

what would be the better course of action

Presuming that the practitioner is any employee of a large hospital corporation. If the practitioner is doing it to one pt he/she is probably doing to all his pts. would the better approach would be to try to find a law firm that would/could deal with class action? Hospitals don't like BAD INFORMATION HITTING THE MEDIA or for the pt hire any attorney to send a threatening letter to expedite the pt getting their meds back and refuse to sign a non disclosure so that all the other pts won't find out about the settlement?

If a practitioner employed by a large hospital system is reducing pain medications across many patients—potentially as the result of a corporate policy or systemic practice—there are several important strategic considerations for affected patients:

1. Potential for Collective (Class Action) Action

- **Class Actions Have Precedent:** There is precedent for class actions or group lawsuits related to reductions or refusals of pain medications, including claims against major pharmacy chains and health providers. These cases often hinge on whether groups of similarly affected patients can prove common harm and align their legal arguments, and at least one federal judge has allowed such a class action by pain patients to proceed against CVS^[1].
- **Hospital Practices Under Scrutiny:** Hospitals are not immune. Undue or medically unjustified reduction in pain medications, especially when it can be shown as a systemic conduct, creates greater legal exposure for hospitals and their employees^{[2] [3] [4]}. When documented harm follows a clearly established pattern, courts have recognized this as recklessness or gross negligence—not just individual malpractice^{[2] [3] [5]}.
- **Finding Legal Representation:** If you suspect a pattern or policy behind the reduction of pain meds, consulting with a law firm experienced in class actions or mass torts is a logical next step. Such firms have the resources to investigate, gather similar cases, and pursue collective litigation—which can put significant pressure on hospitals.

2. Other Legal Strategies

- **Demand Letters and Attorney Involvement:** Sometimes, hospital systems will respond to a strongly worded letter from a patient's attorney, especially if it threatens litigation or media exposure. Hospitals are generally sensitive to reputational damage and negative press, as it can influence public trust and regulatory scrutiny^[6].
- **Transparency Pressure:** Hiring an attorney to send a "demand letter" can expedite attention to an individual's case—sometimes resulting in a quick policy review or settlement offer.

3. Non-Disclosure Agreements (NDAs) and Settlement Issues

- **NDAs Are Common, But Can Be Challenged:** Hospitals often require NDAs or confidentiality clauses as a condition for settlement. These agreements typically prohibit patients from discussing the facts of their case or the details of the settlement—sometimes even barring them from alerting regulators or future patients^{[6] [7] [8] [9]}.
- **Risks of Signing NDAs:** By refusing to sign an NDA, a patient preserves their right to speak out, educate other patients, and potentially encourage systemic change. However, hospitals may condition any settlement or reinstatement of medication on signing such agreements, placing patients in a difficult position^{[7] [8] [9]}.
- **Advocacy and Media:** Refusing an NDA may encourage hospitals to offer improved care to avoid negative publicity, but it can also make a quick resolution harder. Engaging the press or patient advocacy groups can amplify your voice (and pressure the hospital), especially when NDAs are exposed as tools for silencing important patient safety information^{[6] [8] [9]}.

Strategic Summary

- **If multiple patients are affected, pursuing a class action or seeking a law firm capable of such action is a strong approach, as it increases leverage and visibility^{[1] [3] [4]}.**
- **An attorney's "threat letter" can sometimes get an individual case resolved quickly—but hospitals often try to silence patients with NDAs that limit broader impact^{[6] [7] [8] [9]}.**
- **Refusing to sign an NDA or non-disparagement agreement empowers patients to share their experiences and push for institutional change—though it may delay or complicate settlement and restoration of medications^{[8] [9]}.**

Working both angles—by refusing to be silenced, connecting with other affected patients, and seeking strong legal counsel—is often the most effective way to challenge problematic practices in large hospital systems. If class action is feasible due to widespread impact, it offers the most potential for accountability and systemic reform.

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1. <https://www.painnewsnetwork.org/stories/2022/5/12/class-action-lawsuit-over-cvs-opioid-policy-move-s-forward>

2. <https://www.mypcnow.org/fast-fact/the-legal-liability-of-under-treatment-of-pain/>

3. <https://www.medcentral.com/biz-policy/opioid-prescribing-courts-send-clear-anti-kickback-message-remain-less-clear-dosage>
4. <https://www.mdmalpracticelaw.com/legal-blog/suing-for-inadequate-pain-management/>
5. <https://pmc.ncbi.nlm.nih.gov/articles/PMC1071521/>
6. <https://www.nbcnews.com/news/us-news/major-public-hospital-silencing-patient-accusations-protect-doctors-rcna154307>
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9. <https://www.law.georgetown.edu/legal-ethics-journal/wp-content/uploads/sites/24/2024/03/GT-GJLE230037.pdf>