

Docs facing questions about 'Michael Jackson drug'

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Anesthesiology expert Dr. Steven Shafer testifies during Dr. Conrad Murray's involuntary manslaughter trial in Los Angeles, Thursday, Oct. 20, 2011. Murray has pleaded not guilty and faces four years in prison and the loss of his medical license if convicted of involuntary manslaughter in Michael Jackson's death. (AP Photo/Reed Saxon, Pool)

(AP) -- Doctors sometimes call the anesthesia drug by its nickname - milk of amnesia. Patients are calling it the "Michael Jackson drug."

Ever since propofol was blamed in the singer's death, patients who seldom asked or cared about what kind of [sedation](#) they were getting were suddenly peppering their doctors with questions about the potent drug.

"You won't believe how many people with their eyes wide open ask me: 'Are you going to give me the Michael Jackson drug?' They're scared to death," said Dr. H.A. Tillmann Hein, president of the Texas Society of Anesthesiologists.

While some initially balk at going under, fearing they will end up like Jackson, they come around after Hein explains that propofol, widely used for surgeries and other procedures for more than 20 years, is safe when used by a trained professional in a hospital or clinic.

Propofol gained notoriety in 2009 after an autopsy found Jackson died of an overdose. Prosecutors have accused his personal physician, Dr. Conrad Murray, of giving the 50-year-old pop icon a lethal dose at the singer's rented Los Angeles mansion.

Murray has pleaded not guilty to involuntary manslaughter. His lawyers contend the amount of propofol Murray gave him to battle [insomnia](#) while prepping for his comeback tour was too small to cause the singer's death.

While Jackson's death thrust propofol into the spotlight, the circumstances of the case are rare.

Since the drug is hard to get (it's usually kept in [medical settings](#)) and hard to use (it's injected through an IV), there's little abuse in the general public. Almost all cases of recreational propofol use and deaths involve medical professionals.

Even before Jackson died, the federal government had considered adding the drug to its roster of controlled substances amid concerns about growing abuse in the [medical community](#).

For the past two years, anesthesiologists have tried to counter the bad rap

that propofol has gotten in the Jackson case.

Before Jackson's death, less than 10 percent of patients that Dr. John Dombrowski saw asked about propofol. Now more than half do, mostly about what monitoring safeguards are in place in case problems occur.

"It's important to have this conversation so people aren't fearful," said Dombrowski, who runs the private Washington Pain Center.

While doctors are seeing more patients with questions, they say no one has refused care after they are reassured that their situations are different than those of Jackson.

About 40 million Americans undergo anesthesia each year, with the vast majority receiving propofol. Because it is fast-acting and clears quickly from the body, people can return to normal activities sooner than older anesthetics.

During the past two weeks, prosecution witnesses said Murray flouted the standard of care by giving propofol in Jackson's home to help the superstar sleep and by leaving the room while he was sedated. Propofol is not approved to treat sleep disorders.

Propofol expert Dr. Steven Shafer of Columbia University testified Wednesday for the prosecution without a fee, saying he wanted to restore public confidence in doctors who use propofol, which he called "an outstanding drug" when properly administered.

Like many anesthesiologists, Shafer said he has received questions from many patients in the operating room about whether they will receive "the drug that killed Michael Jackson."

"I get that question daily. This is a fear that patients do not need to

have," said Shafer, who wrote the package insert that guides doctors in the use of the anesthetic and demonstrated to jurors the appropriate way to administer the drug.

Within the medical profession, there have been growing concerns in recent years about abuse by health care workers. Published studies have uncovered several overdose deaths and cases of [medical professionals](#) who self-administer propofol to get high.

"It takes away anxiety, fear and pain," said anesthesiologist Dr. Paul Wischmeyer of the University of Colorado, Denver, who has studied propofol abuse. "That's the draw of the drug."

The U.S. [Drug](#) Enforcement Administration's proposal to make propofol a controlled substance is pending.

At UAB Hospital in Birmingham, Ala., officials are already treating propofol like other controlled drugs such as morphine and Valium by requiring stricter accounting of how it is disposed of.

Before that change went into effect eight months ago, doctors would dump leftover propofol bottles and used syringes in a biohazard container after an operation. Now the hospital requires another witness to be present to document the disposal.

Hospital officials first considered that change several years ago after reports of abuse by health care workers around the country. The Jackson case heightened awareness, chief pharmacy officer Mark Todd said.

"It got some momentum" after Jackson's death, Todd said. "It helped move it along."

More information: American Society of Anesthesiologists:

<http://www.asahq.org>

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