The ADHD Dysfunction: Vulnerable patients: ethical challenges of a postmodern culture
Overview of Postmodernism & Medicine
The War on Drugs
Criminalizing Medicine
New Journalism in the postmodern age
A True Story
Modern Professional Ethics
We Can Do It

ADHD
Attention Deficit Hyperactivity Disorder.
serves as merely one example illustrating some of the challenges for vulnerable patient populations in a postmodern culture

Postmodernism
“You have your way.
I have my way.
As far as the right way, the correct way, and the only way, it does not exist.”
“There are no facts, only interpretations.”
Friedrich Nietzsche (1844 – 1900)

Postmodernism
“The status of knowledge was altered as societies entered the post-industrial age and culture entered the postmodern age.”
Jean-Francois Lyotard.
**PARADOX**

The only absolute truth is that there are no absolute truths.

Paul Feyerabend (1924–94).

**vs.**

If “nothing can be asserted,” then even the claim that “nothing can be asserted” must be false. Aristotle

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One’s version of the truth is just as valid as any other: anything goes. Power defines reality. Only results matter.

**Postmodern** response to Modernism is as follows:

<table>
<thead>
<tr>
<th>Modern (old-school)</th>
<th>Postmodern (contemporary)</th>
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</thead>
<tbody>
<tr>
<td>principle based decisions</td>
<td>vs. algorithm based</td>
</tr>
<tr>
<td>favors physician judgment</td>
<td>vs. favors medical technology</td>
</tr>
<tr>
<td>individual health focused</td>
<td>vs. public health focused</td>
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<tr>
<td>fiduciary duty to patient</td>
<td>vs. doctor w/conflicted loyalty</td>
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<tr>
<td>process defined objectivity</td>
<td>vs. result-oriented / subjective</td>
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<tr>
<td>Hippocratic oath driven</td>
<td>vs. discounts Hippocratic oath</td>
</tr>
<tr>
<td>deontology moral</td>
<td>vs. consequentialist morality</td>
</tr>
</tbody>
</table>


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“Hey you! Can you tell me where we are?”

“Of course. You’re on my dad’s farm”
Some of it begins with this guy...

Postmodernism

The truth is merely one’s opinion. Facts are relative. Journalistic objectivity is thus “Redefined”

New Journalism
Journalistic objectivity redefined? Wikinews and the neutral point of view
EINAR THORSEN
University of Tennessee, UK

Abstract
Wikinews is a new website which allows anyone with internet access to publish and edit journalistic content directly on it without prior authorization or registration. This article examines the way in which Wikinews contributes towards its neutral point of view policy, which differs from the traditional sense of journalistic objectivity in the way that it is both defined and implemented. The article refers to three cases of news

Journalism’s self-anointed superheroes

Hi I’m a NY Times reporter

The Independent Review
Spring 2006

Treating Doctors as Drug Dealers
by Ronald T. Libby

Executive Summary

The medical field of treating chronic pain is still in its infancy. It was only in the late 1980s that leading physicians turned to treating the chronic pain of terminally ill cancer patients began to recommend that the “special therapy” treatment involve narcotics related to certain pain medications. OxyContin was finding its way to the black market for illicit drugs, resulting in an outbreak of related crime, overdose, and deaths. Though many of those experts proved to be exaggerated in the past, over the next decades...
He steered into the high school parking lot, and clicked off the ignition. He was headed to the Ivy League. The boy exhaled. He twisted open a capsule of orange powder and arranged it in a neat line on the armrest. He twisted open a capsule of powder and arranged it in a neat line on the armrest. He twisted open a capsule of powder and arranged it in a neat line on the armrest.
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Risky Rise of the Good-Grade Pill

JUNE 9, 2012

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A true story

Why did I do that? Because eight years before then, the NY Times wrote a about …
Why Were Doctors Afraid to Treat Rebecca McLester?

... then they called Dr. Michael & Stephanie Anderson.

ok then!
thank you very much!
Well then, I will see you Tomorrow.

The New York Times
Risky Rise of the Good-Grade Pill
JUNE 9, 2012

Dr. Mike
NY Times
modernist / deontologist
chemist / lawyer
pediatric physician

postmodernist / consequentialist
statistician / investigative journalist

Next Day!

The New York Times
ADHD

modernist / deontologist
chemist / lawyer
pediatric physician

Diagnostic and Statistical Manual of Mental Disorders
FIFTH EDITION
DSM-5
No Child Left Behind (2002) conditioned federal education funds on student’s standardized test scores, by a so called “pay for performance”
Teachers need the right Tools for the job?

Dr. Mike

postmodernist / consequentialist
statistician / investigative
journalist

modernist / deontologist
chemist / lawyer
pediatric physician

The New York Times

Risky Rise of the Good-Grade Pill

JUNE 9, 2012

What did you think of my manuscript?
Well humm… Haven’t really read it yet

23-Aug-2012

Yikes!
That’s my patient and his mom!

October 9, 2012

Six Weeks Later

CANTON, Ga. — When Dr. Michael Anderson hears about his low-income patients struggling in elementary school, he usually gives them a taste of some powerful medicine: Adderall.

The ADHD Dysfunction
Attention Disorder or Not, Pills to Help in School
CANTON, Ga. — When

Totally FALSE

Oct. 9, 2012

Hey there … I’ve heard...
A doctor in Canton Georgia … "… So they have to modify the kid with … Wonderdrugs!"

that evening

the next day

called my office

called my office

called my office

As each called my office throughout the day … my response to the telephone interviews
Up to 10% of U.S. grade-schoolers visit a pediatrician for attention difficulties and leave with the diagnosis & treatment for ADHD.¹²


Studies suggest that ADHD severity & comorbidity correlates with socioeconomic disadvantages. Before arriving at the doctor some families have presumed the diagnosis & worried over the academic & social consequences.

