obtaining a conviction for murder/manslaughter in a case where the physician is charged with the overdose death of a patient includes the following EXCEPT:**

1. Establishing a pattern of excessive prescribing
2. Dealing with cases in which the patient was using heroin at the time of death
3. Establishing that a specific prescription was the cause of death

**9. In the early 2002 example of a health care practitioner charged in the overdose death of a patient, what did the defendant physician use as an excuse?**

1. There was no law limiting the number of opioid prescriptions one could write.
2. The patient was careless in not following the dosing directions.
3. It was a physician’s duty to relieve pain and suffering.

**10. In the first case (2015 in Florida) in which a physician was charged with murder for a patient’s death, why was he found “not guilty”?**

1. The jury concluded that the patient was responsible for his own death.
2. The physician followed accepted guidelines for pain management.
3. The pathologist testified that the patient committed suicide.

**11. Concerning the 2016 California conviction of a physician for murder, which of the following statements is INCORRECT?**

1. The physician allegedly prescribed opioid drugs after a cursory examination.
2. The physician tried to claim that the pharmacies filling the prescription were also culpable.
3. The charges were brought after the first of the physician’s patients died of an overdose.

**12. What evidence facilitated conviction in the Massachusetts case where a physician was found guilty of causing an overdose death?**

1. First responders arrived before the victim died and she told them what occurred.
2. First responders found prescription bottles with the prescriber’s name in the victim’s home.
3. The victim was a known heroin addict but, on this occasion, overdosed on oxycodone.

**13. What is the so-called “Holy trinity” of prescription drugs often prescribed together and frequently associated with overdose deaths?**

1. An opioid, a benzodiazepine and a muscle relaxant
2. An opioid, a CNS stimulant and an antihistamine
3. An opioid, a benzodiazepine and naloxone

**14. The California physician known as the “Candy man” evoked several defenses including all of the following EXCEPT:**

1. He said that pain is subjective and requires listening to and observing patients rather than relying on objective tests.
2. He claimed few local physicians were providing pain management services to his underserved population.
3. He indicated that among all patients seen in his large practice only one patient overdosed.

**15. What did pharmacies do in the “Candy Man” case?**

1. All pharmacies filled his prescriptions as written and suffered no consequences for doing so.
2. A few pharmacies continued to fill his prescriptions and were forced to surrender their licenses and pay a $15,000 fine.
3. Only one pharmacy was implicated because the physician would steer his patients to a friendly co-conspirator.

**16. Some of the allegations against the Buffalo physician whose practice was compared to a “modern-day version of 19th Century opium dens” by the DEA included all of the following EXCEPT.**

1. An extremely high percentage of his patients suffered an opioid overdose.
2. His clinic wrote more opioid prescriptions than any other hospital in the state.
3. His staff would issue prescriptions for patients without consulting their medical chart.

**17. What is the maximum potential penalty for physicians who have been found guilty of irresponsible prescribing resulting in an overdose death?**

1. A year in prison
2. Five to ten years in prison
3. Life imprisonment

**18. The DEA has repeatedly warned pharmacists to watch out for “Red Flags” before filling prescriptions for controlled substances. Which of the following is NOT a red flag according to the DEA?**

1. Patients paying in cash
2. The prescriber’s handwriting is too legible
3. The patient has poor hygiene

**19. In the 2018 DEA reaffirmation of the “red flag” rule, what did the DEA state?**

1. A pharmacist is responsible only if he/she knows with certainty that a prescription was invalid.
2. A pharmacist should not be concerned if a patient presents two prescriptions for the same controlled drug so long as the doses are different.
3. A pharmacist may not avoid responsibility by blindly ignoring “red flags.”

**20. The increased scrutiny on opioid prescribing has had what unintended consequence?**

1. The number of opioid prescriptions has declined.
2. Drug overdose deaths have declined.
3. Patients are finding it more difficult to get opioid prescriptions filled.