“Just Because I don’t care. doesn’t mean I don’t understand.”

The vulnerable must still have our best professional care.

“we don’t have to …”

“In every house where I come I will enter only for the good of my patients.”

… Hippocrates …

Some of the Laws, Rules & Regulations that may present concerns for evaluation & management of patients with ADHD State & Federal

… Hippocrates & first principles

Professional Responsibility = Competency + Patient Loyalty
A "dangerous drug" means any drug ... which, under the Federal Food, Drug, and Cosmetic Act, may be dispensed only upon prescription. In any civil or criminal action or other proceedings, a certification ... that federal law prohibits dispensing of without a prescription pursuant... shall be admissible as prima-facie proof that such drug is a "dangerous drug."
Title 16. CRIMES & OFFENSES Ch 13. CONTROLLED SUBSTANCES Art 3. DANGEROUS DRUGS

§ 16-13-74. Written prescriptions for dangerous drugs: content; signature

(a) All written prescription orders for dangerous drugs shall be signed by the prescribing physician. A prescription shall be written on a blank approved by the Board of Pharmacy and shall be signed by the prescribing physician at the time of writing the prescription or within 30 days thereafter.

§ 16-13-78.1. Prescribing or ordering dangerous drugs

(1) In the usual course of his professional practice.
(2) Prescribing or ordering such dangerous drug for a legitimate medical purpose.


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Ga 360 - 3 - 02: Unprofessional Conduct Defined.

O.C.G.A. §§ 43-34-8 and 43-1-19 authorize the Board to take disciplinary action against licensees for unprofessional conduct. "Unprofessional conduct" shall include, but not be limited to, the following:

1. Prescribing controlled substances for a known re-tolerated habitually drug abuser or other substance abuser in the absence of substantial medical evidence.

2. Prescribing controlled substances for a known non-tolerated habitually drug abuser or other substance abuser in the absence of substantial medical evidence.

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(4) Pre-signing prescriptions that have the patient’s name, type of medications or quantity blank.
Ga 360 – 3 – 02:
Unprofessional Conduct Defined

(5) Prescribing controlled substances and/or
dangerous drugs for a patient based solely on
a consultation via electronic means with the
patient, patient's guardian or patient's agent.
This shall not prohibit a licensee who is on-
call or covering for another licensee from
prescribing up to a 72 hour supply of
medications for a patient of such other
licensee, nor prohibit prescribing
medications when documented emergency
circumstances exist

(6) Providing treatment via electronic or other
means unless a history and physical
examination of the patient has been
performed by a Georgia licensee.

(4) Pre-signing prescriptions that have
the patient's name, type of medications
or quantity blank.

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(7) Failing to maintain appropriate patient records whenever Schedule II, III, IV or V
controlled substances are prescribed. Appropriate records, at a minimum, shall contain
the following:

(a) The patient's name and address.
(b) The date, drug name, drug quantity, and patient's diagnosis associating the Schedule
II, III, IV, or V controlled substances prescription; and
(c) Records concerning the patient's history.

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Neurology
The Official Journal of the American Academy of Neurology

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Patient Neurocognitive
"Not Gonna Do it. Wouldn't Be prudent"
An EMR may provide helpful reminders.
MD reviewed w/ Family interim med tx & data since 1st visit
MD reviewed Pt’s goals & gen. measures for Tx w/ family
Family completed and MD reviewed w/ family:
Family report for Patient’s Interim History and General Up-Date Repo
Family confirmed Rx takes Rx q. daily, including weekends & holidays.
On this initial (and again every month thereafter) the doctor expects my child to receive a

dedicated ADHD evaluation in the office as a condition for possible continuing medical

treatment. If the initial evaluation is positive, the doctor may choose to prescribe

medication. If medication is prescribed, the doctor will monitor the patient's response

to treatment and adjust the dosage as necessary. The doctor will also work with the

family to develop a behavior management plan to help the patient manage their

symptoms at home and school. The family will be involved in the decision-making

process and will be provided with support and resources.

The doctor will regularly review the patient's progress and make adjustments to the

treatment plan as needed. The family will be encouraged to communicate any

concerns or questions with the doctor.

The doctor will also work with the school to ensure that the patient is receiving adequate

support and accommodations. The doctor will provide guidance on how to

communicate with the school and ensure that the patient's needs are being met.

The doctor will also provide resources and support for the family to help them

navigate the challenges of raising a child with ADHD. The family will be provided with

information on local support groups and resources available in the community.

The doctor will conduct regular follow-up appointments to monitor the patient's

progress and adjust the treatment plan as needed. The family will be encouraged to

attend these appointments and be actively involved in the decision-making process.

The doctor will also work with the family to develop a long-term plan for managing the

patient's ADHD, including strategies for managing symptoms and maintaining

progress. The doctor will work with the family to develop a plan for transition to

adolescence and adulthood, including strategies for managing stress and

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challenges in this new phase of life.
“In every house where I come I will enter only for the good of my patients.”

Hippocrates & Those first principles of modern medicine

Professional Responsibility equals Competence + Fiduciary Loyalty

Vulnerable patients deserve our professionally responsible care

The ADHD Dysfunction
All Patients are Vulnerable
some more than others
Michael G. Anderson, JD, MD, FCLM
A True Story
Popular Culture & the New York Times
The War on Drugs / Criminalizing Medicine
Our Professional Responsibility
Don’t Run Away
Be Prepared
We Can Do It